The Aesthetic Meeting 2016: Las Vegas!
By William P. Adams, Jr., MD

The Aesthetic Meeting 2016, the leading, globally-recognized educational event of the year, was held at the Mandalay Bay Resort and Casino in Las Vegas, Nevada, this past April. My thanks to the Program Committee, who worked diligently to provide a premier educational event where aesthetic experts and innovators from around the world shared the latest in technological advances and techniques. Plus, those who attended our Practice Management Sessions (The Business Side), as well as other courses specifically for staff, returned home with an array of ideas which will help their practice evolve and grow.

In all, 1,414 of the world’s finest aesthetic plastic surgeons gathered in this exciting city, including 310 residents. Of those surgeons attending, international attendees came from 52 countries, with the highest number coming from Brazil, Columbia, France, and Mexico.

Essential Education at The Aesthetic Meeting 2016

- **Scientific Sessions**, including Premier Global Hot Topics!
  The audience favorite, Premier Global Hot Topics, was included in registration fees and joined the stellar lineup of the Scientific Sessions. This session was full of dynamic and thought-provoking content, and now those who had never taken the Hot Topics Course understood what the buzz was about! The Scientific Sessions were filled with content and topics for every kind and level of aesthetic surgery practice.

- **Practice Management Sessions.** The Business Side featured anything and everything to enhance your practice. This

Intimate & Innovative: ASAPS’ Breast and Body Symposium
By Jeffrey M. Kenkel, MD

Imagine walking into a symposium featuring some of the leading experts in breast and body contouring, and finding yourself in an interactive experience with only 100 other people. Imagine these experts debating and challenging each other, offering insightful, critical thinking—and you having the opportunity to add your wisdom to the mix.

And just imagine the many pearls of wisdom you’ll take with you, back to your practice, which you can put into play immediately. Bill Adams, Jr., MD, and I are chairing just such a meeting, entitled Experienced Insights in Breast and Body Contouring, which will take place October 6–8, 2016, at the Westin Chicago River North in Chicago, IL. Aside from Bill and I, the faculty includes Daniel Del Vecchio, MD; Caroline Glicksman, MD; Alfredo Hoyos, MD; Steven Teitelbaum, MD; Jennifer Walden, MD; Simeon Wall, Jr., MD; and Jamil Ahmad, MD.

This isn’t your grandmother’s symposium. The full program can be found on page 33 of this issue of ASN. Attendance is limited, so register today!

www.surgery.org/breastandbody2016

Jeffrey M. Kenkel, MD, is an aesthetic plastic surgeon practicing in Dallas, TX, and is a past president of The Aesthetic Society.
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ASAPS Calendar
ASAPS Jointly Provided & Endorsed Symposia

September 8 – 10, 2016
1st International Meeting of Rhinoplasty Societies
Versailles Congress Centre
Versailles, France
contact@imrhis2016.com
www.imrhis2016.com

September 9 – 11, 2016
Residents’ Symposium—The Business of Launching Your Practice: The ASAPS Gift of Expert Advice
Grand Hyatt at DFW
Dallas, TX
562.799.2356
www.surgery.org/residents2016

October 6 – 8, 2016
Experienced Insights: Breast & Body Contouring (An ASAPS Symposium)
The Westin Chicago River North
Chicago, IL
562.799.2356
www.surgery.org/breastandbody2016

December 1 – 3, 2016
The Cutting Edge 2016 Aesthetic Surgery Symposium
The Waldorf Astoria Hotel
New York, NY
212.327.4681
www.nypaf.org/

December 8 – 11, 2016
Florida Plastic Surgery Forum
Naples Grand Resort
Naples, FL
904.693.1799
www.FPSF.org

January 13 – 15, 2017
ASAPS Las Vegas 2017 Facial Symposium
Cosmopolitan Hotel of Las Vegas
Las Vegas, NV
562.799.2356
www.surgery.org/face2017

February 9 – 11, 2017
51st Annual Baker Gordon Educational Symposium
Hyatt Regency Downtown Miami, Fl.
305.859.8250
www.bakergordonsymposium.com

February 24 – 27, 2017
9th American-Brazilian Aesthetic Meeting
Park City Marriott
Park City, UT
435.901.2544
www.americanbrazilianestheticmeeting.com

April 7 – 8, 2017
7th Body Lift Course
Dr. Jean-François Pascal
Marriott Hotel Cité Internationale
Lyon, France
contact@docteur-pascal.com
http://meeting.docteur-pascal.com

April 25 – 28, 2017
SPSSCS 23rd Annual Meeting
Hilton San Diego Bayfront
San Diego, CA
562.799.2356
www.spsscs.org/meeting2017

April 27 – May 2, 2017
The Aesthetic Meeting 2017
50 Years of Aesthetics
San Diego Convention Center
San Diego, CA
562.799.2356
www.surgery.org/meeting2017

July 21–August 1, 2017
The Aesthetic Cruise 2017
North Sea Cruise
Southampton, England
562.799.2356
www.surgery.org/cruise2017
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• Make it a system you can measure and count on for consistent revenues

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Being an aesthetic surgeon goes far beyond being “just a doctor.” Aesthetic surgery has given me many things that would not have been available to me if I had chosen another branch of medicine.

Early in my practice I had the opportunity to work shoulder to shoulder with my wife Jan. Those of you who know Jan might think of her as the gentle and kind woman she is. You might not know that she started her career as a neurosurgery intensive care nurse, followed by recovery room/post anesthesia care unit nurse, and is trained to handle the most difficult patient or complicated situation with intelligence and grace. I couldn’t have succeeded without her and wouldn’t have wanted to. She’s the love of my life. Aesthetic surgery has introduced me to most of all there’s great joy in taking a person who feels self-conscious about some aspect of their appearance and giving them back their self-esteem. Aesthetic surgeons don’t just perform procedures. We make people happy.

However, nothing gives me greater professional pride than having you trust me with the presidency of ASAP S. To be voted in by your peers, both friends and friends in the making, is a humbling experience. And I take the responsibility of representing your interests very seriously. Thank you.

This is shaping up to be an exciting year here at the Aesthetic Society. Here are a few reasons why:

- Our new symposium, “Experienced Insights: Breast and Body Contouring,” Thursday, October 6–8 at the Westin Chicago River North. This meeting, being kept intentionally small to allow participants to access the faculty, is chaired by Jeff Kenkel, MD and Bill Adams, MD. You can see the full program at surgery.org/breastandbody2016 and on page 33 of this issue of ASN.
- ASAPS free symposium exclusively for residents, “The Business of Launching Your Practice,” will be held September 9–11, 2016. This complimentary meeting is a must for anyone nearing completion of their studies, as they have access to some of the leading experts who can offer advice on what to do—and not do—to ensure a successful career. Apply today at www.surgery.org/residents2016
- Most members embrace the new light and energy based devices but many of us are confused by them too. A Task Force has been developed to look at how we can bring clarity to this area and what we can do to help you make the right purchasing decision. Look for more information on this in future issues of ASN.
- Our popular facial symposium returns in January, with a full day focusing on rhinoplasty. “The ASAPS Las Vegas Facial Symposium” will be held at the Cosmopolitan of Las Vegas January 13–15. More information can be found soon at www.surgery.org/face2017
- You’ve told us loud and clear that you would like for potential patients to recognize the value of ASAPS membership. With the explosion of new forms of social media, we have found ways to do this. Under the guidance of Communications Commissioner, Jennifer Walden, MD, The Society, with the help of outside agencies, has recently completed a deep dive into how potential patients use social media and how we can be doing the best job for you. Our new campaign will be launching in September of this year.
- Got Research? At this year’s strategic planning meeting, the focus will be on AERF and meeting your needs as both a scientist and a surgeon. Look for our full update in the fall.
- I’m happy to also share that the RADAR Residency Network platform launched earlier this month on July 1. ASAPS has integrated RADAR to be utilized by plastic surgery residency programs and to take learning to the next level. This platform provides access to educational resources, an independent Content Management System customized for each residency program, an HTML-based web page builder for residents to generate/share multi-media notes, a “Virtual Journal Club,” and a search engine with specialty specific tagging and filters, among other features. Participating programs can also share information with each other, allowing a new level of engagement for education. This network also allows ASAPS to reach—and teach—residents early on before they set up their practices or officially launch their careers. The following 20 programs are enrolled for 2016—2017 and will incorporate this new collaborative plastic surgery residency network into their programs:

1. Cleveland Clinic Plastic Surgery
2. Loma Linda University of Plastic Surgery
3. Mayo Clinic Arizona and Rochester
4. Medical University of South Carolina
5. New York University
6. Penn State Hershey Plastic Surgery
7. St. Louis University
8. UC Davis
9. University of Kentucky
10. University of Chicago
11. University of Cincinnati
12. University of Illinois
13. University of Kansas
14. University of South Florida
15. University of Southern California
16. University of San Francisco
17. UT Southwestern
18. Vanderbilt University
19. Washington University in St. Louis
20. Wayne State University—Detroit

In closing I would like to give a special shout out to our ace Executive Committee: Clyde Ishii, MD, Grant Stevens, MD, Charlie Thorne, MD and Herluf Lund, MD and Immediate Past President Jim Grotting, MD. Along with the entire board, I couldn’t have asked for a better team to work with.

Daniel C. Mills, MD, is an aesthetic plastic surgeon practicing in Laguna Beach, CA, and serves as President of ASAPS.
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The Aesthetic Meeting 2016: Las Vegas!

Continued from Cover

offering was attended by staff and doctors alike, who enjoyed topics from reputation management to Plastic Surgeon Burnout, and the room was continually buzzing with new ideas.


If you missed the 2016 Aesthetic Marketplace, you missed a lot. The Aesthetic Meeting 2016 attracted 248 vendors who exhibited in our Aesthetic Marketplace, including 41 first time exhibiting companies. At the annual exhibitor breakfast, participants were very positive about their experience at the Meeting. Highlights in The Aesthetic Marketplace included:

• ASERF Silent Auction. The Auction raised $270,355 for aesthetic surgery research again this year. Attendees and online participants were able to bid on some useful, fun and educational items! (See page 23 for a full list of winning bids.)
• The Practice Changers venue has enjoyed growing enthusiasm from attendees and presenters over the past three years. These short presentations made during the breaks provided attendees with yet another form of education in our open market atmosphere. Do you have an idea for 2017—something you do or use that enhances your practice? Apply through the abstract submission system—open in August 2016. Watch www.surgery.org/abstracts for your golden opportunity!
• ASAPS Board Wine Tasting. Attendees and ASAPS leadership mingled and conversed during a special wine tasting event in The Aesthetic Marketplace, making the ASAPS Booth the place to be!
• ASJ Lounge and Art & Image Exhibition. Top contributors and ASJ’s Editorial Board gathered to toast the Journal’s 20th Anniversary. Nearby, they also shared artwork from the Journal.

Social Media Explosion

WE ARE AESTHETICS. This truly sums up what sets The American Society for Aesthetic Plastic Surgery apart. This year, enhanced social media efforts reflected that spirit at The Aesthetic Meeting, carrying it beyond the confines of the Mandalay Bay, as photos of

The Society of Plastic Surgical Skin Care Specialists would like to express our appreciation to the following surgeons for sharing their knowledge and expertise with us at Skin Care 2016 in Las Vegas. There were 186 skin care specialists in attendance who all benefited from your commitment to education:

Goessel Anson, MD
Approach to Skin Care Ingredients

Barry DiBernardo, MD
Laser Body Contouring

Miles Graivier, MD
Fat Reduction: Radio Frequency

Jennifer Harrington, MD
Fat Reduction: Cryolipolysis

Tiffany McCormack, MD
Micro Focused Ultrasound

Patrick Sullivan, MD
How Do We Choose the Best Protocol for Neck Rejuvenation

And a special thank you to Al Aly, MD for your guidance and instruction during our Nurse Injectors Cadaver Lab. This was the first year the SPSSCS has offered a cadaver lab and the course was a tremendous success!
attendees carrying the WE ARE AESTHETICS placard got tweeted and re-tweeted to close to 17,000 ASAPS twitter followers. ASAPS continues to use social media to enhance the attendees’ annual aesthetic meeting experience by facilitating meaningful interactions while keeping them abreast of scientific courses, innovative products and contests on the exhibition floor and social activities using the hashtag #ASAPS2016.

The Presidential Welcome Celebration
Members and guests gathered at The Presidential Welcome Celebration to toast James C. Grotting, MD, as his term as ASAPS president came to a close. Wonderful food and drink were plentiful, and everyone enjoyed the Las Vegas Time Machine theme, as musical acts took us through the town’s history, with the Rat Pack, Elvis, and Michael Jackson impersonators entertaining us throughout the night. Congratulations, Jim, on a job well done!

The Aesthetic Meeting 2017: Celebrating 50 Years of Aesthetics
The Aesthetic Meeting 2017 in the fabulous city of San Diego will be one for the record books as members and friends gather to celebrate The Aesthetic Society’s 50th Anniversary. Between the draw of this destination city, the impactful education you’ll receive, and the celebratory nature of the event, The Aesthetic Meeting 2017 is sure to be rewarding and valuable. I look forward to seeing you there!

William P. Adams, Jr., MD, is an aesthetic plastic surgeon practicing in Dallas, TX, and serves as the chair of The Aesthetic Society Program Committee.
Aesthetic Meeting Attendees Show Their Dedication to the Specialty

More photos on page 84.

“Aesthetic surgery affords me the opportunity to highlight and enhance characteristics of both the body and spirit of my patients.”
- William T. Stoeckel, MD

“WE ARE AESTHETICS.”

“The Aesthetic Meeting is where the best plastic surgeons in aesthetic surgery come to share new techniques and ideas.”
- Adam H Hamany, MD

“WE ARE AESTHETICS.”

“As a member of ASAPS, I have the opportunity to follow the latest developments in evidence-based medicine to assure safety and the highest quality for my patients.”
- Franziska Huettner, MD

“WE ARE AESTHETICS.”

“As a member of ASAPS we are able to expand the innovation of cosmetic surgery.”
- Abdullah Khalil, MD

“WE ARE AESTHETICS.”
In Addition to Selected Scientific Sessions, the Following Courses were Captured:

105 PAM—Periareolar Augmentation Mastopexy: Using the “Subcutaneous” Glandular Mastopexy to Improve Outcomes
Gonzalez

106 Implant Isolation Tension Management Augmentation Mastopexy
Hubbard

205 Keeping Your Liposuction Patients Safe: Twenty Tips to Better Countouring Strategies and Safer Surgeries
Mentz/Patronella/Newall/Morales/Hustak/Fortes

209 Social Media Workshop—Twitter, Facebook, RealSelf Seery

301 Full Facial Fat MicroAugmentation Under Local Anesthesia—Office Based Procedure
Ptak

303 The Pinch Rhytidectomy for Safer and Superior Results
Rosenfield

511 Abdominoplasty: Current Concepts and Techniques to Improve
Rios/Pollock/Aly

514 Comprehensive Rhinoplasty
Kahn

604 Facial Fat Transfer—The Surgeon’s Most Important Artistic Tool for Mult-Dimensional Sculpting
Wolin

609 Scarpa Sparing Abdominoplasty with Concomitant Liposuction; No Drains Needed
Claytor

707 Comprehensive Breast Surgery—Augmentation, Mastopexy and Reduction
Kahn

713 The Injector’s Toolbox: Staying Safe, Accurate and Reproducible
Surek/Lamb

714 Cultivating Authority Online: Where Reputation & Rankings Intersect
Miller

S3 A World Perspective on Breast Rejuvenation: Mastopexy with and without Implants, Fat and Support
Waller/Mendieta

S5 Cosmetic Medicine 2016
Kulick/Lorenc

*Program Subject to Change.

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$649 Non-Member Plastic Surgeons
Selected 2016 Scientific Sessions and Optional Courses—
$1129 ASAPS Members/Candidates
$1629 Non-Member Plastic Surgeons

www.surgery.org/educationondemand2016
Most members have, at one time or another attended the ASAP S Business Meeting held in conjunction with our Annual Meeting every year. The business meeting is one of several opportunities where members can voice their concerns, vote for new Board and Nominating Committee members, listen to the current president’s recap of the year and congratulate the new president coming into office.

One of our traditions is to celebrate the lives of members who are no longer with us. This year, we’ve expanded that tradition to celebrate in greater detail the lives of past presidents who left us the previous year.

It was my honor to begin this tradition at our recent Las Vegas Aesthetic Meeting. So with no further delay, let’s celebrate the lives of two remarkable leaders:

**Dr. Ed Truppmann**

As well as serving as president of ASAPS from 1991–1992, Dr. Ed Truppmann was the founding president for the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF). He recognized that out-patient surgery offers numerous benefits to patients requiring a variety of surgical procedures and those facilities must be held accountable for quality and safety. Thirty-five years later, AAAASF continues to perform facility surveys and has cases reviewed by peers, to ensure patient safety.

From one of his fellow past presidents, Ed was not one to push himself forward but rather to recognize talent that would benefit our society and encourage their development.

In the photo above, Dr. Truppmann is seen with other ASAPS members and AAAASF leaders, Dr. Colon, Dr. Vinnick, Dr. Morello and Dr. Klatzky. We, as practicing plastic surgeons practice patient safety routinely in our office-based surgical facilities, free-standing surgery centers and in hospital operating rooms. The concept of a standardized approach to protecting our patients was borne out of Dr. Truppmann and his colleagues’ dedication to setting standards and following up with accrediting inspections allowing us to claim OUR dedication to patient safety.

**Dr. Gustavo “Gus” Colon**

Dr. Gustavo “Gus” Colon served as president of ASAPS from 1996–1997. Gus was truly an iconic figure in aesthetic surgery beginning in the 1970s. He has served in virtually all leadership capacities within the Society. Dr. Colon was a true servant to the specialty, an educator, mentor and friend to generations of plastic surgeons.

Gus Colon was a multi-talented man. His imagination and sense of humor was limitless. All who came to know him loved to be in his presence. Because being with Gus was to be amused and laughing. Gus could have been a very successful professional comedian. He was an artist in and out of the operating room. I never knew anyone who did not love Gus. Gus in turn loved everyone and in particular his family and New Orleans.

Gus loved ASAPS, thinking of it as his extended family. He also loved to teach. Once, his second wife Carmen (his wife Nairda, the mother of his children was a very beautiful and graceful woman who died prematurely) reminded me, he was invited to be the chair for the Southeastern Society in Puerto Rico so he returned home late one night from an ASAPS cruise and rose early the next morning to travel to his home country to keep his promise.

Here he is seen with Alan Gold, Gil Gradinger, Leo McCafferty, Sue Dykema, and Mark Jewell.

Gus, aka El Magnifico, was also a lot of fun and had a great zest for life that was infectious and affected all around him. Love of family, friends and the countless number of people he touched in so many ways was one of his great gifts to the world. He loved to make those around him laugh and felt everyone he came across deserved the same respect; from the house keepers to the residents he trained.

Two different men, two different styles, both outstanding leaders and great visionaries. Members like Ed and Gus are what made the Society what it is. They are both part of our unique and rich heritage.

Michael Edwards, MD is in private practice in Las Vegas, NV. He is a past president of The Aesthetic Society.
The American Society For Aesthetic Plastic Surgery values its Industry Partners and the support they provide to The Society and its members. At The Aesthetic Meeting 2016, Las Vegas, on behalf of The Society, Dr. W. Grant Stevens, Chair of the Industry Support Committee, presented each esteemed Premier Partner with the 2016 ASAPS Corporate Award. The collaborative partnership between The Society and industry, helps support ASAPS’ mission to advance the science, art, and safe practice of aesthetic plastic surgery. We are deeply appreciative of their support.
ASAPS Industry Partners support our mission, which enables The Society to provide first-in-class education, products and services to our members. Please support them in return.

Steffanie Attenberg  
Vice President and Group Publisher

Jim Headley  
President and CEO

Jeffrey Nugent  
CEO
Summer 2016

Aesthetic Society News

next injectable case, I will do so armed with a considerably greater knowledge base, a healthy paranoia, and appropriate algorithms should complications arise. I would like to extend my sincerest thanks to ASERF for the opportunity to attend this exceptional meeting once again.

extend my sincerest thanks to ASERF for the opportunity to attend this exceptional meeting was unparalleled, particularly for a resident. I have attended The Aesthetic Meeting every year since, each time reaping the benefits of countless new lessons, insights, and pearls from many of the masters of our field. In fact, I find that one of the biggest challenges is deciding which talks to attend during the concurrent sessions.

This year, as I traveled to Las Vegas, I browsed the scientific program in an effort to formulate a game plan. Of particular interest was the session entitled “Injectables: Anatomy and Safety.” As I transition into fellowship and practice, I thought this would be a great way to learn how to enhance technique, avoid complications, and understand how to manage complications when they occur. To say the least, this session was eye-opening. Drs. DeLorenzi, Lorenc and Papadopoulos shared several of their time-tested techniques for injections, as well as anatomical considerations when delivering injectables. Furthermore, the evolution of techniques as well as the pros and cons of individual injectables were discussed in detail. Most noteworthy was my own under-appreciation for the severity of potential complications when administering injectables. The case discussions ranged from minor tissue ischemia to complete and irreversible blindness. These discussions and the spectrum of complications resonated loudly, along with the algorithms for emergently treating some of the most feared complications such as blindness.

It is with certainty that as I approach my next injectable case, I will do so armed with a considerably greater knowledge base, a healthy paranoia, and appropriate algorithms should complications arise. I would like to extend my sincerest thanks to ASERF for the opportunity to attend this exceptional meeting once again.

ASERF Resident Travel Scholarship—2016 Recipients

ASERF established the Resident Travel Scholarship to benefit residents and fellows by providing financial support for travel expenses associated with attending The Aesthetic Meeting. Currently, this scholarship program has been made possible by a grant from The Allergan Foundation. The recipients of the scholarship share their experiences of attending The Aesthetic Meeting 2016 in Las Vegas below.

Paul Afrooz, MD
After attending my first Aesthetic Meeting in New York, NY in 2013, it became readily apparent that the educational value of the meeting was unparalleled, particularly for a resident. I have attended The Aesthetic Meeting every year since then, each time reaping the benefits of countless new lessons, insights, and pearls from many of the masters of our field. In fact, I find that one of the biggest challenges is deciding which talks to attend during the concurrent sessions.

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Emily Clarke-Pearson, MD
The panel presentation on low- and high-volume fat grafting at The Aesthetic Meeting 2016 was both incredibly educational as well as mind-expanding regarding the many approaches to fat grafting that can be taken to achieve good results. Like other procedures in plastic surgery, fat grafting has a myriad of approaches—from fat harvest to preparation to injection. In this year’s meeting, residents ultimately get exposed to whatever manner of fat grafting their respective attending’s espouse, and may become biased towards or reliant upon one approach in all fat grafting cases. The panel helped to highlight the different demands in low- versus high-volume fat grafting, and help to contrast techniques depending on specific patient cases.

One of my biggest concerns as I start practice in a few months is to achieve consistent and predictable results. I anticipate using facial fat grafting as well as fat grafting for breast augmentation/reconstruction, among other applications. I learned from the panel that processing the fat into finer particles makes more sense in facial fat grafting to allow for control of small boluses, where one or two milliliters of fat can be noticeable. It was also helpful to see approaches to breast fat grafting and gluteal augmentation, and learn more about fat processing systems for high-volume cases. With this more nuanced understanding of fat grafting applications, I feel more confident to start practice with a variety of strategies to achieve success in all kinds of fat grafting cases.

Justin Cohen, MD
The Aesthetic Meeting 2016 in Las Vegas reaffirmed my enthusiasm for the inherent breadth of plastic surgery. The Residents and Fellows Forum served as a successful backdrop to the educational nature of the conference. It was motivating to hear the compelling research being conducted by fellow residents and I was encouraged to investigate a few new research ideas of my own.

I particularly enjoyed Dr. Jack Fisher’s insights regarding private practice. In addition to his great sense of humor, he illustrated a poignant and reasonable counter argument to the prevailing opinion that only large group and academic practices can be successful. He discussed the nuances of a solo private practice and how it still remains a relevant and viable option for future plastic surgeons. Specifically, he noted the importance of retaining good staff, keeping the scope of practice narrow, and maintaining a low overhead.

Within the Scientific Sessions, there were a multitude of panels which highlighted complex controversies. The special presentation on BIA-ALCL provided me with new information regarding the role of texturing and biofilms in the development of this elusive disease. In particular, I was surprised to learn that in the more than 100 reported cases of BIA-ALCL, all of these occurrences have been associated with a textured device and are evenly distributed among all the manufacturers. It is suggestive that no matter the technique of texturing, the increased surface area of implants can harbor significantly greater amounts of bacteria and lead to biofilm-rich environments. There still remains many questions regarding which cellular pathways become dysregulated. The panels also provided a nice overview of suggested diagnostic and treatment algorithms in suspected cases. Total capsulectomy seems to be the critical treatment component with excellent results, while chemotherapy is reserved for those patients who have significant extracapsular extension. This seminar gave me additional knowledge to address patients’ concerns regarding the safety of breast implants and the nature of ALCL.

Apart from the academic focus, the conference offered easy accessibility to...

Continued on page 15
renowned surgeons and the affability of mentors was apparent throughout the meeting. At the conclusion of the conference, I did establish some new connections which I hope to utilize in my transition from residency to independent practice.

