RECONFIGURING THE AESTHETIC SOCIETY EDUCATION IN 2020

SAFETY MATTERS
Patient Safety in Abdominoplasty

LEGAL ADVICE
Stop Signing Contracts Before...

The Aesthetic Meeting 20/20: Live!
September 10–12, 2020 in Arlington, TX (Dallas)

6th Annual Residents' Symposium
December 4–6, 2020 in Dallas, TX
Give your patients a convenient way to pay for the look they want.

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MEETINGS CALENDAR

The Aesthetic Meeting 2020: Live!
To Include Breast and Body Contouring
September 10–12, 2020
Live! By Loews Arlington, TX (Dallas)
www.surgery.org/TheAestheticMeeting2020Live

THE AESTHETIC MEETING
20/20 LIVE!

September 10–12, 2020
Live! By Loews
Arlington (Dallas), Texas

An Expansion of Experienced Insights:
Breast and Body Contouring
Aesthetic Education for Every Practice

CME AVAILABLE
surgery.org/theaestheticmeeting2020live

THE BUSINESS OF LAUNCHING YOUR PRACTICE

December 4–6, 2020
Renaissance Dallas Hotel
Dallas, TX

Chair:
Nolan Karp, MD
Vice Chair:
Ashley Gordon, MD

www.surgery.org/meeting2021

6th Annual Residents’ Symposium
The Business of Launching Your Practice
December 4–6, 2020
Renaissance Dallas Hotel
Dallas, TX
www.surgery.org/residents2020

The Aesthetic Meeting 2021
April 29–May 3, 2021
The Boston Convention and Exhibition Center
Boston, MA
www.surgery.org/meeting2021

THE AESTHETIC CRUISE 2021

July 7–July 19, 2021
Chair: Joseph Kistel, MD
Vice Chair: Tim Faghih-Ardalan, MD
The Aesthetic Cruise sponsored by
Advarra Surgery Group

www.surgery.org/cruise2021

The Aesthetic Cruise 2021
The Baltic
July 7–19, 2021
www.surgery.org/cruise2021

BOOK TODAY!

6th Annual Residents’ Symposium
The Business of Launching Your Practice
December 4–6, 2020
Renaissance Dallas Hotel
Dallas, TX
www.surgery.org/residents2020

Endorsed by

The 8th St. Petersburg Live Surgery and Injections Course
October 29 – November 1, 2020
Advanced Aesthetic Blepharoplasty and Face Contouring 2020
Corinthia Hotel (Nevsky Palace)
St. Petersburg, Russia
www.aasurgery.ru

The 8th St. Petersburg Live Surgery and Injections Course
October 29 – November 1, 2020
Advanced Aesthetic Blepharoplasty and Face Contouring 2020
Corinthia Hotel (Nevsky Palace)
St. Petersburg, Russia
www.aasurgery.ru

The 4th Norwegian-American Aesthetic Surgery Meeting (NAAM4)
October 29 – 30, 2021
Oslo, Norway
https://naam.no
President’s Report

By Charles H. Thorne, MD

“CHANGED, CHANGED UTTERLY…”
William Butler Y ates

That’s what has happened to our world. A few short weeks ago our operating schedules were full. Now we have shut down, employees are sheltered at home, and, worse, our colleagues and other health care workers are sick...and even dying.

Never in my lifetime, and I suspect in yours, have we experienced a phenomenon with the ramifications of the COVID-19 pandemic. The streets and subway stations of Manhattan are empty, the stock market has tumbled, and 10,000 Americans, including 2,500 in New York City, are dead.

The crisis is affecting every one of us personally, professionally and financially. Our colleagues on the front lines, including EMTs, nurses, residents, doctors and, support personnel, are still, in many cases, caring for COVID patients with inadequate PPE. But I would be remiss if I did not acknowledge the suffering of our members, most of whom own and run small businesses, who are being crushed and are watching the fruits of their labor being washed away...or at least eroded terribly.

On April 26 we will undergo a transition of leadership in The Aesthetic Society as Herluf Lund ascends to the presidency. While there will not be the fanfare and hoopla that normally accompany passing of the presidential baton, we do not need a party to acknowledge Herluf’s dedication and commitment to The Aesthetic Society. We are in capable, steady hands.

We hated to cancel The Aesthetic Meeting 2020 in Las Vegas but we obviously had no choice. We will reconfigure our education program this year to include a comprehensive meeting (an expanded version of the previously scheduled Experienced Insights: Breast and Body Contouring) in Arlington, TX from September 10–12, 2020, entitled The Aesthetic Society 20/20: Live!

PATIENT AND SURGEON APP

The Aesthetic Society, in concert with ANZU Medical and Allergan are diligently working on a beta-test model of the Patient and Surgeon Apps. The Aesthetic Patient App will provide a digital wallet to store patient’s breast implant information, operative summary, and facilitate two-way doctor-patient communication. The Surgeon App will allow surgeons to scan and register breast implant labels, create an operative summary and share other information as needed. The Apps are meant to serve all stakeholders including breast implant patients, surgeons, industry, and the Food & Drug Administration (FDA). We plan on having a fully-functional app ready for the public by the Aesthetic Meeting 2021 in Boston.

FAREWELL

I would like to thank everyone on The Aesthetic Society Board as well as Sue, our executive director, and her incredible staff. No one would wish for a crisis like this but if I had to be in a foxhole, I would feel safe next to my friend, Sue Dykema. Thank you, Sue for the way you have stepped up, seemingly putting the good of each of us and the Society above everything else. I look forward to seeing you all in Dallas for The Aesthetic Meeting 2020: Live! and in Boston for The Aesthetic Meeting 2021.

Although the meaning of the William Butler Yeats poem with which I opened this message has been debated for a century, I like to think that its ending is optimistic, and that indeed something positive will emerge from this catastrophe:

“A TERRIBLE BEAUTY IS BORN.”
William Butler Yeats, “Easter 1916”

Charles H. Thorne, MD, is a plastic surgeon practicing in New York and serves as President for The Aesthetic Society.

On April 26 we will undergo a transition of leadership in The Aesthetic Society as Herluf Lund ascends to the presidency. While there will not be the fanfare and hoopla that normally accompany passing of the presidential baton, we do not need a party to acknowledge Herluf’s dedication and commitment to The Aesthetic Society. We are in capable, steady hands.
September 10–12, 2020
Live! By Loews
Arlington (Dallas), Texas

An Expansion of Experienced Insights:
Breast and Body Contouring
Aesthetic Education for Every Practice

CME AVAILABLE

surgery.org/theaestheticmeeting2020live
April 2020 will be the second year of the ABPS new Continuous Certification program. The ABPS has worked hard to create a program that is relevant and user friendly. The ABPS Self-Assessment activity will be available from April 1st through 30th, accessed through your ABPS Tracking Page.

DON’T STUDY! The Board wants to assess your knowledge at your baseline. Gone are the days of study guides and testing centers. The new Continuous Certification program is delivered online through any device connected to the web, and provides immediate feedback as well as a rationale for each question. The Self-Assessment is available for the entire month of April and you can log in as many times as you like to complete the 30 questions.

A new question format was introduced with the Continuous Certification program as well. Diplomates are presented a question and asked to answer the question. Everyone, whether they answer the question correctly or not, will be shuffled to the rationale. The rationales provide more information on the topic, beyond what is needed to answer the question. After reading the rationale, those who answered incorrectly on the first attempt will immediately be given a second opportunity. Scoring for the assessment is based on the Diplomate’s final responses.

The Board continues to provide modular exams in Cosmetic Surgery, Craniofacial Surgery, Hand Surgery, Comprehensive knowledge. The annual self-assessment exam includes 30 questions, 24 in the individual’s selected module and 6 core questions that are relevant to all plastic surgeons. The 24 questions will be divided into 4 topic areas each year.

Your performance on the first attempt identifies any knowledge gaps at your baseline. This is tracked by topic area. As part of your individual feedback, the ABPS offers links to educational materials provided by our specialty societies directly related to those topics and questions. Diplomates are given opportunities to correct these identified knowledge gaps with additional questions later in the year and in subsequent years. An important highlight of the new Continuous Certification program is the ability to assess a Diplomate’s correction of knowledge gaps over time.

The Board realizes that many Diplomates earn CME by attending annual meetings which have mostly been canceled. There is also potentially increased cost with obtaining CME online. To help Diplomates meet the CME requirement and eliminate this potential extra cost, the Board has decided to extend the due date for one year for any Diplomate who was scheduled to report CME by December 1, 2020. Diplomates will now have until December 1, 2021 to fulfill their CME. The Board will also waive any late fees related to the 2020 Annual Certification Fee. Visit abplasticsurgery.org for more information.

American Board of Plastic Surgery
ABMS Maintenance of Certification

Certification Matters

April 2020 will be the second year of the ABPS new Continuous Certification program. The ABPS has worked hard to create a program that is relevant and user friendly. The ABPS Self-Assessment activity will be available from April 1st through 30th, accessed through your ABPS Tracking Page.

Diplomates are required to complete the online 30-question Self-Assessment in 8 of the 10 years of their certification cycle. During this transition period, if you have less than 8 years available from 2019 to the end of your cycle, you are required to participate in each Self-Assessment available for this certification cycle. Failure to participate will lead to expiration of your Board certificate. Assessments from previous years will be available each April, allowing Diplomates to catch up by the end of their cycle. The professionalism updates and the practice improvement activities within the Continuous Certification program have been reduced from 3 times in a 10-year cycle to just 2 times in the cycle.

The Board has worked hard to create a Continuous Certification program that provides useful information to the Diplomate while demonstrating that the physician is keeping up to date and is committed to lifelong learning and practice improvement. In addition, the Board has decreased total fees by almost 15%. Please make sure that your contact information is updated with the Board and be on the lookout for the Board’s e-mail announcement about April’s assessment.

Contact the Board Office at staff@abplasticsurgery with any questions.
THE BUSINESS OF LAUNCHING YOUR PRACTICE

December 4–6, 2020
Renaissance Dallas Hotel
Dallas, Texas

Chair:
Nolan Karp, MD

Vice Chair:
Ashley Gordon, MD

The Aesthetic Society
surgery.org/residents2020
In reflecting on this year’s Aesthetic Society Facial and Rhinoplasty Symposium in Las Vegas, Dr. Thorne and I both noted that by the time the first break rolled around on Thursday morning, we were overwhelmed at how great this meeting was. I can’t begin to tell you how many meetings I’ve been to or how many lectures I’ve heard and we were learning! Between the outstanding faculty and the audience interaction, the educational value was unparalleled.

Because of the collaborative environment, which was unique to this meeting, we were able to build rapport that resulted in a story built over this weekend, that will provide lessons for a lifetime. We’re truly convinced that you can’t get this kind of experience anywhere else.

Charlie and I would like to offer our sincere thanks to our outstanding faculty including Doctors: Oren Tepper, Rhinoplasty Chair; Jason Roostaeian and Christopher Surek, Cadaver Lab Directors; Francisco Bravo, Bradley Calabrace, Spencer Cochran, Grady Core, Lara Devgan, Dino Elyassnia, Christopher Godek, Timothy Marten, Malcolm Paul, Mario Pelle-Ceravolo, Sammy Sinno, Derek Steinbacher, Patrick Tonnard, and Stelios Wilson.

Thank you to all of the vendors who joined us in the exhibit hall. We enjoyed the opportunity to meet with you and appreciate the support you continue to provide to aesthetic plastic surgery education.

And to all who attended, thank you and we hope you enjoyed it as much as we did. It’s unique educational opportunities like these that cement the reputation of The Aesthetic Society members as being the masters of facial aesthetic surgery. Always looking forward, we hope to see even more of you for our next Facial and Rhinoplasty Symposium—stay tuned!

“This meeting brought together the leading experts in facial aesthetics and rhinoplasty surgery! Getting to learn the latest techniques from our colleagues ensures that we stay at the leading edge of technology. It confirms that our specialty is not only pushing the envelope with innovation, but that we are, in fact, the innovators!” —Dr. Brannon Claytor

“Dr. Bucky and Dr. Thorne hand-selected a great faculty that were honest and engaging. Having the faculty in the cadaver lab was an incredible opportunity. I am looking forward to next year already!” —Dr. Stelios Wilson
The Nominating Committee, with approval of the Board of Directors, presents the following slate of candidates for service in 2020–2021. Active members will be invited to vote on the slate of candidates via an electronic system, due to the cancelation of The Aesthetic Meeting 2020. Please watch your inbox for details coming soon.

