Core Curriculum & Criteria:

I) Fellowship Design

   a. The fellowship will be 12 months in length.

   b. The fellowship will be sponsored and under the direction of a board-certified plastic surgeon who is also an Active Member of The American Society for Aesthetic Plastic Surgery.

   c. The fellowship should have an affiliation with a plastic surgery academic training program. If there is no local program affiliated, the fellowship should have arrangements for the fellow to participate in academic enrichment, lectures, grand rounds, research.

   d. The fellow is required to design and execute at least one clinical study or research project with the ultimate goal of submission to a national meeting and our peer-reviewed journal, *Aesthetic Surgery Journal*. Publication in the form of case reports, book chapters or editorials is highly encouraged.

   e. Eligibility for the fellowship is only after completion of a plastic surgery training program. International graduates will be considered if they have satisfied the prerequisite US medical examinations for fellowship training.

II) Responsibility of the Fellowship Director

   a. The committee recognizes that many responsibilities of a fellow will include an obligation of service to the fellowship, the director associates, and patients; however this should not be the primary goal. The primary goal of the fellowship is to provide advanced clinical education in cosmetic surgery. Therefore, the emphasis should be placed on teaching and direction. In order to provide a standard, all fellowship directors must agree to this.

   b. Malpractice insurance must be provided to the fellow.
c. Some form of financial support (be it housing stipend, salary or housing assistance) should be provided.

d. The fellowship director must agree to provide periodic and repeated opportunities (weekly or monthly) for lectures, discussion of clinical cases or formalized education. The structure of these meetings should be predesigned in a curriculum prepared by the fellowship director.

e. Each fellowship should have its own documented curriculum or handbook which lists the expected responsibilities of the fellow and the goals for fellow’s education and service commitment.

f. An important aspect of education in aesthetic surgery not only lies in learning how to perform the operation, but understanding the importance of preoperative and postoperative management of aesthetic patients. Therefore, the fellowship must document that the fellow has exposure to patient care in the office or clinic setting and that this time is dedicated for this goal.

g. The fellowship should provide a graduated clinical responsibility for the fellow(s). This should provide opportunities for autonomous operating and patient management with appropriate staff supervision, depending upon the technical skills and level of training of the fellow. An example of such an opportunity would be an “Aesthetic Clinic” managed and directed by the fellow.

h. The fellowship director must have an avenue for the fellow to document a standardized case list of cases participated in during training. At the conclusion of the fellowship, this case list should be coordinated by name and category and signed by the fellowship director as proof of competency in aesthetic surgery training.

i. The fellowship director should provide the fellow with a diploma or certificate at the conclusion of the fellowship indicating proof that the fellowship was completed in good standing and that all requirements were met.

III) Design of the Core Curriculum

a. The committee recognizes that although our fellowships are designed to provide advanced education in aesthetic surgery, not all fellowships, surgeons or programs exclusively perform only cosmetic surgery. In fact, integration of reconstructive surgery within the fellowship is an asset. Aesthetic cases should however compromise no less than 70% of the fellows experience documented by case list.

b. Categories: The training programs should be broad-based and comprehensive, providing exposure to all aspects of aesthetic surgery. Exposure should be through direct patient contact. If significant patient exposure is lacking in a given area, the fellow should be given the opportunity for directed self-study and
evaluation in the area of concern. An emphasis should be placed on patient safety and facility in the use of reliable, producible and aesthetic techniques within the following categories:

IV) Curriculum for Post Graduate Training in Aesthetic Surgery

a. Facial Aesthetic Surgery
   i. Aesthetic principles of the face
      1. Facial Anatomy
      2. Facial Analysis
      3. Skin care
         a. Daily
         b. Pre-operative/pre-procedural
         c. Post-operative
   ii. Upper Face
      1. Brow analysis
      2. Brow Lifting Techniques
         a. Non-invasive
         b. Endoscopic
         c. Open
            i. Direct
            ii. Hairline
            iii. Coronal
   iii. Upper Eyelid
      1. Upper eyelid analysis
      2. Blepharoptosis evaluation and treatment
      3. Upper Blepharoplasty techniques
         a. Non-invasive
b. Surgical

iv. Lower Eyelid
   1. Lower eyelid analysis and pre-operative evaluation
   2. Lower blepharoplasty techniques
      a. Non-invasive
      b. Skin only
      c. Orbicularis repositioning
      d. Canthopexy techniques
      e. Canthoplasty techniques

v. Midface/ Cheek
   1. Midface/Cheek analysis
   2. Midface lift techniques
      a. Open
      b. Endoscopic
   3. Non-invasive volumetric augmentation

vi. Face and Neck
   1. Analysis
   2. Pre-operative planning
   3. Operative techniques
      a. Neck lift
      b. Chin implant
      c. Platysmaplasty
      d. Facelift
         i. Subcutaneous
         ii. SMAS plication
         iii. SMASectomy
vii. Rhinoplasty
   1. Analysis
   2. Structural considerations
   3. Techniques
      a. Open vs. closed
      b. Incisions
      c. Grafts
   4. Primary rhinoplasty
   5. Secondary rhinoplasty
   6. Cleft lip nasal deformity
   7. Airway obstruction
      a. Surgical management
      b. Non-surgical management
      c.