_Nathan Eberle, MD_

The Aesthetic Meeting 2016 was given me important experiences for which I will remember for the rest of my career. These experiences ranged from listening to Dr. Timothy Marten discuss face and neck lifting, Dr. Simeon Wall lecturing on revision breast augmentation, Dr. Gary Alter discussing his labiaplasty techniques, and Dr. Dan Del Vecchio discussing gluteal augmentation. The Aesthetic Meeting 2016 truly gave any attendee a choice to expose themselves to the best and brightest minds in the field of aesthetic plastic surgery in any given area of the body. But no lecture or experience resonated with me more than Dr. Lina Triana’s short talk during the panel discussion: Incorporating Labiaplasty Into Your Practice, Tips for Success.

Interestingly enough as the last speaker of the panel, Dr. Triana had nothing to say with a new technique or how to incorporate labiaplasty into your practice, but discussed why plastic surgeons should be performing labiaplasties in their practice. Her voice filled with enthusiasm when she said, “If we do not perform labiaplasties, than some other specialty will.” Dr. Triana made reference to how plastic surgery as a specialty has lost significant ground in the facial market to our ENT facial plastic surgery colleagues. Not only has this happened in the American market, but she has seen this in her home country of Columbia as well, as more Ear, Nose, and Throat surgeons have become more comfortable performing aesthetic facial plastic surgery to the point they now have their own fellowships to train each other. Her point was not to belittle another specialties training or capability. She merely pointed out if we as plastic surgeons are not willing to perform specific aesthetic procedures, another competing specialist will.

As I creep closer to graduation after completing excellent plastic surgery training, I think about whether or not I want to perform aesthetic procedures such as labiaplasties during my career. The question truly becomes not if I want to perform the procedure, but if I want to offer the procedure to potential patients, as many plastic surgeons do not. Although I am not sure what the answer to this question is at the current time, it appears that if we as the leading specialty of aesthetic surgery are not willing to perform such procedures, we will lose these patients to a likely less qualified competing specialist and we will all lose.

_Marc Everett, MD_

There are many different techniques that can be performed to reach a single goal in plastic surgery. As a chief resident, deciding on the methods that I will employ to begin my practice, attending The Aesthetic Meeting allowed for an invaluable opportunity to hear dueling perspectives on material in which there is ongoing controversy. The Scientific Sessions are a concise overview of the current state in selected topics that are not frequently discussed in training. The break-out sessions create an environment of inquiry and discussion focused on a specific problem with a case-oriented approach. This year, I chose to attend extra sessions on breast aesthetics and complicated revision cases in order to maximize my preparedness to begin the fellowship at the Aesthetic Center for Plastic Surgery.

_Ahmed Hashem, MD_

During fellowship training, especially in aesthetic surgery, we are subconsciously inclined to adopt similar clinical attitudes as our mentors and favor their preferred techniques and treatments when faced with comparable clinical problems. This is especially true if we are taught by masters in their field and witness in clinics the outstanding clinical results that they are able to deliver in complex cases. Their ability, knowledge, and outcome frequently dominate the scene during our fellowship training, and we tend to see the world with their eyes. Perhaps we do that also to simplify our thought process and develop a clear and easy mental plan and feel comfortable and safe about inherently complex topics. We are definitely challenged when confronted with other field professionals who are likewise masters in their domain and who present alternative approaches to the same pathology, with likewise excellent outcomes. This provocation dissolves our comfort zone and becomes a stimulus to think more critical about what we do, the way we do it, and why we chose a particular way to do it. When this mental process is displayed in a discussion among experts with skilled and clever moderators, the pieces of the puzzle magically start falling in place and the hazy picture suddenly becomes very clear. The numerous debates at The Aesthetic Meeting concerning breast implant choice, the surgical approaches to the lower eyelid, treatment of the aging neck, and others served this role for me. Not only were the Scientific

Continued on Page 16
ASERF Resident Travel Scholarship—2016 Recipients

Continued from Page 15

Sessions strong, informative, and to the point, but the topics were cleverly chosen to discuss and analyze the most controversial issues in aesthetic surgery. When we start to think more critical about our treatment strategies, weigh pros and cons, and analyze risks and benefits of different methodologies, we develop insight. Perhaps then we are able to embrace those approaches of our mentors with a different mind, feel more confident about them, and take wiser informed decisions in complex cases.

The essence but also the beauty of our specialty resides in endless opportunities for innovation, creativity, and artistry. The Aesthetic Meeting was an enjoyable and exciting platform portraying these values. I will definitely attend in 2017.

Karen Leong, MD
I have always considered myself a visual learner. I am stimulated by words and images; I prefer presentations with plentiful visuals and process new procedures best when I can observe. Imagine my delight in attending The Aesthetic Meeting 2016; the panels and courses were a feast for the eyes. Plastic surgeons pride themselves on being the most artistic and creative of physicians and this was certainly apparent throughout my attendance, whether it was in the fanciful videos created for the Plastics Bowl or in the garb of presenters and attendees! The pinnacle of this experience for me is equally shared between a course I attended by Dr. Lina Triana in which she exhorted us as plastic surgeons to take ownership of vaginal rejuvenation—“this shall not go to non-core” —and Dr. Dan Del Vecchio’s presentation on gluteal augmentation with autologous fat. My mind whirls and my fingers itch to explore the possibilities of perioplasty and colporrhaphy; likewise, my mind bounces around with thoughts of vibration-expansion-lipofilling and how to achieve that perfect A-shaped backside. The banter and comadry present between eminent surgeons and the highly charged frontline innovative atmosphere spurs this young surgeon on—I strive today that tomorrow I may be to those future me’s what these visionaries and leaders are to me. I am grateful to ASAPS/ASERF for the opportunity to attend The Aesthetic Meeting and for the generosity of their travel grant.

Rohit Jaiswal, MD
The Aesthetic Meeting 2016 was a fantastic learning opportunity for graduating chief residents such as myself. The world class speakers in addition to leaders in the field of aesthetic surgery giving small-group courses on all aspects of aesthetic surgery made this one of the most valuable meetings in the field of plastic surgery.

The most important learning experience, however, was the multitude of practice management and business courses that were offered by both surgeons as well as industry leaders. As surgical residents, almost all of our training is dedicated to patient care and surgical education. For those who are venturing to either start a solo practice or join a group practice with the intent of having equity in the practice, learning fundamentals of running a small business is essential. In addition, the importance of social media in marketing one’s practice is a new, but essential, tool that residents get virtually no training on in practice.

At The Aesthetic Meeting I was able to attend courses on a variety of practice management topics. These courses covered business essentials for plastic surgeons going into private practice:

- Marketing: online and content marketing, using social media to brand a practice, developing a marketing strategy
- Revenue generation: surgical and non-surgical treatments with the best return on investment
- Risk management: legal issues with digital communications and records, online reputation management
- Practice business strategies: personnel and hiring decisions, use of physician extenders, motivating and compensating staff

All of these put together present a very impressive offering on learning the requisite business and practice management skills to get started in practice—or to enhance one’s established practice. These courses represent a mini-MBA in establishing a successful aesthetic surgery practice. I applaud ASAPS for putting together this fantastic curriculum and promoting the success of current and future aesthetic surgeons.

Matthew Jenkins, MD
The most important learning experience I had during The Aesthetic Meeting was that no matter how long you’ve been in practice, there will never be a time where you have nothing left to learn. Plastic surgeons of all ages and experience levels were at the meeting showing equal levels of enthusiasm for new techniques and products. The field of plastic surgery is ever-evolving and there is a seemingly constant stream of new information to take in. Being able to get together with other plastic surgeons with a similar desire to learn and absorb new ideas was a great experience. It also reminded me how great a field I’ve been lucky enough to be a part of, which can be difficult to remember through the daily grind of residency. As I wind down on my residency, I’m very excited to start my career and the meeting further reinforced my enthusiasm to be in such an exhilarating field.

Owen Johnson, III, MD
I thoroughly enjoyed my time at The Aesthetic Meeting. The in-depth sessions on rhinoplasty and lower eyelid surgery were world-class. Being able to hear world experts debate and show their results was amazing. I enjoyed the Residents and Fellows Forum, as it was nice to be able to connect with other graduating trainees, hear about some of the latest research regarding plastic surgical education, and listen to a primer on financial planning.

During the week I particularly liked the “Business Side” talks, many sessions of which were chaired by Dr. Mark Mofid. Learning about marketing strategies, the challenges and benefits of different practice models, and evolution of the business of running a private practice is definitely something we don’t get a lot of exposure to as trainees in academic programs.

Continued on Page 17
The Aesthetic Marketplace was full of great vendors, and I very much enjoyed seeing the cutting-edge innovation that is going on in all parts of the world, driven by aesthetic surgery. In particular, the use of virtual reality, 3D printing, and tele-consultation were particularly intriguing. The use of 3D scanning to develop an image of the face or nose, morph a desired outcome, and 3D print a template represents the next evolution in our specialty. The use of this technology has profound implications for reconstructive applications as well, such as pre-operative planning in microtia or head and neck cancer reconstruction.

As a graduating fellow, this was my first time at The Aesthetic Meeting, and I’m sorry I haven’t attended more regularly during residency. It was a fantastic meeting, one of the best I’ve been to, and gave me many pearls and ideas on how I can improve my practice of plastic surgery going forward into the future. I will certainly be back!

Marco Maricevich, MD
The most important learning experience I had during The Aesthetic Meeting was attending the fat graft panel with Drs. Sydney Coleman, Roger Khouri, Dan Del Vecchio, and Alexis Verpaele. It was a very educational session that covered the whole spectrum of current possibilities from nano to large volume fat grafting. The quality of the presentations was superb. The speakers were very engaging, vibrant, and passionate about fat! It was very interesting to learn about all the different techniques used by these very creative plastic surgeons, and how they managed to achieve the best outcomes of fat viability and/or volume augmentation. In combination to Dr. Peter Rubin’s talk about fat graft regulation, I left The Aesthetic Meeting updated and educated on fat graft by the best. Fat graft is a growing field with an exciting future, and certainly will be part of my practice in the reconstructive and aesthetic arenas. I really appreciate the opportunity to receive the ASERF travel grant. The meeting was very educational, dynamic, and fun, with plenty of opportunities for residents and fellows to learn.

Raja Mohan, MD
I attended a number of courses and events at The Aesthetic Meeting and in my opinion, it is the best educational experience and conference for plastic surgery residents. There was a course or lecture on every aesthetic topic and for the ones I attended, I found the teaching to be very thorough and practical.

I also learned from various sponsored events in which speakers spoke about new technologies or innovations in plastic surgery. The Aesthetic Marketplace served as a venue to see these innovations firsthand. There were many events and lectures geared towards residents especially on topics that are not discussed frequently such as financial planning.

I highly recommend that all plastic surgery residents attend and also apply for the ASAPS/ASERF travel grant. I also had the opportunity to meet many prominent plastic surgeons from the US and around the world who all candidly shared their ideas and techniques. In the future I will be pursuing an aesthetic surgery fellowship and this conference was a perfect introduction to aesthetic surgery and ASAPS.

I would like to thank ASAPS and ASERF for awarding me this travel grant. I also appreciate the support from my residency program at Johns Hopkins/University of Maryland and my program director, Dr. Scott Lifchez.

Paul Phillips, MD
The bright lights, sights and sounds of Las Vegas failed in comparison to the talent and wisdom gathered in the Mandalay Bay Conference center during the recent The Aesthetic Meeting 2016. From simple business practice tips to complex facial rejuvenation techniques, every lecture and discussion was filled with knowledge that I was privileged to absorb.

Among the most influential morsels of information I took home from the meeting were the innovations many surgeons made while performing well established techniques. Although the presenting surgeon may not have been the “leading expert” in the field, they continually push the envelope and tweak long standing operating procedures in order to provide outstanding results. The ability of these surgeons to not only refine long standing techniques, but also have the willingness and opportunity to share their knowledge with others in a forum provided by The Aesthetic Meeting brightens the future of plastic surgery.

During my plastic surgery training, there have been nuances in operative techniques which have perplexed me but The Aesthetic Meeting gave me a forum in which I was able to ask simple questions to an expert. They were eager to respond with a straightforward response and elucidate my concerns. Their knowledge shed immeasurable light into my concern and will benefit my future surgical practice. Many experienced surgeons at the meeting were more than happy to answer questions from those like me just beginning their plastics practice.

The Aesthetic Marketplace was filled with vendors engaged in aesthetic surgery, from the latest devices to books and journals, anything sought could be found. These companies are on the cutting edge of technology and continue to amaze me in their pursuit of striving for excellence in patient outcomes.

It is with great gratitude I received the ASERF scholarship in order to attend The Aesthetic Meeting and with great pleasure I will return for many years to come.

Sammy Sinno, MD
Attending The Aesthetic Meeting 2016 is an unparalleled experience of seeing the most talented leaders and innovators in our field come together to share knowledge in a friendly, dynamic, and fun atmosphere. The Scientific Program is carefully crafted to feature top level surgeon lecturers with insightful moderators and discussants, while a variety of courses allow a deeper look into a particular topic. I feel as though when I first walk into the meeting I have a notebook with blank pages, and when I leave it is filled to capacity!

The most striking feature in this year’s meeting was the quality and design of the

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Scientific Session panels. Not only were the panelists' high level surgeons and educators, but also on stage were moderators and discussants asking the right questions and probing panelists into deep discussion and controversy that can only be experienced at a meeting of this caliber (not a journal article or book chapter). Additionally, the topics were carefully crafted to focus on key hot-topic and controversial topics in plastic surgery today, such as lower eyelid surgical maneuvers and breast implant soft tissue support. This year, “floor moderators” scanned the audience for questions, allowing up-close and personal interaction; I even had the opportunity to ask a question! You never once felt like you were sitting in on a boring lecture; instead you are constantly engaged in how dynamic, cutting-edge, educational, and fun the scientific program really is!

Aesthetic Meeting to attend Dr. Charles Thornes facelift course—what an amazing experience! I am very fortunate to have attended. I plan to learn more! It is truly an unparalleled meeting and new concepts to take home with you. The Aesthetic Meeting 2016 has left me full of new knowledge, invigorated, and eager to learn more! It is truly an unparalleled meeting. My meeting began with a full day cadaver lab with Dr. Brian Mendelson. Dr. Mendelson and his team took us through a meticulous facelift dissection identifying the intimate relationship of the facial nerve and adjacent structures. Seeing this anatomy in a step-wise detailed fashion improved my understanding and overall confidence in face dissection. The Resident and Fellows Forum proved yet again to be a very valuable resource as we heard a well-composed combination of pertinent research presentations and guest speakers. Drs. Nahai and Fisher did a great panel on how to balance personal life and work. I found this to be enlightening and I appreciated them sharing their honest and heartfelt experience with us. Additional presentations in the Resident Forum regarding legal and financial “tips and tricks” were very beneficial as I look ahead to life after residency. The Scientific Sessions were enjoyable and entertaining. They embodied a unique blend of art and science, addressing “Hot Topics” and producing some very engaging panel discussions. The meeting as a whole provided a synergy between didactic and hands-on opportunities for trainees. I thoroughly enjoyed my time at The Aesthetic Meeting and recommend it to all residents who are interested and passionate about aesthetic surgery.
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The Aesthetic Society’s International Fellowship Program was established in 2009 through a generous grant from Sientra. The program’s endeavor is to enhance the aesthetic education of young plastic surgeons abroad and promote international exchange of information relating to aesthetic plastic surgery. Our 2016 fellows share their Aesthetic Meeting experiences with us below.

Yordan P Yordanov MD, PhD, FEBOPRAS Bulgaria

Today aesthetic surgery is evolving so rapidly, both technologically and conceptually. From the other hand, adequate training in the field, however, has traditionally been challenging especially in countries where this branch of the plastic surgery is relatively young and underdeveloped. As a young Bulgarian plastic surgeon, I have always looked for opportunities to work and specialize in an environment with high professional standards where I can broaden my knowledge and skills according to the most contemporary concepts. That was the reason why I applied for The Aesthetic Society’s International Fellowship Program. I was very happy and appreciative to learn that I was selected as the 2015 recipient. The Aesthetic Society’s International Fellowship Program has given me the unique chance to get in touch with aesthetic surgery at the highest level. Over the course of my fellowship stay in the USA, I have had the opportunity to learn from some of the most experienced plastic surgeons worldwide. Actually this fellowship has allowed me to not only maintain focus on my current interest—facial plastic surgery, but to also contribute to broaden my perspective in general. Becoming fully aware of how not to be dogmatic in applying surgical techniques and approaches in facial aesthetic surgery and rhinoplasty was maybe the best lesson I have learned.

Looking back to my fellowship stay in the USA, I would like to express my sincere gratitude to The Aesthetic Society and to Sientra for giving me this opportunity. I also want to warmly and very personally thank Dr. Daniel C. Baker, Drs. Glenn and Elizabeth Jelks, Dr. Tracy Pfeifer, Dr. Michael Sadove, Dr. Bruce Van Natta, Dr. Rollin K. Daniel, Dr. Malcolm Paul and Dr. Aaron Kosins for generously sharing their experience and for being so welcoming both personally and professionally. I hope one day I will be able to help other young plastic surgeons to achieve their goal just as they all have helped me.
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The American Society for Aesthetic Plastic Surgery (ASAPS) is preparing a gift for Senior Plastic Surgery Residents. The offering is a symposium—a quick weekend getaway in Dallas, Texas for “The Business of Launching Your Practice—The ASAPS Gift of Expert Advice” to be held September 9-11, 2016. This symposium will be free-of-charge to qualifying attendees—Plastic Surgery Residents & Fellows graduating from the classes of 2013–2017. Our 2015 symposium was a tremendous success, with established plastic surgeons sharing insights into common mistakes and tips for success. Additionally, an array of experts will offer their expertise into topics such as hiring, best practices, marketing, legal and financial advice, and more. These are professionals for whom others pay a great deal to obtain their advice, but at this symposium, you’ll have complimentary access to them and their pearls of wisdom.

Chair Sal Pacella, MD, MBA, and Co-Chair Gary Tuma, MD, have created a program which will address the business concerns of graduating residents as to “what comes next” after graduation. Please see the full program on the following pages.

**Faculty**

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Karen Zupko  
Practice Management and Reimbursement Solutions Advisor  
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Visit the ASAPS Website at www.surgery.org/residents2016 for more information and to register. While registration is complimentary, travel and hotel expenses are the responsibility of the attendee. This symposium is free to qualified attendees, courtesy of ASAPS, Allergan, Nextech and Merz Aesthetics!

**Residents’ Symposium 2015 Participants Share Their Experience**

The faculty did an exceptional job at educating us on the essential business and managerial components necessary to start and maintain a practice, the common pitfalls to look out for when signing a contract, and the nuances of joining a group practice. It also put us in contact with highly skilled professionals, the best in their fields, who advised us on safe legal, financial, and marketing strategies. My resident colleagues and I thought this was one of the best and relevant meetings we’ve attended. Thank you ASAPS!

John Layliev, MD  
Resident, Department of Plastic Surgery  
Vanderbilt University Medical Center

The ASAPS Symposium has provided a veritable treasure trove of practice management tips from surgeons, attorneys, managers, and financial advisers alike. There were numerous case examples and nuances discussed with the panelists that will help new plastic surgeons enter the marketplace much better armed for career success and foresee key issues with their practices before they arise. I highly recommend all residents, fellows, and recent graduates in practice to attend this high yield meeting!

Nirav B. Patel, MD, MS, JD  
PGY-5, UC Davis Plastic Surgery  
Sacramento, CA

The ASAPS Residents’ Symposium “The Business of Launching Your Practice,” has been an incredibly valuable resource to someone such as myself who is just beginning their career after residency and fellowship. The topics and details discussed go beyond anything you would be able to learn in training and would normally take someone years of trial and error to experience. Thank you for putting together such a great program for residents and recent graduates!!

John Lee, MD  
Aesthetic Fellow  
Atlanta, GA
The Business of Launching Your Practice
The ASAPS Gift of Expert Advice

Hotel Room Block Closes August 18th

2nd Annual Residents’ Symposium

Chair: Salvatore Pacella, MD, MBA
Co-Chair: Gary Tuma, MD
WE ARE AESTHETICS.

September 9–11, 2016
Grand Hyatt at DFW—Dallas, TX

www.surgery.org/residents2016
CLIMATE/ATTIRE
The average September temperatures for the area are 89°F for the high and 69°F for the low. However, you will not need to leave the airport/hotel during the meeting. Business casual attire is appropriate for the meeting. Temperature fluctuation in the hotel is common, please dress in layered clothing that can be easily added or removed throughout the meeting.

TRAVEL/HOTEL
The Grand Hyatt at DFW is a 4-Diamond corporate hotel, conveniently located in Dallas Fort Worth Airport International Terminal D, and accessible by Skylink, providing a unique and convenient experience. The Aesthetic Society has contracted a special discounted rate for your stay. Please use the Hotel link at www.surgery.org/residents2016 to make your reservation. Reservations can be made until August 5, 2016 or until the room block is full. The Aesthetic Society, along with industry support from Allergan and Merz Aesthetics, allows us to offer complimentary meeting registration. Travel and hotel are not included.

SPECIAL ASSISTANCE
If, due to a physical disability, you require any special assistance while in attendance at this meeting, or if you have any special dietary restrictions, please contact Kathleen McClemmy at 562.799.2356 or email kathleen@surgery.org.

Who?
For qualifying Plastic Surgery Residents & Fellows from the graduating classes of 2013–2017

What?
“The Business of Launching Your Practice—The ASAPS Gift of Expert Advice”

Where?
The Grand Hyatt at DFW—a beautiful 4-Diamond hotel in Dallas, Texas

When?
September 9–11, 2016
Program begins Friday evening at 6:30pm and ends Sunday at 4:00pm

From?
The American Society for Aesthetic Plastic Surgery

Free of charge to qualifying attendees, this exciting weekend chaired by Sal Pacella, MD, MBA and Gary Tuma, MD, addresses the common business concerns of residents and fellows: “What comes next after graduation?”
REGISTRATION
The Business of Launching Your Practice
The ASAPS Gift of Expert Advice
Residents’ Symposium
September 9–11, 2016 • Grand Hyatt at DFW—Dallas, TX

Registration is open to Plastic Surgery Residents & Fellows in approved programs in the United States and Canada. If you are a current Resident or Fellow you must be enrolled in our Residents & Fellows Program. If you have already completed your residency and/or fellowship and are not yet enrolled in our Candidate Program, additional verification may be required to complete your registration. Registration is complimentary, as The Aesthetic Society’s gift to you. This includes registration and provided meals. All travel costs are the responsibility of the attendee. There is no CME available for this symposium. Registration Deadline: August 5, 2016 OR until maximum capacity is met. A credit card deposit of $100 is required to register. You will not be charged unless you cancel after August 5, 2016.

First Name ___________________________________________________ Last Name _____________________________________________
Street Address _____________________________________________________________________________________________________
City ________________________________ State __________________________
Zip/Postal Code ______________________ Country __________________
Phone _____________________________ Fax __________________________
Contact Email ________________________________________________________________________________________________________

For current senior Residents & Fellows:
Residency: □ Integrated □ Independent PGY __________________________________________________________
Fellowship: □ Aesthetic □ Breast □ Craniofacial □ Hand □ Microsurgery □ Other ____________________________
Program Completion Date (MM/YY) _________________ Program Name ____________________________________________

For recent graduates:
Practice type: □ Private □ Small Group □ Large Group □ Academic □ Other __________________________________________
Program Completion Date (MM/YY) _________________ Program Name ____________________________________________

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

Liability Waiver—Please read and check box. I agree and acknowledge that I am undertaking participation in the ASAPS Residents’ Symposium events and activities as my own free and intentional act and I am fully aware that possible physical injury might occur to me as a result of my participation in these events. I give this acknowledgement freely and knowingly and that I am, as a result, able to participate in ASAPS Residents’ Symposium events and I do hereby assume responsibility for my own well being. I also agree not to allow any other individual to participate in my place.

Required ☐ By checking this box, I certify that I have read and understood the Liability Waiver above.

$100 Deposit (only charged for cancellations after August 5, 2016)
☐ MasterCard ☐ Visa ☐ American Express
Account Number ____________________________________________ Security Code ____________
Expiration Date ____________________________ Billing Zip Code __________________________
Card Holder Name ____________________________________________ Signature ______________________

*Please note: The Meeting is for qualified participants ONLY—No guests will be admitted.