**PRESIDENT**
(automatic from President-Elect)
Herluf G. Lund, MD
St. Louis, MO
Private Practice
Current Board Position: President-Elect

**PRESIDENT-ELECT**
(1 year term)
William P. Adams, Jr., MD
Dallas, TX
Private Practice and Associate Professor and Program Director of Aesthetic Fellowship, UT Southwestern Department of Plastic Surgery, Dallas, Texas
Current Board Position: Vice President

**VICE PRESIDENT**
(1 year term)
Jennifer L. Walden, MD, FACS
Austin, TX
Private Practice, Clinical Assistant Professor, UT Southwestern Medical Center
Current Board Position: Treasurer

**SECRETARY**
(1 year term)
Kiya Movassaghi, MD, DMD, FACS
Private Practice, Clinical Assistant Professor of Plastic Surgery, Oregon Health & Science University
Current Aesthetic Society /ASERF Committee Work: Finance & Investment Committee (Chair), Industry Policy Committee, Industry Support Committee (Vice Chair), Aesthetic Training Committee, Publications Committee, Traveling Professor Program, and Application Review Committee (Vice Chair)
National Affiliations: The Aesthetic Society, ASERF, ASPS, and OSPS
Training: Harvard Medical School, Harvard Dental School, General Surgery; Beth Israel Deaconess Medical Center and Massachusetts General Hospital at Harvard Medical School, Massachusetts General Hospital, Harvard Combined Plastic Surgery Program
ABPS Certification: 2003

**MEMBERS-AT-LARGE**
(3-year terms)
Michael A. Bogdan, MD, FACS, MBA
Southlake, TX
Private Practice, Clinical Assistant Professor, UT Southwestern Medical Center
Member-at-Large
Current Board Position:

**TREASURER**
(1 year term)
Melinda J. Haws, MD
Nashville, TN
Private Practice
Current Board Position: Secretary

**NATIONAL AFFILIATIONS**
The Aesthetic Society, ASERF, ASPS, and TSPS
Training: Princeton University, Vanderbilt School of Medicine, University of Texas Southwestern Medical Center, Integrated General and Plastic Surgery
ABPS Certification: 1999

**CURRENT AESTHETIC SOCIETY/ASERF COMMITTEE WORK**
National Affiliations: The Aesthetic Society, ASERF, ASPS, ACS, and AMA
Training: Washington School of Medicine; University of Texas at Houston, General Surgery; Washington School of Medicine, Plastic Surgery Residency
ABPS Certification: 1994

**CURRENT AESTHETIC SOCIETY/ASERF COMMITTEE WORK**
The Aesthetic Society Executive Committee, Conflict of Interest Committee, Finance & Investment Committee, Industry Policy Committee, Industry Support Committee (Chair), Ann Task Force (Vice Chair), Aesthetic Training Committee, Patient App Task Force, Traveling Professor Program, and Aesthetic Surgery Journal Social Media Ambassador
National Affiliations: The Aesthetic Society, ASERF, ASPS, ISAPS, AAAASF, and AWS
Training: University of Texas, Medical Branch; Manhattan Eye, Ear and Throat Hospital
ABPS Certification: 2005

**CURRENT AESTHETIC SOCIETY/ASERF COMMITTEE WORK**
National Affiliations: The Aesthetic Society, ASERF, ASPS, and ACS
Training: Southern Illinois University, General Surgery; Southern Illinois University, Plastic Surgery; Nashville Plastic Surgery, Aesthetic Fellowship
ABPS Certification: 1999

**CURRENT AESTHETIC SOCIETY/ASERF COMMITTEE WORK**
National Affiliations: The Aesthetic Society, ASERF, ASPS, and ACS
Training: Southern Illinois University, General Surgery; 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
SOCIETY NEWS

MEMBERS-AT-LARGE
(3-year terms)
Continued from Page 10

Douglas Steinbrech, MD, FACS
New York, NY
Private Practice
Current Board Position: Parliamentary
Current Aesthetic Society/ASERF Committee Work: Industry Exhibits Committee, Rebranding Task Force, Program Committee, Traveling Professor Program, Leadership Development Committee, and ASERF Innovative Procedures Committee
National Affiliations: The Aesthetic Society, ASERF, ISAPS, NESPIS, ACS, and AMA
Training: University of Iowa Medical School, New York University, General Surgery, New York Institute of Reconstructive Plastic Surgery
ABPS Certification: 2006

Steven G. Wallach, MD, FACS
New York, NY
Private Practice
Current Aesthetic Society/ASERF Committee Work: Continuing Medical Education Committee (Chair), MOC Task Force, Patient Safety Committee, Program Committee, RADAR Resource Editorial Committee, Teaching Course Sub-Committee, Traveling Professor Program and ASERF Innovative Procedures Committee
National Affiliations: The Aesthetic Society, ASERF, ASPS, and ACS
Training: Montefiore Medical Center, Albert Einstein College of Medicine, Bruce Connell, MD Fellowship
ABPS Certification: 1999

APPLICATION REVIEW COMMITTEE
(3-year terms)
Ashley Gordon, MD
Austin, TX
(South Central)

Steven G. Wallach, MD, FACS
New York, NY
(New York)

Alvin B. Cohn, MD
Birmingham, AL
(Southeast)

ETHICS COMMITTEE
(3-year terms)
Ryan E. Austin, MD
Mississauga, ON, Canada
(Canada)

Patricia McGuire, MD
Creve Coeur, MO
(Midwest)

JUDICIAL COUNCIL
(3-year terms)
Joe Gryskiewicz, MD
Burnsville, MN

Julie J. Khanna, MD
Oakville, ON, Canada

Those continuing in positions:
MEMBERS-AT-LARGE

Jamil Ahmad, MD
(till 2022)
Mississauga, ON, Canada

Trent Douglas, MD
(till 2022)
Greenbrae, CA

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

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

Lorne K. Rosenfield, MD
(till 2022)
Burlingame, CA

Marissa Tenenbaum, MD
(till 2022)
Creve Coeur, MO
ASERF 2020–2021
Members To Vote on Slate of Candidates

The Nominating Committee, with approval of the Board of Directors, presents the following slate of candidates for service in 2020–2021. ASERF members will be invited to vote on the slate of candidates via an electronic system, due to the cancelation of The Aesthetic Meeting 2020. Please watch your inbox for details coming soon.

PRESIDENT (automatic from President-Elect)
Luis M. Rios, Jr., MD
Edinburg, TX
Private Practice, Clinical Professor, Clinical Faculty UTRGV Medical

Current Board Position: President-Elect
Current Aesthetic Society/ASERF Committee Work: ASERF Executive Committee, Advocacy Relations Committee, Bylaws Committee, BIA-ALCL Grant Review Committee, Fund Development Committee (Chair), Mollenkopf Breast Reconstruction Fund Grant Review Committee, ANN Task Force, Finance & Investment Committee, Industry Exhibits Committee, and Continuing Medical Education Committee, Conflict of Interest Committee, and Patient App Task Force
National Affiliations: The Aesthetic Society, ASERF, ASPS, AAAASF, and TSPS
Training: Harvard; Southwestern Medical School; UC Davis, General Surgery; Baylor College of Medicine, Hand Surgery; Tulane University, Plastic Surgery
ABPS Certification: 1999

VICE PRESIDENT (1 year term)
Michael A. Bogdan, MD, FACS, MBA
Southlake, TX
Private Practice, Clinical Assistant Professor, UT Southwestern Medical Center
Current Board Position: Secretary
Current Aesthetic Society/ASERF Committee Work: ASERF Executive Committee, Mollenkopf Breast Reconstruction Fund Grant Review Committee, Website Committee, The Aesthetic Society Board of Directors, Administrative Commission (Commissioner), Website Task Force (Chair), Finance & Investment Committee (Vice Chair), Industry Policy Committee, Rebranding Task Force, ANN Task Force, and Light & Energy Based Therapies Committee
National Affiliations: The Aesthetic Society, ASERF, ABPS, ISAPS, ASPS, TSPS, ACS, AMA, and 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

SECRETARY (1 year term)
Mark Clemens, MD
Houston, TX
Academic University Practice, Associate Professor, Department of Plastic Surgery, University of Texas MD Anderson Cancer Center
Current ASERF Board Position: Treasurer
National Affiliations: The Aesthetic Society, ASERF, ABPS, ACS, ASCO, ASPS, ASRM, ISAPS, PSRC, and WSRM
Training: Penn State College of Medicine, University of Pennsylvania, University of British Columbia, Harvard; Southwestern Medical School; UC Davis, General Surgery; Baylor College of Medicine, Hand Surgery; Tulane University, Plastic Surgery
ABPS Certification: 2012

TREASURER (2 year term)
Bruce W. Van Natta, MD
Indianapolis, IN
Private Practice, Clinical Associate Professor of Plastic Surgery, Indiana University School of Medicine
Current ASERF Board Position: Director
Current Aesthetic Society/ASERF Committee Work: BIA-ALCL Task Force
National Affiliations: The Aesthetic Society, ASERF, ABPS, and ACS
Training: Indiana University School of Medicine, Indiana University Hospital, ABPS Certification: 1991

DIRECTORS (2 year terms)

Onelio Garcia, MD
Miami, FL
Private Practice, Vol. A. Professor, Division of Plastic Surgery, University of Miami, Miller School of Medicine
Current Aesthetic Society/ASERF Committee Work: Application Review Committee, and Gluteal Fat Grafting Task Force
National Affiliations: The Aesthetic Society, ASPS, ISAPS, SESPRS, and FSPS
Training: University Hospital, Jacksonville, University of Florida
ABPS Certification: 1986

Terence M. Myckatyn, MD
Creve Coeur, MO
Professor, Washington University School of Medicine
Current Aesthetic Society/ASERF Committee Work: ASERF Scientific Research Committee, BIA-ALCL Task Force, Light & Energy Based Therapies Committee, MEDIPS Workgroup, Program Committee, Ethics Committee, RADAR Resource Editorial Committee
National Affiliations: The Aesthetic Society, ASERF, and ASPS
Training: University of British Columbia, Washington University School of Medicine
Join the ASERF President’s Circle

ASERF continues to fund research that directly impacts your practice and supports efforts to ensure that aesthetic plastic surgery products and techniques are safe, effective and relevant. You can help keep plastic surgery research moving forward by joining our ASERF President’s Circle!

To Join the President’s Circle:

• Donate $50,000 or more in cash to ASERF, or
• Make a planned gift of $100,000 or more to ASERF
  ▪ Leave a bequest in your will or trust, or
  ▪ Name ASERF as a beneficiary on a life-insurance policy

Your donation will be recognized on the ASERF website, www.aserf.org, at The Aesthetic Meeting each year and with a lapel pin to promote your generosity to The Foundation.

To learn more about making a planned gift or cash donation, please contact Ivan Rodriguez, ivan@surgery.org or 562.799.2356

Thank You ASERF President’s Circle Members!
Mark T. Boschert, MD
Sepehr Egrari, MD
Dr. and Mrs. Julio Garcia
Dr. and Mrs. Joe Gryskiewicz
Dr. and Mrs. Jeffrey Kenkel
Luis López Tallaj, MD
Dr. and Mrs. Dan Mills
Susan and Steve Mollenkopf
Dr. and Mrs. James Payne
Qualcomm
Dr. and Mrs. Luis Rios, Jr.
Dr. and Mrs. Robert Singer

Who will be next?

Have a Research Study You Would Like ASERF to Fund?
Go to aserf.org/research/blog to download the application or email info@aserf.org for more information.
Aesthetic Surgery Journal is excited to feature visual abstracts. With busy practices and full schedules, it’s often difficult to find the time to read every article that may be relevant to your work.

Visual Abstracts will:

- Allow readers to quickly see the importance of ASJ articles
- See a visual snapshot of ASJ articles first before reading the full-length articles
- Help authors promote their work and connect with readers in a visually-engaging manner

As the first plastic surgery journal to implement visual abstracts, ASJ remains on the cutting edge of innovation.
Aesthetic Surgery Journal and ASJ Open Forum Update

To read the current issue of the Aesthetic Surgery Journal, visit: https://bit.ly/2w5or9y

In anticipation of our March Journal Club, we conducted a Twitter poll to help our members answer an important question: Do you use progressive tension sutures, tissue glue, or drains? In a point/counterpoint session positioning two authors who are Attending (Dr. Karol Gutowski) and former Resident (Dr. Michelle Spring), these two feature articles were discussed and debated. Who came out on top? Watch the video recording to learn more and see our poll results below. https://youtu.be/6ueNHF0uM18

Reduced Seroma Risk in Drainless Abdominoplasty Using Running Barbed Sutures: A 10-Year, Multicenter Retrospective Analysis
Allen D Rosen, MD FACS, Karol A Gutowski, MD FACS, Teresa Hartman, PAC
https://doi.org/10.1093/asj/sjz238

Use of a Lysine-Derived Urethane Surgical Adhesive as an Alternative to Progressive Tension Sutures in Abdominoplasty Patients: A Cohort Study
Michelle A Spring, MD, FACS
https://doi.org/10.1093/asj/sjy094

Results of the ASJ Twitter poll showed PTS the clear winner for the abdominoplasty technique.

ASJ JOURNAL CLUB UPDATE

First, a reminder that every month we record the journal clubs and they are almost immediately available on the ASJ website. If you can’t make the actual event, this is a great alternative. See below where to find them.

ASJ OPEN FORUM, VOLUME 2

We are pleased to report that submissions for the first year of our new open access journal were ahead of projections. We’d like to take this opportunity to thank all the authors who contributed an article and to invite all members of The Aesthetic Society to consider submitting their latest work here: https://mc.manuscriptcentral.com/asjo

WHEN MEN NIP & TUCK

Special thanks are due Dr. Ahmad Saad at Instituto De Benito Plastic Surgery in Barcelona, Spain and UC-San Diego who wrote an Introduction for our newest thematic issue, When Men Nip & Tuck. Please read it here: https://bit.ly/2UVw7Jn

GALATEA SURGICAL EDUCATIONAL GRANT FOR RESIDENTS

We are excited to announce an educational grant opportunity sponsored by Galatea Surgical and Tepha Medical Devices. Through a generous grant, several residents’ articles will be peer reviewed for publication in ASJ Open Forum, with all publication fees waived. For details, please review the Call for Papers.

In Partnership with:

Call for Papers
Attention: Plastic Surgical Residents
Call for Manuscripts: ASJ Open Forum
Residents Publishing Program

ASJ Open Forum is accepting article submissions for their Residents Publishing Program. Supported by an Unrestricted Educational Grant from Tepha, Inc./Galatea Surgical, Inc., select articles authored by surgical residents will be published in ASJ Open Forum, an official publication of The Aesthetic Society.

ASJ Open Forum is an Open Access peer-reviewed international journal focusing on the latest developments and practical, clinical advances in aesthetic surgery and cosmetic treatments. Papers can focus on any topics related to the journal and can be Original Research, Reviews, Case Reports, My Way, Continued on Page 17

https://academic.oup.com/asjopenforum
shorturl.at/pCSWZ
https://bit.ly/2xPBKeK

CHANGING OF THE NEXT GENERATION EDITOR GUARD

It is with great pleasure that we welcome Dr. Ryan Austin from the Department of Surgery, University of Toronto, Toronto, Ontario, Canada as our new Next Generation Editor Lead. He succeeds Dr. Cindy Wu (Cary, NC) who held this role for two years. We would like to thank Dr. Wu for her service as a leader, Journal Club Moderator, reviewer, and author. We congratulate Dr. Wu on her new role as Clinical Editor on the ASJ Editorial Board.

continued on page 17
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. This includes reinforcement of soft tissue in plastic and reconstructive surgery, and general soft tissue reconstruction.

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.

Strengthend and Stabilize Tissue*

- Complete bioresorption by approximately 18-24 months\(^1,3\)
- 3-4 times stronger than native tissue\(^1,2\)
- New vascularized collagen plane approximately 2 mm thick\(^1\)
Letters to the Editor, and Featured Operative Techniques.

Residents’ papers must be submitted to ASJ Open Forum by May 15, 2020. Editor-in-Chief Dr. Foad Nahai and Associate Editor Dr. Jeffrey M. Kenkel will select the winning papers. Submissions will be held to the same rigorous peer-review standards as other submissions to ASJ Open Forum. All papers must follow ASJ Open Forum guidelines found here: https://academic.oup.com/asjopenforum/pages/General_Instructions.