viii. Alopecia/ hair transplantation/restoration
   1. Principles
   2. Surgical techniques
   3. Clinical applications
   4. Complications and management

ix. Deformities of the ear
   1. Analysis
   2. Operative techniques

b. Aesthetic breast
   i. Analysis and examination techniques
      1. Congenital Breast Disorders
      2. Gynecomastia
      3. Mammary ptosis
      4. Mammary hypoplasia
5. Revision aesthetic breast surgery
   ii. Mammary hypertrophy
      1. Indications and contraindications of surgical techniques for
         Reduction Mammaplasty.
      2. Surgical therapy
         a. Liposuction
         b. Nipple pedicle
            i. Central
            ii. Superior
            iii. Superior medial
            iv. Inferior
            v. Bipedicle
            vi. Free nipple graft
         c. Vertical skin technique
         d. Wise-type skin excision
      3. Complications and their management
   iii. Mammary hypoplasia
      1. Indications and contraindications of surgical techniques
      2. Breast Augmentation Techniques
         a. Implant type
            i. Saline
            ii. Silicone
         b. Surgical incision
            i. IMF
            ii. Periareolar
            iii. Transaxillary
         c. Breast plane
            i. Subpectoral
            ii. Subglandular
      3. Complications and management
      4. Capsular contracture-prevention and management
      5. Revision breast augmentation
      6. Long term problems and their evaluation with non-invasive
         methods
   iv. Mammary ptosis
      1. Indications and contraindications
      2. Surgical procedures for correction:
         a. Mastopexy
         b. Mastopexy-augmentation
      3. Complications and their management
   v. Male gynecomastia
      1. Indications and contraindications
      2. Surgical procedures for correction:
         a. Liposuction
         b. Excisional techniques
3. Complications and their management
   vi. Congenital breast deformities
      1. Inverted nipple
      2. Tubular breast and constricted breast
      3. Breast asymmetry

   c. Body Aesthetic Surgery Techniques
      i. Liposuction
         1. Including understanding the basic uses of standard, ultrasonic assisted and alternative liposuction modalities.
         2. Liposuction techniques including wetting solutions
         3. Appreciation of the physiologic effect of tumescent fluid, its pharmacological composition and the symptoms, effect of lidocaine toxicity.
         4. Techniques and instrumentation
            a. Suction assisted
            b. Power Assisted
            c. Ultrasonic Assisted
            d. Other
      5. Clinical application
      6. Complications and management
      ii. Abdominoplasty
         1. Analysis
         2. Surgical techniques
            a. Mini-abdominoplasty
            b. Endoscopic plication
            c. Lipoabdominoplasty
            d. Abdominoplasty
            e. Extended and circumferential technique
      iii. Body contouring and massive weight loss techniques
         1. Analysis
2. Bariatric surgical techniques

3. Pre-operative management

4. Operative techniques
   a. Brachioplasty
   b. Upper trunk contouring
   c. Lower body lift procedures
   d. Thighplasty (medial/lateral)

iv. Combination surgery
   1. Perioperative planning

   d. Cosmetic Medicine
      i. A demonstration of regional facial nerve blocks associated with non-surgical facial rejuvenation.
      
      ii. Botox
      
      iii. Soft-tissue fillers including collagen-based, hyaluronic acid-based and permanent fillers.
      
      iv. Non-surgical rejuvenation such as chemical peels
      
      v. Laser treatment of skin for rejuvenation
         1. Biophysics
         2. Instrumentation – varieties of lasers for rejuvenation
         3. Clinical applications
         4. Techniques of use
         5. Aftercare
         
      vi. Complications and management
         
      vii. Skin care including preoperative prepping for laser rejuvenation and chemical peeling.

   e. The practice of aesthetic surgery
i. Outpatient office/clinic management

ii. ICD-9 coding

iii. CPT coding

iv. Medical photography

v. Outpatient operating facility
   1. Equipment
   2. Laboratory evaluation
   3. Patient records
   4. Patient monitoring during surgery
   5. AAAAPSF standards

f. Medicolegal and psychological aspects of aesthetic surgery
   i. Principles of informed consent
   ii. Risk Management
   iii. The medical record
   iv. Psychological aspects of aesthetic surgery
   v. Evaluation of the patient for aesthetic surgery
   vi. The psychology of deformity
   vii. Management of the dissatisfied patient