SEND REGISTRATION TO:
The Aesthetic Society (ASAPS) c/o Tiffany Weckerly • 11262 Monarch Street, Garden Grove, CA 92841 USA
Email: tiffany@surgery.org • Fax: 562.799.1098 • Phone: 562.799.2356

FOR MORE INFORMATION PLEASE VISIT: WWW.SURGERY.ORG/RESIDENTS2016
### FRIDAY, SEPTEMBER 9

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:30pm – 7:00pm</td>
<td>Cocktails and Registration</td>
</tr>
<tr>
<td>7:00pm – 7:15pm</td>
<td>ASAPS Welcome and Introductions</td>
</tr>
<tr>
<td></td>
<td>Daniel Mills, II, MD—ASAPS President</td>
</tr>
<tr>
<td>7:15pm – 7:45pm</td>
<td>MED Talk—Personal Experience</td>
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<tr>
<td></td>
<td>Mark Codner, MD</td>
</tr>
<tr>
<td>7:45pm – 8:30pm</td>
<td>Networking Reception</td>
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</tbody>
</table>

### SATURDAY, SEPTEMBER 10

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>7:15am – 8:00am</td>
<td>Registration and Breakfast Conference Level</td>
</tr>
<tr>
<td></td>
<td>Salvatore Pacella, MD, MBA—Chair</td>
</tr>
<tr>
<td>8:00am – 8:05am</td>
<td>Welcome</td>
</tr>
<tr>
<td>8:05am – 8:10am</td>
<td>ASJ Introduction</td>
</tr>
<tr>
<td></td>
<td>Jeffrey Kenkel, MD</td>
</tr>
<tr>
<td>8:10am – 8:30am</td>
<td>Contracts and Employment</td>
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<tr>
<td></td>
<td>Moderator: Mark Codner, MD</td>
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<tr>
<td>8:30am – 8:50am</td>
<td>The Contract and Interview: Mastering the Meet and Greet</td>
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<tr>
<td></td>
<td>Gary Tuma, MD</td>
</tr>
<tr>
<td>8:50am – 9:10am</td>
<td>What Makes or Breaks Being a Plastic Surgery Employee or Partner</td>
</tr>
<tr>
<td></td>
<td>Michelle Spring, MD</td>
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<tr>
<td>9:10am – 9:25am</td>
<td>Discussion</td>
</tr>
<tr>
<td>9:30am – 10:00am</td>
<td>Marketing I</td>
</tr>
<tr>
<td></td>
<td>Moderator: Gary Tuma, MD</td>
</tr>
<tr>
<td>10:00am – 10:15am</td>
<td>Discussion</td>
</tr>
<tr>
<td>10:15am – 10:45am</td>
<td>Networking Break</td>
</tr>
<tr>
<td>10:45am – 11:00am</td>
<td>Legal and Regulatory</td>
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<tr>
<td></td>
<td>Moderator: Salvatore Pacella, MD, MBA</td>
</tr>
<tr>
<td>11:00am – 11:15am</td>
<td>Financial Planning</td>
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<tr>
<td></td>
<td>Moderator: Salvatore Pacella, MD, MBA</td>
</tr>
<tr>
<td>11:15am – 11:30am</td>
<td>Top Ten Financial Planning Mistakes Plastic Surgeons Make and How to Avoid Them</td>
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<tr>
<td></td>
<td>Lawrence Keller</td>
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<tr>
<td>11:30am – 11:45am</td>
<td>Tax Strategies for Plastic Surgeons</td>
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<tr>
<td></td>
<td>Joseph Matheson</td>
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<tr>
<td>11:45am – 12:00pm</td>
<td>Life Insurance: What Type and How Much</td>
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<td></td>
<td>Lawrence Keller</td>
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<tr>
<td>12:00pm – 1:00pm</td>
<td>Vehicles for Retirement</td>
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<td></td>
<td>Joseph Matheson</td>
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<tr>
<td>1:00pm – 1:30pm</td>
<td>Discussion</td>
</tr>
<tr>
<td>1:30pm – 2:00pm</td>
<td>Accounting</td>
</tr>
<tr>
<td></td>
<td>Moderator: Mark Codner, MD</td>
</tr>
<tr>
<td>2:00pm – 2:20pm</td>
<td>An Overview of Financial Statements</td>
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<tr>
<td></td>
<td>Joseph Matheson</td>
</tr>
<tr>
<td>2:20pm – 2:35pm</td>
<td>Its All About Financial Reports—Overhead and Revenue</td>
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<td></td>
<td>Helen Daniell</td>
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<tr>
<td>2:35pm – 2:50pm</td>
<td>Dr. Thrifty V. Dr. Spendalot</td>
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<tr>
<td></td>
<td>Salvatore Pacella, MD, MBA</td>
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<tr>
<td>2:50pm – 3:05pm</td>
<td>Discussion</td>
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<tr>
<td>3:05pm – 3:30pm</td>
<td>Networking Break</td>
</tr>
<tr>
<td>7:15am – 8:00am</td>
<td>Marketing II</td>
</tr>
<tr>
<td></td>
<td>Moderator: Mark Codner, MD</td>
</tr>
<tr>
<td>8:00am – 8:30am</td>
<td>Your Online Reputation, Don’t Mess It Up</td>
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<tr>
<td></td>
<td>Helen Daniell</td>
</tr>
<tr>
<td>8:30am – 9:05am</td>
<td>Social Media: Beyond the Post</td>
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<td></td>
<td>Helen Daniell</td>
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<tr>
<td>9:05am – 9:25am</td>
<td>Your Online Marketing Plan SEO, Etc.</td>
</tr>
<tr>
<td></td>
<td>Helen Daniell</td>
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</tbody>
</table>

### SUNDAY, SEPTEMBER 11

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>4:55pm – 5:10pm</td>
<td>How to Handle Disgruntled, Disruptive Employees</td>
</tr>
<tr>
<td></td>
<td>Alex Thiersch, JD</td>
</tr>
<tr>
<td>5:10pm – 5:25pm</td>
<td>Best Hiring Practices</td>
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<tr>
<td></td>
<td>Karen Zuiko</td>
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<tr>
<td>5:25pm – 5:45pm</td>
<td>Discussion</td>
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<tr>
<td>6:15pm</td>
<td>Cocktails</td>
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<tr>
<td>7:00pm</td>
<td>Dinner</td>
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<tr>
<td>7:00pm – 7:30pm</td>
<td>Dinner Panel—Keys to Success in Practice</td>
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<tr>
<td></td>
<td>Moderator: Mark Codner, MD, Salvatore Pacella, MD, MBA, Salvo Pacella, MD, MBA,</td>
</tr>
<tr>
<td></td>
<td>Michelle Spring, MD, Gary Tuma, MD</td>
</tr>
</tbody>
</table>
Crisis Management
Moderator: Salvatore Pacella, MD, MBA
11:30am – 11:45am
Disability Insurance: What You Need to Know Before You Buy
Lawrence Keller

11:45am – 12:00pm
Recognizing Fraud Within Your Practice—Sometimes It’s Your Staff, Sometimes Bob Aicher, Esq.

12:00pm – 12:15pm
Professional Fulfillment: What’s Important
Michelle Spring, MD

12:15pm – 12:30pm
Turnaround Management... From Negative to Positive
Gary Tuma, MD

12:30pm – 1:30pm
Lunch

1:30pm – 3:30pm
Sunday Afternoon Roundtable Discussions
All Faculty to Participate
Moderators: Sal Pacella, MD, MBA and Mark Codner, MD

How to Get Sued: Learn from the ASAPS Legal Counsel about real life experiences and how you can avoid these costly mistakes.
Facilitator: Bob Aicher, Esq.

Financial Statements: Continue the conversation regarding essentials for your practice finances with this experienced office manager.
Facilitator: Helen Daniell

Asset Protection: Discuss basic investments, real estate, home, office, stocks, bonds, mutual funds, tax free investments, and saving for children’s education.
Facilitator: Joseph Matheson

Asset Building and Protection: Options for discussion include disability insurance, convertible term insurance, whole life insurance, home in spouse’s name, concept of self-insurance, retirement plan, business write offs, and charitable contributions.
Facilitator: Lawrence Keller

Practice Building in Your Community: Learn how to achieve life balance, contribute to your community, make a difference.
Facilitator: Michelle Spring, MD

Marketing: Internal and External: Options for discussion include social media, patient attraction, competition, strategies, specials, reputation protection, and direct to consumer marketing.
Facilitator: Ryan Miller

Considering a Med Spa? An excellent opportunity to get advice from the Founder and Director of the American Med Spa Association.
Facilitator: Alex Thiersch, JD

The Fine Art of Negotiating: The talent that you can use every day in every situation.
Facilitator: Gary Tuma, MD

Closing the Deal—Did You Drop Something? Discuss the importance of patient leads, improving your patient coordinator’s closure rate and giving the right impression.
Facilitator: Karen Zupko

What Industry Can Do for You: Industry insight into patient programs, training on product use, keeping you up to date on the real facts, what are your colleagues using and why.
Facilitator: Industry Representatives

3:30pm – 4:00pm
Conclusions for Launching a Practice
Mark Codner, MD

Program and Faculty Subject to Change

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

Hotel Room Block Closes August 18th
Aesthetic Surgery Journal Update

Social Media on the Rise

ASJ is taking its social media efforts to the next level to drive readers to the ASJ website to read and cite our published articles and watch their videos. Spread the word and join the movement! We’re excited to announce the appointment of Dr. Grant Stevens as Director of Social Media and Marketing (@DrGrantStevens). He will lead the efforts of 8 Social Media Ambassadors including:

Jamil Ahmad, MD, FRCSC
Department of Surgery
University of Toronto
Toronto, Ontario, Canada
@DrAhmad

Paco Canales, MD
Santa Rosa, CA
@drpacocanales

Daniel J. Gould, MD, PhD
Department of Plastic Surgery
University of Southern California
Los Angeles, CA
@DanJGould

Reza Nassab, MBChB MSc MBA
FRCS(Plast)
London, UK
@rsnassab

Clark F. Schierle, MD, PhD, FACS
Chicago, IL
@DrClarkSchierle

Marissa Tenenbaum, MD
Department of Plastic Surgery
Washington University
St. Louis, MO
@Drissy

Jennifer Walden, MD
Austin, TX
@drjenwalden

Andrew M Wolin, MD, FACS
Scottsdale, AZ
@drandrewwolin

We encourage you to look for tweets and posts from this team and to follow them on social media in addition to @ASJrrnl on Twitter and Instagram and Aesthetic Surgery Journal on Facebook and LinkedIn. Being social also helps improve the Altmetric score of your article. What’s that? See next column.

What are altmetrics?

Altmetrics 101: Do You Know Your Score?

Do you want to find out the altmetric attention score for your article in Aesthetic Surgery Journal? Click the Information and Metrics tab from within any article to find out the social media reaction to your article. You can also find out who’s talking about your work and where they’re located, affording you an opportunity to make new connections, share research, and continue to learn and advance. Also, just announced, Altmetric will soon begin offering attention scores for books. Visit this link for an overview video to learn more: ow.ly/V8vP300hmEA.

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

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

YouTube Videos, Stay in the know

Click here to access the latest ASJ videos on YouTube including author highlights, interviews, EBM Hub videos, and new monthly installments from our Next Generation Editors.
https://www.youtube.com/user/ASJonline

ASJ is Proud to Announce Its Top-scoring Articles

Two of which are free and open to read:

Prospective Randomized Study of the Effect of Music on the Efficiency of Surgical Closures (Lies and Zhang) http://asj.oxfordjournals.org/content/35/7/858 Free Read


Body Hair Transplant by Follicular Unit Extraction: My Experience With 122 Patients (S. Umar) http://goo.gl/NwdnvA Open Access, Free Read
Experienced Insights
Breast and Body Contouring
Interaction. Involvement. Inspiration.

Thursday, October 6–Saturday, October 8, 2016
The Westin Chicago River North
Chicago, IL

CHAIR
Jeffrey M. Kenkel, MD

VICE CHAIR
William P. Adams, Jr., MD

WE ARE AESTHETICS.

www.surgery.org/breastandbody2016
ASAPS’ new symposium devoted to the breast and body, Experienced Insights in Breast and Body Contouring, will take place October 6–8, 2016, at the Westin Chicago River North in Chicago, IL. This dynamic, intimate gathering chaired by Jeffrey M. Kenkel, MD and William P. Adams, Jr., MD is your opportunity to learn from some of the foremost experts in the specialty, including Jamil Ahmad, MD; Daniel Del Vecchio, MD; Caroline Glicksman, MD; Alfredo Hoyos, MD; Steven Teitelbaum, MD; Jennifer Walden, MD; and Simeon Wall, Jr., MD.

LEARNING OBJECTIVES
Our goal is to interactively discuss the most current and innovative clinical insights in breast and body contouring. These will be delivered in a unique learning environment through interactive analysis and debate to ultimately achieve optimal aesthetic outcomes while addressing challenges and emphasizing patient safety. The faculty will be using extensive video to highlight their technique and the format will allow for discussion on alternatives to the highlighted presentation/session.

- Summarize and evaluate advanced techniques, science and outcomes in structural fat grafting.
- Present and challenge advanced concepts in breast augmentation, including patient analysis, implant selection, reshaping options and support to achieve optimal long term outcomes.
- Present and challenge advanced concepts in body contouring, including liposuction, gluteal reshaping and labial rejuvenation to achieve optimal outcomes.
- Discuss and review important safety considerations during breast and body contouring procedures.
- Identify methods of minimizing surgical complications to enhance patient safety.
- Support interaction with audience participation in sharing complications for experienced insights.

WHO MAY ATTEND?
Experienced Insights in Breast and Body Contouring Symposium is open to Domestic and International Members and Candidates of:
- The American Society for Aesthetic Plastic Surgery
- The American Society of Plastic Surgeons
- The International Society for Aesthetic Plastic Surgery (ISAPS) or documentation of membership in a national plastic surgery society acceptable to the Board of Directors.
- ASAPS Affiliate Program (Must be enrolled through the Australasian Society of Aesthetic Plastic Surgery)
- Residents and Fellows participating in an approved plastic surgery residency program (with letter of verification)—Limited Availability

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

DESIGNATION
The American Society for Aesthetic Plastic Surgery (ASAPS) designates this live activity for a maximum of 16.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. A of the 16.25 credits have been identified as Patient Safety Credits.

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

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

FOR MORE INFORMATION PLEASE VISIT: WWW.SURGERY.ORG/BREASTANDBODY2016
<table>
<thead>
<tr>
<th>THURSDAY, OCTOBER 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>5:45pm – 7:00pm</td>
</tr>
</tbody>
</table>
| 7:00pm – 8:30pm     | FINESSE IN BREAST AUGMENTATION: THE ROLE OF FAT  
                      Moderator: Jeffrey Kenkel, MD  
                      Marrying Lipo Filling with Breast Augmentation—Composite Augmentation—Fact or Fiction?  
                      Experienced Insight: Daniel Del Vecchio, MD  
                      Analyst: Jeffrey Kenkel, MD  
                      Pundit: William P. Adams, Jr., MD—An Alternate View  
                      Q&A/Discussion/Debate Moderator: Jeffrey Kenkel, MD  
                      Debate: Should We Be Using Fat Routinely to Augment the Breast?  
                      Steven Teitelbaum, MD; Daniel Del Vecchio, MD; and William P. Adams, Jr., MD |

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<thead>
<tr>
<th>FRIDAY, OCTOBER 7</th>
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</thead>
<tbody>
<tr>
<td>7:00am – 8:00am</td>
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</tbody>
</table>
| 8:00am – 9:30am   | FINESSE IN BREAST AUGMENTATION: IMPLANT SELECTION  
                      Moderator: William P. Adams, Jr., MD  
                      Applying the “High Five” to a Spectrum of Patients  
                      Experienced Insight: Steven Teitelbaum, MD  
                      Analyst: Jeffrey Kenkel, MD  
                      Pundit: Jennifer Walden, MD  
                      Q&A/Discussion/Debate Moderator: William P. Adams, Jr., MD  
                      Debate: Female vs. Male Surgeon Perspective: Are They Different?  
                      Panelists: Jeffrey Kenkel, MD; Caroline Glicksman, MD; Jennifer Walden, MD; and Steven Teitelbaum, MD |
| 9:30am – 10:00am  | Break with the Exhibitors |
| 10:00am – 11:45am | FINESSE IN BREAST AUGMENTATION: THE PROCESS APPROACH FOR OPTIMIZED OUTCOMES  
                      Moderator: Jeffrey Kenkel, MD  
                      Experienced Insight—Patient Education: Caroline Glicksman, MD  
                      Experienced Insight—Does Implant Shape Dictate Surgical Procedure Surgical Technique: William P. Adams, Jr., MD  
                      Analyst: Jennifer Walden, MD  
                      Pundit: Daniel Del Vecchio, MD  
                      Q&A/Discussion/Debate Moderator: Jeffrey Kenkel, MD  
                      Debate: What Prevents Capsular Contracture—Implant, Surgical Technique, Drugs, ADM, Post-Operative Care?  
                      William P. Adams, Jr., MD; Jamil Ahmad, MD; Caroline Glicksman, MD; Steven Teitelbaum, MD  
                      11:45am – 1:00pm  
                      Lunch with the Exhibitors |
| 1:00pm – 2:30pm   | FINESSE IN BREAST AUGMENTATION: BREAST SUPPORT  
                      Moderator: Jeffrey Kenkel, MD  
                      What Internal Supportive Measures Help Maintain Breast Shape?  
                      Experienced Insight: William P. Adams, Jr., MD  
                      Analyst: Simeon Wall, Jr., MD  
                      Pundit: Steven Teitelbaum, MD  
                      Q&A/Discussion/Debate Moderator: Jeffrey Kenkel, MD  
                      Debate: Is There Enough Science to Justify the Expense?  
                      Caroline Glicksman, MD; William P. Adams, Jr., MD; Simeon Wall, Jr., MD; and Steven Teitelbaum, MD  
                      2:30pm – 4:00pm  
                      FINESSE IN BREAST AUGMENTATION: RESHAPING THE BREAST  
                      Moderator: Jeffrey Kenkel, MD  
                      Executing the Augmentation Mastopexy—Keys to Success  
                      Experienced Insight: Jennifer Walden, MD  
                      Analyst: Jamil Ahmad, MD  
                      Pundit: Caroline Glicksman, MD  
                      Q&A/Discussion/Debate Moderator: Jeffrey Kenkel, MD  
                      Debate: Creating an Algorithm for Managing the Secondary Breast Implant Patient: What is Safe?  
                      Jamil Ahmad, MD; William P. Adams, Jr., MD; Caroline Glicksman, MD; Jennifer Walden, MD  
                      4:00pm – 4:30pm  
                      Break in the Exhibits  
                      4:30pm – 6:00pm  
                      Potpourri Day Review and Complications and Unsatisfactory Outcomes in Breast Surgery: Interactive with Attendee and Faculty Submissions  
                      Lead: William P. Adams, Jr., MD |
| 2:30pm – 4:00pm   | Lunch with the Exhibitors |

<table>
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<tr>
<th>SATURDAY, OCTOBER 8</th>
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<td>7:00am – 8:00am</td>
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| 8:00am – 9:30am     | FINESSE IN LIPOSUCTION  
                      Moderator: William P. Adams, Jr., MD  
                      4D Liposculpting: How to Optimize Your Results  
                      Experienced Insight: Alex Hoyos, MD  
                      Analyst: Caroline Glicksman, MD  
                      Pundit: Simeon Wall Jr., MD  
                      Q&A/Discussion/Debate Moderator: William P. Adams, Jr., MD  
                      Debate: What Safety Precautions Should You Take During Contouring Procedures?  
                      Simeon Wall Jr., MD; Jennifer Walden, MD; Jamil Ahmad, MD; Jeffrey Kenkel, MD  
                      9:30am – 10:00am  
                      ASAPS Presentations/Updates  
                      10:00am – 10:30am  
                      Break with the Exhibitors |

| 10:30am – 12:00pm   | FINESSE IN BUTTOCK RESHAPING  
                      Moderator: Jeffrey Kenkel, MD  
                      Achieving Desired Outcomes in Buttock Reshaping: How Much is Safe and Enough?  
                      Experienced Insight: Daniel Del Vecchio, MD  
                      Analyst: Steven Teitelbaum, MD  
                      Pundit: Jamil Ahmad, MD  
                      Q&A/Discussion/Debate Moderator: Jeffrey Kenkel, MD  
                      Debate: Long Term Results and Efficacy: Can All That Fat Really Be Viable and What is Going to Happen to These Patients 10 Years from Now?  
                      Daniel Del Vecchio, MD; Alfredo Hoyos, MD; Simeon Wall, Jr., MD; Jamil Ahmad, MD  
                      12:00pm – 1:00pm  
                      Lunch with the Exhibitors |
| 1:00pm – 2:00pm     | Program and Faculty Subject to Change |

Register on or before September 6, 2016 for Early Bird Savings
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Interaction. Involvement. Inspiration.

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GENERAL INFORMATION

CLIMATE/ATTIRE
The average October temperatures for the Chicago area are about 67°F for the high and 48°F for the low. Business casual attire is appropriate for the meeting. Temperature fluctuation in the hotel is common, please dress in layered clothing that can be easily added or removed throughout the meeting.

TRANSPORTATION
The Westin Chicago River North is located approximately 15 miles from O’Hare International Airport and 12 miles from Midway International Airport.

Taxis: Fare from O’Hare International Airport is approximately $35–$40 and from Midway International Airport is approximately $25–$30.

Shuttle: Varieties of shuttle/limousine services are available at both airports.

Hotel Parking: Valet is $69 per day with full in and out privileges or self-parking available for $56 per day at Greenway Self Park with unlimited in and out privileges.

EXHIBITS

Friday, October 7
7:00 am – 5:00 pm
Includes: Continental Breakfast, Coffee Break and Luncheon

Saturday, October 8
7:00 am – 3:00 pm
Includes: Continental Breakfast, Coffee Break & Luncheon

Exhibit schedule is subject to change

HOTEL INFORMATION

Meeting functions will be held at:
The Westin Chicago Riverfront North
320 North Dearborn Street
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Phone: (312) 744-1900

Located in the heart of Chicago’s theater district, just steps from the Magnificent Mile and Millennium Park, the Westin Chicago Riverfront North offers easy access to the many allures of the Second City—from world-class restaurants to museums, art galleries, and upscale boutiques. Chicago’s status as a destination for food and business is mirrored inside the hotel, where you’ll find the legendary Kamehachi Sushi Bar, a local favorite. With captivating views of the city or river, you’re sure to enjoy your stay at the Westin Chicago Riverfront North.

Room rates are $299.00
Hotel reservation cut-off date:
September 9, 2016
(or until the block is sold out)
REGISTRATION
ASAPS Experienced Insights in Breast and Body Contouring

October 6–8, 2016 • Sponsored by: ASAPS

Registration is very limited to maintain an interactive atmosphere

First Name ____________________________________________ ASAPS ID # __________

Last Name ____________________________________________

Badge Name (if different from above) ____________________________________________

Street Address ____________________________________________

City ____________________________________________ State __________

Zip/Postal Code ____________________________________________ Country __________

Phone ____________________________________________ Fax ____________________________________________

Email Address ____________________________________________ (used to communicate Symposium Updates)

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

☐ Audio ☐ Visual

Symposium Registration
Surgeons Only

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On or Before After Subtotal

September 6, 2016 September 6, 2016

ASAPS Active Member $1,450 $1,650 $ __________

ASAPS Candidate for Membership $1,600 $1,900 $ __________

Affiliate Program (Australasian Society Only)

Guest Plastic Surgeon $1,850 $2,050 $ __________

ASAPS Life Member/Resident $700 $800 $ __________

(Must provide letter of verification from chief of plastic surgery—Resident Participation is limited)

TOTAL ENCLOSED $ __________

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

Account Number ____________________________________________

Expiration Date ____________ Security Code ____________ Billing Zip Code ____________

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

Amazing Ports!
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Newhaven (Edinburgh), Scotland
Kirkwall, Scotland
Bergen, Norway
Flaam, Norway
Geiranger, Norway
Alesund, Norway
Stavanger, Norway

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

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

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

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

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

ISAPS Endorses ASAPS Aesthetic Cruise 2017
Naturally Restylane
Designed to act like the body’s own naturally produced hyaluronic acid, the Restylane® line of products visibly reduces facial wrinkles and folds and adds smooth, silky definition to lips.\textsuperscript{1-3} With over 20 million treatments worldwide and counting,\textsuperscript{4} the Restylane line of products has a rich history of natural-looking results.

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Important Safety Information

Indications: The Restylane family of products includes Restylane®, Restylane-L®, Restylane® Lyft with Lidocaine and Restylane® Silk. Restylane, Restylane-L, and Restylane Lyft with Lidocaine are indicated for the correction of moderate to severe facial wrinkles and folds, such as nasolabial folds.

Restylane and Restylane-L are indicated for mid-to-deep dermal implantation. Restylane and Restylane-L are also indicated for submucosal implantation for lip augmentation in patients over the age of 21.

Restylane Lyft with Lidocaine is indicated for implantation into the deep dermis to superficial subcutis. Restylane Lyft with Lidocaine is also indicated for cheek augmentation and for the correction of age-related midface contour deficiencies in patients over the age of 21.

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

Products in the Restylane family contain traces of gram-positive bacterial protein and are contraindicated for patients with allergies to such material or in patients with severe allergies that have required in-hospital treatment. These products should not be used by patients with bleeding disorders or by pregnant or breastfeeding women. Restylane-L, Restylane Silk and Restylane Lyft with Lidocaine should not be used by anyone with a known allergy to lidocaine. Products should not be injected anywhere except areas indicated in their Instructions for Use.

Use of products in the Restylane family at the site of skin sores, pimples, rashes, hives, cysts, or infection should be postponed until healing is complete. The most commonly observed side effects are swelling, redness, pain, bruising, headache, tenderness, and itching at the injection site. These are typically mild in severity and typically resolve in less than 7 days in nasolabial folds and less than 14 days in lips. Serious but rare side effects include delayed onset infections, recurrence of herpetic eruptions, and superficial necrosis at the injection site. Do not implant into blood vessels. Use with caution in patients recently treated with anticoagulant or platelet inhibitors to avoid bleeding and bruising.