Manuscripts need to be submitted through ScholarOne Manuscripts here: https://mc.manuscriptcentral.com/asjof. Please choose “Supplement” as the manuscript type during the submission.

Questions about this call for papers should be addressed to Executive Editor, Phaedra E. Cress: phaedra@surgery.org

WHAT’S IN AN EMAIL SIGNATURE?

If you’re looking for an easy way to promote your recently published work in ASJ or ASJ Open Forum and increase its visibility and potential citations, consider adding a link to your email signature. Here’s an example:

Read my latest publication:
Defining “Ideal Abs” Through a Crowdsourcing-Based Assessment:

INTERNATIONAL WOMEN’S DAY MARCH 8 THEMATIC ISSUE

In celebration of International Women’s Day, we have created a Thematic Issue that pays homage to female plastic surgeons who’ve published in ASJ and ASJ Open Forum. We support empowering women and championing diversity so that the best and brightest have equal ability to succeed in our field. In this vein, we encourage you to read this newly published article by Dr. Teri Moak, Dr. Marissa Tenenbaum, Phaedra Cress and Dr. Laurie Casas: The Leaky Pipeline of Women in Plastic Surgery: Embracing Diversity to Close the Gender Disparity Gap:

FOR OUR CHINESE COLLEAGUES

We are pleased to share that ASJ’s Instructions for Authors have been translated into Simplified Chinese. We’ve included it in print in the journal and it is also available online here: https://bit.ly/31NmRUR. We hope this will encourage more Chinese submissions and we look forward to your feedback.

THE OTHER SIDE OF THE POND

Dr. Foad Nahai visited Paris in January for a plastic surgery conference and after a packed lecture and moderating schedule, had an opportunity to step out for a quick break.

MIAMI COSMETIC SURGERY MEETING

Meeting Chairman Dr. Steven Dayan is surrounded by facial plastic surgeons Dr. Joel Cohen, Dr. Jason Bloom, Dr. Marty Fisher and Phaedra Cress.

Dr. Jean Carruthers discussed her top paper in ASJ and elicited great audience engagement.

Dr. Foad Nahai with staff and advertisers from ASSI. Thank you for your support!

Dr. Karol Gutowski dropped by the booth to shoot video about his ASJ paper and to promote the ASJ Journal Club.

Dr. Foad Nahai and Dr. Jeff Kenkel right before their panel on ASJ’s Best Papers.

The entire panel included Dr. Jean Carruthers, Dr. Jeff Kenkel, Dr. Foad Nahai, Dr. Mark Mofid, Dr. Julius Few, and Dr. Claudio DeLorenzi.
Mollenkopf Aesthetic Breast Reconstruction Fund
Now Available Nationwide!

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

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

• **Grants of up to $5,000:** Assist uninsured or underinsured 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 Aesthetic Society 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 Aesthetic Society and the American Society of Plastic Surgeons, in conjunction with the Aesthetic Surgery Education and Research Foundation and the Plastic Surgery Foundation, are pleased to offer the BIA-ALCL Patient Assistance Fund 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 The Aesthetic Society, ASPS, ASERF and PSF member surgeons who have patients diagnosed with ALCL, visit: [www.aserf.org/BIA-ALCL](http://www.aserf.org/BIA-ALCL), for all criteria and to download a grant request form.

Made Possible By Generous Contributions From

For additional information on the Fund, please contact Ivan Rodriguez at (562) 799-2356 or ivan@surgery.org
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 our Industry Partners and consider using their products in your practice.
Meet the Staff: Kyleigh Vrettos

Kyleigh Vrettos has been part of The Aesthetic Society team since August 2017. She serves as the editorial assistant for ASJ and ASJ Open Forum and works closely with Dr. Nahai, Dr. Kenkel, and colleagues Phaedra Cress, Hunter Alexander, and Lexy Stang. She assists authors and reviewers, checks compiled issue proofs, promotes the journals on Twitter and at meetings, works on special projects, and helps facilitate the peer review process. She obtained her BA in English from Judson University in 2008 and her MS in Library Science from Clarion University of Pennsylvania in 2014. Outside of work, Kyleigh enjoys spending time with her husband, James, and her 2-year-old Australian cattle dog, Indie. Some of her favorite activities include reading, hiking, taking yoga classes, and drinking an excessive amount of coffee.

Select Aesthetic Society members and industry partners gathered in Las Vegas to participate in part one of The Aesthetic Society’s 2020 Leadership Training Program. This Program is designed to fill a knowledge gap between the expert surgeon and physician leader who is trying to run a business, manage staff, and create an environment where the team is working toward the common goal of exceptional patient care. These skills are not taught in-depth during residency and The Aesthetic Society’s leadership recognizes the value of offering this Program to our members as a benefit.

With increasing competition for the limited number of spaces available, this is the seventh year the Program has been offered. Surgeon members who completed the Program previously, Drs. Erin Kennedy, Liz Kerner, and Peggy Skiles, helped facilitate the training of the group of 15 Active Members in conjunction with a team from the National Leadership Institute. Also participating in the training were representatives from three Premier Industry Partners: Allergan, Galatea Surgical, and MTF Biologics, all of whom supported the Program.

Participants learned conflict resolution techniques, team building and consensus tactics, meeting management, and skills to leverage personality profiles to enhance communications. All tools that serve physician leaders in a myriad of situations from practice to home.

The feedback has been very positive. After returning from the event, Dr. Mark Albert said “Part one of the 2020 Leadership Training Program was phenomenal. Not only did I make many lifelong friends in only a short 48 hour period, but I also learned an incredible amount about myself as a leader and I have already employed strategies and other teachings at my hospital and in my practice. I think this training is a must for any aesthetic plastic surgeon regardless of practice type. I can’t wait for the second session, which will be held in Dallas in June. Thank you for providing this rare and incredibly beneficial opportunity!”

Dr. Michael Baumholtz felt similarly. “The Leadership Training Program was a fantastic introduction into the world of more effective team management and communication. Ultimately, leadership in the modern era involves clearly hearing and understanding the needs and contributions of your team members and then using that information to maximize their productivity towards a common goal.”

To round out our feedback, Dr. Patricia McGuire described the event with much-appreciated candor. “I expected leadership training to be fun, and it was, but I didn’t expect to get much out of it, so I was really surprised when I went into the O.R. on Monday and immediately found myself thinking back to what I learned in Las Vegas. It is very easy to work with people with the same personality type, much more difficult to adapt to others’ perspectives, so this was extremely valuable. I can’t wait until our next session in June.”

Stay tuned for announcements later this year about the 2021 Leadership Training Program and how to apply. All Active Members are eligible for this opportunity to stretch your skills and become a more effective leader.
Submit Your Artwork for ASN’s Next Cover!

Aesthetic Society members, we invite you to submit a photo of your original art to asaps@surgery.org. One of our four brand pillars is artistry, so we want to showcase your work. After all, many of our members are artists, not only on, but off the operating table. In years past, we adorned the cover of Aesthetic Surgery Journal with member-submitted artwork. Now is a perfect time to return to that tradition, but for the cover of this publication, Aesthetic Society News.

So please, show us what you’ve got; we would love to feature your creations. Final selections will be made by the Publications Committee.

Have You Mistakenly Unsubscribed from Aesthetic Society Emails?

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

If you have not received email from The Aesthetic Society in some time, it is likely that you may have mistakenly unsubscribed from email communications. If this was in error, please email asaps@surgery.org, and ask to be re-subscribed to our communications list. We value your support of The Aesthetic Society. Thank you!
Whether you are just beginning your career, or have a seasoned practiced, The Aesthetic Society’s RADAR Resource is a one-stop resource where you and your staff can access downloadable tools, on-demand education, Aesthetic Society products, and content designed to help your practices thrive.

Are you interested in learning how this Aesthetic Society benefit can work for you? Grab your tablet, laptop, or smartphone and contact alicia@surgery.org to schedule your personal demonstration! Our team is ready to walk you through the useful resources in store for you and your team within RADAR Resource.

With RADAR, Aesthetic Society Members, and those enrolled in the Candidate for Membership or Resident Program can:
- Read all issues of Aesthetic Surgery Journal
- Watch didactic and operative videos
- Download customizable tools, checklists and forms for your practice
- Build a medical library based on your interests
- Review Dozens of articles from ASN’s Practice Solutions section

NEW LOGIN FEATURE FOR RADAR RESOURCE!
Access RADAR Resource via the Society’s new online portal in just a few swift clicks.

Logging into RADAR:
1. Go to https://members.surgery.org
2. Enter your email address
3. Enter your password
4. Click “Login”

Once logged into the portal, you can access RADAR by selecting the “Services” tab on the menu. Be sure to bookmark members.surgery.org for easy access in the future!

THE AESTHETIC SOCIETY WEBINAR SERIES—COVID-19—AVAILABLE NOW ON RADAR!
The Aesthetic Society is working with industry and thought leaders to help you figure out what to do next in response to COVID-19. This webinar series has been designed to bring you the most up to date information and ideas to manage your practice during this challenging time.

Access these webinars and additional resources in the RADAR Library under:
Practice Solutions> Practice Management> COVID-19

#1 Coping with City-Wide COVID-19 Lock-Down—You Could Be Next—March 19, 2020
Moderator William P. Adams, Jr., MD is joined by presenters: Paco Canales, MD; Trent Douglas, MD; Heather Furnas, MD; and David Sieber, MD

This webinar was recorded days after the San Francisco Bay Area was locked down with a shelter-in-place legal order regarding COVID-19. For plastic surgery practices, this was not a common issue and there have been many more questions than answers. Watch as four San Francisco, CA area Aesthetic Society plastic surgeons share their insights and recommendations as similar fates could occur across the USA.

#2 What Am I Supposed to Do Now?—March 23, 2020

Some of the topics to be covered:
- Surviving the Financial Impact of a Pandemic—Using Your Time Productively
- Communicating with Your Patients
- Personnel Issues
- Online Options for Consults and Patient Care

Has Your Staff Signed up for Access to Practice Solutions on RADAR?
Practice Solutions on RADAR Resource is the Aesthetic Society’s practice management resource hub. An exclusive benefit for Aesthetic Society members, candidates, residents, and their practice staff Staff of Society Members and Candidates for Membership can register for an individual account by completing the enrollment form at: practicesolutions.surgery.org.

Supplemental Resource:

Disclaimer: Each webinar presents information that was appropriate on that day. Given the quick evolution of the pandemic, there may be suggestions/comments that are no longer valid when viewed at a later date.

Grab your tablet, laptop, or smartphone and contact alicia@surgery.org to schedule your personal demonstration! Our team is ready to walk you through the useful resources in store for you and your team within RADAR Resource.
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I know the health and safety of our families, patients, and staff are at the forefront of our minds as we navigate the new challenges in our practices and daily life. Part of ASERF’s mission is education, and we are committed to working with The Aesthetic Society to develop education centered around navigating this new terrain. Email communication will be sent in the coming weeks and months with more information on educational opportunities and resources for our members as we are all in this together.

As my term as ASERF President comes to an end, I am very proud of the research we have funded in the past year and the advancements made in technology, funded by ASERF. Thanks to the generous donations of our members, donors, and industry, ASERF has committed just over $294,000 to research studies on topics ranging from Breast Implant Illness (BII), Power-Assisted Liposuction, Biofilms, and BIA-ALCL. At the FDA breast implant hearing in March 2019, we committed to funding research on BII, and followed through on that commitment in the summer of 2019.

RECONFIGURING ASERF ACTIVITIES

With the cancellation of The Aesthetic Meeting 2020, the ASERF Silent Auction will be postponed to a later date and we will keep everyone posted on the details. We are incredibly grateful for the support of generous donors who committed items and services for 2020.

Sherrell J. Aston, MD, was selected to receive the 2020 ASERF Career Achievement Award, and we want to make sure that he is celebrated and honored by his peers in the way his countless contributions deserve. For this reason, Dr. Aston will be our 2021 ASERF Career Achievement Award recipient, and we will honor him during the Member Business Meeting in Boston. The education he has and continues to provide and his passion for the specialty have influenced so many of us.

Formerly called the ASERF Research and Innovative Technology Luncheon, the ASERF Spotlight on Research, will be presented during The Aesthetic Meeting 20/20: Live! in Arlington, TX (Dallas), on September 10–12, 2020. Moderated by members of our Scientific Research Committee, researchers will present recent findings from their ASERF-funded studies. See page 6 of this issue for more information about registering for this meeting.

I want to give a big thank you to my fellow ASERF Board Members, who committed their time, expertise and passion to make this past year a success and set ASERF up for continued growth. Thank you for approving research and other special projects this year that will make a difference for our specialty and our patients:

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Dr. Robert Whitfield is an aesthetic plastic surgeon practicing in West Lake Hills, Texas, and serves as President of ASERF.

ASERF Spotlight on Research

In May 2019, ASERF sent a Gluteal Fat Grafting survey to The Aesthetic Society and ISAPS members as a follow-up to the 2016 survey and resulting Gluteal Task Force recommendations for making gluteal fat transfer procedures safer. The results of the 2019 survey will be published soon in Aesthetic Surgery Journal in the article, “Improvement in Brazilian Butt Lift (BBL) Safety With the Current Recommendations from ASERF, ASAPS, and ISAPS” by Drs. Varun Gupta and Luis Rios, Jr. When published, be sure to read this important article which highlights the advances that can and have been made in patient safety thanks to the efforts of our Foundation and educational Societies.
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The Aesthetic Society’s partnership program provides industry with strategic benefits and opportunities to collaborate with The Society’s members in support of our mission.

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

Allergan 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 markets a portfolio of leading brands and best-in-class products for the central nervous system, eye care, medical aesthetics and dermatology, gastroenterology, women’s health, urology and anti-infective therapeutic categories.

Allergan is an industry leader in Open Science, a model of research and development, which defines our approach to identifying and developing game-changing ideas and innovation for better patient care. With this approach, Allergan has built one of the broadest development pipelines in the pharmaceutical industry.

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

Endo Aesthetics™ is a unit of Endo Pharmaceuticals Inc., a specialty branded pharmaceutical company with over 20 years of experience. Driven by world-class research and development, Endo is working to create the aesthetic solutions of tomorrow through the development of a new injectable treatment for cellulite, a condition of the skin that has been reported in 85 to 98 percent of post-pubertal females and affects women of all races and ethnicities.

Endo recently completed two Phase 3 trials for the treatment of cellulite of the buttock and is continuing a development plan for generation of data for cellulite of the thigh. If approved, this product will be the first injectable indicated to treat cellulite. Endo Aesthetics™ is headquartered in Malvern, PA. Learn more at www.endopharma.com.

