

# Aesthetic Society News

Quarterly Newsletter of The American Society for Aesthetic Plastic Surgery

## Surgeon/CEO: The Business of an Aesthetic Surgery Practice

BY MARY LIND JEWELL

Although you are sitting at the helm of an industry that earns billions, your aesthetic surgery training did not equip you to be a CEO. One result of your success is a daily encounter with the daunting task of running a business. How do you acquire the expertise to run a corporation that grosses seven figures?

Typically, surgeons prefer the OR to negotiating an office lease contract or dealing with a dysfunctional employee who is undermining practice morale. The perfect office manager is only part of the solution. In aesthetic plastic surgery, patients expect excellent quality outcomes, and they measure their results based on services rendered. You must build a business that understands how to deliver seamless customer satisfaction. How do you acquire innovative solutions for running your business?

### **You start by building a "best practices" library**

Economist Peter Drucker contends that knowledge is the key ingredient for economic performance. Subscribe

to the *Harvard Business Review* to understand how "best practice" ideas from other industries can nourish your own practice. Some of the finest business minds get their information from blitzing through the year's best business books with Executive Book Summaries ([www.summary.com](http://www.summary.com)). This website summarizes concepts from multiple publications, enabling you to follow the path of visionary companies.

### **Get the right people on the bus**

As CEO of your medical practice, you encounter daily issues relating to overhead, personnel, and how to respond to changes in the market place. You can find solutions to these challenges in the business literature. Books like *Good to Great*,<sup>1</sup> *Follow this Path*,<sup>2</sup> and *Fish*<sup>3</sup> not only tell you how to get the right people on the bus, but also what you need to do to empower

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*"Changing your organization is not the solution. It's the problem. Managing the process of change is the solution."*

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The American Society for Aesthetic Plastic Surgery



The Aesthetic Surgery Education and Research Foundation

# Aesthetic Society News

The American Society for Aesthetic Plastic Surgery  
The Aesthetic Surgery Education and Research Foundation

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Summer 2004

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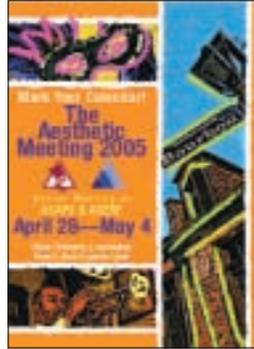
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# ASAPS Calendar

*ASAPS Meetings & Co-sponsored/  
Endorsed Events*



**The Aesthetic Meeting 2005**  
April 28-May 3, 2005  
New Orleans Convention Center  
New Orleans, LA  
Contact ASAPS 800.364.2147  
or 562.799.2356  
Email: [asaps@surgery.org](mailto:asaps@surgery.org)

## 17th Congress of the International Society of Aesthetic Plastic Surgery

August 28-31, 2004  
Hilton Hotel Americas  
Houston, TX  
Endorsed by ASAPS  
Contact: International Meeting Managers 1.713.965.0566  
Email: [imm@meetingmanagers.com](mailto:imm@meetingmanagers.com)

## Breast Surgery & Body Contouring Symposium

October 9, 2004  
Philadelphia, PA  
Co-sponsored by ASAPS/PSEF  
Contact: PSEF 800.766.4955  
(During ASPS Meeting – Philadelphia)

## 8th Annual Aesthetic Surgery Symposium

November 4-6, 2004  
Westin Galleria Hotel  
Dallas, TX  
Endorsed by ASAPS  
Contact: Jennifer Leedy 214.648.3792

## Advances in Aesthetic Plastic Surgery:

### The Cutting Edge V Symposium

November 12-16, 2004  
The Plaza Hotel  
New York, NY  
Endorsed by ASAPS  
Contact: Francine Leinhardt 212.702.7728  
Email: [leinhardt@earthlink.net](mailto:leinhardt@earthlink.net)

## 10th Annual New Horizons in Cosmetic Surgery Symposium

January 28-30, 2005  
Renaissance Esmeralda  
Indian Wells, CA  
Co-sponsored by ASAPS/PSEF  
Contact: PSEF 800.766.4955

# President's Report *"Business as Usual" Is Not Enough*

"May you live in interesting times." This ancient aphorism from the Chinese, which is both a curse and blessing, seems to be an apt description of the current state of our profession.

On the positive side, the interest in aesthetic plastic surgery has grown exponentially. According to Aesthetic Society statistics, there were nearly 8.3 million surgical and non-surgical cosmetic procedures performed in 2003. This is an increase of 293 percent since 1997.

The other side of the coin, as we all know, is that as the popularity of aesthetic plastic surgery grows, so do the challenges and risks to both plastic surgeons and patients. The intrusion of other specialists, including those without surgical training, into our field requires us to engage even more energetically in education of our patients, the public, and lawmakers. The media's focus on "extreme" plastic surgery means that, as responsible surgeons, we must defend our commitment to patient safety at the same time as others continue to encourage unrealistic expectations, putting patients at increased risk.