The Restylane family of products is available only through a licensed practitioner. Complete Instructions for Use are available at www.RestylaneUSA.com.
Important Safety Information

Indication: Sculptra® Aesthetic (injectable poly-L-lactic acid) is indicated for use in people with healthy immune systems as a single regimen for the correction of shallow to deep nasolabial fold contour deficiencies and other facial wrinkles in which deep dermal grid pattern (cross-hatch) injection technique is appropriate.

Sculpta Aesthetic should not be used by people that are allergic to any ingredient of the product or have a history of keloid formation or hypertrophic scarring. Safety has not been established in patients who are pregnant, lactating, breastfeeding, or under 18 years of age.

Sculpta Aesthetic has unique injection requirements and should only be used by a trained physician. Contour deficiencies should not be overcorrected because they are expected to gradually improve after treatment.

Sculpta Aesthetic should not be injected into the blood vessels as it may cause vascular occlusion, infarction or embolic phenomena. Use at the site of skin sores, cysts, pimples, rashes, hives or infection should be postponed until healing is complete. Sculptra Aesthetic should not be injected into the red area (vermillion) of the lip or in the peri-orbital area.

The most common side effects after initial treatment include injection site swelling, tenderness, redness, pain, bruising, bleeding, itching and lumps. Other side effects may include small lumps under the skin that are sometimes noticeable when pressing on the treated area. Larger lumps, some with delayed onset with or without inflammation or skin discoloration, have also been reported.

Sculpta Aesthetic is available only through a licensed practitioner. Complete Instructions for Use are available at www.SculptraAesthetic.com.

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MP-SCA-00021a 12/15
The American Society of Plastic Surgeons (ASPS) and the American Society for Aesthetic Plastic Surgery (ASAPS) are committed to patient safety, advancing quality of care, and practicing medicine based upon the best available scientific evidence on breast implants and have issued the following joint statement on Breast Implant-associated ALCL (BI-ALCL).

- In January 2016, the United States FDA provided an update to the 2011 safety communication that identified a possible association between breast implants and the development of ALCL, a rare type of non-Hodgkin’s lymphoma. According to the World Health Organization, BI-ALCL is not a breast cancer or cancer of the breast tissue; it is a lymphoma, a cancer of immune cells. Women with breast implants may have a very low, but increased risk of developing ALCL adjacent to a breast implant.
- The incidence of BI-ALCL is very rare, and considering the millions of breast implants used throughout the world as of September 2015 there may be as many as 258 patients with possible BI-ALCL reported to the FDA.
- Treatment and outcomes data exist on BI-ALCL from case series, and more information is needed to fully understand risk factors, etiology, and epidemiology. An observation of reported cases indicates a predominance of textured device involvement. The association with breast implants is likely multifactorial and is currently being extensively studied.

ASPS and ASAPS recommend educating breast implant patients on the risk of BI-ALCL and the early detection of symptoms. Women with breast implants are encouraged to contact their plastic surgeon if they notice swelling, fluid collections, or unexpected changes in breast shape (Figure 1).

- In symptomatic patients suspicious for BI-ALCL, perform an ultrasound and send suspicious peri-prosthetic fluid for CD30 immunohistochemistry, cell block cytology, and culture. Surgical treatment is essential for the management of BI-ALCL. See Figure 2 for treatment algorithm.

Breast implant associated-ALCL is very rare, and if it occurs, is highly treatable in the majority of patients. The FDA, ASPS, and ASAPS recommend that all women, including those with breast implants, follow their normal routine in medical care and follow-up, including mammography when appropriate.

The FDA as well as the Institute of Medicine (IOM) maintain that breast implants do not impair breast health or cause breast cancer, and scientific evidence continues to support that FDA-approved breast implants have a reasonable assurance of safety and effectiveness.

This joint statement was prepared by ASPS and ASAPS. The societies are grateful to the following breast implant manufacturers for agreeing to distribute this statement to help educate surgeons and patients.

Figure 1.
Example of BI-ALCL presentation with right breast swelling.
Capsule appearance of BI-ALCL mass.

Continued on Page 43
Joint ASPS & ASAPS Statement on Breast Implant-Associated ALCL

Continued from Page 42

Functional or physical signs (effusion, enlargement, pain, inflammation, mass ulceration) with breast implant

Ultrasound of breast and lymph node areas

if inconclusive

MRI

Effusion

Mass + lymph nodes + effusion

Fine needle aspiration (FNA)

Biopsy and Oncology Consult

Cytology of FNA, histology, flow cytometry, CD30 IHC of effusion

if diagnosis indeterminate of lymphoma

Pathology second consultation

Histologic confirmation of BI-ALCL

Report to PROFILE Registry

www.thepsf.org/PROFILE

Referral of patient to oncologist

Lymphoma workup and staging:

PET/CT scan

Recommended discussion by multidisciplinary team:

plastic surgeon, oncologist, surgical oncologist, pathologist

Localized disease

Total capsulectomy possible

Monitoring by oncologist

Advanced disease (stage II-IV)

Total capsulectomy, explantation, surgical oncologist recommended

Adjuvant Tx decided by multidisciplinary meeting

Surgery (mass, lymph nodes)

Figure 2. Treatment Algorithm
The all new 7th generation VISIA®

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You may not yet be aware, but we welcome our Members to take advantage of a complimentary member benefit to increase awareness of you and your practice via Smart Beauty Guide, our consumer-facing website that now has more than 60,000 unique visitors per month. All you need to do is blog about a topic of your choosing to help educate consumers about various aesthetic procedures. We promote all of our blogs through our social media channels as well, so there is a great opportunity to increase exposure and drive traffic to your practice. Please note, we do have blogging guidelines for anyone who wishes to participate. For more information, please click here, or contact Leigh Hope Fountain via email at leigh@surgery.org or by calling the Society at 562.799.2356.

Meet the Staff!

Nicole Pisula

Nicole Pisula, Education Coordinator for ASAPS, began working for The Society in 2010. In her role, she manages the Certificates of Advanced Education in Cosmetic Surgery program, in addition to assisting the Education Team on other activities. Nicole says she enjoys working at ASAPS due to “its family atmosphere. Everyone truly cares about their co-workers and the doctors we work with.” In her free time, Nicole enjoys cooking for family and friends, painting with water colors and acrylic paint, and playing with her three year old daughter.

At the business meeting of the Aesthetic Society this year, an outstanding physician, educator and mentor was honored with the Society’s first Career Achievement Award. That member is Dr. Gill Gradinger. A much loved and visionary aesthetic surgeon who is one of the founding members of the organization.

In 2009, the Editors of ASN had the privilege of interviewing Dr. Gradinger. Excerpts of that interview are below:

Dr. Gilbert P. Gradinger may not have known that he was helping create a legacy through the formation of the Aesthetic Society in 1967, but his ideals on education and excellence have nonetheless remained a standard within the community of plastic surgeons. As a founding member, former president of the American Society for Aesthetic Plastic Surgery and former chair of the American Board of Plastic Surgery, Dr. Gradinger has contributed countless hours of service, research and experience to generations of plastic surgeons. He retired from his private practice several years ago and has dedicated great effort to the organization and maintenance of the Resident Cosmetic Clinic at the University of California at San Francisco. This effort has resulted in a busy cosmetic surgery practice for the senior and chief residents, as well as continuing his educational goals.

As a founding member, did you realize the potential for ASAPS?

I definitely lacked the vision to realize its potential back then—I had no idea it was going to become the important Society it is today. In 1967, I was approached by Simon Fredricks to join a travel club of young plastic surgeons (because we were young at that time) and by the next meeting in 1968, we became the Aesthetic Society. I was concerned at the time that it would be divisive and would disrupt the community, but it was definitely an underserved subject. We needed the teaching and it just grew from then. When I considered it from that standpoint—I was pleased to be a founding member.

When did you realize the Aesthetic Society was something substantial in the plastic surgery community?

After two or three years it really began to grow. The membership requirements were hard to reach back then in terms of cases and years of practice. In the beginning, there was just an annual meeting and the first program was a visiting professor program. It was only one person per year—I did mine in 1982 and I visited 24 different residency programs during that year. You didn’t turn down any invitations.

What do you feel is the Society’s role now that plastic surgery is in the mainstream and all over the media?

I think the Society’s primary role rests in education—both clinical and investigative. I think the formation of Quad A (The American Association for Accreditation of Ambulatory Surgery Facilities, Inc. (AAAAASF) and the research foundation (ASERF) are extremely important functions that benefit all plastic surgeons. A major secondary goal is the ethical promotion of the member’s needs and interests. In terms of the public, we should aid in informing and protecting the public.
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Welcome New Members

The Aesthetic Society extends a warm welcome to our new members, noted below. We look forward to interacting with you as we build a stronger specialty with an emphasis on patient safety.

Michael C. Bruck, MD
Samara S. Churgin, MD
Ryan S. Diedrich, MD
Jordan P. Fairbanks, MD
Kent Higdon, MD
M. Renee Jespersen, MD
Marwan R. Khalifeh, MD
Christopher Knotts, MD
Alexander Kutubidze, MD
Jonathan Lee, MD
Peter A. Lennox, MD
Robert Clark Moody, MD
Rolando Morales, Jr., MD
Sheila S. Nazarian, MD
Matthew J. Nykiel, MD
Stephanie Oliver, MD
Charles Perry, MD
Andres G. Sarraga, MD
Homayoun Sasson, MD
Christopher J. Saunders, MD
Kyle Song, MD
Kelly Tjelmeland, MD

Show Your Patients You Are a Member of ASAPS

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

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

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

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

What are the deadlines for submitting a membership application?
The two deadlines are January 5 and July 1.

When will my application be voted on?
Applicants who submit materials for the July 1 deadline are eligible for election at the end of the year. Applications submitted by the January 5 deadline are eligible for election in the Spring.

Do I need to be a member of a professional organization in order to obtain CME?
No. Earning CME credits is not associated with any Society membership.

Apply for Active Membership for the January 5, 2017 deadline!

What will fulfill the meeting attendance requirement?
The following meetings are exclusively organized by The Aesthetic Society, and qualify:

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

What are the fees and when should they be paid?
There is a $250 Application Fee that must be paid along with your completed application. Once voted in, you will be required to pay your annual membership dues:

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

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

For additional information/questions, please contact our Membership Manager, Marissa Simpson via email Marissa@surgery.org or at 562.799.2356
Three Essential Educational Opportunities Only from ASAPS

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RADAR Interactive Cases—Great Idea Contest Winner

Darlene K. Oliver, ASAPS CME and Grants Compliance Senior Manager, nominated the Interactive Cases feature on RADAR for the “Great Idea” contest hosted by the Alliance for Continuing Education in the Healthcare Professionals, ACEhp, of which she is a member. “I was delighted that the Alliance recognized the outstanding value of the RADAR Interactive Cases feature to physician education” said Ms. Oliver.

The Aesthetic Society with its technology partner, AnzuMedical, developed RADAR resource so that members could have a feature-rich, portable educational platform for peer-to-peer learning. This members-only educational platform is continually upgraded and its “Interactive Cases” feature recently was launched.

Ms. Oliver presented this feature of RADAR to the membership section of the Alliance for Continuing Education in the Health Professions, ACEhp, during its annual conference in Washington DC in January. “It was such an eye-opener to the educational planners in the room.” Subsequent to her talk, she facilitated a round table discussion on its benefits. There were 40+ educational planners who expressed interest in this exciting new platform. “As usual, ASAPS is leading the way in the medical education space with innovative education delivery formats that appeal to many physicians by using the latest technologies. Multimedia learning: check. Portable: check. Peer-to-peer: check. Fast: check. User friendly: check. Fully searchable: check.”

Members may request “case creating” credentials and then share a difficult or hypothetical case. The feature has intuitive branching logic built in with multimedia, file sharing and integrated discussions. “What a great way to get quick feedback from your peers in plastic surgery.” Unlike at the meetings, where cases are taught by subject matter experts, with RADAR Interactive Cases, the specialty has the ability to leverage knowledge from all plastic surgeons. RADAR is built for day-to-day use by plastic surgeons.

Are You Using This Essential Member Benefit? My CME Record

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

The Ease Of The New “My CME Record”

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

How Does It Work?

Step One: Navigate to asaps.org
Step Two: Log-in. The log in name is always “first name”-“last name.” Please note that if you use an initial as your first name, that “initial”-“last name” will be your log in. Use “Forgot your password” to generate a new password.

Step Three: Select the top right-hand site choice, “My CME Record,” which allows you to see all credits on file with ASAPS from January 2012 to this date.

You may add your other CME activities as well as create specific cycles for your credentialing and licensure CME requirements. To create specific cycles, simply select “Add Custom Cycle,” enter the cycle dates, give it a name, enter the credits required, and let My CME Record do the rest. If there is a missing meeting on your My CME Record, it is easy to add it. Click “Submit CME Activity” at the bottom left-hand side of the page. Follow the simple steps and your record will be updated.

Other Meetings & Calendar Function

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

Your Feedback

As ASAPS continually strives to improve its member services, please let us know your thoughts on this new tool, designed to make it easier on you and your staff to track and know where you stand with your CMES. If you have additional comments or suggestions on this new tool, please contact Darlene Oliver at darlene@surgery.org.
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ASSI®-AG17726

Gonzalez Detacher w/Duckbill
working end
ASSI®-AG18126

Gonzalez Gluteal Retractor 2
ASSI®-AG17926

Gonzalez Straight Blade 1
ASSI®-AG18226

Gonzalez Straight Blade 2
ASSI®-AG18326

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

accurate surgical & scientific instruments corporation
300 Shames Drive, Westbury, NY 11590
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As the newly elected ASERF Board President, I want to take a moment to thank Immediate Past President, Neal Reisman, MD for his leadership, the ASERF Board for their wisdom and direction, and the membership for entrusting ASERF to my care.

ASERF is the research arm of the Aesthetic Society and has been issuing research grants since its inception 23 years ago. The Scientific Research Committee is made up of impartial experts in plastic surgery from diverse backgrounds, including lab PhDs, academics and aesthetic surgeons in private practice. This allows ASERF to recognize the highest quality research that will make a difference to patients and plastic surgeons alike. In fact this year, the Research Committee selected 5 projects submitted by aesthetic thought leaders. In total, ASERF awarded more than $190,000 in research grants. They are:

- The Validation of the Efficacy of a Breast Implant Teaching Model to Improve Patient, Resident, and Staff Education in Breast Augmentation—Caroline Glicksman, MD
- Does the Public Know the Difference between Cosmetic and Plastic Surgeons?—Ajal Shah, MD
- Defining the Extent and Limitations of the SMAS-platysma Unit—Charles Thorne, MD
- Clonal Evolution of T-Cells in the Pathogenesis of Breast-Implant Associated ALCL—Marshall Kadin, MD
- Establishing Competency-Based Education in Plastic Surgery Training using a novel Surgical Simulation Environment—Mirko S. Gilardino, MD and Thomas M. Hemmerling, MD

Additionally, past grant award winners reported findings at The Aesthetic Meeting 2016 during the ASERF Research and Technology Luncheon. Look for final reports on aserf.org and articles in ASJ.

Speaking of ASJ and research, I wanted to let you know that an ASERF funded research project, Identification of Biomarkers in Breast Implant Associated Anaplastic Lymphoma, by Michael Kadin, MD, will be featured in ASJ this summer. I have included the open access link for you here: http://asj.oxfordjournals.org/content/36/7/773

To learn more about ALCL, and ALCL research funded by ASERF visit http://bit.ly/29tkopa.

Membership in ASERF remains steady with 863 members. To be a member of ASERF, you must be a board certified plastic surgeon. Currently the members in ASERF represent 41% of the ASAPS membership. Interestingly, when ASERF is benchmarked to other medical societies it ranks relatively high for having such a large percentage of the parent organization. In 2017 we expect membership to grow as we inform ASAPS members of the strides in patient safety and knowledge that ASERF-sponsored research have already generated.

Dues from membership, which are $200/annually, are used to fund aesthetic based research projects. This year dues revenue was (at time of printing) $172,600. Donations for Fiscal Year 2016 totaled $61,722. Most donations were sent in with the dues (anything over the dues amount is considered to be a donation), as well as special programs with exhibiting companies such as Enaultus, CosmetAssure and Rosemont, who made donations for participating in special programs during The Aesthetic Meeting.

Fundraising programs, specifically the ASERF Silent Auction, raised in excess of $270,000 which will also be used to fund research.

Major Gifts to an organization like ASERF can be game changers. This year, ASERF received a $100,000 gift from Susan and Steve Mollenkopf, which was matched by Qualcomm. Through the assistance of a member, ASERF was able to create a fund which will provide financial assistance to breast cancer survivors in San Diego County who are struggling with surgical fees. To learn more about this program please contact the ASERF Central Office.

The Mollenkopfs are a small but growing group of philanthropists who see value in creating programs and funding research in aesthetic plastic surgery. Since I am discussing major donors, I’d like to recognize all of ASERF’s major and planned gift donors: Sepehr Egrani, MD,* Dr. and Mrs. Joe Gryskiewcz, MD, Dr. and Mrs. Jeffrey Kenkel, MD,* Dr. and Mrs. Dan Mills, MD,* Susan and Steve Mollenkopf, Dr. and Mrs. James R. Payne, MD,* Qualcomm, Dr. and Mrs. Luis Rios, MD, Luis Lopez Tallaj, MD,* (*indicates a planned gift).

Financially speaking, ASERF is a healthy organization with more than $2.2 million in reserves. ASERF may be small, but because ASAPS covers the staff costs, ASERF is able to put nearly all your money to good use. This is a very unusual and enviable position for a charity.

Again, thank you to Neal for his hard work and leadership. And, thank you to YOU! the ASERF members, the donors, industry’s support of the Silent Auction, the bidders and winners and those interested in ensuring the future of plastic surgery.

To learn more about ASERF, become a member, start to become a donor or to increase your level of donation, please call Tom Purcell at 562-799-2356 in the ASERF office.

Steven Teitelbaum, MD, is an aesthetic plastic surgeon practicing in Santa Monica, CA, and serves as the President of ASERF.
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A record number of U.S citizens underwent lip surgery in 2015, according to a leading industry body, which is linking the surge to the rise of social media and the “selfie” photograph.

The American Society for Aesthetic Plastic Surgery highlights that it costs $2,074 for lip augmentation on average, and states that the produce should be considered by people who want “fuller lips” or “feel self-conscious” about how their lips look.

Patients may not be ready to commit to something dramatic as a facelift or eyelid surgery, lips are an easy place for people to start.

CNBC (http://cnbc.cx/1TMsB73)
Selfie craze causes surge in lip surgery
April 19, 2016

Many teenagers are seeking cosmetic surgery to trim or shape the external genitalia. The American Society for Aesthetic Plastic Surgery says that 400 girls 18 and younger had labiaplasty last year, an 80 percent increase from the 222 girls who had cosmetic genital surgery in 2014.

The American College of Obstetricians and Gynecologists issued guidance from its Committee on Adolescent Health Care to doctors urging them to teach and reassure patients about alternative options to surgery and to screen patients for psychiatric disorder that causes obsession about perceived physical defects.

Dr. Jennifer Walden of Austin, Tex., who has done labia surgery on teenagers, dismissed the idea that girls who wanted the surgery had a psychiatric disorder. “If they’re coming to a cosmetic surgeon, they do not like the cosmetic appearance of it,” said Dr. Walden, who added that she performed the procedure only on patients that she deemed emotionally stable and had their parents’ consent. “But that often goes hand in hand with a functional element in teenagers as well.”

The New York Times
(http://nyti.ms/1NlGcTL)
More Teenage Girls Seeking Genital Cosmetic Surgery
April 25, 2016

Capsular contracture is among the most feared of breast augmentation complications. This occurs when scar tissue forms around the implant, and can cause pain, stiffness and possible leakage of the fluid inside the implant.

A new study published in the Aesthetic Surgery Journal compared 1,177 breast augmentations done without this funnel to 1,620 breast augmentations done with it. The funnel group experienced a statistically significant reduction in the incidence of reoperations performed due to capsular contracture within 12 months of their breast augmentation. The rate of reoperation due to capsular contracture was higher without use of the funnel, the study showed.

ASAPS member, Dr. Richard Baxter states, “There is good evidence that many if not most cases of capsular contracture are related to biofilms and the fact that the funnel reduces incidence of capsular contracture supports that,” he tells Beauty in the Bag. "By preventing contact of the implant with the skin during insertion, the bacteria that cause biofilms are less likely to get on the implant.”

Beauty in the Bag (http://bit.ly/1rxJ0CU)
The “No Touch” Breast Augmentation
May 6, 2016

There has been an obsession surrounding fuller lips and contoured cheeks, but lately there’s been quite a buzz surrounding a less in-your-face body part. We’re talking about your neck. Despite the fact that the neck shows evidence of sun damage much faster than the face, this sensitive area has commonly been one of the most neglected spots on the body in terms of sun protection and anti-aging action.

Ultrasound-based Ultherapy and radiofrequency-fueled Thermage are many derms’ go-to devices for tightening such skin (around $3,500). Their popularity has skyrocketed recently, with numbers jumping 58% from 2014 to 2015, according to the American Society for Aesthetic Plastic Surgery.

Refinery 29 (http://r29.co/1VZWTHi)
This Is The Beauty Secret You Forgot About
May 11, 2016

A spotless, lineless, flawless complexion is lying just beneath the surface of your skin—and doctors have found that a classic treatment is the fastest way there. According to the American Society for Aesthetic Plastic Surgery, more people are getting chemical peels now than they were in 1997 when peels were the number one cosmetic procedure in the country.

In minutes, acids lift away dead cells and trigger a lovely chain reaction. As that topmost layer is shed, signals are sent to the living cells below to multiply and move up, to increase collagen production, to make more hyaluronic acid—to act younger.

Chemical peels are low risk and can be customized for each patient. The right peel can end acne and soften the scars that come with it. A chemical peel can also help with lighten hereditary dark circles.

Allure (http://bit.ly/1OxDwNR)
Here’s Why Chemical Peels Are the Secret to Perfect Skin

As more and more teen girls express an interest in cosmetic breast and genital surgery, how should the medical community respond? Because this trend is likely to affect many specialties, Medscape asked experts in various disciplines to advise clinicians on what to do if a teen patient expresses an interest in vulvar or breast surgery.

Daniel C. Mills, MD, Aesthetic Plastic Surgical Institute, Laguna Beach, California; President American Society for Aesthetic Plastic Surgery says that although he would “never say never,” he would be extremely cautious about performing cosmetic breast or genital surgery on any girl younger than 18 years because she is still undergoing hormonally driven physical changes. The only reason he might perform these types of surgeries in younger patients would be for reconstructive purposes (e.g., in adolescents who have experienced genital trauma, or who have deformed breasts).

A reputable board-certified plastic surgeon typically will not perform augmentative cosmetic surgeries in young girls, he said. Young girls should reconsider their desire for cosmetic breast or genital surgery later in life, after developmental changes are complete.

Medscape (http://wb.md/28XxuMV)
Teen Girls Seek Breast and Genital Surgery, Experts Emphasize Education
Allergan plc (NYSE: AGN), headquartered in Dublin, Ireland, is a unique, global pharmaceutical company and a leader in a new industry model—Growth Pharma. Allergan is focused on developing, manufacturing and commercializing innovative branded pharmaceuticals, high-quality generic and over-the-counter medicines and biologic products for patients around the world.

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

Sientra, a leader in the plastic surgery industry and known for bringing innovation to the market, was the 1st company to offer its breast implants exclusively to board-certified and board-eligible plastic surgeons. Sientra offers a range of other aesthetic and specialty products, including bioCorneum® the first quick-drying silicone gel scar treatment. Learn more about Sientra at sientra.com

Merz Aesthetics is a division of Merz North America, a specialty healthcare company that is dedicated to delivering a better total experience in aesthetics, dermatology and neurosciences. In the aesthetics space, Merz provides a full portfolio of treatment options, including Device, Injectables and Skincare, that enables physicians to treat a broader range of patients and concerns with Merz technologies. To learn more about Merz Aesthetics and their full U.S. product portfolio, please visit www.merzusa.com/aesthetics-otc.

NewBeauty is proud to announce the brand was recently honored at “The 30 Event,” presented by min (competitive intelligence for media leaders) as one of the Top 30 Magazine Launches of the Past 30 Years. Out of almost 10,000 titles, Dr. Samir “Mr. Magazine” Husni, has tracked and narrowed his selection down to 30 magazines. This is a testament to the dedication, innovation and quality content that magazine media fosters. To find out how your practice can appear in the pages of NewBeauty, reach out to elite@newbeauty.com.

ZO Skin Health, Inc. is pleased to announce a new addition to its innovative portfolio of skin brightening solutions. Melamin-C™ Skin Bleaching & Correcting Crème contains a potent dose of 20% vitamin C in an anhydrous formula and 4% hydroquinone, which offers the most efficacious delivery of ingredients in its category of treating the most severe and advanced forms of hyperpigmentation. This new Rx only product also has added antioxidants and skin soothers to help calm and soothe the skin. To learn more, please visit our website at ZOSkinHealth.com.