Evolus is a performance beauty company with a customer-centric approach focused on delivering breakthrough products. Evolus’ 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.evolus.com.

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Galderma, the world’s largest independent global dermatology company, was created in 1981 and is now present in over 100 countries with an extensive product portfolio to treat a range of dermatological conditions. The company partners with health care practitioners around the world to meet the skin health needs of people throughout their lifetime. Galderma is a leader in research and development of scientifically-defined and medically-proven solutions for the skin. For more information, please visit www.galderma.com/us.

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

MTF BIOTECHNOLOGIES

The Plastic & Reconstructive Surgery business unit of MTF Biologics serves Plastic & Reconstructive Surgeons in reconstructive and craniofacial procedures, burns and other traumatic injuries, while providing solutions in breast, body and facial cosmetic procedures. PRS offers a broad portfolio including FlexHD acellular dermal matrix, Renuva allograft adipose matrix, Profile costal cartilage allografts, LipoGrafter autologous fat grafting system, Meso BioMatrix acellular peritoneal matrix, and split thickness skin grafts for burns. MTF Biologics Plastic & Reconstructive Surgery meets the needs of surgeons so that they can provide the best care for their patients. We save and heal lives. www.mtfbiologics.org

SIENTRA

Sientra is a diversified global medical aesthetics company and a leading partner to aesthetic physicians. Sientra recently announced the acquisition of the dedicated FDA-approved silicone breast implant manufacturing operation in Franklin, Wisconsin from Lubrizol Life Science (an affiliate of Berkshire Hathaway). This provides Sientra with direct control of their OPUS® breast implant manufacturing, total supply chain optimization, and increased speed to market with innovations that will benefit you and your patients.

The Company’s Breast Products Segment includes its innovative OPUS® breast implants, its ground-breaking Allox2® breast tissue expander, and BIOCORNEUM® the #1 performing, preferred and recommended scar gel of plastic surgeons. The Company’s miraDry Segment, comprises its miraDry® system, the only non-surgical FDA-cleared device for the permanent reduction of underarm sweat, odor and hair of all colors.

Learn more about Sientra on Sientra.com

VENUS CONCEPT

Venus Concept is an innovative global medical aesthetic technology leader with a broad product portfolio of minimally invasive and non-invasive medical aesthetic technologies with reach in over 60 countries and 29 direct markets. Venus Concept focuses its product sale strategy on a subscription-based business model in North America and in its well-established direct global markets. Venus Concept’s product portfolio consists of aesthetic device platforms, including Venus Versa, Venus Legacy, Venus Velocity, Venus Fiore, Venus Viva, Venus Freeze Plus, and Venus Bliss. Venus Concept’s hair restoration division includes NeoGraft, an automated hair restoration system that facilitates the harvesting of follicles during a FUE process and the ARTAS and ARTAS iX Robotic Hair Restoration Systems, which harvest follicular units directly from the scalp and create recipient implant sites using proprietary algorithms.

New Products to Check Out!

Special Offers for Aesthetic Society Members

For information on the products and services offered by industry, please contact the companies directly, and let them know you are an Aesthetic Society member!
Aesthetic Society News • Spring 2020

INDUSTRY PARTNERS

New Alliance Partner

Abbott

Abbott Nutrition is making an everlasting impact on human health as one of the world’s leading authorities in science-based nutrition nourishing every stage of life. As your lifelong nutrition partner and advocate, we invite you to our booth to sample our therapeutic nutritional powder for wound healing. Visit Juven.com to find additional product information, clinical research, delicious recipes and more.

As your medical liability partner, AMS RRG, Inc., has covered not only for medical liability, but cyber coverage is also included in our standard policy. Additionally, we have a risk management team that is willing to work with you to evaluate your risks whether they are medical or cyber related. Give us a call and let us become your liability partner. ALL AESTHETIC SOCIETY MEMBERS RECEIVE A 7.5% PREMIUM DISCOUNT!

Christopher Edge—cedge@amsrrg.com or 866-461-1221.

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.

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 providers nationwide, the CareCredit credit card allows patients to make convenient monthly payments for cosmetic surgery, minimally invasive treatments, skin care products and more by offering promotional financing options. Once approved, patients can use their card again and 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:

- Aesthetic Society 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 855.8741230 or info@cosmetassure.com.

InMode has recently launched the AccuTite and Morpheus8 to their BodyTite, EmbraceRF, Optimas, Contoura and Votiva workstations. InMode is a leading global provider of innovative, energy-based, minimally and non-invasive medically accepted solutions. InMode has developed and commercialized products utilizing medically-accepted radiofrequency energy technology, which can penetrate deep into the subdermal fat, allowing adipose tissue remodeling. InMode’s technologies are used by physicians to remodel subdermal adipose, or fatty tissue in a variety of procedures including liposuction with simultaneous skin tightening, face and body contouring and ablative skin rejuvenation treatments. Learn more about InMode technologies by visiting www.inmodemd.com.

For information on the products and services offered by industry, please contact the companies directly, and let them know you are an Aesthetic Society member!
Revance is a Silicon Valley-based biotechnology company, pioneering new innovations in neuromodulators for aesthetic and therapeutic indications. Revance’s lead product candidate, DaxibotulinumtoxinA for Injection (DAXI), combines a proprietary stabilizing peptide excipient with a highly purified botulinum toxin that does not contain human or animal-based components. Revance successfully completed a Phase 3 program for DAXI in glabellar lines with U.S. regulatory approval anticipated in 2020. Revance also has exclusive U.S. rights to commercialize TEOXANE’s Resilient Hyaluronic Acid® (RHA®) range of FDA-approved dermal fillers for the correction of dynamic wrinkles and folds, further positioning the company as a leader in facial injectables.

New Alliance Partner

Founded by plastic surgeons in 2013, Symplast is the #1 Mobile EHR/Practice Management platform for plastic surgery and med spas. Delivering a HiPAA secure cloud platform to over 3,500 aesthetic users across the country, Symplast’s modern, easy-to-use EHR suite includes: virtual consultations and follow ups, practice management, patient engagement, digital intake, marketing CRM, online patient scheduling, billing, reports, inventory/POS, multimedia, and more.

Symplast is an Alliance Industry Partner with The Aesthetic Society and a Platinum Sponsor for AmSpa. Please visit www.symplast.com to learn how Symplast can lead your practice into the next decade of aesthetics.

SENTÉ is a privately held specialty aesthetics company leveraging its expertise and foundation in biotechnology to deliver novel, science-based skin care products. SENTÉ is a recognized leader in the development of innovative and targeted skincare products based on novel Heparan Sulfate Analog (HSA) technology. Proprietary to SENTÉ, HSA is clinically proven to deliver rapid skin hydration and rejuvenation. SENTÉ products are available through its exclusive network of physicians and medically supervised spas. For more information on SENTÉ, 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 ARVATI™ 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®, ThermiRase®, 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.

New Products to Check Out!

Special Offers for Aesthetic Society Members

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

Contact Jackie Nunn at jackie@surgery.org for more information about partnership opportunities.
AESTHETIC NEURAL NETWORK
Meet ANN...The power of Evidence-Based Business.

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 280 data sources contributing to ANN - including surgical and medspa numbers - with data on $4.3B in gross charges, 4.66M procedures, and 879K patients. These numbers grow every day!

<table>
<thead>
<tr>
<th>Data Sources</th>
<th>Patients</th>
<th>Procedures</th>
<th>Gross Charges</th>
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<tr>
<td>280</td>
<td>879K</td>
<td>4.66M</td>
<td>$4.3B</td>
</tr>
</tbody>
</table>

Visit ann.surgery.org or email ann@surgery.org for more information!
Industry Partners Continue Their Support!

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

We’d like to welcome our newest Industry Partner, Abbott Nutrition! We look forward to this new partnership and collaboration and learning more about their product, Juven®. In addition, we’d like to thank and acknowledge Premier Partner and industry leader Sinclair Pharma for their ongoing support.

“Our Industry Partners are invested in the future of The Aesthetic Society and are committed to supporting our mission and advancing the specialty, together.”—Dr. Jennifer Walden, Industry Support Chair.

Each Industry Partner benefits from the strategic program at The Aesthetic Meeting and throughout the year.

PREMIER INDUSTRY PARTNER

Sinclair

In March, Premier Partner Sinclair Pharma Limited, a global aesthetics company headquartered in London and wholly owned by the Chinese company Huadong Medicine Limited, announced that Silhouette InstaLift® —an innovative non-surgical procedure that elevates and repositions facial tissue—received clearance from Health Canada. This approval marks the company’s first entrance to the Canadian market, further demonstrating the brand’s rapid growth and dominance within the aesthetics industry.

“We’re thrilled to bring Silhouette InstaLift to Canada and to expand our footprint within North America and globally,” shared Chris Spooner, CEO Sinclair Pharma. “While we have a portfolio of global brands, Silhouette InstaLift has been the company’s anchor within North America, which has also become our fastest growing market, further solidifying Sinclair Pharma as a global aesthetics leader.”

Silhouette InstaLift was first cleared in the U.S. in 2015 and provides a solution for patients looking for lift and volume without fillers or surgery. Utilizing advanced Micro-Suspension Technology™, InstaLift provides an immediate lift while stimulating the body’s natural collagen production to boost volume over time, with results lasting up to two years. The procedure is carried out within a physician’s office in under an hour and with minimal downtime.

“We’re excited to bring our singular technology to providers across a new region of North America,” says Amber Edwards, President, North America for Sinclair Pharma. “Since its introduction, Silhouette InstaLift has created a new category of aesthetics, bridging the gap between fillers and surgery, and continues to be the only absorbable suture FDA cleared for aesthetic use. We have seen rapid, year-over-year growth within the U.S. and anticipate a similar trajectory in Canada, poising the brand for further expansion in the years to come.”

Silhouette InstaLift is indicated for the elevating and repositioning of facial tissues in Canada and available through a network of licensed medical professionals. For more information, please visit InstaLift.com.

ALLIANCE INDUSTRY PARTNER

New Alliance Partner

Abbott

The Aesthetic Society Welcomes Abbott as its newest Alliance Partner!

Abbott is a leading global healthcare company that helps people live better and healthier through life-changing technology and nutrition products, like Juven®. Juven is a therapeutic nutrition drink that supports wound healing.

Patients undergoing surgical procedures are often concerned about recovery time. To empower them to support their healing, talk to your patients about a recovery plan that includes Juven.

With more than 40 studies backing its powerful nutrient blend, Juven has been clinically shown to support wound healing by enhancing collagen formation in as little as 2 weeks.*

Sometimes a balanced diet is not enough. That’s where Juven comes in. Juven, a light refreshing drink, has a blend of key ingredients that goes above and beyond basic nutrition for those with wounds:

• Arginine—increases blood flow and builds proteins
• Glutamine—supports the immune system and promotes new tissue
• HMB—slows protein breakdown and enhances tissue growth
• Hydrolyzed collagen2,3—has been shown to accelerate the rate of wound healing
• Micro nutrients—Zinc, vitamins C, E, B12 which are important in the wound healing process

Help your patients heal from the inside out. To support wound healing, enjoy two packets of Juven a day, mixed with 8-10 ounces of water or a favorite liquid. Available in Fruit Punch, Orange and Unflavored.

Juven is available at Amazon.com, AbbottStore.com and at Walgreens.

If you are interested in speaking to someone about Juven for your practice, contact Brian Benson at: Brian.benson@abbott.com

For more information, visit: Juven.com

Use under medical supervision in addition to a complete, balanced diet.

*Studied in healthy elderly adults as part of a wound healing model, taking 2 servings per day.


Thank you Industry Partners!

The Aesthetic Society thanks all of our industry partners for their ongoing support and collaboration.
MAKING THE MOST OF THE ADVANTAGE PROVIDER PROGRAM

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

THE AESTHETIC SOCIETY CLOUD POWERED BY RONAN SOLUTIONS

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

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

VIZIUM360™ | REALPATIENTRATINGS™

Vizium360™ | 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™ | RealPatientRatings™ offers its reviews and feedback software at a reduced rate for Aesthetic Society members.

For information: 800.267.1228, extension 106 | www.vizium.com/asaps-member-special-offer
SOCIETY NEWS

Media Notes and Quotes

THE WASHINGTON POST
In Silicon Valley, Some Men Say Cosmetic Procedures are Essential to a Career
Excerpt: So like a growing number of male tech workers, Daniel is considering a new strategy to conceal his “advanced” age for years to come: plastic surgery, Botox, a facelift to counteract under-eye bags, and the kind of midsection sculpting that could offer the impression that washboard abs ripple beneath his tailored shirts.

At the same time, cosmetic procedures for men have tripled over about two decades, according to the American Society for Aesthetic Plastic Surgery. Though the vast majority of patients using injectables such as Botox and hyaluronic acid are women, the number of men undergoing the nonsurgical procedures more than doubled from 2010 to 2016.

Long gone is the era in which the tech wiz was synonymous with bulging bellies, thick glasses and pleated khakis, a time embodied by Bill Gates and Steve Ballmer’s cringeworthy dancing during the Windows 95 launch.

THE NEW YORK TIMES
Plastic Surgery and the Secret World of Instagram Dolls
Excerpt: And the number of “cosmetic minimally invasive procedures” —Botox, laser hair removal, soft tissue fillers and more—has grown rapidly in the United States. There were under five million procedures in 2000. In 2018, there were nearly 16 million. (Almost half of those procedures are Botox treatments.)

Cosmetic procedures are also becoming more popular among people of color. The American Society for Aesthetic Plastic Surgery reports that cosmetic augmentation, like liposuctions and buttocks lifts, increased 56 percent among African-Americans from 2005 to 2013, and is still rising.

ALLURE
America’s Baby Boomers versus Korea’s
Excerpt: After returning home from Korea, I was curious about what the plastic surgery trends were for men in America. The same themes ring true here. More American men are getting plastic surgery than ever before. According to The American Society for Aesthetic Plastic Surgery, men received 17 percent of all neck lifts, 16 percent of all nose surgeries, and 15 percent of all eyelid surgeries in 2018.

THE NEW YORK TIMES
79 of Our Favorite Facts of 2019
Excerpt: #36: In 2018, injections of Botox—the No. 1 aesthetic procedure since 1999, according to the American Society of Aesthetic Plastic Surgery—were up 16.3 percent from the year before. Are You Ready for Drive-Thru Botox?

HUFF POST
Cosmetic Surgery Rates For Millennials Are Skyrocketing
Excerpt: Dark circles, wrinkles, fine lines, thin lips and hook noses are becoming endangered species on the faces of millennials, as 18- to 34-year-olds obsessed with overfiltered ideals appear to have declared all-out war on perceived imperfections.

People under 34 are now having more cosmetic surgery procedures than 51- to 64-year-olds, representing 1 in 4 patients in 2018, according to the American Society of Aesthetic Plastic Surgery, which compiles data provided by surgeons mainly in the United States and Canada.

Share Your Stories!

Aesthetic Society Members, have you found a grateful patient through our Smart Beauty Guide website?
Or, have you 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.
Acknowledgement of 2019–2020 Volunteers

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

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Robert Whitfield, MD 2019–2020

Award Winners

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 is presented during the subsequent annual meeting.

Steven R. Cohen, MD
San Diego, CA 2017
Daniel A. Del Vecchio, MD
New York, NY 2018
Vasilios S. Lambros, MD
New Orleans, LA 2019

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.

Daniel C. Baker, MD
San Diego, CA 2017
Tim Papadopoulos, MD
New York, NY 2018
Holly Casey Wall, MD
New Orleans, LA 2019

Peter B. Fodor Award for Best Panel Moderator

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

James M. Stuzin, MD
San Diego, CA 2017
Rod J. Rohrich, MD
New York, NY 2018
Nolan S. Karp, MD
New Orleans, LA 2019

Continued on Page 43
ASSI® Gluteal Remodeling Instrumentation

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

Gonzalez Gluteal Retractor 1
ASSI®-AG17726

Gonzalez Gluteal Retractor 2
ASSI®-AG17926

Gonzalez Detacher w/Duckbill
working end
ASSI®-AG18126

Gonzalez Straight Blade 1
ASSI®-AG18226

Gonzalez Straight Blade 2
ASSI®-AG18326

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

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

Continued from Page 41

**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).
- Daniel C. Baker, MD
  - Montréal, Québéc, Canada
  - 2015
- Arthur Swift, MD
  - New York, NY
  - 2018
- Simeon Wall, Jr., MD
  - New Orleans, LA
  - 2019

**RAYMOND VILAIN AWARD FOR OUTSTANDING SCIENTIFIC PRESENTATION**
The Raymond Vilain Award is presented to an International Active member or an international surgeon for an outstanding scientific presentation at an Aesthetic Society/ASERF meeting. This award is given in the name of Raymond Vilain, MD, a Corresponding Member of the Society from 1973–1989.
- Alfredo E. Hayos, MD
  - San Diego, CA
  - 2017
- Francisco G. Bravo, MD
  - New York, NY
  - 2018
- Yoav Barnea, MD
  - New Orleans, LA
  - 2019

**ROBERT SINGER AWARD FOR BEST HOT TOPICS PRESENTATION**
The Robert Singer Award is presented to the individual who is judged the Best Hot Topics presenter at The Aesthetic Society/ASERF Annual Meeting.
- Henry A. Mentz, MD
  - San Diego, CA
  - 2017
- Barry E. DiBernardo, MD
  - New York, NY
  - 2018
- James Fernau, MD
  - New Orleans, LA
  - 2019

**LEADERSHIP AWARD**
This award is presented to an Aesthetic Society member who shows exemplary leadership, service, creativity, and dedication to the subspecialty of Aesthetic Surgery, advancing the organization in the pursuit of its stated mission. The Award is presented at the discretion of the Board of Directors to recognize a superior contribution.
- 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 1987, an engraved silver bowl was adopted as this award.
- Barry Fernando, MD
  - 2016
- Robert Singer, MD
  - 2018
- Daniel C. Mills, MD
  - 2019
- Richard J. Warren, MD
  - 2019

**SPECIAL AWARD WINNERS**

**ROBERT AICHER, ESQ.,**
- 2015

**BRUCE F. CONNELL, MD & J. WILLIAM LITTLE, MD**
- 2018

**WILLIAM P. ADAMS, JR., MD & MELINDA J. HAWS, MD**
- 2019

**SCOTT SPEAR AWARD FOR BEST BREAST PRESENTATION**
The Scott Spear Award honors the Best Breast Presentation at The Aesthetic Meeting.
- M. Bradley Calabrace, MD
  - New York, NY
  - 2018
- Roy de Vita, MD
  - New Orleans, LA
  - 2019

**IN CHUL SONG AWARD FOR PHILANTHROPIC SERVICE**
This award is made possible by a generous contribution to The Aesthetic Surgery Education and Research Foundation by Sharadkumar Dicksheet, MD. This award is bestowed upon a plastic surgeon whose philanthropic plastic surgery efforts best exemplify humanitarian service.
- Julio L. Garcia, MD
  - 2011
- Larry Weinstein, MD
  - 2012
- Raj N. Lalla, MD
  - 2013

**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
  - Vancouver, B.C., Canada
  - 2004

**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:
- Grady B. Core, MD
  - 2018
- Joseph P. Hunstad, MD
  - 2018
- Constantino G. Mendieta, MD
  - 2018
- Kiyi Movassaghi, MD, DMD
  - 2018
- Mary L. Jewel, RPT
  - 2019
- Geoffrey R. Keyes, MD
  - 2020
- Joe M. Gryskiewicz, MD
  - 2020
- Z. Paul Lorenc, MD
  - 2020

**SHERRELL J. ASTON AWARD FOR BEST PRESENTATION BY A RESIDENT, FELLOW OR CANDIDATE**
The Sherrell J. Aston Award was created by Dr. Sharadkumar Dicksheet’s “named fund” contribution to The Aesthetic Surgery Education & Research Foundation for the best presentation by a resident, fellow, or member of the Aesthetic Society Candidate Program. (Beginning in 1995 the criteria was limited to entries from Aesthetic Society annual meetings.)
- Paul N. Afroz, MD
  - San Diego, CA
  - 2017
- Ali A. Qureshi, MD
  - New York, NY
  - 2018
- Christopher C. Surek, DO
  - New Orleans, LA
  - 2019

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Regenerative aesthetics is a revolutionary way to address growing patient demand for minimally invasive treatments that deliver effective and natural looking results.

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Aesthetic Society News

Award Winners

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**BEST AESTHETIC SURGERY JOURNAL RESEARCH PAPER**
This award is for the best aesthetic surgery research paper published in the *Aesthetic Surgery Journal.*
2017 Adipose Stem Cell Function Maintained Cryopreserved Cells
Lauren E. Kokai, 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
Zeeshaan Arshad; Celine-Lea Halioiu-Haubold; Mackenna Roberts; Fulvio Urso-Baiarda, MD, FRCS; Oliver A. Branford, MD, PhD, FRCS; David A. Brindley, MEng, DPhil; Benjamin M. Davies, MD, DPhil; and David Pettitt, BSc, MD
2019 Venous Thromboembolism in Aesthetic Surgery: Risk Optimization in the Preoperative, Intraoperative, and Postoperative Settings
Christopher J. Pannucci, MD

**BEST AESTHETIC SURGERY JOURNAL OPEN FORUM PAPER**
2019 Management of Asymptomatic Patients With Textured Surface Breast Implants
Patricia A. McGuire, MD; Anand K. Deva, BSc (Med), MBBS, MS, FRACS (Plast); Caroline A. Glucksman, MD, MSJ; William P. Adams Jr, MD; & Melinda J. Haws, 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.
Scott Spear, MD
New York, NY (posthumous) 2018
Robert Singer, MD
New Orleans, LA 2019

**BEST JOURNAL ARTICLE**
This award is for the best aesthetic surgery article published in a scientific journal.
2017 Domestic: SMAS Fusion Zones Determine the Subfascial and Subcutaneous Anatomy of the and Models of Facial Aging
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
Rui-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 Calobrace, MD; Michael R. Schwartz, MD; Kamakshi R. Zeidler, MD; Troy A. Pittman, MD; Robert Cohen, MD; & W. Grant Stevens, MD
2018 International: Effects of Thermal Protection in Patients Undergoing Body Contouring Procedures: A Controlled Clinical Trial
Jorge Enrique Bayer-Marín, MD; Lázaro Cárdenas-Camarena, MD; Héctor Durán, MD; Arnoldo Valedon, MD; Jorge Rubio, MD; and Alvaro Andres Macias, MD
2019 International: Safe Gluteal Fat Graft Avoiding a Vascular or Nervous Injury: An Anatomical Study in Cadavers
Filiberto Alejandro Alvarez-Alvarez, MD; Hiram O. González-Gutiérrez, MD, and César Felipe Plonieda-Valencia, MD
2019 Domestic: Update on Avoiding and Treating Blindness From Fillers: A Recent Review of the World Literature
Katie Beleznyi, MD, FRCP, Jean D.A. Carruthers, MD, FRCS, FRC (OPHTH); Shannon Humphrey, MD, FRCP, Alastair Carruthers, MD, FRCP, and Derek Jones, 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.
James M. Stuzin, MD 2015
James M. Grotting, MD 2018
Laurie A. Casas, MD 2019

**COMMUNITY SERVICE AWARD**
Tolbert Wilkinson, MD 2009
Gang Tattoo Removal Program of Texas
Jack E. Demos, MD 2013
Founder, Surgicorps, Int.
Joe M. Gyskiwecz, MD 2015
Volunteer Services to the Children of Ecuador

**GASPAR W. ANASTASI AWARD**
The Gaspar W. Anastasi Award is presented to the highest rated resident and/or fellow scientific papers at the Residents & Fellows Forum during the annual meeting of the Society. The award consists of a check for $250 and the opportunity to present the paper to the full Scientific Session of the annual meeting.
Erica Bartlet
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
Christodoulos Kaoutzanis, MD
New Orleans, LA 2019
Nneamaka Nwubah, MD
New Orleans, LA 2019

**TED LOCKWOOD AWARD FOR EXCELLENCE IN BODY CONTOURING**
This award was created to recognize Dr. Ted Lockwood’s visionary contributions to aesthetic body contouring. The recipient of this award is a plastic surgeon who demonstrates a dedication to research; clinical excellence, patient safety and peer education in all aspects of body contouring as demonstrated by publication in scientific journals, clinical presentations, and by ongoing innovation in body contouring techniques.
Osvaldo Saldanha, MD
Boston, MA 2011
Alfredo E. Hoyos, MD
New York, NY 2018
Daniel A. Del Vecchio, MD
New Orleans, LA 2019

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

DO I HAVE TO BE A MEMBER OF ASPS TO BE A MEMBER OF THE AESTHETIC SOCIETY?

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

HOW MANY SPONSORS WILL I NEED?

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

WHO MAY SPONSOR ME FOR MEMBERSHIP?

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

WHAT ARE THE DEADLINES FOR SUBMITTING A MEMBERSHIP APPLICATION?

The two deadlines are January 5 and July 1.

WHEN WILL THE MEMBERSHIP VOTE ON MY APPLICATION?

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

WHAT WILL FULFILL THE MEETING ATTENDANCE REQUIREMENT?

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

• The Aesthetic Meeting (The Aesthetic Society’s Annual Meeting)
• The Aesthetic Society’s Facial and Rhinoplasty Symposium
• The Biennial Aesthetic Cruise
• Experienced Insights: Breast and Body Contouring—An Aesthetic Society Symposium

WHAT ARE THE FEES AND WHEN SHOULD THEY BE PAID?

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

• Membership dues for Active Members are $1,198
• Membership dues for International Active Members are $470

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

NEW: ONLINE APPLICATION

Complete your application from start to finish 100% online surgery.org/apply

Membership 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. The Aesthetic Society is the premier aesthetic society, dedicated solely to aesthetic education, and we don’t require membership in any other in order to become an Aesthetic Society member. As long as you meet our requirements, you can apply for membership today!

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

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

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

ACTIVE MEMBERS—US AND CANADA

Hamid Abdollahi, MD
Paul N. Afroz, MD
Mark G. Albert, MD
David R. Alfonso, MD
Bardia Amirlak, MD, FACS
Brian H. Arslanian, MD

Russell Babbitt, MD
Todd A. Baker, MD
Jessica Belz, MD
Vijay K. Bindingnavele, MD
Emile N. Brown, MD
Robert C. Candi, MD

Charlie Chen, MD
Younghoon R. Cho, MD, PhD
Jeffrey R. Claiborne, MD
Stephen Colbert, MD
Eric J. Cuberton, MD
Luke J. Cutsinger, MD

Phillip B. Dauwe, MD
Shay B. Dean, MD
Marco F. Ellis, MD, FACS
Grant A. Fairbanks, MD
Scott J. Farber, MD
Regina M. Fearmont, MD

Steven Fern, MD
Lauren H. Fischer, MD
Rachel S. Ford, MD
Brad M. Gandolfi, MD
Henry F. Garazo, MD
Scott E. Geiger, MD

Continued on Page 49
Firmer for a man

Softer for a woman

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Welcome New Members

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Nicholas K. Howland, MD                   Sumesh Kaswan, MD                          Joshua C. Krethen, MD                      John Layliev, MD                                 Edward I. Lee, MD                               Johnson C. Lee, MD
Nicholas R. Leonardi, MD                   Michele A. Manahan, MD                    Brandon-Dzung Mang, MD                Chester Mays, MD                               Aisha J. McKnight-Baron, MD             Raja Mohan, MD
Donald S. Mowlds, MD                        Devin M. O’Brien Coon, MD                Elizabeth A. O’Connor, MD                 Sotirios Papafragkou, MD                   Shwetambara Parakh, MD                  Alexis L. Parcelis, MD
Anup Patel, MD, MBA                          Parit A. Patel, MD                                 Nathan W. Patterson, MD                    Paul M. Phillips, MD                             Alain Polynice, MD                              Puli Reddy, MD
Brian C. Reuben, MD                           Susie Rhee, MD                                   Carlos M. Rivera-Serrano, MD            Forrest Roth, MD                                 Michele C. Roughton, MD                  Millicent O. Rovelo, MD
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The Aesthetic Society is pleased to announce a NEW service for members, candidates, and residents: Ask The Expert!

Need help or have a question about a treatment or management challenge regarding a breast implant patient? Tap into The Aesthetic Society’s community of experts to assist.

**HOW IT WORKS:**

1. Text your question to 833-629-0163 or email asktheexpert@surgery.org
2. Do NOT include any PHI or patient photos (not HIPAA compliant)
3. Acknowledgement and an initial response will be provided within 60 minutes by staff (if received Monday through Friday, 8:00 AM to 5:00 PM Pacific Standard Time)
4. Questions will be circulated to our pool of experts for comment.
5. Complex questions may require a conversation vs. text response.