With over 29 million people interested in CoolSculpting and a robust Direct-to-Consumer (DTC) campaign, ZELTIQ Aesthetics is proud to be your true partner in body contouring. Millions of CoolSculpting treatments have been performed in over 3,000 practices worldwide. Proven safe and efficacious with over 60 peer reviewed clinical publications, the CoolSculpting system has a wide range of applicators to provide truly customized patient treatments and results. Please visit CoolSculptingHCP.com or contact your local ZELTIQ representative for more information.

The Aesthetic Society creates integrated relationships with Industry and ASAPS members, in support of our mission to advance the science, art, and safe practice of aesthetic plastic surgery. As a partnership program benefit, Premier and Alliance partners are provided the opportunity to submit valuable information for ASAPS members including key updates, and information on products, promotions, and discounts. ASAPS is driven to provide visibility and support for our Partners.
Take advantage of an exclusive offer for ASAPS members. AMS RRG recognizes the high level of professionalism and practice of ASAPS members. That’s why we are pleased to extend members a 7.5% premium discount for board-certified plastic surgeons applying to the Preferred Aesthetics program. Experience the difference.

**CosmetAssure**

CosmetAssure, the Gold Standard in complications insurance, is excited to announce a new pricing structure. As a member of ASAPS you automatically qualify for this innovative tiered pricing based on your volume of cosmetic patients each month. Whether you are currently a participating surgeon or would like to enroll (remember, no application required), contact CosmetAssure today at info@cosmetassure.com or (855)874-1230 to get the details about providing financial protection to your patients at a reduced cost.

**NeoGraft**

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NeoGraft is the gold standard, global leader in hair restoration solutions, providing the most advanced and comprehensive program in the industry. Our HairMedica, NeoLTS AND NeoGrafter programs allow you the opportunity to customize treatment plans to satisfy all of your patient’s treatment goals, while profoundly impacting your bottom line. Our commitment to ongoing clinical and business education ensures that you are equipped with advanced industry knowledge and valuable resources that will help to seamlessly integrate NeoGraft into your practice. Please contact Jason Raser at (610)416-0581 or jraser@neograft.com to learn how NeoGraft can uniquely deliver you meaningful value and additional revenue streams.

**Thermi**

New Partner

Thermi™, an Almirall company, is a leading developer and manufacturer of thermistor-regulated energy systems for plastic surgery and dermatology applications. The company is focused on the worldwide distribution of its products. Our products are based on the science of heat, using SmartTip technology to enable physicians to use temperature as a clinical endpoint. www.thermi.com

**Special ASAPS Member Offers**

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

Working together to advance the science, art, and safe practice of aesthetic plastic surgery and cosmetic medicine through education, research, and innovation while maintaining the highest standards of ethical conduct among qualified plastic surgeons.
The Aesthetic Society is pleased to continue partnering with industry in support of ASAP’s mission to advance the science, art, and safe practice of aesthetic plastic surgery among qualified plastic surgeons.

**Premier Partners**

Allergan became an ASAP Premier Partner in 2012 and recently signed a new agreement entering into a fifth year of partnership. Allergan plc (NYSE: AGN), headquartered in Dublin, Ireland, is a unique, global pharmaceutical company and a leader in a new industry model—Growth Pharma. Allergan is focused on developing, manufacturing and commercializing innovative branded pharmaceuticals, high-quality generic and over-the-counter medicines and biologic products for patients around the world.

“Allergan once again delivered strong performance in the first quarter of 2016, powered by double-digit pro forma branded revenue growth and our top global products within the U.S. Brands, U.S. Medical and International Brands segments” said Brent Saunders, CEO and President of Allergan. “Thanks to the effort of our 30,000 colleagues around the world, Allergan remains the most dynamic and exciting company in our industry. That dynamism is evident in our results, in the way we operate our business, in the way we build category leadership through our Open Science model and in our highly responsive, service-oriented approach to customers.”

With commercial operations in approximately 100 countries, Allergan is committed to working with physicians, healthcare providers and patients to deliver innovative and meaningful treatments that help people around the world live longer, healthier lives.

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

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**Galderma**

Galderma, in its second year partnering with ASAP, has a history of commitment to skin health. Founded in 1981, the company has expanded to include numerous over-the-counter treatments, prescription medications, and a full aesthetic portfolio to include Sculptra Aesthetic and the Restylane Family of fillers: Restylane, Restylane Silk, and Restylane Lyft.

Restylane, first approved for use in Europe in 1996, is celebrating 20 years of use and more than 28 million treatments worldwide. “The 20th Anniversary of Restylane is a significant milestone that has all of us at Galderma feeling inspired,” said Kelly Haung, PhD, Vice President and General Manager, Aesthetic & Corrective Business Unit, Galderma, U.S. “We look forward to providing a continued pipeline of innovation to support the goals of healthcare professionals and patients now and in the future.”

Through its loyalty program, ASPIRE Galderma Rewards, and increased training and education opportunities this year and beyond, Galderma’s goal is to be the partner of choice among consumers and health care professional around the world. “As we celebrate this important milestone for Restylane, we want to acknowledge and thank our customers and professional partners for their continued support,” says Huang.

For more information about Galderma’s full product portfolio, please visit www.galdermausa.com.

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**NewBeauty**

NewBeauty became an ASAP Premier Partner in 2013 and recently signed a new agreement taking the partnership into 2017. Each issue of NewBeauty gives readers an in-depth look at the beauty industry’s latest products, cutting-edge innovations and breakthrough technologies. Whether it’s the newest high-powered skin care or in-office procedure, NewBeauty educates readers on the latest options for skin, face, hair, body, well-being and smile. The magazine’s comprehensive approach to its topics continues to solidify its reputation as the industry’s leading scientifically accurate, expert-driven and ethically balanced beauty resource. From inception, NewBeauty has only worked with board-certified plastic surgeons, and that continues to be a core part of its DNA today.

“NewBeauty established itself as more than just a magazine from day one. By offering unique marketing and advertising platforms, as well as solutions for our partners that are both integrated and effective, we deliver something impactful to our most coveted audience of beauty enthusiasts” said NewBeauty Vice President and Publisher Steffanie Attenberg. We started by approaching our business differently, and we continue to push the envelope to change the face of traditional publishing.”

NewBeauty is proud to announce the brand was recently honored at “The 30 Event,” presented by min (competitive intelligence for media leaders) as one of the Top 30 Magazine Launches of the Past 30 Years. Out of almost 10,000 titles, Dr. Samir “Mr. Magazine” Husni, has tracked and narrowed his selection down to 30 magazines. This is a testament to the dedication, innovation and quality content that magazine media fosters.

To find out how your practice can appear in the pages of NewBeauty, reach out to elite@newbeauty.com.

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**Sientra**

Sientra® is The Aesthetic Society’s Founding Premier Partner. They began the partnership in 2010 and recently signed for another year continuing the partnership into 2017. Sientra (NASDAQ:SIEN) is a leader in plastic surgery known for bringing innovation to the market through establishing a diversified portfolio of products specifically targeted to board-certified plastic surgeons. Sientra has developed a broad portfolio of products with technologically differentiated characteristics, supported by independent laboratory testing and strong clinical trial outcomes. The company sells its breast...
Are You Making the Most of the ASAPS Advantage Provider Program?

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

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

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

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

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implants and breast tissue expanders exclusively to board-certified and board-admissible plastic surgeons and tailors its customer service offerings to their specific needs. They also offer a range of other aesthetic and specialty products. Sientra recently announced the acquisition from enaltus, LLC of the exclusive U.S. rights to bioCorneum®, an advanced silicone gel scar management product.

Rich Low, VP of Marketing of Sientra said, “Continuing our partnership with ASAP S is important to us, and we are proud to be the founding sponsor of the Premier Partner program. We appreciate the support the ASAP S members have given us, and we look forward to strengthening our relationship with them. To that end, we will continue to seek out additional aesthetic solutions that uniquely meet the needs of board-certified plastic surgeons while diversifying our business.”

Rosemont Media is ASAP S’ Founding Alliance partner, signing on with The Aesthetic Society in 2012. They recently signed a new agreement taking the partnership into 2017.

Rosemont Media is proud to be the first and only website design and marketing company that participates in the ASAP S Alliance Partnership Program. Backed by an innovative team of seasoned professionals, our modern ad agency provides a comprehensive array of personalized online strategies that include custom web design, SEO, social media, original content creation, reputation management, and much more.

For each and every client, Rosemont Media offers the unique advantage of market exclusivity, ensuring that your practice alone will be the sole beneficiary of our undivided digital marketing efforts within your geographical location and online community.

In the words of Rosemont Media CEO Keith Humes: “ASAP S members represent the best of the best in aesthetic surgery, and it has been a great honor working with the organization as an Alliance Partner. We owe our success to the many ASAP S members who have entrusted us with their digital marketing strategies over the years. A passion for offering top quality products and services is what drives our company to pursue the most innovative solutions in digital marketing.”

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1. Data on file. Stratpharma AG
7 TIPS FOR SELECTING
THE RIGHT INTERNET MARKETING COMPANY

Co-authored by Rosemont Media CEO Keith Humes and Cassie Foster, Content Marketing Manager

With over 32 website companies exhibiting and 40 or more providing some sort of internet marketing software at the recent ASAPS’ conference, choosing the right SEO firm for one’s aesthetic practice is enough to make any doctor’s head spin. To make life a bit easier, the following tips can help you identify quality online marketing companies and determine which one would be best for you and your plastic surgery practice.

1. MAKE SURE THEY OFFER COMPREHENSIVE SERVICES

To achieve – and maintain – a top Google ranking takes a well-oiled machine firing on all cylinders. From website design and content creation to link building and social media marketing, there are numerous elements that work together to aid in search engine optimization, all of which should be at your disposal. To put it candidly: If your internet marketing firm doesn’t offer a full spectrum of SEO services, you may be missing out on a vital component that could help you reach the top.

2. REVIEW THEIR CLIENTS’ SEARCH ENGINE RANKINGS

First of all, are their clients in the aesthetic surgery field? The company you select should definitely have experience working with clients from your industry. Research clients comparable to your practice, and see how they are ranking in search engine results. If you notice good positioning within competitive markets, you’re on the right track.

3. CHECK THEIR WORK

Just like prospective patients want to see before-and-after photos of your previous patients prior to committing to certain procedures, it’s important for you to review what an SEO firm has done for its other clients. If they don’t already have a portfolio available on their website, be sure to request some examples of the work they’ve done in the past, including website designs, content creation, social media marketing efforts, and more.

4. LOOK FOR SIGNS OF A STRONG ONLINE PRESENCE

Since you will be trusting the marketing firm you choose to help you climb the search engine ranks, they should showcase the fruits of their labor by performing well in results for their own industry (plastic surgery marketing). In addition, the firm should have a solid presence – as well as be active and engaging with consumers – on various social media platforms.

5. ENSURE THEY OFFER CURRENT, INNOVATIVE STRATEGIES

If your marketing provider is slow to adopt the industry’s newest, most innovative strategies, your website rankings are destined to suffer the consequences. Some old, stale tactics to be on the lookout for include keyword stuffing in content, over-optimization of cities and locations, desktop-only design capabilities, and much more. The company you select should be well experienced in the digital marketing industry, as well as adept at implementing both proven and newly established tactics. To determine if an SEO firm is on top of their game, check out their blog to see the types of topics they’re writing about and how in-tune they are with industry fluctuations.

6. READ CLIENT REVIEWS

Similar to how prospective patients want to read online reviews about your practice, you should be looking to see what clients are saying about the SEO firm in question. Try searching potential firms by name on Google, and look for reviews from their clients that can help you get a better feel for what you can expect.

7. ASK ABOUT ACCESS TO GOOGLE ANALYTICS

If your SEO firm refuses to grant you access to your own Google Analytics (as in, they refuse to allow you to see how your website is performing for yourself), you’re in trouble. What are they hiding? There is no reason they should want to keep you from accessing this information. In fact, your SEO company should not only provide you with access to Google Analytics, they should be happy to help you interpret the metrics you find as well as answer any questions you may have about what you come across.

If you have any inquiries about choosing an Internet marketing firm, or if you would like to speak with an experienced industry professional about your practice’s specific needs and goals, please contact Rosemont Medi, llc at www.rosemontmedia.com/asaps. Also, check out Rosemont Media’s educational blog - the Rosemont Review - at rosemontmedia.com for the latest on how to position yourself for success in the world of SEO.
As a specialty, we’ve been talking about the importance of adding non-surgical services since the “747” study conducted years ago by ASAPS/ASPS. At the recent ASAPS meeting, Grant Stevens, MD, FACS and Paul Lorenz, MD, FACS reported that non-surgical treatments produce 50% of revenue in each of their practices. That’s a stunning achievement that has the potential to change the trajectory of thousands of practices.

Since returning from ASAPS, I’ve taken another look at non-surgical strategies in our practice, La Jolla Cosmetic Surgery Centre. I’ve more carefully considered the forces that mitigate against success. My conclusion: If we’re going to do this, let’s make sure we do it correctly.

In our own practice, we have had mixed results at with our forays into non-surgical.

2004–2010: We added a Dermatology division headed by Richard Fitzpatrick, MD. The concept seemed promising but the implementation was flawed both financially (bad contracts) and strategically (disagreements about which surgical or non-surgical solutions were in the patients’ best interest clinically or financially). Unable to resolve these issues, we closed the division in December 2010.

2011–2012: We maintained a small non-surgical practice mostly with toxins and injectables performed by our plastic surgeons.

2013–present: Lauren Reed, PA-C joined our practice and then we acquired a laser & skin care facility when John Smoot, MD, FACS merged his practice into ours. We retained one of his providers, a skilled laser nurse, and found a wonderful aesthetician who was relocating. We expanded laser services and began to augment with additional devices. This time we made sure that patient interests were primary. By the end of 2015, against our base year of 2012, we had grown non-surgical by 533% to 25% of practice revenue. The most significant growth occurred after adding ratings and reviews for medspa treatments and providers.

If you are considering adding or growing non-surgical, I suggest you pause to evaluate and use the SWOT analysis technique.

### Non-Surgical SWOT Analysis

#### Strengths
- Large base of happy surgical patients who can be reached with internal marketing.
- Reputation for clinical excellence and safety that can potentially transfer to non-surgical treatments.
- Customer lifetime value and profitability.

#### Weaknesses
- Undeveloped management and sales systems for non-surgical treatments.
- Lack of quality metrics for staff providers including patient satisfaction scores.
- Cost of marketing multiple procedures to a new segment of consumers.

#### Opportunities
- Non-Surgical market growing faster than surgical.
- Proven synergy between Non-Surgical and Surgical offerings.
- Capturing market share Differentiating with proof of quality in a crowded market.

#### Threats
- Intensely competitive.
- Highly commoditized.
- Technology-driven.

**For purposes of discussion, let’s presume that your practice has Strengths similar to those shown in the SWOT analysis and that you believe you have a good foundation to take advantage of the Opportunities inherent in Non-Surgical.**

#### Delineating External Threats

That leaves the things that could impede your ultimate success. Before you decide to invest and staff a non-surgical unit, you must consider the external Threats which are real and require strategies to mitigate risk in these areas.

#### Define the Strengths of your organization that will enhance non-surgical success.

#### List the Weaknesses that, if unresolved, inhibit growth and contribution to the bottom line

#### Plan how your practice can take advantage of the external market Opportunities

#### Carefully consider the external Threats that mitigate against success

For purposes of discussion, let’s presume that your practice has Strengths similar to those shown in the SWOT analysis and that you believe you have a good foundation to take advantage of the Opportunities inherent in Non-Surgical.

#### Intensely Competitive: Non-surgical patients have many more options including dermatologists, ophthalmologists, day spas, OB-Gyns and even dentists. Plastic surgeons must be able to demonstrate a correlation between their proven surgical quality and its impact on value of non-surgical offerings.

#### Highly Commodified: The sheer number of providers creates a downward pressure in which consumers focus on price rather than value. To combat this threat, plastic surgery practices must be able to differentiate their quality and justify their higher fees to consumers.

#### Technology-Driven: Ever-changing technologies increase the costs of doing business. Practices need failsafe strategies and controls that produce profit predictably despite the on-going need for further investment to stay current with consumer demand for key technologies.
Assessing Internal Weaknesses

Is your organization capable of adding a new set of providers, treatments and technologies all of which require marketing and sales strategies to a new generation of consumers who think differently about surgery?

In my opinion, managing non-surgical units successfully is even more complex than managing a surgical practice. To some extent, I see managers as flying blind and focusing on top line revenue rather than contribution to profit.

In 1993, the relationship between patient satisfaction and profitability was delineated in a seminal book, Patient Satisfaction Pays, by researchers at ASU. In a 5-year study across all of medicine, they proved the correlation between patient satisfaction and profitability. Highly-satisfied patients remain in practices, return for additional services and refer friends and family.

Group practices and non-surgical units have similar issues. When I look down a hall of closed doors where providers are treating patients, I must be able to verify both the quality of patient experiences and clinical outcomes. We need patient feedback to verify and improve patient experiences and validate clinical quality. This led me to develop RealPatientRatings™ and to extend its surveys, ratings and review services to non-surgical providers as well as surgeons.

In today’s environment of ratings and reviews, practice ratings are affected by the ratings of the individual providers, treatments and procedures. Any provider or any treatment or technology with low scores endangers your brand and harms its reputation.

In our practice, we focus intensely on creating great patient experiences. Based on over 700 reviews, our non-surgical providers have patient satisfaction scores of 4.78 or 95.6% overall patient satisfaction. Our surgical practice has more than 1200 reviews at an average score of 4.76 or 95.2% satisfaction. We are very proud of these scores which reflect patient satisfaction with both clinical outcomes and service quality. We openly share this information with prospective patients.

Ultimately, effective management and quality service systems differentiate practices and insure their success.

Sharing Strategies that Worked

If you decide that you want to add or grow no-surgical, here is my best advice:

- Attract and retain quality providers who achieve high patient satisfaction scores
- Continuously measure patient satisfaction. Fix what patients regard as broken. Find opportunities to improve conversions, retention and referral.
- Use ratings and reviews to market quality, increase conversions and shorten the buying cycle.
- Acquire new technologies that provide a continuum of options that includes non-surgical, minimally-invasive and surgical solutions.
- Cross-market between surgical and non-surgical patients.
- Adapt management, communication and care systems from your surgical practice to improve performance and lower patient acquisition costs.
- Use Patient Coordinators to add value with the following positive impacts:
  - Quicker responses to emails with resulting higher conversions and competitive differentiation
  - Better phone conversations that lead to more consults and treatments
  - Provide written fee estimates that support and document treatment plans
  - Follow-up with unscheduled patients to increase conversions to treatment.
- Interrogate your data and use analytics and performance metrics
- Use patient satisfaction scores comparing providers and treatments internally, regionally and nationally to pinpoint opportunities or find flaws in service systems.
- Track conversion rates in as many ways as possible including stage, procedure or treatment, provider, coordinator and source.

- Look for ways to improve results from care and communication systems. By monitoring conversion rates by time, we honed follow-up protocols after consult. We increased ultimate conversions on Injectables by 33%. Similarly, we increased laser and device conversions by 20%.
- Make marketing decisions with proven ROI to minimize investment and optimize profit.
- Cross market internally to both surgical and non-surgical patients.
- Market with ratings and reviews to improve rankings and speed conversions

Planning for Your Future

In a world where cosmetic plastic surgery practices are virtually unsaleable, non-surgical revenue can produce profit that can change the trajectory of your practice. Non-surgical services can strengthen and protect our surgical practices.

Never forget that non-surgical is a very different business with a somewhat different consumer. Invest carefully and monitor utilization, costs and satisfaction by provider, treatment and devices. Hold marketing investments to ROI standards. Use strong management systems that improve performance and identify costs that impact profitability negatively.

Most importantly, I recommend delivering great patient experiences that lead to retention and referral, increase Customer Lifetime Value and drive profit to the bottom line.

Marie B. V. Olesen is CEO, La Jolla Cosmetic Surgery Centre; Founder, Inform Solutions, 1994; and Founder, RealPatientRatings, 2011.
More authentic patient reviews = more leads = more conversions.

92% of adults depend on reviews to choose local businesses.

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

All you have to do is provide patient contact information and we do the rest.

We contact your patient and ask them to fill out a simple satisfaction survey. Patients then approve publishing their reviews on www.realpatientratings.com. You have the option to post any or all reviews on your website.

That’s it. You’ll have an authentic, steady flow of fresh, 100% verified reviews that present the exact information patients are looking for to confidently decide to schedule a consultation and confirm their decision to book treatment or surgery.

Call 1-800-267-1228 ext.5 and find out how easily you can turn credible reviews into practice revenue.

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www.therealratingsgroup.com
Why the Google “Right Side Wipeout” Is a Big Opportunity for Savvy Plastic Surgeons

By Andrey Polston

If you’re a plastic surgeon advertising with Google PPC then perhaps you’ve felt like somebody just pulled a pin and rolled a “Google Grenade” into the middle of your marketing. And in the short term it might feel this way. With Google removing the entire “right side display” feature for search ads, it means the available options to bid for have shrunk. It’s like a cosmic game of musical chairs. And whole ‘lotta advertisers are about to land flat on their butts. Suddenly…

• Your ads are getting little to no impressions and drowning in the sea of competing advertisers clamoring to just get impressions (eyeballs) let alone precious clicks (traffic)…because with more than half the seats gone it’s now 200–300% more competitive for each ad spot.

• Your previous high bid isn’t enough for even the cheapest seats to the Google Show…because with more than half the seats gone, your competition is now bidding double, triple, even quadruple what they were bidding before.

• The ads you do bid astronomically higher get only some impressions and clicks, just barely enough to tread water briefly before sinking into the deep abyss…because of a much shorter window for your ad to show good CTR (Click Through Rate), making Google moolah. But…

Listen to me. And listen to me very, very carefully.

“This is also an incredible opportunity for the few savvy plastic surgeons who understand what is happening, what’s about to happen, and most importantly how to leverage it”

Let me ask you a question…

Ever heard the contrarian advice “buy when there’s blood in the streets”? Well it applies to what’s unfolding. And it’s exactly what a few savvy plastic surgeons are going to do to position themselves to win.

To say it in different words…

“When others are contracting from fear, chaos, and frustration… that is precisely the time to strike and expand as aggressively as you possibly can.”

If everyone is retreating from an arena where you’ve been competing with them, what’s one of the results of this? They leave empty space for you to fill. So, said differently:

“When others are contracting, they’re leaving a behind a vacuum where they used to be. That is precisely the time to expand and gobble up that market share. When the dust settles and the smoke clears, you’ll be left standing with most of the board under your control.”

Right now the proverbial iron is hot with frustration… time to strike.

Here’s what will begin to unfold…

• Over the next few months about 90% of your competition is going to make a valiant effort to raise bids and stay in the fight… only to constantly watch their ads and campaigns plummet like a rock off a cliff.

• The top 20%, of the remaining 10% —the savvy surgeons—will first get a toehold, then establish a foothold, and end up with a stranglehold on their chosen corners of the market.

• The bottom 80% of the plastic surgeons in that remaining top 10% of competition will have periodic success with some of their ads and campaigns. But it’ll be a grind of brute bidding with no sustainable competitive advantage.

How exactly are the top 20% of the top 10% going to achieve a stranglehold on their chosen markets?

In broad strokes, here’s how:

1. They’re going to micro-niche their marketing campaigns to focus on specific procedures and then promote these campaigns to only specific types of prospective patients.

2. They’re going to make sure that everything—ads, landing pages, offers—in these micro-niched campaigns relates to a specific type of patient so that it stands out as the best choice for that type of patient.

3. Instead of diluting their marketing budget bidding on all types of procedures, they’re going to focus on only 1–3 micro-niched procedures at a time. Getting 5–10X the buying power of the competition for that specific type of patient. Outbidding competition, on just the 1–3 procedures, until the competition tires out from treading water and sinks.

4. Because the niched copy in their ads, landing pages, and offers will be getting them much high conversion rates on traffic than the competition, they’ll be able to bid higher and still actually be more profitable at the end of the day.

Here’s a simple example of how a plastic surgeon would do this for their practice…

Let’s say the micro-niche this surgeon wants to corner in their city is “non-invasive fat removal procedures,” o.k.?

Now…

1. They pick a specific type of client who would be a good candidate for this procedure…it ends up being brides-to-be.

2. In addition to targeting keywords just for fat removal procedures, they also add in targeting search phrases that couple weddings with weight loss and fat removal.

3. Next they deploy ads, landing pages, and offers that speak directly to brides-to-be.

4. Now when a bride-to-be is searching online for fat removal procedures for her big day…these ads will cut through the clutter and immediately stand out. Which in turn will create a much higher CTR (Click Through Rate) and conversion rate.

The higher CTR means Google will show this ad more frequently and charge less per click than what Google is charging this surgeons competitors!

And higher conversion rate will (along with lower cost per click from Google) will get much better ROI than the competition. Simply rinse and repeat. Picking new types of patients. And matching different types of procedures to these patients. And remember what they’ll be doing with their budget.

Let’s say they have $3,000.00 available to spend on Google PPC this month. Instead of spreading that $3,000.00 across every type of procedure they offer. They’re going to focus it on just 1–3 micro-niched campaigns.