Another service from The Aesthetic Society to support our aesthetic community of surgeons and their patients.
Welcome New Members
Continued from Page 49

Maryam Saheb-Al-Zamani, MD
Alexander Sator, MD
Thomas T. Sands, MD
Erika A. Sato, MD
Tina Sauerhammer, MD, FACS
Sanjay K. Sharma, MD
Andrew G. Silver, MD
Robinder P. Singh, MD
Addya Sood, MD
Aldona J. Speigel, MD
Ahmed S. Suliman, MD
Chris Surek, DO
Michael Suzman, MD
Shruti Tannan, MD
Donna G. Tepper, MD
Richard E. Tepper, MD
Joseph J. Thornton, MD
William D. Tobler, MD
Bhupesh Vasishth, MD
Dinah Wan, MD
Clinton B. Webster, MD
Julian S. Winocour, MD
Levi J. Young, MD
Paul Nassif, MD
Adriano Mesquita Bento, MD
Sergio Burciaga, MD
Laura C. Cardenas, MD
Eddie Cheng, MD
Thomas Colson, MD
Anand K. Deva, MD

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Welcome to the Surgeon as Consumer Solution.

Never Buy or Lease a Useless Piece of Equipment Again!

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?

The Surgeon as consumer Solution is a closed site, accessible only by active Aesthetic Society members. It uses a simple star rating system for you 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 as an Aesthetic Society benefit of membership!
Welcome New International Members

Continued from Page 51

The Aesthetic Society extends a warm welcome to our newest members! We look forward to interacting with you as we build a stronger specialty with an emphasis on patient safety.
**CosmetAssure** is a unique insurance coverage that helps pay medical expenses related to treating unexpected complications from elective cosmetic surgery.

“It truly gives us peace of mind, knowing that our patients will not be burdened by additional expenses after their procedure.”

- Dr. Anh Lee
Search engine optimization (SEO) is much more than checking boxes and filling out forms. There is a level of art to the science of performing well on Google and other search engines. Unfortunately, this means that you can’t just spend a few hours setting up the stepping stones of a strong SEO program and expect to see a dramatic increase in traffic and leads. You have to spend some time analyzing the site and coming up with strategic paths forward.

But some areas are a much better place to start than others. Google has placed considerable emphasis on these 3 areas of optimization: citations, local SEO, and Google My Business (GMB) activity.

1. THE IMPORTANCE OF CITATIONS

In this instance, “citations” actually refer to listings that have your business’s name, address, and phone number (NAP) written out. Google uses these NAPs as a primary determiner of the trustworthiness of your business’s listed information.

The formula is simple: More NAPs means more trustworthiness, which means more eyes on your business information, which means more traffic and lead generation for your practice.

There is one golden rule to citation building, and that is consistency. Wherever you put your business’s information, it must match exactly with every other listing, your website, and your GMB account. Otherwise, Google considers it to be a completely different business altogether. A single comma or period could completely negate a citation opportunity.

Not all citations are created equal; as a general rule, the stronger the authority and trustworthiness of the website that is showing your NAP, the stronger the authority of the citation itself will be. The most common places to get citations are directories like Foursquare, Yelp, and Facebook, but there are other ways to build citations beyond the standard directories.

2. LOCAL OPTIMIZATION

We talked a little about this area in the last newsletter, but, because of how crucial local SEO is and how high of a priority Google makes it, it is important to touch on it again.

Over 6 billion searches are made on Google every day, according to Databox. That is about 75,000 searches per second. In a worldwide market, your chances of being seen by a potential patient who will actually have a procedure done are miniscule no matter how prestigious a website you have. The only way to narrow down your target audience and maximize your potential for tangible leads is to tailor your content for prospects who are in your area. Otherwise, even if you do manage to bring about a worldwide audience, all you would have accomplished is convincing a would-be patient to have surgery done by a physician who is located closer to them.

There are a lot of different ways to focus on local content. It could mean including surrounding location keywords in the content of blogs or the titles of web pages, rewriting your website’s metadata, or setting up your social media accounts to point to your physical location.

We also talked about structured data, which is the back-end information that is plugged in to tell Google exactly what your content is about. If you did a listicle (written content presented in a listed structure), the content on the back end needs to reflect that. Otherwise, Google has a much harder time figuring out how to index your content against all the other content on the web.

3. STAYING ACTIVE ON GOOGLE MY BUSINESS (GMB)

If you’ve ever searched for a service online, you’ve likely come across the box on the right of the Google search results that shows a business’s location, contact information, operation hours, reviews, website link, etc. All of that information comes from a GMB account.

If you’ve set up a GMB account for your practice, then it becomes a lot easier for potential patients to interact with your site and business. The “directions” or “website” buttons alone are substantial traffic generators.

But it is equally as important to stay active and current on your GMB account as it is to simply have one. Posting images, fielding and responding to reviews in a timely manner, or adding social media posts, blogs, Q&As, and current specials are great ways to signal to Google that your business is active in the Google environment and a good place to send someone making a Google search.

Like we mentioned earlier, figuring out how to navigate the maze of search engine optimization is both an art and a science. If you find yourself in need of a partner to help you through this maze, don’t hesitate to give Plastic Surgery Studios a call 888-525-6360 or visit us at www.plasticsurgerystudios.com.

Peter Houtz is the Vice President of Sales for Plastic Surgery Studios, a full-service online digital marketing agency serving the aesthetics industry since 1998. Peter is a frequent presenter at The Aesthetic Meeting and can be reached by phone at (909) 758-8320 or by email at peterhoutz@plasticsurgerystudios.com.
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Enhanced 50-watt capacity maximizes the power to efficiently treat all body areas, large and small

**Innovative Control**

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A Celling Biosciences Subsidiary: THERMI®
We are living in a digital world in which every move, word and image is captured and shared. Our interactions are being documented for us. In healthcare, we are encouraged to accurately report our examinations, results, thoughts and plans. However, what happens when we need to correct a documentation error? The accuracy of this correction could be the difference between protecting your actions as a healthcare provider versus being held liable for intentionally providing misleading information based upon how you have altered the medical records. Extrapolated out to an extreme example, knowingly falsifying a medical record is considered tampering with evidence, or a fraudulent act, and could carry severe consequences for a physician including, but not limited to, criminal charges and large fines. It is important to remember that criminal acts, and intentional acts are not covered by professional liability insurance carriers.

AMS Management Group has a dedicated team of professional liability and healthcare lawyers as well as physician specialty medical directors to assist our insured physicians through these technical nuances. There are a handful of suggestions that may help healthcare providers properly edit medical notes and records. By taking these actions, physicians are adding a layer of protection into their documentation that will add strength to the care delivered to their patients.

There are multiple medical record amendments that physicians may encounter:

**Error Correction**
- **Paper Charts**
  - Draw a line through the error while leaving the inaccurate information legible (DO NOT black out/white out the entry). Do not try to write on top of the error, as it may appear to be self-serving, even with the right intentions.
  - Initial and date the correction
- **Electronic Charts**
  - The original entry should remain viewable

- Accurately document the person making the change, time, date and reason for the change
- Be aware if there is also a hard copy of the EMR that requires correction, as well

**Late Entry**
- If any data was left out of a note and needs to be added at a later time or date, it should be titled as, “Late Entry” and noted reason for late entry.
- The time and date of the late entry should reflect the current time and should not be made to appear as if it was written with the original content
- The late entry should be completed as soon as possible after the original note.

**Addendum**
- An addendum is the continuation of information that requires additional detail to address a specific incident. It is also used to explain information that was obtained from a patient or family member but did not get documented at the time of service.
- In an addendum, additional information is provided.
- The time, date and title of, “Addendum,” should be documented on the addendum.
- An addendum should be completed as soon as possible after the original note. An addendum is the most appropriate method to further explain a conversation, procedure or other necessary information but should be contemporaneous to the patient incident.

IN ADDITION TO ALL OF THE ABOVE, THERE IS NEVER A REASON TO CHANGE, ALTER, OR AMEND A RECORD AFTER RECEIPT OF A REQUEST FOR MEDICAL RECORDS, OR AFTER A PHYSICIAN HAS RECEIVED A NOTICE OF CLAIM.

For additional information on protecting your business please contact Chris Edge at cedge@amsmanagementgroup.com

Extrapolated out to an extreme example, knowingly falsifying a medical record is considered tampering with evidence, or a fraudulent act, and could carry severe consequences for a physician including, but not limited to, criminal charges and large fines.
Since Year 2000, I have devoted my career to working with plastic surgeons to get them more patients and profits. To celebrate, I created a special guide, just for you, that lays out 20 cosmetic patient attraction strategies for 2020.
Most plastic surgeons focus on surgery and that creates a “one-and-done” mindset.

Because if you’re a surgeon, it makes sense you want to perform surgery. So, you focus all of your efforts on finding prospective patients ready for plastic surgery.

However, it’s difficult to win today with that strategy. You will go broke trying to find enough “needle in the haystack” plastic surgery patients ready for surgery in today’s competitive world.

When you change your strategy and mindset from a one-time patient to a lifetime patient, your world opens up to new opportunities.

This might help...

Think of every single cosmetic patient as a $50,000 revenue stream.

One patient can be worth $50,000 when you consider what they themselves invest in your surgical and non-surgical cosmetic services, but also what their friends, family, colleagues and internet friends invest in your services as well...when done right.

When you look at it this way, you realize you don’t need to spend as much time and money on “one-and-done” plastic surgery patients because you have a steady stream of patients who return, refer and review.

Look at it this way, if your average surgical procedure is $8K, it takes 125 of them to make one million dollars. However, you only need 20 patients when they are worth $50K to you to get to the million-dollar mark.

Do you see how exciting that is? Now you can scale to multi-millions of dollars per year because you are working smarter and not harder on these one-time hits.

That sounds great but how do you do that?

How do you fill up your practice with more of these high worth patients?

The secret is to make your patients feel special because they are.

Treat your patients like your family and friends and they will reciprocate.

But don’t leave this to chance. It’s not your patient’s job to nurture a relationship with you.

It’s you and your staff’s job to treat these patients with friendliness, kindness, respect and continue to nurture these relationships for a lifetime.

Here are 3 ways to segment and nurture your plastic surgery patients:

VIP STATUS

After a patient has had surgery with you, invite them back for their post-op visit and let them know you have a gift waiting for them.

Also let them know you’ll be taking “after” photos and you would appreciate a video testimonial if they wouldn’t mind.

Now present them with a VIP card that entitles them to special perks for the next year. Some perks could include:

• Valet Parking
• No-Waiting Botox Appointments
• Massage chair session in private room
• 20% Off all laser treatments
• Free Monthly Peel and so on

VIP EVENTS

Hold fun catered events in your office after hours for your surgical patients and they are to bring a friend to introduce to you and your staff.

You can have special guests such as an author or artist or give a mini presentation on what’s new in the world of plastic surgery and non-surgical technologies.

Your patients who had surgery can show off their results and talk you up and their friends can bond with you and your staff and talk about the possibilities of surgery.

Offer the guests complimentary surgical consultation gift card and offer to book their consultation at your event to save them time.

NON-SURGICAL LOYALTY PROGRAM

Offer something different for your non-surgical patients so you keep that relationship going strong so when they are ready for surgery, they call you rather than your competitors.

There are many loyalty programs available such as www.KISSRewardsClub.com. Just be sure you choose one that is easy for your staff to implement and your patients to want to participate with.

Since the non-surgical side of your practice has been fairly commoditized, you don’t want to compete on price. Instead, offer a better patient experience and reward them for returning, referring and reviewing without discounting.

The point is to spend as much time building your practice from the inside out as you do trying to attract new stranger Internet patients.

So now that you know more, do you want a one time or lifetime cosmetic patient? Please say lifetime!

Catherine Maley, MBA is a cosmetic practice consultant, speaker, trainer, blogger and podcaster. Her popular book, “Your Aesthetic Practice/What Your Patients Are Saying” is read and studied by plastic surgeons and their staff all over the world.

She and her team specialize in growing plastic surgery practices using creative patient attraction, conversion, follow up and retention strategies as well as staff training to turn team members into converting rock stars.

Visit Catherine for Free resources at www.CatherineMaley.com or Instagram @catherinemaleymba.
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MANAGE WITH TAXES IN MIND

1. USE THE RIGHT MIX OF BENEFIT PLANS

This area is one where many plastic surgeons could benefit by up to thousands of dollars annually with the right analysis and implementations. In the area of qualified retirement plans (QRPs), like 401(k)s and profit-sharing plans, most small practices employ plans that are sub-optimal, either from a formula perspective (i.e., owners could be putting away more and getting higher deductions), a fee perspective (i.e., the third party administrator (TPA) or fund choices may charge higher fees than needed) or from a liability perspective (i.e., the practice and owners are the sole fiduciary on the plan, giving them sole legal responsibilities for plan performance). All of these factors should be examined in a review/audit.

In addition to QRPs, there are additional planning opportunities using non-qualified plans. These plans have much different rules than QRPs—most importantly, such plans need not be offered to employees—practice owners can allow only themselves to participate. Despite this and other tax benefits, few surgery practices utilize them today. This is unfortunate.

2. MANAGE YOUR INVESTMENTS WITH TAX EFFICIENCY; EXPLORE INVESTMENT MANAGERS WHO MANAGE WITH TAXES IN MIND

Part of what a tax savvy manager will do is called “asset location”—making sure that the right investments are held in the right accounts. Investments that generate significant taxable income can be held in QRPs while growth assets can be held in after-tax brokerage accounts. Further, the best advisors will harvest capital losses against capital gains all year rather than waiting until December.

Working with a tax savvy investment management firm, you get two-way communication, as the firm works with you to maximize the leverage of different tax environments, offset tax losses and gains, and other tax minimization techniques, based on your specific situation that year.

3. GAIN TAX-DEFERRAL, ASSET PROTECTION THROUGH CASH VALUE LIFE INSURANCE

Mutual funds, ETFs and personally owned securities will generate federal short- or long-term capital gains taxes (plus state taxes) when they are turned over (within a fund) or liquidated to become cash for retirement. However, similar assets within a cash value life insurance policy will generate no taxes—because the growth of policy cash balances is not taxable and, with proper management, the cash value in such policies can be accessed in retirement tax-free as well.

4. CONSIDER CHARITABLE GIVING

There are many ways you can make tax beneficial charitable gifts while also benefiting your family. The most common tool for achieving this “win-win” is the Charitable Remainder Trust (CRT). A CRT is an irrevocable trust that makes annual or more frequent payments to you (or to you and a family member), typically, until you die. What remains in the trust then passes to a qualified charity of your choice.

CONCLUSION

This article provides physicians with a short description of a few tax-saving ideas. If you want to save taxes, the most important thing you can do is look for members of your advisory team who can help you address these issues in advance. Otherwise, you will be in this same position next April 15th and for years to come.
Juven is targeted nutrition therapy with arginine, glutamine, Beta-Hydroxy-Beta-Methylbutyrate (HMB), and collagen protein to support tissue building.

Clinically shown to support wound healing by enhancing collagen formation in as little as 2 weeks.*

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In 2020, three billion, or almost half of the world’s population and twice the population of China, are active on some form of social media. Social media has grown up to serve such an important role in people’s lives that it is the first thing they check when they open their eyes in the morning, and the last thing they look at as their head hits the pillow. It connects us to everything that is going on locally, regionally and globally in seconds. Our attention spans have also become exceedingly short which impacts on how we like to consume content.

Here, 6 emerging trends for social that plastic surgeons need to know about:

1. This accounts for why Stories continue to grow in popularity; they are short, engaging, and addictive so we can scroll through Story after Story. Instagram stories now rule. In fact, from 2018 to 2019, the number of users jumped by a cool hundred million.1

2. Video is widely predicted to dominate social over static images. So, if video is not in your marketing plan, it’s time to get on it. The versatility of video content makes it highly effective for spreading your message. You can edit a single video into multiple snippets, with or without text, voice or music, to be used across every social platform.

3. Whatsapp, the beloved messaging app owned by Facebook Inc., is rumored to be the next in their portfolio to have an ad platform. This popular app features end-to-end encryption which has made it a useful tool for communicating with patients and other physicians in many parts of the world.

4. PR and social media marketing are merging. Influencer marketing using multiple niche or nano/micro influencers rather than engaging with a handful of high-profile influencers with millions of followers, is proving to be cheaper and more effective, as they are more relatable to the most patients.

5. Artificial Intelligence (A.I.), Augmented Reality (AR) and Virtual Reality (VR) are changing the way you run your practice. For example, customer service is being outsourced by A.I. as chatbots or messaging bots have been adopted by all sorts of service businesses for interacting with consumers, and Twitter, Facebook, Instagram are the platforms of choice. Location based targeting is proving to be the most effective social ad strategy. Think, “Alexa, find cosmetic surgery practices near me.” Best practice is to adapt some of these technological time-savers to reduce the workload while maintaining the human touch to differentiate your practice.

6. TikTok was the disruptive platform of 2019 and attracts the Gen Z population. But is worth watching for now because it offers clues as to what younger consumers may want in the future. You can use these insights to adjust the content you’re putting out on established channels until you’re ready to jump in, or not. To date, over 60% of users reside in China.


Performance KPI Reports

Are you looking to gain deeper insights into your practice? The Aesthetic Society’s Aesthetic Neural Network (ANN), now offers users access to carefully curated Key Performance Indicator (KPI) reports. Each report has been carefully designed to help you and your team focus efforts toward meaningful and realistic goals. Make sure to check out the two NEW reports and take your reporting to the next level!

Not on ANN yet? Complimentary spots are still available for members of The Aesthetic Society! Contact ANN@surgery.org or visit ann.surgery.org for information today.

**Surgical Procedures this Year**
Wondering what months of the year are better or worse to be out of the office based on surgical procedure demand? Use this report to determine surgical procedures trends for any given year.

**Non-Surgical Procedures this Year**
Do you know which months of the year should have more physician extenders on staff based on need? This report will help you see which non-surgical treatments are in high or low demand throughout the year.

**Performance R3M (Rolling 3 Months)**
Have you noticed fewer bookings at an unexpected time of year? This report can help you identify whether it’s coming from surgical or nonsurgical bookings, so you can address the problem quickly with marketing or patient outreach.

**Growth Matrix**
Is your practice ‘up’ or ‘down’ this year vs. last? Use the Growth Matrix report to get a snapshot of your practice performance and decide where to dig deeper!

**Long-Term Growth**
Do you know how your numbers are trending long-term? Use the Long-Term Growth report to identify yearly trends and use your knowledge of your practice to help keep the line graph climbing.
Managing inventory may not be the sexiest topic in plastic surgery practice management, but it is an essential part of managing a practice’s financials. And frankly, we often find serious deficiencies with practice’s inventory controls that result in wasted product at best or misappropriation and stealing at worst. It is a costly mistake to not have a proper inventory management process in place.

We recently worked with a plastic surgeon in the Southeast with a bustling surgical practice and busy medspa. We had reason to believe that inventory counts were off, so we started asking questions and looking around the office to assess the situation.

We found syringes of filler stored in three different cabinets without clear reason. Boxes were haphazardly put away, making it difficult to see labels, and we uncovered a handful of expired product syringes.

The freezer held vials of neurotoxins for patient use as well as complimentary staff vials, but not all were clearly labeled. More expired product.

The post-op garments were all over the place. Most were in the patient coordinator’s office; some were on a shelf in the clinical supply room; a few were discovered shoved out of sight (and arguably out of mind) in the back of a cabinet in the special procedure room.

Skin care products were stored everywhere, spread among three different locked drawers and two locked cabinets, again, without rhyme or reason. Each time a product was sold, the receptionist embarked on a treasure hunt to find the cleanser or eye cream to bag up. And guess what? Yep, we found more expired product.

The practice was losing money from over ordering and disorganization that resulted in expired products. And though we found no evidence of foul play, the opportunity was ripe. No one had a clear idea of what was supposed to be in inventory, and a product could walk away with none the wiser. Sadly, this practice is not unlike others we visit.

Let’s examine the common inventory management mistakes that are costing plastic surgeons money.

Mistake #1: Failing to identify all the inventory items in the practice

Inventory is not just the lotions and potions and magic creams the aesthetician sells. In reality, there are five main areas of inventory in a typical plastic surgery office:

1. Retail products
2. Injectables
3. Implants
4. Garments
5. Clinical/surgical supplies
6. Office supplies

Each category of items requires careful monitoring to ensure items are ordered, stocked, and sold (when applicable) without loss to the practice. Make the mistake of only focusing on retail products and you’re ignoring other substantial expenses.

Mistake #2: Lumping all inventory expenses under “medical supplies” on the profit and loss statement

It is impossible to determine the profitability of injectables, for example, if all the product expense is jumbled in with the cost of table paper and cleaning wipes on the P&L. Instead, give each category their own Expense sub-account. Then, compare the product expense with a revenue report from the practice management (PM) system to assess profitability.

Medical Supplies

- Implants .................................................. $39,268
- Injectables ............................................. $367,505
- Garments ............................................... $2,685
- Skin Care Products—For Sale .............. $86,708
- Medical Supplies—General ................. $14,994
- Total Medical Supplies ..................... $511,160

Mistake #3: Not investing in appropriate software to manage inventory

When you decide to sell products, you’ve also made the decision to purchase inventory software. It is non-negotiable! This is not the area to cut corners in attempts to save money.

When you decide to sell products, you’ve also made the decision to purchase inventory software. It is non-negotiable! This is not the area to cut corners in attempts to save money.
WITH RADAR YOU CAN

- Read all issues of ASJ
- Watch didactic and operative videos
- Download customizable tools, checklists and forms for your practice
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surgery.org/RADAR
new inventory items, and the system deducts from the count each time a bill is entered for an inventory item, maintaining an accurate inventory count in real time.

Use the inventory tool to monitor lot numbers and expiration dates so the system will alert you when product will soon expire. Most systems allow the user to establish re-order points, so the practice is alerted of low volume with sufficient time to place and receive more product.

Finally, a good PM system will provide detailed reports on inventory counts and values and allow you to track for multiple locations if needed.

**Mistake #4: No written process for ordering and stocking, selling, and counting inventory items**

Managing inventory involves multiple steps and staff members, and there are many moving parts. A written protocol defining Who, What, Where, When, Why, and How is key to maintain an organized and accurate inventory system.

We once worked with a manager who did a full count on all inventory items after hours, as recommended. She would print a report from the PM system that listed each item and the number of units supposedly on hand. She then physically counted syringes, vials, bottles, and tubes and noted any discrepancies on the report.

Yet she missed the final step of going back to the PM system and updating the current counts. They had no written process, and it didn’t occur to her that she was missing a step. So, each week she continued to note the same discrepancies over and over. Some might call this the definition of insanity. We instructed her to enter the updated counts in PM system and then helped her write out the step-by-step process to ensure anyone tasked with this duty in the future would not repeat the mistake.

**Mistake #5: Not entering a bill for “free” products**

There are several occasions when a practice might give a patient a “free” product or service. Savvy practices include skin care products in the quote for laser treatments or facial surgery. Some bundle the cost of garments and scar gel into the surgery quote to avoid the appearance of nickel-and-diming.

Yet if a charge is not created, you risk throwing off the inventory counts. Furthermore, the practice cannot easily report on the value and cost of products given away.

Regardless the reason for giving away a product, always create a charge for the item on the patient’s account in the PM system for tracking purposes. Discount it by 100% if it is to be given as free.

Mismanaging inventory is costly but developing an effective and efficient process is easier than you think. Use the following “Required Elements of a Comprehensive Inventory Protocol” to guide you in writing a custom process for your practice.

**Conduct an Inventory Count in 4 Easy Steps**

1. Run a report of inventory counts from the PM system.
2. Physically count each item before or after clinic hours (during a time when products are not being sold).
3. Record the actual number of units counted for each product in the PM system and adjust for overages/shortages as needed.

**Required Elements of a Comprehensive Inventory Protocol**

- Develop a comprehensive inventory protocol detailing each step in the process.
- **Ordering**
  - Who in the office is authorized to order?
  - What are the purchasing limits? What is the step-by-step process for placing an order?
- **Receiving**
  - Who is responsible for opening deliveries and ensuring the enclosed items match the packing slip? What details must be recorded in the PM system (i.e. Lot number, expiration date)?
- **Stocking**
  - Where does each inventory item get stocked? How specifically should the items be arranged (i.e. newest product at the back or bottom, expiration dates facing out)?
- **Billing**
  - How are inventory items billed in the PM system? How are free products handled?
- **Counting**
  - How often is inventory to be counted and reconciled? Who is responsible? What is to be done when there is a discrepancy?
- **Paying**
  - Who receives the invoice? How is the invoice determined to be accurate (i.e. invoice matched to packing slip that was initialed by person who received the order)?

Amy Anderson, MBA is a consultant with KarenZupko & Associates, Inc. who advises aesthetic surgeons on practice management and marketing issues. Amy is a former plastic surgery practice administrator.

Managing inventory involves multiple steps and staff members, and there are many moving parts. A written protocol defining Who, What, Where, When, Why, and How is key to maintain an organized and accurate inventory system.
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How does Google choose the order of websites to list in its search results? Search engine robots regularly crawl through websites, making note of how each site’s ranking factors compare in its search algorithm. Google’s top-secret algorithm is rumored to have over 1000 ranking factors, and these can best be understood when breaking them down into themes.

The details behind how a website is designed and built has a significant impact on its placement within the search engine results pages (SERPs). Take a look at four major factors to consider when planning your SEO efforts, as detailed below.

SITE SPEED
Search engines want to give users the best possible results, and websites that load quickly help create a better overall user experience. Google has even emphasized the importance of website speed, indicating it as a signal for how its algorithm ranks pages. Not to mention, research has shown users are frustrated by slow-loading websites and ultimately leave them if they aren’t fast enough. Factors that can affect how fast your site loads include file and image size, caching, plugins, traffic volume, and more.

PRO TIP: Test your website speed with GTmetrix.com. Focus on load time: 5 seconds and below is good, 2 seconds and below is excellent!

CLEAN CODE
While the appearance of a website is definitely important, simply having an attractive design is not enough. The coding behind your website design needs to be optimized so search engines can understand why you deserve a high ranking. Search robots can more effectively crawl websites with a strong structural foundation of well-organized code. Additionally, using the right content management system (CMS) for your needs, such as WordPress, can allow for easy content additions, automatically generated sitemaps, and search engines to be alerted of fresh content.

PRO TIP: Your website speed is a good indicator of clean code. Faster site = cleaner code.

UPGRADES
Great websites are constantly evolving with freshly updated content and the occasional redesign to stay relevant. Unfortunately, if these upgrades are not done correctly, they can cause a number of issues with your site. One of the worst things that can happen to a website is if the pages of a site are incorrectly redirected during an upgrade. Make sure all new pages of content have 301 redirects in place and monitor Google Search Console for crawl errors. By taking the right steps and proper precautions, you can continue to improve your SEO, rather than undo your hard work.

PRO TIP: Before your new website launches, do a Google search where you know one of the inside pages ranks. After your site launches, if it redirects to the new page with same topic, you are good. If the page redirects to a 404 page or the home page, that’s not good :(

MOBILE COMPATIBILITY
As search engine algorithms have become more sophisticated over the years, mobile compatibility has become a crucial part of website design. Google prefers sites built with a responsive design, which means the layout automatically resizes according to the dimensions of the Internet device in use. Whether someone is on a personal computer, tablet, or smartphone, designing your website with responsive capabilities allows for a more user-friendly experience.

PRO TIP: The majority of website traffic for a plastic surgeon’s website comes from mobile users—sometimes at a rate of 70% or more. Make sure the mobile version of your website has a good user experience.

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

...Before reading every word. You say you would never do that, because you’ve read my articles and listened to my presentations, but since it keeps happening, I’ll say it again: Stop signing contracts before reading every word. So why is this coming up again?

At a meeting last year, one of our experienced members was wandering the exhibits and saw a device that intrigued him. Being cautious, he asked plenty of questions, and to his credit, he asked about the return policy. He was told he could return the device within 30 days, no questions asked. Satisfied, he signed the contract and gave the rep his credit card. Two days later, before taking delivery, he changed his mind and called to cancel.

Why wasn’t this the end of the story?

Before answering that question, a bit of law. Misrepresentation comes in three flavors: intentional, negligent, and by omission. Intentional fraud is easy, such as when your prospective boss tells you taking calls won’t be a requirement of the job, but later you discover the contract says differently.

Negligent misrepresentation tends to be discovered later, such as when your prospective boss tells you it’ll be easy to meet your contractual minimum of $250,000/quarter in gross billings. He talks like he ought to know, and you trust him, but it turns out he had no idea if you could meet that quota or not.