Having a 5–10X the buying power of a competitor for these specific procedures.
In 1847, the maternity clinic at the Vienna General Hospital was plagued by a fever resulting in a maternal mortality rate of 10%. This was surprisingly high, coming from the prestigious clinic that housed medical students, teaching labs and professors. In contrast, the midwife clinic—which was far more crowded—reported a maternal mortality rate of less than half. A curious obstetrician, Ignaz Semmelweis—who was a somewhat obstinate fellow with a personality acidic enough to aggressively challenge the establishment's dictates—deduced that the medical students were the culprits. After one of his medical colleagues died from the same fever, following being poked in the cadaver lab by a student’s scalpel, Semmelweis recognized that the students were inadvertently transferring a “cadaveric poison” from the anatomy lab to the delivering mother. Semmelweis declared that if they washed their hands with calcium hypochlorite the death plague would be halted. However, Semmelweis’ breakthrough occurred before the germ theory was known, therefore he couldn’t explain in acceptable scientific terms the why or how behind his “poisonous” substance. The establishment would have nothing to do with such blasphemy: “Doctors as a cause of disease, how dare suppose such a thought.” He even got the proverbial condescending and often still heard today, “he said nothing new,” from renowned physician of the time James Young Simpson. Semmelweis was ridiculed, demeaned and dismissed from the hospital. He took the rejection hard, slipping into a state of madness and eventually lured by a “friend” into an insane asylum. Upon his resistance, he was beaten by guards and died 14 days later at the young age of 47. Years later, following Pasteur and Lister’s findings, Semmelweis was vindicated. Once hand washing began at the Vienna maternity clinic, the mortality rate immediately dropped by 90% and within months was at zero. Today, hospitals, medical schools, and statues are erected to honor the once-rogue Semmelweis, his outlandish theories and his courage. And what about the celebrated professors who doubted him…? Well, they have faded off into irrelevancy. Statues are only created for doubted thought leaders, never for celebrated followers.

It is a great story and one in which the truth is somewhat more complicated. Semmelweis refused to publish his findings for 10 years, expecting all to just believe, based on his word. He also was noted as exceedingly rude and it was not uncommon for him to be publically insulting to other doctors. He was dismissed from his hospital appointment more due to Austrian-Hungarian political reasons than for his theories. And his madness, occurring 18 years after his seminal findings, very likely may have been as a result of tertiary syphilis. Yet the story now reaching madness, occurring 18 years after his seminal findings, very likely may have been as a result of tertiary syphilis. Yet the story now reaching.

“All truth passes through three stages. First, it is ridiculed. Second, it is violently opposed. Third, it is accepted as being self-evident.”
—Arthur Schopenhauer

Science is replete with doubted thought leaders who were denigrated, damned, and banished for ideas counter to the conventional wisdoms of the time. Whether it is was the Church excommunicating Galileo, the Prussian Academic Society rejecting Einstein, or the medical community quickly dismissing Marshall and Warren (who claimed a bacteria etiology behind gastric ulcers), scientists in general and physicians in particular are quick to dismiss a new idea. And is aesthetics any different? Probably not. Look no further than aesthetics very own Jacques Joseph, kicked off the staff at the Berlin Charite Hospital for doing vanity surgery. What can we learn today from these stories?

It seems the noose on medicine is tightening. The current social, political, and legislative ethos of the time are quick to damn, criticize and perhaps even criminalize independent thinkers and actors. We may be witnessing the creeping collectivism affecting medicine, delivering its soma via EMR, Flow Charts and EBM dictum s. This prescriptive, which we offer up to the Leviathan, provides a potent slumber cocooning our medical students, residents and young physicians into group think. Yes, with a noble and stated aim to protect the public and better train the next generation, but perhaps an unbiased observer would recognize a purpose that also deceptively protects an elite’s agenda. Let’s be honest with ourselves and unapologetic: physicians and surgeons are notorious for their healthy egos. And perhaps it is a necessary character trait to accept the day-to-day...
day responsibility of taking another's life and well-being into our own hands. Nobody wants a surgeon who is timid, indecisive, and unsure of himself or herself. But we need to recognize that—like Semmelweis, Einstein, Joseph and other counter current swimmers—it is this fortitude and often boorish personality that leads to the greatest breakthroughs in science and medicine. And while we can welcome in the obedience of mandatory guidelines instituted by the state, academia, and conventional wisdoms, we may be allowing a wolf into the lamb's den. The same restraints intended to hamper the rogue maybe be hamstringing the creative. We have to be careful not to handicap, smother and discourage those who disrupt, frustrate and—yes—push us all forward.

Up until now, aesthetics has enjoyed a modicum of independence. We have been given latitude to practice much more independently, and a capitalistic spirit breathes fueling rapid advancements, but maybe our specialty too is at risk for being vulnerable to Big Brother group think.

Let’s reflect on how we teach, promote, and practice our craft. Our book chapters, podium presentations, and journal articles concentrate on how to better improve one feature of the face in isolation, as if there is no relativity to other facial features. Shouldn’t we ask, “How are the eyes affected if the nose is narrowed?” “If we weaken the crow’s feet with neuromodulators, what effect does that have on a smile and psyche?” The damp singular dogma that is our standard is perhaps shortsighted and counter to the practicality of what we are tasked to do. And it certainly is not what our patients are asking of us. Yet, in goosstep with industry, academia and regulatory, we march forward, disregarding and overlooking what our patients are really desiring. If we listen carefully, through the turbulent winds, we can hear the distant whisper of patients crying out, “We want to be understood differently. We want you to realize I am not a chin, a cheek or a nose. I am a person.”

If we are to break free, then let’s think about the face, body, and skin as it exists relative to the person. Never has a patient asked me for a two point reduction in a glabellar line, or a one point reduction in their nasolabial folds. How is it that we treat a face, yet rarely if ever mention the influence of dentition on appearance? How is it that we talk about skin rejuvenation, but gloss over the impact of nutrition and hormones on skin? How is it that the number one concern our patients have is looking unnatural, yet we don’t address the risk and consequences of over-aggressive surgical treatments? Why do we not touch upon the incredible influence of pain, staff morale, and—dare I say—the physician’s psychological disposition on outcomes? And how is it that we talk about making people more beautiful, but we neglect the number one influencing feature improving a patient’s attractiveness: an elevated self-esteem framed by a Duchennes smile?

Success in aesthetic medicine is based on an outcome more influenced by mind and mood than form and function. Yet we rarely, if ever talk, about the psyche of our patients.

Aesthetics has seen progress lately by welcoming in the other cores, but moving forward, should we consider inviting in dentists, psychiatrists, nutritionists and endocrinologists into our discussions? If we are to treat patients, and not just facial features, the future may include a new prism for us. The savvy surgeon practicing in Chicago, IL. asks me for a two point reduction in a

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**Doubted Thought Leaders and Celebrated Followers**

Continued From page 66

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**Why the Google “Right Side Wipeout” Is a Big Opportunity for Savvy Plastic Surgeons**

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because they aren’t diluted by bidding on every type of procedure.

Here’s how this plays out…. A competitor is bidding $8.00 a click for a search phrase the savvy surgeon wants as well. So the savvy surgeon simply can bid $10.00 without sweating it.

The $2.00 higher bid will trigger Google to give the ad more chances by serving it more often. When the CTR kicks in because of the laser targeted ad copy, a “buoyancy effect” will kick.

What’s a buoyancy effect?

When because of the high CTR your ad is getting, Google serves it to almost 100% of the people searching for the target search phrase and Google charges you less per click than what you’re bidding. Yea, you really want the buoyancy effect! So while a competitor is bidding $8.00 a click and actually paying that price per click. The savvy surgeon can be bidding $10.00 per click but only be paying $5.60 per click. Because the micro-niched campaign is pulling a high CTR thru rate. (This gets pretty technical and is simplified for the purpose of this article)

But savvy surgeons who realize the game is changing, and understand how critical it is to get narrowly-niched. Starting with a toehold, then a foothold, ending with a stranglehold.

For further insight on how to go about doing this in a way that works, I’d suggest reading:


Andrey Polston is Co-Founder of Cosmetic Funnels, positioning plastic surgeons to dominate their local markets. His actionable report, “3 Secrets To Getting High Quality Patients,” can be downloaded for free at www.cosmeticfunnels.com/lasaps
Thinking About Outsourcing the Billing? Here are 10 Deal Breakers to Avoid

1. The company doesn’t and won’t use your practice software system—not provide staff secure, real-time access to patient accounts.
2. There is no verification that employees receive initial and annual HIPAA training. The Business Associate Agreement (BAA) is non-existent, or lacks key clauses.
3. The service can’t produce a written breach policy and the last year’s security audit, both required by the HIPAA Omnibus Rule.
4. There is no written policy for how the company destroys PHI.
5. The service can’t produce a written list of monthly reports and metrics they provide and review with clients. And they won’t agree to a scheduled, monthly or quarterly phone or virtual meeting to review the data.
6. No one on the staff has attended a plastic surgery-specific coding course.
7. They can’t provide written protocols for how they bill claims, manage denials, appeal incorrect payments, or follow up on past due accounts.
8. They don’t offer customized write-off/adjustment, revenue, or payer categories in their software system. They resist your requests for modifications.
9. The company doesn’t carry general liability insurance of at least $1M.
10. The company doesn’t have a minimum of $1M in Errors & Omissions (E&O) coverage.

and operational inconveniences will occur if you ink the deal. Essentially, you are signing an agreement to be separated from your own data, and your staff will be out of the loop about everything that happens after the paperwork is sent to the billing service.

Two software systems are guaranteed to create obfuscated accounts receivable issues. When your data is dismembered, patients have two accounts: one in your system and one in the billing service’s system. Because of the opportunities this creates for human error, we frequently find that accounts receivable and collections data from the billing service does not match the practice’s books. And that’s never a good thing.

Dismembered data issues are at the crux of nearly every billing process issue we observe in practices that have outsourced billing. Beyond the additional paperwork and faxing, key tasks such as performing financial counseling and collecting past due balances during the 90-day global period become challenging, because staff don’t have easy access to real-time data. For instance, your staff need the details about carrier payments and remaining balances for patients who have undergone stage one breast reconstruction.

This information is critical to counseling these patients about their remaining balances, as well as walking them through financial expectations as you plan stage two. Further, every time an insurance check arrives in the mail, practice staff must take the time to fax or scan it for the billing service.

10 Things a Billing Service Should Provide

Whether you are considering outsourcing, or already have a service, use this list to assess its efficiency, risk, and performance.

1. Real-time access to your data. Best case, the billing service uses the same software as the practice. If you are currently evaluating options, don’t choose a billing service that uses a different system. If you already use a service that has different software, make sure the vendor provides secure, real-time access to your accounts. Often, this means establishing remote access with the billing service software system—a secure channel through which your team can securely login. Talk to your IT consultant for details. Without such access, you can’t look up account balances, research patient accounts, or generate reports. And you shouldn’t have to play “Mother, May I?” with your own data.

2. A complete and current Business Associate Agreement (BAA). It’s alarming how many billing service BAAs are deficient, and how many physicians have not verified that the policies and procedures HIPAA requires of business associates actually are
enforced. Beginning in the fall of 2013 the HIPAA Omnibus Rule required all vendors to have a written breach policy, conduct annual security audits, and provide initial and annual employee HIPAA training. Make sure your billing service is compliant.

3. Solid and current plastic surgery coding knowledge. Does the billing service team understand how to bill for an appeal DIEP flaps, burns, or complex repairs? Our strong recommendation is that person who knows the most about the procedures performed—the physician—be the one to select the codes. But billing service staff must be capable of providing feedback and offering suggestions about the codes submitted, based on Explanation of Benefits (EOBs) data received from insurance plans. And coding expertise is also required in order to effectively appeal denials. All of this means that the folks at the billing service must have up to date knowledge about coding for your specialty.

Although free, general payor and Medicare Webinars are helpful, they are not a substitute for plastic surgery specific coding education and expertise. As a customer, you should expect that the company you’ve entrusted for billing hires employees who have current (not five years old), specialty-specific expertise. Providing you with feedback about whether your documentation needs strengthening or your coding is errant also requires specialty expertise. Ask the billing service for documentation that indicates its investments in plastic surgery education. Ask who is trained, how often, and who taught the courses. KZA offers regional, coding and reimbursement workshops and customized Web training sessions for plastic surgeons.

4. Insurance. What happens if the billing service consistently bills incorrect modifiers or violates the False Claim Act? What if it has a data breach? If either untoward event occurs, the billing service needs to be covered by Errors & Omissions and general liability insurance, respectively, with a minimum of $1M coverage for each policy.

5. Reports. Insist on reports from the software system, not Excel spreadsheets, which contain exported data that can be manipulated to the company’s advantage.

Expect the following reports to be delivered like clockwork each month, by the 5th or 6th day of the month that follows the data period:

• **Aged Accounts Receivable by Payer**, with insurance and patient balances shown separately.
• **Detailed Write-offs and Adjustments**, with categories so descriptive that you know exactly what the charges were written off to. Examples of descriptive adjustments:
  - Modifier 25, Patient Ineligible on Date of Service, and Past Timely Filing.
• **Credit Balances**. If credit balances are accurate, they are a liability. Ask the billing service to verify them, then refund the plan or the patient within 30 days. Warning: If deposits for aesthetic surgery are not isolated, and they appear on the A/R report, the total A/R is deflated by the amount on the Credit Balances report.
• **Large Account Status**. Billing services respect what their customer inspects. Ask them to deliver account management notes and next steps for the ten biggest accounts, every month.
• **Accounts that Were Appealed**, with an accounting of “wins” and losses.

6. Monthly metrics. Metrics indicate how well the billing service is doing its job. Review A/R every month against the benchmarks shown.1 These metrics can vary by payor mix and subspecialty. Motor vehicle accidents, Worker’s Compensation, and burn cases often take longer than 25 days to pay and drive up the total amount of A/R that’s > 90 days old.

<table>
<thead>
<tr>
<th>What it Measures</th>
<th>Days in A/R</th>
<th>Percent A/R</th>
<th>Net Collection Ratio &gt; 90 Days</th>
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</thead>
<tbody>
<tr>
<td>Average number of days to collect an account.</td>
<td>Amount of A/R older than what’s considered “likely collectible.”</td>
<td>Percent of “collectible” receivables that have been collected. (Net of contract adjustments and bad debt.)</td>
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</tr>
<tr>
<td>Performance Standard</td>
<td>25 days or less*</td>
<td>15% or less</td>
<td>98% or better</td>
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7. Service fee differential for pre-operative collections. We believe in paying the billing service for work that they have done. But if your staff is performing financial counseling, collecting patient deductibles and co-insurances, and posting these into your software system, you should not be required to pay a commission or service fee on those amounts. Negotiate a fee differential for pre-operative payments, and never pay a service fee on your aesthetic procedures. This is especially important if patients have used CareCredit or are set up on a recurring payment plan—both of which require no billing service action or intervention.

In one practice we visited, the surgeon’s staff collected the patient’s portion prior to surgery, and the billing service was charging its full service fee for simply posting it into their software system. We argued that the surgeon’s staff had already done all the heavy lifting—and in fact, made the billing service’s job easier, since there was no patient portion to collect after insurance paid.

8. Timesavers and technology tools. Relying on phone calls, forms, and paper-based systems indicates the billing service is stuck in the past. Here are a few best practice technologies to insist on: electronic follow up queues, which improve the efficiency of managing unpaid accounts; electronic funds transfer (EFT) which reduces paper, lost checks, and theft; electronic remittance advice (ERA) which significantly speeds payment posting; and payor portals, which provide an automated, online channel for appeals and denial management.

9. Best practice follow up protocols. Good billing services don’t sit passively and wait for claims to be paid. They act on unpaid claims at 30 days or less. They have procedures for chasing payer underpayments until resolved. Ask your billing service to

Continued on Page 71
Over the last decade, too many physicians, including aesthetic plastic surgeons, have sought cookie-cutter asset protection plans to give them some peace of mind that if they ever endure a malpractice case, they won’t lose everything. While we admire these doctors’ commitment to pro-actively managing risk, we must remind them that all asset protection plans are not created equal. In fact, many will not even work if they ever are relied on.

Why is this? Essentially, it is because of a basic tenet of asset protection: that any asset protection plan that will truly stand up if challenged must have economic substance.

Taken a step further, superior asset protection planning involves tools that are primarily used by people for non-asset protection purposes. In this way, the best asset protection plan involves tools typically not thought of as asset protection tools. In other words, the best asset protection is not asset protection.

Just Like Tax Planning

While few physicians realize this crucial fact of asset protection planning, all of the leading attorneys in the field know it quite well. In fact, we are not alone—as tax attorneys and CPAs know this adage is equally true when it comes to tax planning.

Simply put, when determining whether or not a particular transaction with significant tax benefits was an illegitimate tax shelter or not, the IRS or tax court typically uses a simple test—Would a taxpayer have done this deal if not for the tax benefit? In other words, they are asking whether or not this transaction was simply done to save taxes or did it have another economic purpose? If there was such a purpose, the transaction stands; if it was only tax-motivated, it fails.

This same test applies when evaluating whether or not a creditor protection tactic will be upheld if challenged down the road. Here, the question is did this transaction have an economic purpose, or was it simply done for asset protection purposes? If you are using tools that millions of Americans use daily for non-asset protection purposes, you can convincingly answer yes.

Asset Protection as a Sliding Scale

In the eleven books either of us have written for doctors, including our latest national text, For Doctors Only, we use a sliding scale approach to evaluate asset protection techniques—with the lowest (-5) being an asset that is completely vulnerable and the highest (+5) being an asset that cannot be taken by a creditor even in bankruptcy. This is important to understand here because every (+5) asset protection technique, whether in a personal or medical practice implementation, has significant economic benefits to the client, irrespective of asset protection.

Asset Protection which Isn’t

Which asset protection tools are not asset protection tools? Let’s examine a few of them briefly:

A. Qualified Retirement Plans:
   The term qualified retirement plan means that the retirement plan complies with certain Department of Labor and Internal Revenue Service rules. You might know such plans by their specific type, including pension plans, profit sharing plans, money purchase plans, 401(k)s, or 403(b)s. Properly structured plans offer a variety of real economic benefits: you can fully deduct contributions to these plans and funds within them grow tax-deferred. In fact, this is likely why most medical practices sponsor such a plan.
   What you may not know is that under federal bankruptcy law, and nearly every state law, these plans are protected against lawsuits and creditor claims—enjoying (+5) protection status. IRAs are also (+5) protected in bankruptcy, with some limits, although their state protection depends on the state. For both, the overwhelming majority of millions of Americans who use qualified plans and IRAs are not using them for asset protection purposes. This, then, is a great example of attractive economic tools that just so happen to have tremendous asset protection benefits as well.

B. Non-Qualified Plans:
   Benefit plans that are not qualified are relatively unknown to physicians, despite the fact that they are right in the tax code and can be categorized as non-qualified plans. These types of plans should be very attractive to physicians, including aesthetic plastic surgeons, as they can be terrific hedges against future tax increases and they can be used in addition to qualified...
plans. Once again, non-qualified plans are generally not used for asset protection purposes, but they may have such benefits—depending on how they are structured.

C. Captive Insurance Companies (CICs): CICs are used by many of the Fortune 1000 companies, for a host of strategic reasons. In a medical practice setting, the owners actually create their own property-licensed insurance company—to insure various types of risks of the practice. These can be economic risk (that reimbursements drop), business risks (that electronic medical records are destroyed), litigation risks and even medical malpractice (keeping some risk in the captive and reinsuring the rest). If it is created and maintained properly, the CIC is like any insurance company -- established in a real economic arrangement with its insureds. Also, CICs can enjoy tremendous creditor protections (+4/+5) if the ownership is structured properly.

D. Cash Value Life Insurance (CVLI): CVLI policies are purchased by millions of Americans each year for their tax benefits (generally, tax-free growth, can be accessed tax-free and pays income tax free to heirs), for family protection and for estate planning purposes. Nonetheless, in many states, the cash value can enjoy the top (+5) protections. In this way, an aesthetic plastic surgeon can purchase a product that is widely recognized as a part of a financial plan and enjoy (+5) protections easily.

Conclusion

Many physicians who have implemented generic asset protection plans may be disappointed if they are ever attacked—as they may be ignored by courts that see no economic substance. On the other hand, those who implement techniques such as those described above may be pleased—not only will their protection be upheld, but they may build significant wealth along the way. The authors welcome your questions.

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1. Suggested benchmarks are derived from our firm’s work with hundreds of plastic surgeons, nationwide.

10 Things

Continued from Page 69

explain the logistics for collecting past due balances. If they passively mail three paper statements at 30, 60, and 90 days, that’s a problem. An effective billing service proactively calls patients to take a payment over the phone or set up a payment plan. Many surgeons are surprised to learn that some companies only send three statements, at which point, practice staff are expected to step in.

Request the details about how the service selects and submits old accounts for write-off. Documentation should include detailed notes and a clear directive that’s based on good judgment. Nothing should be sent to collections without physician approval.

10. Recommend improvements. A high performing billing service explains how better coding and documentation would improve compliance. Speaks candidly about how to avoid denial patterns, and provides proactive suggestions for improving collections. Remember, you are paying the billing service to work for you. Although they should not change your coding without approval, billing service employees should point out any routine coding mistakes that run up the receivables, review monthly reports, and provide suggestions that keep the accounts receivable in check.

If you plan to outsource billing, perform due diligence, choose a quality partner, and be cautious about signing with a company that doesn’t use your software. Countless practices express their disillusionment, disappointment, and frustration with billing services during our firms reimbursement and coding workshops. Many say they ended up bringing billing back in-house. As one doctor recently shared, “It was an expensive experiment.”

Download a detailed Billing Service Checklist at karenzupko.com.

Karen Zupko, President of Karen Zupko & Associates, Inc., is an internationally sought-after speaker, author, and practice management consultant. For more than 30 years, she has been advising and educating plastic surgeons on management and marketing issues, including personnel, billing, technology, coding, and practice expansion.
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Plastic surgery practices can slow down in the summer but it doesn’t have to be that way. Granted, some of your patients are excited to be outdoors this summer and will not tolerate downtime. Pool parties, vacations, barbecues and summer weddings can all wreak havoc on your summer surgery revenues.

However, if you put creative strategies in place to keep cosmetic patients coming back throughout the summer, you can breeze by the impending Summer Slump and actually heat up your revenues instead.

**Demand is Still Hot**

Everybody did not go on vacation for the entire summer. Actually, MOST did not, so erase that belief from your mind and think about this: Times have changed. Trends have changed. Technology has changed. And people change.

While some of your patients may not be interested in some of your services now because they are in a bathing suit and shorts for the next three months, others could very well be interested in your treatments and procedures for lots of reasons. Perhaps summer is the only time they can get time off from their work (teachers). Or the kids spend the summer with their Dad so it’s the opportunity for a tummy tuck (divorced Moms).

Or, prospective patients find themselves suddenly single or recently laid off and they are ready for a change. This list is endless so it’s less about the demand and more about your own willingness to think creatively to keep your practice revenues sizzling.

Here are strategies to help avoid the Summer Slump and keep your revenues sizzling:

**Summer Surgery “Easy Breezy” Package**

Make it more compelling for your surgical patients to want to take time out from summer for plastic surgery. Introduce your Signature “Summer Surgery Easy Breezy” Package and fill it up with convenience and value. Include perks such as complimentary transportation, 1st night nursing care, pain pump, icing machine, movie gift cards or anything else you can think of that will make for an excellent post-op experience.

The secret is to add monetary as well as emotional value around the package so the patient doesn’t just WANT to move forward—they HAVE to move forward because they don’t want to miss out on all the goodies.

**Follow Up with Surgical Patients “On the Fence”**

Using the above added-value summer surgery package you put together, connect with anybody who came in for a surgical consultation but didn’t book.

In a personalized letter, mention you saw that they came in for a consultation but didn’t book so you wanted to reach out to introduce a new summer package you are offering just for them. Explain in detail what they get and then add a sense of urgency. Since the theme is summer, they must act by August 31. This deadline date will encourage them to finally decide rather than continue to procrastinate.

You can go a step further by scouring your patient database to identify others you could send the letter to: attendees to your events that never moved forward, mature injectable patients who “could” be ready for more and professionals who work in a cyclical business and have the summer off or have a major summer slowdown and can afford the time off.

**Hot No-Downtime Procedures**

The advancements in technologies are a win-win for you and for those patients looking for maximum beach time. Your focus could be on non-invasive skin tightening, fat and cellulite reduction and micro-penning to name a few.

The beauty of these minimally-invasive procedures is your patient can have them done anytime, even on tan skin, and with minimal or zero downtime so they don’t interfere with their busy summer schedules but it does keep them in engaged with you.

And, no matter what the weather, cosmetic patients always need a touch up on their Botox and wrinkle fillers to smooth their sun-squints, fill in their facial lines and plump up their lips.

These easy summer fixes will not only keep your patients looking good, it also gives you an opportunity to spend more time with them and build that loyalty you never want to take for granted. That will help solidify your relationship with patients so they return to you for more extensive procedures when the timing is right.

**Turn Your Staff Into Revenue- Generators While You’re on Vacation**

Does your entire practice shut down when YOU go on vacation? It doesn’t need to when you empower your staff to keep things running smoothly and profitably.

They can spearhead “Summer Skin” Fun Events in your office for intimate groups of patients and their friends. The theme can be, “Cool Ways to Look and Feel Beautiful This Summer.”

Your staff can demonstrate lasers, peels and sun skin treatments. They can do skin analysis sessions to show sun damage. They can explain how to use skin care and makeup for summer tans and how to protect skin from the harmful effects of the sun, etc.

Your vendors are more than willing and able to help your staff with this since it behooves them to help you grow your bottom line.

Also, make up fun packages with a theme—“Your Summer Skin Kit” or “Summer Beauty Bundle”. Include summer treatment combination packages specially priced just for summer.

Be creative. Packages can include: Coolsculpting + Bikini Laser Hair Removal or Skin Tightening + Botox. The beauty bundle can include combinations of a facial treatment, a hydrating cream and sunscreen products for an attractive price.

**Conclusion**

Use these summer strategies to heat up your profits this summer or create your own. The secret is to do something fun and compelling to get cosmetic patients off the beach and into your practice. Enjoy your summer and wear sunscreen!

Catherine Maley, MBA is Author of “Your Aesthetic Practice/What Your Patients Are Saying” and President of Cosmetic Image Marketing. She uses creative patient-attraction and staff-training strategies to get you more patients and more profits. Catherine can be reached at (877) 339-8833 or visit her website at www.CosmeticImageMarketing.com for a Free Marketing Checklist.
Social media platforms always seem like they are designed for younger age groups—teens, college kids, and millennials. However, the typical social network starts with that audience as its core demographic. They are the guinea pigs and the early adopters. As each network starts engaging enough and catching on, the audience invariably expands. For example, Facebook started out as a network built exclusively for college students. Today, college students have moved away from Facebook, partially because their parents are all over it so it has lost its hipness. Now even 80-year-old grandmas as using Facebook to share pictures of their grandchildren.

Instagram and Snapchat are at the beginning of the adoption phase known as ‘early majority,’ which is defined as the first sizable segment of a population to adopt an innovative technology in tech speak. They are now the social networks of choice for 13–30 year olds, but they are not the exclusive domain of that segment anymore. 40-something moms and 50-something business owners are getting more active there, so plastic surgeons should be there too, at least in some way.

Newer networks like Instagram and Snapchat, which represent a growing trend in social media, have grown to more than 100 million active daily users. They’re not quite Facebook yet in terms of sheer numbers, but they’re no longer niche social networks that we can afford to ignore. Social media has become increasingly diversified, as content is now more engaging and visual. The key is to find your niche and choose the platforms best suited to your target audience. While many of us who are active on social media have a habit of sticking within our comfort zone, that's not really recommended anymore. It has become increasingly more difficult to differentiate yourself on platforms with hundreds of millions or billions of users, and an ad strategy is mandatory to get seen.

While having a lot of likes on Facebook is certainly important, actual engagement, human interaction and two-way conversions remain the overriding goals of social media. Sustainable growth requires clever storytelling, authentic branding, user-generated campaigns and quality content. You need to be present where your target audience is going, and be an early-adopter on those key channels.

It is important to keep in mind is that you should not be using the same content in the same way for every social platform. Consider which platform your post is the best fit for, and then change the way you use it on other platforms. For example, if you are hosting a patient seminar, think about whether it would work better for Periscope or it Snapchat worthy? Is just posting a group photo on Instagram enough? Or should you put it on Facebook and Twitter to generate the most eyes. Now more than ever, it is imperative to let your audience know where they can find you on other platforms so they don’t miss out on anything you post. Let people know what platforms you are on by announcing it on your website, blog, all social media channels, eblasts, newsletters, and include the icons and username on all consumer-facing practice materials. Whenever possible, use the same username throughout all social media channels for consistency and to make it easier for patients to find you.

Instagram

Instagram, which was picked up by Facebook for a cool billion bucks in 2012, is a photo sharing, and now a video-sharing platform too. It also happens to be among the fastest growing social media platform du jour. On Instagram you can essentially tell your brand’s story in a creative and visually appealing way, using photos, graphics or videos. Instagram now boasts 400 million active users, 75% of whom are outside the US. Instagram usage has doubled in the past two years.1

Before you take the plunge into Instagram, consider how this popular platform will fit into your overall brand marketing strategy. Ask yourself why you need to be on Instagram?

What is your objective? Are you interested in reaching a new, younger patient segment? Are you looking to raise your profile and increase awareness? Or just to stay on top of digital trends? As always, you need to embrace each platform in the way users do to gain followers.

The next big question is to consider the kind of content you plan to post, where will you get it, who can create the visuals needed, and lastly, who will manage Instagram for you.

Getting the whole staff involved is the most effective way to make Instagram work for an aesthetic practice.

Instagram is different from other social networks because it is a mobile platform. You can log in from your laptop or desktop and view your page, but most Instagram activity takes place on the mobile app. Instagrammers are posting, liking and sharing primarily on their smartphones. Another distinction is that you will be posting on Instagram in real time primarily. This is important if you are posting about an event or presentation, you need to post while it is still going on or it loses its impact and relevance.

Your Instagram profile is the first place people will look to find out more about you and your practice. Instagram only gives you a

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1 Instagram usage has doubled in the past two years.
maximum of 150 characters to explain your practice, so be concise, clear and strategic in choosing your words. Add your location, brief description, and a link to your website. If the account is in the name of the practice rather than the doctor, it may be best to use your brand’s logo or a graphic symbol. If it is in the doctor’s name, you can use a headshot. Keep in mind it will be cropped into a thumbnail-sized image and seen on a Smartphone screen.

Instagram is a cool way to show what you have to offer, but it should not be all about you. You can grow your followers by offering them educational content, appealing visuals, and creative product shots or other likeable and shareable posts of interest to your target audience.

Content Ideas:
• Behind-the-scenes photos that followers can’t get on other platforms
• Staff or team photos
• Event photos or videos
• Photos shared by your followers (with permission)
• A demonstration of your services; spa treatment, consultation, injectable, etc.
• Other photos that convey the culture or identity of your practice: i.e. your brand and image

To engage with other Instagrammers, tag any brands, like skin care products or lasers, included in your photo. This will increase the likelihood that they will share the photo with their followers. Include the location of your photo or video when it helps tell the story of the image. To be HIPAA compliant, DO NOT tag patients or post photos or videos of patients without their express written consent.

Tracking hashtags is one way you can monitor conversations happening about your practice, products or the medical aesthetics and beauty industries. This will give you a chance to find out what people are saying and to jump in and take part in the conversation. Another obvious way to engage with other users is to like and comment on their images, and of course to respond to comments on your own images in a timely manner. You can search by username, or choose a hashtag that may be relevant to your practice. Integrate your Instagram account with your Facebook business page and Twitter.

Hashtags are an integral part of Instagram, and posts should include several to get found. Keep captions reasonably short and pithy. Use the same hashtags throughout your social platforms for consistency and add to your core list as needed. Check for hashtags that have the most users, which indicates people are searching for them. Use the most important hashtags first, as more hashtags will not get found in searches. For example, at the time of this writing, #plasticsurgery had 312,450 while #plasticsurgeon had 72,442; #liposuction had 72,041 but #fatureduction had only 9,432. The preferred order of posting on Instagram is as follows: text, emojis, and lastly hashtags.

Hashtag Hints
• Product/brand hashtags
• Contest hashtags
• General keyword hashtags (#beautysplurge #bestbodyshaping #skincaretip)
• Practice specific hashtags (#bestplasticsurgeon #ACosmeticsurgeon #djohnsmith)
• Event hashtags
• Trending hashtags
• Location-based hashtags

The intro to every post is also important. Do not just post a picture without a description or it loses some of its value. Each graphic requires some explanation of what it is, and why Instagrammers should like and share it. Keep it to about three lines on your phone because on Instagram, it’s really all about the visual.

Monitor how your content is doing as you go along. Key performance indicators (KPIs) include likes, comments or engagement, and number of followers. Produce images and videos that are well crafted and feel like they were made for Instagram. Instagrammers have very high standards when it comes to visuals. Edit your images with filters and the other tools available in the Instagram app or download one of the many Instagram apps that help make your images more appealing. Post photos and videos of beautiful and interesting happenings that also feel authentic and immediate; think in the moment. Videos can only be a maximum of 15 seconds, so these are just capturing a snippet of time. The more good content you post, the faster you can attract followers—the operative word being ‘good.’

Snapchat
Snapchat has recently surpassed Instagram as the hottest thing around for millennials, the 18–25 set. With over 100 million active users, it is trending as the new platform to hop on, especially if you want to reach people under 30. Actually one of the big appeals of Snapchat to its fans is that their parents don’t use it...yet.

Live video streaming has gone mainstream. It has not only gained traction with young Hollywood, but with other demographics as well. Just look at the rising number of Instagram profiles that cite their Snapchat ID. On Twitter, big brands and media outlets have long been using their Snapchat ID as their profile image. Facebook actually tried to buy Snapchat back in 2013, recognizing the potential for a brilliant future of the platform. In the Middle East, Snapchat is huge.

Snapchat is a mobile app that allows you to share pictures on your phone. You can control who gets to see and receive your images and once someone receives your snap, it will be deleted after the timer runs out which is set from 1 to 10 seconds only. Unlike Instagram, Snapchat users tend to be less interested in how pretty your snaps are and care more about the emotions and ideas they represent. The key is to be authentic, personal, and transparent. However, Snapchat does offer handy filters and editing features for the novice to get comfortable with this unique platform.

A recent article on Racked.com summed it up nicely; The Dr. Miami Effect: How Plastic Surgeons Are Grappling With Snapchat. This article featured multiple plastic surgeons who are using Snapchat to promote their expertise and build their practices. Michael Schatzauer, MD, FACS, aka ‘Therealdrmiami’ has become a Snapchat sensation and is proud of it. He has a take no prisoners attitude towards his methods, which some may find distasteful.

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From a quick analysis of his posts, the more graphic, the better. He now offers his own brand of social media training for Snapchat doc wannabes.

Plastic surgeon Matthew Schulman in New York City is another rising social media star and has amassed a proactive fanbase of admirers who are coming to see him after following his procedural pics and videos on Snapchat and Instagram. His bold tactics seem to be working to build brand awareness and grow his practice’s reach.

Clearly, facelift and bleph patients are not too keen to be videotaped for Snapchat. However, body contouring, Brazilian Butt Lifts (BBL), breast enhancements, plus fillers, lasers, and hair restoration are all fair game.

**Periscope**

If Snapchat is like having your own reality show, it has been said that Periscope is like having your own talk show. Periscope allows you to leave comments and questions during a live streaming video, while Snapchat allows you to broadcast in a span of 24-hours. Periscope wants you to experience live events as they are happening. In contrast, Snapchat stories are not necessarily occurring exactly at that moment. Lots of tech companies, beauty brands, and bloggers have heavily invested in live streaming video Periscope offers as a means to highlight new product features and stimulating customer comments and feedback. Snapchat on the other hand gives you time to curate your content. You can create, write, record and edit your content before it goes to the viewers, thus giving you more control which is a big benefit for practitioners who need to be more conservative and careful generally about what they put out there.

Periscope, which is owned by Twitter, is also trending but it’s far from being the new Snapchat. Periscope is a free live streaming app that allows the user to broadcast a moment in time to their followers who can then comment or share it. The stream is only live for 24 hours. While it is unclear how many active users Periscope has amassed since its launch in March 2015, Twitter has claimed that its users have created more than 200 million broadcasts. It has also basically knocked rival Meerkat out of the game. For those of us who have been unsure of Twitter’s longterm relevance, Donald Trump and the 2016 Presidential Race have certainly breathed new life into this microblogging and news-rich platform. Yes, you still need to be on Twitter.

The challenge of live streaming video is how to determine what is really of interest to stream to your followers for an aesthetic practice? And who are you going to be able to convert followers who view your quick video stream into qualified patients who are seeking your services? This remains uncertain as the category is still in its infancy.

Brands, people and practices looking to share their expertise or capitalize on a unique live event like a panel or presentation can certainly benefit from Periscope. You can use Periscope to enhance audience engagement in several ways; by hosting Periscopes on specific topics and responding to questions from viewers. Periscope also provides viewer analytics, including retention rates so you can track how well you are doing.

Some plastic surgeons have already jumped on the Periscope bandwagon, but full-blown adoption is still in the early stages. Dr. Stephen Mulholland in Toronto performed a live UltraShape® (Syneron-Candela) procedure on Periscope. Dr. Sheila Nazarian in Beverly Hills performed a non-invasive facelift live via Periscope on blogger Heidi Nazarudin of TheAmbionista.com who has 682,000 followers.

If you are not quite ready or sure about taking the plunge into Periscope, consider alternative live streaming platforms. For example, Facebook launched its own variation of live video that makes it easy to share video content right on your business page and take questions from your already loyal fans. Facebook Live could be the next frontier, especially since they have figured out a way to let users turn off those annoying notifications that keep popping up whenever someone you follow is active; i.e. ‘Brand X is Live now…’

**Conclusion**

Social media platforms have enabled physicians to be more visible to patients in many new and exciting ways. I ascribe to the philosophy that less is more; you do not have to feel pressure to post multiple times/day or even every day unless you have something good to share. If you flood your followers’ feeds with useless, unappealing, or purely self-serving content, you risk losing them forever. Think quality over quantity.

These important platforms provide an ideal venue for humor and other forms of creative content. If you create quality content, your viewers will be sure to come back for more, which helps to strengthen brand awareness and messaging. The new flurry of live-streaming applications can work to bring a brand to life and to bridge the digital divide between your practice and consumers. The challenge for busy plastic surgeons is that Snapchat and Periscope require a very personal touch and are not so easily outsourced or they may lose the authenticity that the users demand.

Video marketing is definitely something to keep on your radar, but plastic surgeons may have to get creative on how best to approach this emerging category. Both Snapchat and Periscope offer less filtered, more immediate glimpses into both daily life as well as scripted events. And just as with real life, the videos are short lived, lasting from 10 seconds to 24 hours, which encourages people to participate in real time. These new social media platforms are changing the landscape of behind-the-scenes (BTS in marketing speak) access, offering unfiltered views of everything from megawatt award shows to a glimpse of what goes on in your office. It’s a brave new world.

Wendy Lewis is President of Wendy Lewis and CO Ltd, www.wendylewisco.com, author of 11 books and Founder/Editor in Chief of www.beautyinthecity.com. Reach her at wlf@wlbbeauty.com

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In the United States, you only hear about breast implants manufactured by Allergan, Sientra, Ideal Implant and Mentor because only those 4 companies are approved by FDA [http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/BreastImplants/ucm063878.htm]. Your practice manager, nevertheless, while searching for the best prices, may come across implants from 9 other manufacturers: Arion Laboratories (France), Cereplas (France), Establishment Labs (Costa Rica), GC Aesthetics (Ireland), Groupe Sebbin (France), Guangzhou Wanhe Plastic Materials (China), Hans Biomed (Korea), Polytech Health & Aesthetics (Germany), and Silimed (Brazil).

All of these manufacturers have been certified by their home countries, and many export their implants throughout the world. So what’s the problem with these implants? Simply stated, they haven’t been approved by FDA for sale in the United States. Even so, it is possible to purchase non-FDA approved devices online and have them shipped here. This brings me to the story of Temp R. Patterson, MD, an Idaho otolaryngologist.

According to an April 29, 2016 report on MagicValley.com, Dr. Patterson dba Magic Valley Laser Cosmetics has been sued by 4 former patients in Idaho federal court, Case #4:16-cv-00181-BLV. A search of Pacer.gov confirms the story. Three patients allegedly received from Dr. Patterson Chinese breast implants, and a 4th patient alleges she was injected with a Chinese counterfeit version of Botox. They are suing Dr. Patterson for violations of the Racketeer Influenced and Corrupt Organizations Act (RICO), as well as state law claims for fraud, breach of fiduciary duty and consumer protection, medical malpractice and intentional battery.

Even though the fake Botox came in boxes with counterfeit Allergan labels, a cursory review of the packaging reveals translation gems, i.e., “As a beauty materials,” “for the except knit,” “as a beauty materials,” and “as long as little dose…”

Apparently one of the patients was Dr. Patterson’s employee. When Dr. Patterson allegedly requested her to order a Mentor implant so it could be photographed and added to the medical records of a non-suing patient, C.S., she refused and resigned. Supposedly C.S. and many other of Dr. Patterson’s patients, to this date, do not know they have Chinese implants.

In all fairness to Dr. Patterson, plaintiffs can say anything in lawsuits. However, any of us alert to phishing messages will not be sympathetic to his claim of being an innocent victim of deceptive advertising.

Since all the surgical plaintiffs had their implants removed, there will be no question what Dr. Patterson actually placed inside their bodies. He allegedly failed to inform his patients that the devices and injectable were of Chinese origin and not FDA approved, but even if he had done so, he would not be in the clear. Patients cannot give informed consent for illegal devices and injectables.

The lawsuit does not address why Dr. Patterson purchased Chinese implants and fake Botox. Could his motivation have been a lesser price than for genuine Mentor and Allergan products? Regardless, and even if Dr. Patterson can somehow extricate himself from the consequences of what appears to be solid evidence, is the risk of a federal lawsuit worth the money saved?

According to the complaint, upon learning of this lawsuit, Dr. Patterson posted an “Important Announcement—Due to Dr. Patterson’s busy schedule with his ENT practice, he will be closing Magic Valley Laser Cosmetics and no longer offer cosmetic services.” So far the Idaho Board of Medicine shows no action being taken against Dr. Patterson’s license. That may change when this federal lawsuit concludes.

Bob Aicher is General Counsel to ASAPS and has represented The Society for 27 years. He lives in Pasadena, California, and can be reached by phone at 707-321-6945 or by email at aicher@sbcglobal.net.
Aesthetic Society News  •  Summer 2016

Price Transparency in the Online Age
Jonathan L. Kaplan, MD, MPH,* and Parker H. Mills, PhD†

Abstract: Plastic surgeons are sometimes hesitant to provide their pricing information online, due to several concerns. However, if implemented right, price transparency can be used as a lead generation tool that provides consumers with the pricing information they want and gives the physician the consumer’s contact information for follow-up.

This study took place during the author’s first year in private practice in a new city. An interactive price transparency platform (ie, cost estimator) was integrated into his website, allowing consumers to submit a “wishlist” of procedures to check pricing on these procedures of interest. However, the consumer must submit their contact information to receive the desired breakdown of costs that are tailored based on the author’s medical fees.

During that first year, without any advertising expenditure, the author’s website received 412 wishlists from 208 unique consumers. Consumers (17.8%) that submitted a wishlist came in for a consultation and 62% of those booked a procedure. The average value of a booked procedure was over US $4000 and cumulatively, all of the leads from this one lead source in that first year generated over US $92,000 in revenue.

When compared with non–price-aware patients, price-aware patients were 41% more likely to book a procedure. Price transparency led to greater efficiency and reduced consultations that ended in “sticker shock.” When prudently integrated into a medical practice, price transparency can be a great lead generation source for patients that are (1) paying out of pocket for medically necessary services due to a high-deductible health plan or (2) paying for services not typically covered by insurance, such as cosmetic services.

Price transparency is reshaping health care. The Affordable Care Act has increased the prevalence of high-deductible health plans—insurance plans with low monthly premiums and high deductibles—requiring consumers to shoulder a greater percentage of their healthcare costs. Therefore, cost is no longer a secondary concern to the prospective patient searching for cost information for a medically necessary procedure being paid out-of-pocket due to a high-deductible health plan. For this reason, a growing percentage of people conduct research online to check pricing for health care services, joining those who seek procedures not covered by insurance (eg, cosmetic services). The expectation that patients will pay a larger portion of their health care costs out-of-pocket before insurance benefits kick in to reimburse providers is now the norm and not the exception. Because insurance never covered nonmedically necessary cosmetic procedures, plastic surgery represents the microcosm of changes that will soon affect the greater health care marketplace. Consumers are factoring cost into their choice of healthcare provider—one reason why health care providers and plastic surgeons have been hesitant to provide pricing information online. Plastic surgeons have traditionally avoided providing pricing information online due to 3 major concerns: (1) patients might price shop instead of focusing on surgeon relationship, (2) patients might not understand prices are estimates subject to adjustment based on their body habitus, and (3) competitors could be comparing prices. These concerns are difficult to confirm or quantify, because they involve private behaviors. Despite these concerns, there are benefits to price transparency, through using an online cost estimator as a tool for lead generation: (A) patients receive pricing information they seek, (B) plastic surgeons receive contact information for follow-up, and (C) patients schedule consultations only after having realistic price expectations. This yearlong study sought to demonstrate that online price transparency can be beneficial to both consumer and provider—and not only for cosmetic patients, but also for those seeking any healthcare service.

Methods

Case Study

At the start of the author’s first year in a new private practice, 104 procedure prices were disclosed on his practice website. A cost estimator “widget” containing a list of offered services was embedded in the website. Prospective patients browsed procedures of interest, adding them to personal “wishlists.” After submitting their wishlist, along with their name, email address, and phone number, patients automatically and immediately received an email containing a breakdown of estimated costs including...
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**Price Transparency in the Online Age**

**Statistical Analysis**

The statistical significance of differences in procedure booking frequency between experimental group (“price-aware”) and control group (“non–price-aware”) was calculated using a 2-tailed Fisher exact test using the software application MATLAB (The MathWorks, Inc., Natick, MA). The test’s null hypothesis was that there is no nonrandom association between price awareness and procedure booking behavior. A significance level (α) with a P value of 0.05 was used as a threshold for rejection of the null hypothesis (ie, P < 0.05 would imply presence of nonrandom association[s] between price awareness and procedure booking).

**Results**

Over the course of the physician’s first year in a new practice in San Francisco, 208 prospective patients submitted a total of 412 wishlists. Of these 208 price-aware prospects, 37 scheduled a face-to-face consultation and 23 subsequently booked procedures. Figure 1 displays all outcomes for these price-aware prospects. The average price per booked procedure was US $4018.16 (total gross of US $92,418). Interestingly, 6 of the 208 prospects (2.8%) came in for a consultation during the subsequent year. All 6 of these patients (100%) booked a procedure (total gross of $26,702).

The control group consisted of 480 regular consultations with non–price-aware patients, all of which also occurred during the practice’s first year. Figure 2 compares these 480 non–price-aware controls with the 208 price-aware prospects. Two hundred eleven of 480 consults (44.0%) of non–price-aware patients booked procedures compared with 62.2% of price-aware patients. The difference in booking behavior between these 2 groups was found to be statistically significant (P = 0.039), implying the presence of a nonrandom, positive association between price awareness and booking behavior. Overall, price-aware patients were 41% more likely to book a procedure than non–price-aware patients—a value consistent with and much greater than the 21% cited in a previous survey.

**Discussion**

**Concerns and Benefits**

Tradition dictates that revealing prices online is taboo in health care. Physicians worry that patients will focus on price instead of quality, or will not understand that pricing estimates are just that—estimates. They are concerned competitors will check their pricing to secure a competitive advantage. Despite these health care provider’s concerns, consumers are driving price transparency, due in part to changes brought on by an “Amazon.com” mentality. There is a paradigm shift in society, where consumers want and expect all purchasable items to have a clearly marked price that can be determined online and before treatment. A typical retort to this expectation is that health care costs are too complicated to compile. Despite this complexity, many private and public initiatives are pushing for greater price transparency in the health care marketplace.

Part of the resistance to price transparency is the apparent lack of benefit to the healthcare provider. With the interactive cost estimator platform studied above, both consumers and providers receive something they want—namely, pricing and leads, respectively. If the provider simply listed their services and prices on a static webpage, no leads would be generated. Leads are a significant asset to health care providers, especially now that out-of-pocket payments are more common, which gives the provider cash flow in the short term, before insurance reimbursement arrives in the long term. As mentioned earlier, physicians worry that price transparency will motivate patients to focus on price instead of quality, turning them into prototypical “price shoppers.” We are not aware of evidence that inquiring about price, similar to the way a consumer inquires about the cost of a house or car, suggests the customer is not serious and considering more complicated factors related to their purchase (in this case, physician relationship, reputation, and expertise). The American Society of Plastic Surgeons publishes procedural statistics every year, but these prices are based on survey data, and are not generated using a doctor-provided pricing.
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With the new ASAPS Social Media Newsletter, you have instant access to ASAPS-vetted content to share with your patients on Facebook, Twitter, Google+, and LinkedIn. Delivered by email twice monthly, directly into your inbox, simply click on the social media icons next to each entry and share:

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Price Transparency in the Online Age

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Plastic surgeons have traditionally avoided providing pricing information online due to 3 major concerns: (1) patients might price shop instead of focusing on surgeon relationship, (2) patients might not understand prices are estimates subject to adjustment based on their body habitus, and (3) competitors could be comparing prices.

average e-newsletter open-rate of 23% and average click rate of 15%. All providers can use these same best practices, whether in a predominantly cosmetic practice, or in a reconstructive practice with high-deductible health plan patients. Additionally, the availability of a cost estimator on a provider’s website has search engine optimization benefits as well. Based on the Google analytics of the author’s website, several behavioral patterns were recognized. Consumers visiting his website would leave immediately 61% of the time if they arrived on the homepage, versus leaving only 36% of the time when arriving on the pricing page. This demonstrates a bounce rate that drops by almost half when the pricing page is the first introduction to the author’s website.