Misrepresentation by omission means something was left out that should have been disclosed, such as your prospective boss failing to mention that by joining his practice, you’ll be automatically agreeing to the contracts he signed with all the hospitals, which impose a 30-mile non-compete radius when you leave his practice. This flavor of misrepresentation is difficult to prove, because the other person will either claim ignorance that such a detail was their responsibility to tell you about, or they’ll claim you should have asked more questions and done your own due diligence.

Here’s what happened to our member. The rep didn’t say in the exhibit hall, and our member didn’t know since he never read the contract, was that the company could keep his $29,000 deposit if he cancelled. When he complained, they said too bad, it’s right there in the contract you signed. Our member’s personal lawyer wrote to the company and got nowhere. Our member even initiated a chargeback, but the credit card company sided with the device manufacturer.

Can the member sue for misrepresentation by omission? Not successfully, because in the same contract he didn’t read was another clause. It said the written contract was the full expression of the parties, and any other oral agreements or understandings were null and void. That means our member can’t claim an omission by the rep, because the contract says it is the full expression of the deal, and since the $29,000 forfeiture was spelled out in black and white, what the rep said or didn’t say doesn’t matter.

What about those 3-day cooling off periods we hear about, such as when you buy a car, or get a mortgage? Federal Trade Commission rules do apply to purchases made in convention centers, but they don’t apply to sales “for goods or services not primarily intended for personal, family or household purposes.”

In other words, cooling off periods apply to consumers, not to business purchases, and when you’re strolling through the exhibit hall looking at devices for your office, the FTC considers you a businessman, and treats you as such, with no consumer protections.

In other words, cooling off periods apply to consumers, not to business purchases, and when you’re strolling through the exhibit hall looking at devices for your office, the FTC considers you a businessman, and treats you as such, with no consumer protections.

Bob Aicher is General Counsel to The Aesthetic Society and has represented The Society for 28 years. He can be reached by phone at 707-321-6945 or by email at aicher@sbcglobal.net.
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Complications Insurance Q&A

By Wendi M. Glanton

WHAT IS COMPLICATIONS INSURANCE?

Cosmetic surgery, like any surgery, carries a risk. Complications are impossible to predict, so the question is not IF a complication will occur, but WHEN.

Complications insurance helps pay medical expenses related to treating unexpected complications from elective cosmetic surgeries. The coverage works to alleviate the financial stress of a reoperation by providing patients with assistance for the hard costs of surgical treatment.

CAN IT HELP MANAGE MY PRACTICE COSTS?

Complications can range from ruling out a DVT/PE to treating a DVT/PE. Many times, complications are minor, but there are associated costs that can add up quickly for patients as well as for practices that utilize their own surgery center.

If you are one of those practices, currently writing off or absorbing the cost of treating a complication, consider complications insurance as a “minimal cost charge for a possible take-back.” It can help you save time and money for both your practice and your patients.

HOW DO I DISCUSS THIS WITH MY PATIENTS?

The conversation doesn’t have to be scary or uncomfortable. When talking to a patient about the risks of surgery, complications insurance gives you a way to alleviate any hesitancy they may feel.

Knowing that you have taken the preventive step to protect their physical safety and financial well-being will set you apart from other surgeons. Your patients will thank you for that peace of mind and knowing that patient safety is your number one priority.

IS THERE A MEMBER BENEFIT?

As a member of The Aesthetic Society, you have immediate access to complications insurance with no underwriting or long-form application to complete. Maximize your membership by using the opportunities available to you through The Aesthetic Society’s Alliance and Premier Partners.

This article is brought to you by CosmetAssure, the gold standard in complications insurance. 855.874.1230 • info@cosmetassure.com @CosmetAssure
Patient safety in abdominoplasty starts with a thorough history and screening for bleeding and clotting disorders. The physical exam should assess previous abdominal scars, rule out hernias, assess for diastasis, and hip asymmetries.

Absolute contraindications to abdominoplasty would include morbid obesity (BMI of 40 or greater), a severe bleeding diathesis and a significant history of deep venous thrombosis and/or pulmonary embolism. Some consider age greater than 65, diabetes mellitus, hypertension, cardiac conditions, large upper abdominal scars and excessive weight (BMI greater than 30) as contraindications.1 One study showed abdominoplasty, with or without concurrent liposuction, in obese patient with an average BMI of 34.9, was safe and effective.2 Abdominoplasty in the female patient is best suited after the family is complete and no further pregnancy is expected. Smoking is always a concern. Most recommendations include smoking cessation four weeks prior to surgery and four weeks after surgery. However, the rate of infections is still significant because the lifetime number of cigarettes smoked is associated with more infections.

A very important comorbidity that is commonly missed is obstructive sleep apnea (OSA). These patients should have a pulmonary consult and the surgery performed in a hospital setting with a possible overnight observation. Preoperatively, we recommend a high-protein low-carbohydrate diet so the patient can transition into this diet more comfortably in the post-operative period. The following supplements are helpful for protein synthesis: L-arginine, glutamine, vitamin C, and zinc.

I recommend using Dr. Lorne Rosenfield’s surgical checklist which is published in The Aesthetic Society Scissors on the Seam Patient Safety Site.3 A five-day decontamination protocol is instituted.4 The ERAS protocol provides a safe, quick, and less painful recovery.5 In the postoperative period, we encourage no narcotics and early ambulation. I recommend giving oral Ibuprofen 600 mg every six hours along with Tylenol 1000 mg every six hours instead of narcotics.

Concerning prophylactic antibiotics, the current standard of practice is to give a dose of antibiotic such as cefazolin (Ancef) 40 to 60 minutes before incision and every four hours or longer for other antibiotics such as clindamycin. For a venous thrombosis embolism prophylaxis, it is worth considering non-general anesthesia which would include monitored anesthesia care, local anesthesia with sedation or neuraxial (epidural) anesthesia. We strongly recommend intermittent pneumatic compression devices which are superior to elastic compression stockings. It is worth using the 2005 Caprini instrument for venous thromboembolism risk stratification.6 Consider chemoprophylaxis on a case by case basis in patients with the Caprini Score greater than seven.7 Standard anticoagulation regimens with enoxaparin (Lovenox) start injection within 6 to 8 hours after surgery and continue with 40 mg subcutaneously daily for approximately 7 days.8 Alternative regimens include taking a baby aspirin (81mg) once a day for 30 days or taking apixaban (Eliquis) 2.5 mg twice a day for 7 days or fondaparinux (Arixtra) 2.5 mg subcutaneously once a day for 7 days.9 Other recommendations include not adding routine chemoprophylaxis for non-risk patients.

The majority of patients will first be placed in the prone position for liposuction of the hip rolls. Proper padding, warm tumescent fluid and heated blankets are essential. Fat harvested for grafting should be grafted as soon as possible to enhance fat graft survival. By contouring the hip roll region first, this allows for a shorter abdominoplasty incision and improved body contour.

Blocking pain directly in the operative field is essential for decreased pain in the post-operative period by injecting either Marcaine.
CULTURE OF SAFETY

Putting Patient Safety First Benefits Everyone


The Aesthetic Society’s Patient Safety Committee would like to remind you that an increased focus on patient safety leads to enhanced surgical performance and efficiency. When a surgeon puts safety first, patients are better satisfied, resulting in more referrals, which ultimately impacts your bottom line.
with epinephrine and/or liposomal bupivacaine (Exparel) into strategic areas on the abdominal wall. Liposomal bupivacaine can provide pain relief for up to 72 hours. For example, intercostal nerve blocks from T7–T12, ilioinguinal, iliohypogastric, para-rectus, rectus sheath, and transversal abdominal plane blocks are critical for patient recovery. Patients had less pain overall, required fewer narcotics, spent less time in recovery, had less nausea, and resumed normal activities faster than the control group required fewer narcotics, spent less time in recovery. Patients had less pain overall, abdominal plane blocks are critical for patient safety issues. These include liposuction without nerve blocks. An important point is to not use lidocaine with liposomal bupivacaine as this inactivates liposomal bupivacaine.

The TAP block can be done preoperatively by the anesthesiologist using ultrasound guidance. In the abdominal field, a 1 cm incision is made over the anterior rectus sheath at the level of the umbilicus on each side. Blunt dissection is performed between the internal oblique muscle and transversalis muscle. A narrow and rigid tumescent fluid infiltration cannula is then used to inject a local anesthetic in a cranial and caudal direction. For example, 20 mL of liposomal bupivacaine can be mixed with 80 mL of saline creating 100 mL solution and 50 mL of this solution can be used for tap blocks on each side.

The planning and execution of a standard abdominoplasty remain unchanged. The incision should be placed 5 to 7 cm above the anterior abdominal line and curvature. It should extend 1 to 2 cm above the inguinal crease on either side. Plan incisions according to any hip asymmetry. The umbilicus should be placed midline at the linea alba at the level of the iliac crest or slightly lower, creating an inverted U or V is the most common technique. Half of all surgeons secure the umbilical dermis to the rectus fascia. The recent popularity of the lipoabdominoplasty has brought forth key patient safety issues. These include liposuction of the hip rolls and flanks and liposuction of the abdominoplasty flap itself which provide better contour to the overall result. It is essential to preserve the peri-umbilical perforators with limited undermining during the lipoabdominoplasty (no more than 2 cm). Leave a thin layer of fat on the abdominal wall fascia (no more than 2 cm). The diastasis rectus can still be repaired effectively. Quilled sutures work well. A no drain abdominoplasty is possible using progressive tension sutures. Quill sutures are placed in the midline and paramedian positions which takes tension off the final suture line and decreases seroma formation. The key technical components include limiting the dissection above the umbilicus and keeping the midline dissection from the umbilicus to the xiphoid 5 to 7.5 cm from the midline on either side to preserve the large perforator vessels. Liposuction should be confined below Scarp’s fascia especially in the supraumbilical region to avoid skin flap necrosis. Avoid laser assisted liposuction in the region of the lateral and central abdomen as this has been reported to have a higher rate of complications including skin necrosis.

Abdominoplasty is often combined with other procedures (most commonly liposuction) and this can be done safely, however, the risks are greater. The CosmetAssure data from 25,478 abdominoplasties, of which 65.0 % were combined with other procedures, showed a 4.0 % overall 30-day complication rate, compared with 1.4 % for other aesthetic procedures. Abdominoplasty can be performed safely with other procedures and it is recommended to keep the total operative time to less than 8 hours.

Tranexamic acid is a synthetic lysine analog that competitively inhibits the activation of plasminogen to plasmin thus temporarily avoiding degradation of fibrin clots by plasmin. It reduces bleeding, bruising, and pain by inhibiting the inflammatory effects of plasmin. It can be given intravenously 1000mg slow intravenous push. Alternatively, it can be used topically as a 3% solution directly onto the operative field for 5 minutes. Tranexamic acid can be used in the wetting solution. 1000 mg can be added to one liter of standard tranexamic acid solution. This would be an alternative to giving TXA intravenously because 60–70% will be absorbed into the venous system. I have found the operative field is extremely dry and patients exhibit less bruising and pain.

References:
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/Abdominoplasty.pdf
Patient Safety in Abdominoplasty

Absolute contraindications include a BMI of 40 or greater, bleeding disorders, deep venous thrombosis and/or pulmonary embolism.

Beware of smokers! No smoking for 4 weeks before surgery and 4 weeks after surgery. Use nicotine and continue tests before, during, and after surgery to protect the patient and yourself.

D iastasis rectus should be repaired. Long lasting (polydioxanone) quill suture is ideal. Use size 1 or 0.

O bstructive sleep apnea patients should be monitored overnight.

M ark the xiphoid, umbilicus, anterior superior iliac spines and anterior labial commissure (the incision should be 5-7 cm above this).

I ncorporate surgical checklists decontamination protocols and enhanced recovery after surgery (ERAS) protocols.

N o drain abdominoplasties are possible using long-lasting (polydioxanone) sutures placed on the undersurface of the flap to the rectus fascia.

O n the subject of pain control, use TAP blocks and liposomal bupivacaine (Exparel)

P eriumbical liposuction should be done with caution and below Scarpa’s fascia.

L ipoabdominoplasty liposuction should be below Scarpa’s fascial to avoid shin irregularities and necrosis.

A lways stay 5 to 7.5 cm from midline when dissecting supraumbilical tunnel to preserve perforators.

S carpa’s fascia is a key anatomical structure for progressive tension suture placement and for the deep layer closure of the most inferior abdominoplasty incision.

T ranexamic acid can be given intravenously, topically, or in the wetting solution to decrease bleeding, bruising, and pain.

Y outhful appearing umbilici are made by creating and inverting U or V, and trending slightly lower than the iliac crests.

*Disclaimer: the preceding methods and products are not required. They are recommendations from The Aesthetic Society Patient Safety Committee as of April 2020 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/Abdominoplasty.pdf to tailor to your specific practice. ©2020 The Aesthetic Society. All rights reserved.
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IMPORTANT SAFETY INFORMATION
MENTOR® "MemoryGel" Breast Implants are indicated for breast augmentation in women who are at least 22 years old. 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, who are currently pregnant or nursing. Safety and effectiveness have not been established in patients with autoimmune diseases (for example lupus and scleroderma), a weakened immune system, conditions that interfere with wound healing and blood clotting, or reduced blood supply to breast tissue. Patients with a diagnosis of depression, or other mental health disorders, should wait until resolution or stabilization of these conditions prior to undergoing breast implantation surgery.

There are risks associated with breast implant surgery. You should be aware that breast implants are not lifetime devices and breast implantation may not be a one-time surgery. You may need additional unplanned surgeries on your breasts because of complications or unacceptable cosmetic outcomes. Many of the changes to your breast following implantation are irreversible (cannot be undone) and breast implants may affect your ability to breastfeed, either by reducing or eliminating milk production.

Breast implants are not lifetime devices and breast implantation may not be a one-time surgery. The most common complications for breast augmentation with MemoryGel® Breast Implants include any resorption, capsular contracture, ripples, sensation changes, and implant removal with or without replacement. A lower risk of complication is rupture. The health consequences of a ruptured silicone gel 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.

Detailed information regarding the risks and benefits associated with MENTOR® Breast Implants is provided in the educational brochure for MemoryGel® Implants. Important Information for Augmentation Patients about MENTOR® MemoryGel® Breast Implants. The brochure is available from your surgeon or visit www.mentorwwlf.com. It is important that you read and understand the brochure when considering MENTOR® MemoryGel® Breast Implants.

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**REFERENCES:**

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