Consumers spent significantly more time on the website when perusing the pricing page (3.43 minutes) versus the rest of the website (1.63 minutes). Lastly, consumers viewed 3.18 pages across the site when arriving on the pricing page first versus 2.40 pages when arriving anywhere other than the pricing page. It is also important to recognize that driving consumers to a provider’s website is not enough. The presence of web traffic alone does not provide leads. The website must have information that the consumer deems critical. Only then will they be willing to provide their contact information to obtain information that cannot be obtained elsewhere, such as pricing estimates for specific procedures from a specific provider. This is the fundamental reason why price transparency can be such an effective lead generation platform.

Conclusions

Plastic surgeons, longtime participants in the self-pay health care sector, are better poised to promote price transparency initiatives. From a financial perspective, there is no difference between the breast augmentation patient and the patient with a high deductible health plan seeking a full-body MRI. For this reason, plastic surgeons should naturally lead the price transparency revolution—but will they?

References


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Aesthetic Meeting Attendees Show Their Dedication to the Specialty

"I became an aesthetic plastic surgeon to help patients bring their inner beauty to the surface. The knowledge I gain from The Aesthetic Meeting enables me to provide cutting edge and innovative care for my patients' aesthetic needs."
- Cindy Wu, MD

"I am dedicated to bringing the latest techniques and technology to my patients. Aesthetics are an important part of our society. This can be life changing for many people."
- Ben Schlechter, MD

"Aesthetics is important to me because I know that improving how you look also improves how you feel, which carries over to all aspects of life."
- Maida Parks, MD

"Aesthetics are important to me because improving someone’s appearance actually improves their self esteem. This will significantly improve their quality of life."
- Keith Hodge, MD

"Aesthetics is my life."
- Claudio Celso Najjar Vaile, MD
A More Holistic Approach to Plastic Surgery

Anthony Youn, MD, FACS

here's more to turning back the clock than needles and scalpels.

Fifteen years ago, while undergoing my plastic surgery residency, I discovered my interest in aesthetic surgery. Although I loved doing flaps, breast reconstructions, burn care, and pediatric cleft repairs, my true interest lay in cosmetic treatments. Unfortunately, my plastic surgery residency imparted precious little about non-invasive and non-surgical treatments. Yes, we learned how to perform breast augmentations, facelifts, tummy tucks, and rhinoplasties, but we weren't schooled in dietary changes patients could make to look younger, creams to turn back time, or the latest non-invasive technologies to reverse the effects of aging.

Since then, I have read dozens of books by prominent plastic surgeons, dermatologists, nutritionists, and even makeup artists to educate myself on a more holistic approach to age reversal. Although actual surgery remains a cornerstone, I strongly believe that the vast majority of people can look years younger (and be happier with their appearance) without going under the knife, which is the idea behind my new book The Age Fix: A Leading Plastic Surgeon Reveals How to Really Look Ten Years Younger. It's a complete guide to turning back the clock, written for patients, and includes my recommendations on hundreds of anti-aging treatments, surgical and non-surgical.

One key focus of the book is diet. More and more studies are revealing that what we eat can have a dramatic impact on how old we look and how quickly we age. There are three major groups of foods that can cause our skin, and the rest of our bodies, to age prematurely, and these groups are sugars, saturated fats, and processed foods.

Foods rich in sugar, such as sweets but even refined carbohydrates like white bread and white rice, can accelerate aging by forming advanced glycation end-products (AGEs). AGEs are the result of sugar molecules attaching to collagen and elastin, the building blocks of our skin. These hybrids can deform the internal structure of our skin, causing it to age more quickly. Fructose, especially high fructose corn syrup, is one of the worst substances for creating AGEs. Multiple studies support the belief that eating large amounts of sugar can cause the skin, and our entire bodies, to age more rapidly.

Saturated fats, especially high-fat meats, also contain AGEs and tend to be inflammatory, which can also affect our skin's internal structure. A study in the Journal of the American College of Nutrition found that people who consume a lot of saturated fats have more skin wrinkling than those who do not.

Processed foods also cause our skin to age more quickly. These types of foods, especially fried foods and foods rich in preservatives, can produce skin-damaging free radicals. Free radicals are created by the normal processes of our bodies but can also be accumulated from external sources, such as UV radiation, pollution, and even chemicals in our food. When our body is flooded with free radicals, they can cause irreversible damage to the collagen of our skin.

So, does eating a healthier diet cause us to age more slowly? Yes!

Decreasing sugar intake is the first key to slowing down the aging process. Eating less sugar by avoiding sweets and substituting whole grains for refined grains can lessen the creation of AGEs and slow down the decline of the collagen and elastin in our skin. Adding fiber, protein, or fat to any sugar we do consume (such as putting almond butter on our bagels and adding peanuts to the handful of candy we grab from the office candy jar) is another effective way to slow down the release of sugar into our bloodstream and lessen its negative effects on our bodies.

The real food movement calls attention to dietary choices that can cause our bodies to age more slowly, which includes fresh fruits and vegetables, rich in free-radical-fighting antioxidants. Vitamin C, one of the most potent of the free-radical-fighting antioxidants, has been proven to reduce wrinkles and dry skin, but it must be consumed each day. Vitamin C degrades quickly after harvest and with cooking, so it is most potent when those fruits and vegetables containing it are eaten extremely fresh, not canned or preserved.

I have seen this dietary age-reversing phenomenon firsthand in my patients. Eating a healthier diet, with less sugar, more healthy fats, and more antioxidant-rich foods, resulted in a significant improvement in their appearances, even after just a few weeks.

To be realistic, eating the right foods or applying the correct creams cannot make a breast larger, reshape the nose, or remove saggy skin, but I strongly believe it should be the first step for most of our patients who want to look younger. As plastic surgeons, we encourage our patients to quit smoking and avoid excessive sun exposure, if not for their health, then for their vanity. Recommending a healthy diet should be an obvious addition to these suggestions.

Anthony Youn, MD, FACS is the author of “The Age Fix: A Leading Plastic Surgeon Reveals How To Really Look Ten Years Younger.”

The recent trend toward eating healthier fats can also help us look and feel younger. Studies have shown that a diet rich in monounsaturated fatty acids (such as those found in avocados, olive oil, and nuts) and polyunsaturated fatty acids (found most often in coldwater fish like salmon and tuna) can decrease the redness and damage associated with UV exposure, calm inflamed and broken-out skin, and even improve the skin's elasticity, thereby improving the appearance of wrinkles.
Question:
I just heard from a trusted female colleague that one of our colleagues told her that I have “a high infection rate,” which is not true. Another physician member of the same colleague’s practice has told patients the same thing which has led to actual cancellations with me. When I called the guy he denied saying anything about me. This second time was told to me by a general surgeon so I know it is a fact. I can prove my infection rate to be less than the acceptable 1% as all of my procedures are tracked and performed in certified surgery centers. This particular group practice is known to “bad mouth” others as well so it is not specific to me.

I have thought about having an attorney send a cease and desist letter as opposed to deny it. I was going to report them to the Board but am truly afraid of retaliation as they response. I worry about him/his partners retaliating. Please advise. Thank you for your time and expertise.

Answer:
OK, let’s see if I have this all straight. A badmouths B behind his back. B hears about it from C. B needs to go to A and have him confirm or deny it. It sounds like you have done that with Plastic Surgeon A already, but A denied everything. Now you bring up plastic surgeon A-2. You need to call A-2 as well. Maybe he/she (A-2) will deny everything too.

How do you spell aggravating! I guess we’ve all been in your shoes at one time or another. Our code of ethics prohibits badmouthing. Unless you have proof, it does absolutely no good to report such behavior to ASAPS or ASPS. C has to be willing to put the gossip in writing. Your concern is not a state medical board issue because there isn’t a concern for patient safety.

There is a non-disparagement clause in our ASAPS code of ethics:

“2. ETHICAL RESPONSIBILITIES TO OTHER ASAPS MEMBERS 2.01 Respect” (a) A member must treat fellow members with respect and should represent accurately and fairly their qualifications, views and obligations. Professional comments and criticism must be accurate and appropriate. (b) A member must avoid unwarranted negative criticism of other members in communications with patients, the public, and the media or with other professionals.”

You need facts, not hear-say, and this may be impossible even with a sworn affidavit. If you ever obtain the facts, you might want to report him/her to our Ethics Committee and quote the above ethics code section. The Ethics Committee keeps the complainant anonymous. Or, you could send a letter from your attorney and put A and A-2 on notice. As a practical matter, however, A and A-2 will figure out it’s you who lodged the complaint. After all, it’s you they badmouthed. Who else would complain, but you?

Even better: A, A-2, B (you) and C need to get together in the same room and hash this out. Maybe take A, A-2 and C out for drinks. You might get it straight after a little alcohol; you never know!! Hopefully after an intense face-to-face session, they will at least be on their best behavior with your patients in the future. All the best!

Question:
I am on a panel for an insurance company which suddenly dropped payment for common codes such that it pays less than my overhead. I’ve been following the rules, but it feels like they haven’t. I recently unbundled a couple of codes and they paid me without any complaints. I consider myself an ethical person, and I have no qualms about what I am doing from an ethical point of view, but I still wonder whether unbundling is ethical. I feel I risk my relationship with that insurer, but if I don’t do this then I will have to stop taking patients from this insurer and there are already too few plastic surgeons in their network. Am I doing something unethical or merely in violation of their rules?

Answer:
This question addresses the ETHICS of proper coding versus the ILLEGALITY of unconventionally coding. So far as I am concerned, dealing with insurance companies is an ugly business. I don’t know what the insurance company’s rules are. It’s certainly questionable whether they are bound by any sense of ethics or decency, regularly denying totally justified claims, and then paying far below usual and customary fees.

The ASAPS Code of Ethics addresses egregious billing, but does not specifically address “unbundling.” So maybe this is just fine. If the insurance company is OK with unbundling codes, then there may not be a problem.

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

Welcome to your Patient Safety Committee’s new forum: “Safety Matters.” Now everything and anything that has to do about patient safety, whether within this ASN, on RADAR, or the Society’s e-News, will be under the one banner of Safety Matters. So now you can look forward to future great safety content in all of ASAPS’ offerings. And I still encourage all Society members to submit their own articles, tips or questions to your Safety Committee!

In this issue of ASN, you will find a new feature. As you all are aware, the Aesthetic Surgery Journal gives selected articles a “stamp of approval” to highlight those that are particularly safety centric. Since these articles, prior to print, pass through the Patient Safety Committee anyway, I thought it would be a great service to members if we published a list (with a direct path within RADAR) of these important papers within every edition of ASN. So please follow the path marked below to each of these important articles.

To read each article, navigate to:
www.RADARResource.org and follow this path:

**Library**> Patient Safety> Perioperative Hypothermia

The Impact of Perioperative Hypothermia on Plastic Surgery Outcomes: A Multivariate Logistic Regression of 1062 Cases

**Library**> Patient Safety> Perioperative Hypothermia

Commentary on: The Impact of Perioperative Hypothermia on Plastic Surgery Outcomes: A Multivariate Logistic Regression of 1062 Cases

**Library**> Patient Safety> Venous Thromboembolism

Contraceptive Vaginal Rings: Do They Pose an Increased Risk of Venous Thromboembolism in Aesthetic Surgery?

**Library**> Patient Safety> Injectable

Treatment of Hyaluronic Acid Filler–Induced Impending Necrosis with Hyaluronidase: Consensus Recommendations

**Library**> Patient Safety> Venous Thromboembolism

**Importance of Postoperative Hydration and Lower Extremity Elevation in Preventing Deep Venous Thrombosis in Full Abdominoplasty: A Report on 450 Consecutive Cases over a 37-Year Period**

As well, in this edition of ASN, the Patient Safety Committee offers you two articles, by committee members, elucidating topics of vital importance to all of us and our patients: First a very lucid and practical article, by Jaime Anger, MD called “A Common Sense Guide for Venous Thromboembolism Prophylaxis in Aesthetic Surgery and secondly, a daunting but necessary article, by David Whiteman, MD called “Post-Filler Vascular Necrosis: A Case Report and Review of Treatment.” And as always, you will find this issue’s “Scissors on the Seam” to be a useful VTE Guide that is ready for use in all of our offices and operating rooms!

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

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**CORRECTION**

In the Winter 2016 issue of Aesthetic Society News, an article entitled “Early Detection of Body Dysmorphic Disorder (BDD) and Legal Action Prevention,” by By Eda Gorbis, PhD, MFCC & Joseph Lee, PsyD, incorrectly represented Ms. Gorbis’ biography. It should have read:

Eda Gorbis, PhD, LMFT, is the Director/Founder of the Westwood Institute for Anxiety Disorders, and is Adjunct Clinical Assistant Professor of Psychiatry & Biobehavioral Sciences at the USC Keck School of Medicine. She specializes in treatment of refractory cases of OCD and BDD.

Our apologies to Ms. Gorbis.
A 40-year-old female presented to office for injection of hyaluronic acid (HA) filler. She has had multiple filler injections with Restylane (HA) in the past for correction of post-rhinoplasty deformity. On this visit, she underwent injection of 1 cc of Restylane (HA) over the nasal dorsum as well as the nasal tip. Shortly after the injection, the patient noted more pain than with previous injections. This discomfort was pointed out to our medical assistant with 15 years of experience who observed the patient and provided an ice pack. Subsequently, the MA allowed the patient to go home. The patient went on vacation out of state the next day.

On day one post-injection, she continued to have increasing pain and went to a pharmacy health clinic where she received clindamycin for presumed bacterial infection of the nose. After three days, she notified the office that she was continuing to have pain in spite of the antibiotics. We attempted to make arrangements at this point for the patient to be seen by a plastic surgeon in the area she was traveling. This individual suggested instead that the patient be referred to the emergency room. We sought out a second plastic surgeon (ASAPS member Dr. Brett Snyder) who was extremely receptive and provided consultation and treatment.

Together we sought out the expertise of Canadian plastic surgeon Dr. Claudio Delorenzi. With the presumed diagnosis of tissue necrosis secondary to intravascular injection, Dr. Delorenzi promptly forwarded a copy of his post necrosis management protocol and regularly provided instructions throughout the treatment process. Beginning on day four the patient received with an injection of 2 mL of hyaluronidase into the nasal dorsum and directly into the wound. This was repeated again two days later. The patient’s progress can be followed in the photos.

Tissue necrosis is the most severe and feared complication of dermal filler injection. It is due to interruption of the vascular supply to the area by direct injury of the vessel, compression of the area around the vessel, or obstruction of the vessel by the filler material. It is a rare adverse event, occurring in less than one percent of injections. The most common site for tissue necrosis post-filler injection is the glabella region. Clinical exam initially reveals an area of prolonged blanching, followed by a mottled reticulated pattern and decreased capillary refill. If untreated it will eventually lead to a dusky discoloration and necrosis.

If filler necrosis is suspected, treatment should be instituted immediately to increase blood flow to the affected areas. This can be accomplished by decreasing pressure in the anatomic compartment, increasing blood flow, and increasing oxygen content to the affected tissues. In the presence of immediate pain or discoloration following injection, the area should be massaged vigorously with warm gel lubrication, followed by application of warm gauze compress for 5–10 minutes every 30–60 minutes. Topical 2% nitroglycerin paste can be tried to stimulate quick vasodilation to restore blood flow, however the merits of this therapy are debated. If one decides to use it, 1–2 cm of paste should be applied to the edge of site under saran wrap occlusion and applied for 15 minutes and then re-evaluated. The nitroglycerin paste can be reapplied after hyaluronidase injection. The patient’s vitals should be monitored because hypotension has been known to occur. The patient can begin 1–2 tabs of 325 mg sublingual aspirin immediately and continue this regiment daily for 1 week.

If hyaluronic acid filler is used, the gold standard treatment is hyaluronidase injection. This is a soluble and naturally-occurring enzyme that breaks both natural and cross-linked hyaluronic acid dermal fillers. It is injected directly into the affected site and along vascular pathway, with doses of at least 150 units. The hyaluronidase should be massaged toward the ischemic area. The typical dose suggested by an expert in the treatment of filler necrosis is 300–750 IU (2–5 cc of standard strength hyaluronidase, 150 IU/cc). Additional hyaluronidase should be injected if no results are seen within 1–2 hours. This can be repeated until clinical findings reveal circulation has returned to the ischemic area. There have been no studies that show any permanent negative effect of using large doses of hyaluronidase. The risk of anaphylaxis to hyaluronidase is less than .1%. Most experts agree that testing patients for hypersensitivity with intradermal injection is unnecessary. Patients with venom hypersensitivity may be at an increased risk of anaphylaxis so one could consider asking the patient about this allergy.

Hyaluronidase should be available in any office that performs hyaluronidase injections (see Scissors on the Seam, ASN, Summer 2015). Experience has shown that patients who are diagnosed promptly and treated within 24 hours usually have the best...
outcomes. Providing hyaluronidase in a timely manner is the most important therapy for the patient. With timely treatment, there should be no skin breakdown and no undesired permanent effects. If the diagnosis of filler embolism initially has been missed, days later it is still valuable to administer hyaluronidase.

To Do List:
- Provide instructions to all staff as to the signs and symptoms of dermal injection complications so that patients immediately may be evaluated by the MD.
- Update all consent forms as to the risk of vascular compromise from injection and have patients initial the consent form on every treatment.
- Create a kit which includes supplies for potential post-filler vascular necrosis.
- Initiate treatment immediately upon suspicion.
- Apply warm compresses to skin to increase blood flow.
- Begin aspirin (1 tablet) immediately and continue for 1 week.
- Give a minimum of 150 IU (preferentially 300–750 IU or 2–5 cc if using 150 IU/cc vials) of fresh hyaluronidase injection into compromised area and vascular pathway associated with area as soon as possible.
- Massage into hyaluronidase compromised area.
- Repeat injection dose every one to two hours.
- Make the decision to continue hyaluronidase injections into compromised area from clinical exam and not from total dose (IU) of hyaluronidase given.
- Perform full neurological exam on patient before and after treatment.
- Ensure patient is well hydrated.
- Continue to administer hyaluronidase injections even if diagnosis was delayed in the hope of reducing zone of injury.
- Perform routine wound care, perform frequent appropriate wound debridement, and monitor for secondary infection.
- Consider prophylactic antibiotics and wound culture if integrity of epidermal barrier breached.
- Consider valacyclovir if patient has a history of herpes simplex.
- Report the case to the manufacturer.

Not To Do List:
- Do not give nitroglycerin 2% paste without monitoring vital signs.
- Do not put direct pressure or ice over compromised area after HA injection because it will decrease amount absorbed in the compromised area.
- Do not waste time performing intradermal injection of HA to check for hypersensitivity if negative history (< .1% chance of anaphylaxis).

References:
Dr. Whitman is in private practice in Duluth, Georgia. Dr. Moesch is beginning his internship in Tampa, Florida.
Venous thromboembolism (VTE) remains a very serious complication and its consequences keep terrifying professionals in aesthetic plastic surgery. Even though physicians are well aware of VTE and the first scientific papers showing evidences of VTE in plastic surgery were published over 10 years ago, cases are still common after surgeries. Recently two reports (2016) show 0.6% and 1.5% of the plastic surgeries result in a VTE complication.

Today there are a variety of different models used to evaluate risk factors that can lead to a VTE after surgery and also to guide the prophylaxis decision. Most models are based on a stratification of risk factors where each risk factor receives a number of points according to its probability to cause VTE. These points are added up to create a score that is used to access the real risk of a patient developing VTE after surgery. The most commonly used chart of risk assessment among surgeons is the Caprini model, which combines clinical and surgical risk factors. However, over time, surgeons realized that adding the points oftentimes indicates a high risk for VTE for the majority of patients. For instance, a patient that is 61 years old going through a surgery of 2 hours and using hormone replacement therapy would be in the high risk stratification according to the Caprini model.

In 2004 Geerst noted that the interactions between the factors used in the chart were still unknown and therefore do not justify the high risk found in the stratification.

Orthopedics and neurosurgery normally use a different model based on the type of procedure. These situations have shown a clearer necessity of anticoagulant use.

Aesthetic plastic surgery can be an extraordinary situation since VTE and PE (pulmonary embolism) are still occurring today. A lack of studies and published research are common in our specialty. Most published articles include procedures in all plastic surgery, aesthetic and reconstructive. The inclusion of all categories of plastic surgeries in scientific research doesn’t differentiate the risk factors of the patients that are most common for each sub-specialty. For example, malignant tumors, severe diabetes and other clinical situations are most frequent among reconstructive patients and are infrequent or absent in aesthetic surgeries.

For these reasons, we suggest the use of a “Common Sense” system to evaluate the risk of the aesthetic patient. We will separate the risk factors into three groups, signaling each group with a color indicating the attention level that should be given for each risk factor.

**RED.** The first group presents clinical situations which necessitate drug therapy with anticoagulants for the patient. These factors are marked in red for danger.

<table>
<thead>
<tr>
<th><strong>History of VTE/PE</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hereditary and Acquired Hypercoagulability</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**YELLOW.** The second group comprised the risk factors that are known to increase the risk of VTE, but should not trigger the use of anticoagulants. Some are very rare in aesthetic surgery. They are marked in yellow for caution.

<table>
<thead>
<tr>
<th><strong>Oral contraceptives or hormone replacement therapy</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cigarette smoking</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
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<td><strong>Obesity</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
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<td><strong>Hypercholesterolaemia</strong></td>
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<td>No</td>
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<td><strong>Hypertension</strong></td>
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**GREEN.** The third group has all the temporary risks correlated to the procedure.

<table>
<thead>
<tr>
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### The Guide

Many times it is difficult to decide which type of VTE prophylaxis a patient should undergo. It is important to point out that achieving early ambulation should be the goal of any aesthetic surgery. Using an elastic compression stocking is easy and inexpensive and therefore should be implemented in any surgical protocol. An intermittent pneumatic compression is recommended while the risk factors are imminent, especially those presented in the yellow listing or when you have a mix of yellow and green factors.

The first step is to check the patient’s current conditions that may increase the risk of bleeding. Examples: Existing illness, medications (captopril) and other substances such as Ginkgo biloba.

The exact rate of hemorrhagic complications after anticoagulants prophylaxis in aesthetic surgery is unknown. Also we must point out that some papers found no differences in the occurrence of VTE when comparing the use of an active pneumatic compression with the use of anticoagulants.

When anticoagulants are necessary, we use Enoxaparin 20 mg, 6 to 8 hours before the surgery, and 40 mg 12 hours after the beginning of the surgery. Another option is to administrate the first dose 8 hours after the beginning of the surgery to avoid intraoperative bleeding. The daily injections may be a discomfort for the patient but is...
more common due to its easier compliance control by the surgeon/hospital. Oral medications may be used but they may increase the rate of hemorrhagic complications.

Finally, the use of pressure garments that stop before the ankle represents a tourniquet promoting stasis and consequently VTE. We prefer not to use pressure garments in the abdominal area and thighs during the first post operative days. However, if the operation area is on the legs or thighs, it is possible to use a foot intermittent pneumatic compression for passive ankle movements.

This issue’s Scissors on the Seam summarizes this Common Sense guide. I encourage you to use it for VTE prophylaxis in your aesthetic practice.

Bibliography


The Aesthetic Society's Patient Safety Committee would like to remind you that an increased focus on patient safety leads to enhanced surgical performance and efficiency. When a surgeon puts safety first, patients are better satisfied, resulting in more referrals, which ultimately impacts your bottom line.

“Primum non nocere”—First do no harm
A note from your Safety Committee

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

Lorne Rosenfield, MD
Chair, ASAPS Patient Safety Committee
Drr@DrRosenfield.com
**VTE Common Sense Protocol**

Use this Common Sense guide to prevent DVT with clinical and surgical risk factors listed with appropriate levels of attention and protocols.

<table>
<thead>
<tr>
<th>Relevant Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital/office</td>
</tr>
<tr>
<td>Registration</td>
</tr>
<tr>
<td>Birthday</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Surgery Date</td>
</tr>
<tr>
<td>Procedure(s)</td>
</tr>
<tr>
<td>Anesthesia</td>
</tr>
</tbody>
</table>

**RED.** The first group presents clinical situations which necessitate drug therapy with anticoagulants for the patient. These factors are marked in red for danger.

<table>
<thead>
<tr>
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<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of VTE/PE</td>
<td></td>
</tr>
<tr>
<td>Hereditary and Acquired Hypercoagulability</td>
<td></td>
</tr>
</tbody>
</table>

**YELLOW.** The second group comprised the risk factors that are known to increase the risk of VTE, but should not trigger the use of anticoagulants. Some are very rare in aesthetic surgery. They are marked in yellow for caution.

<table>
<thead>
<tr>
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</tr>
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<tbody>
<tr>
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<td></td>
</tr>
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**Prophylaxis**

<table>
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<tr>
<th>Yes</th>
<th>No</th>
<th>Type/Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elastic compression stocking</td>
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<td></td>
</tr>
<tr>
<td>Intermittent pneumatic compression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anticoagulants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First dose:</td>
<td></td>
<td></td>
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<tr>
<td>Second dose:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Next days</td>
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*Disclaimer: The preceding methods and products are not required. They are recommendations from the ASAPS Patient Safety Committee and do not establish a standard of care. You may download this document at www.surgery.org/downloads/private/VTE-Common-Sense-Protocol-2016.docx to tailor to your specific practice.*
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