Our Society is committed to helping you meet these challenges by focusing on what it does best: providing quality education to our members and other board-certified plastic surgeons, and developing public education to help people make better-informed decisions regarding cosmetic surgery and choice of a cosmetic plastic surgeon. However, our approach today is by no means "business as usual." Extraordinary challenges require extraordinary measures. I am committed to strong leadership by the Aesthetic Society, particularly in these several key areas of current concern.

## **Patient safety**

We will expand the work already underway at the Aesthetic Society on the critically important issue of patient safety. This means encouraging an increased educational focus on reducing patient



Peter B. Fodor, MD

risk in conjunction with all our meeting presentations. ASAPS already has taken a giant step in helping to ensure patient safety by requiring that members operate in only accredited, state licensed or Medicare-certified facilities. Now we must bring the message of accreditation and plastic surgery credentials even more persuasively to the public, state medical boards, and legislators.

Our Society is moving forward to provide opportunities for plastic surgeons to obtain patient safety CME credits through ASAPS-sponsored events. We are maintaining a dialogue and working with other societies in the development of updated patient safety guidelines. Importantly, we are working with the Aesthetic Surgery Education and Research Foundation (ASERF) to identify and pursue relevant research projects that can give us answers to some of the critical questions that have been raised regarding the safety and effectiveness of office-based surgery, new technology and devices, and combination surgeries.

## **Dental scope of practice**

ASAPS recently took a strong position regarding California SB1336, a bill providing wide latitude for dentists to perform cosmetic procedures wholly unrelated to the oral cavity or jaws. Fortunately, when the bill passed the Assembly Business and Professions Committee, significant amendments had been added that increase patient safety. The bill now goes to the full Assembly. Since it has been amended in the Assembly after it passed in the Senate, the Senate must approve any amendments before it can go to the Governor. Working through the joint ASAPS/ASPS Scope of Practice Task Force, we are committed to further activities to halt the dangerous progression of dental practitioners into the field of aesthetic surgery. Through our relationship with other plastic surgery organizations, we will seek to influence legislation and to further differentiate ourselves from less qualified practitioners.

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## Effective Business Management (Continued from page 1)

personnel to be innovative problem solvers.

Before you hire an office manager, read *First, Break All the Rules*.<sup>4</sup> Companies usually compete to find and keep the best employees, using salary, benefits, and promotions. These well-intentioned efforts frequently miss the mark. According to Buckingham and Coffman, who wrote a wonderful business trilogy, no matter how generous the salary, or how renowned the training program, the company that lacks great frontline managers will suffer.

### ***Create and sustain successful growth of your practice***

At best, one company in ten is able to sustain profitable growth, according to Jim Collins, author of *Good to Great*.<sup>1</sup> If you are interested in creating and sustaining successful practice growth, read *The Innovators Dilemma*<sup>5</sup> and *The Innovators Solution*.<sup>6</sup> Both books help identify ideas that have disruptive potential and tell you how to assess which consumers will embrace a new idea. These readings also help you focus on how to reduce errors, costs, and delays.

*Built to Last*<sup>7</sup> discusses the roles of optimism and entrepreneurship. It also addresses real macro factors that influence your plastic surgery practice: demographics, social/cultural climate, political/legal environment, technology, and positioning in the market. Improving the quality of services and increasing profitability are the bottom line for plastic surgery practices, whether accomplished through cost containment or revenue enhancement strategies. For example, administering injectables may seem trivial to those with highly sophisticated surgical skills, but they do generate significant cash flow. As CEO you need to identify growth opportunities and assess financial performance through cash flow management.

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**Administering injectables may seem trivial to those with highly sophisticated surgical skills, but they do generate significant cash flow.**

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### ***How effective is your marketing?***

If you are actively marketing your services, are you performing practice audits to learn your rate of conversion to surgery? I recommend Michael Hammer's *Deep Change - How Operational Innovation Can Transform Your Company*.<sup>8</sup> In this *Harvard Business Review* article, Hammer discusses how offering lower prices and better service lures customers away from your competition. *Aesthetic Medicine—Practicing for Success*<sup>9</sup> by Marie Czenko Kuechel, is a 'must read' for surgeons in the first five years of practice. Czenko Kuechel provides an easy to follow, step-by-step process for building a successful aesthetic practice from the ground up.

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*Typically, surgeons prefer to be in the operating room rather than negotiating an office lease contract or dealing with a dysfunctional employee who is undermining the morale of the practice.*

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### ***Staff training pays enormous dividends***

Sheryl Bronkesh and Steven Brown have written two books targeted for medical staffs, *Patient Satisfaction Pays*<sup>10</sup> and *Improving Patient Satisfaction Now*.<sup>11</sup> The authors provide constructive tools that teach your group how to earn rave reviews from loyal patients. My staff conducted workshops suggested in the books with excellent results. We especially enjoyed "service mapping," which takes a broad view of service encounters throughout a patient's tenure. Mapping helped us to develop communication tools to streamline our delivery system so effectively that we are now far more capable of anticipating patient needs and expectations.

In our office, we have developed a number of tools we find useful. We provide a script of initial consultations for each of the procedures. We have found that the scripts are an excellent training tool; reading them, new employees get up to speed and are assimilated into our culture, which makes them more productive

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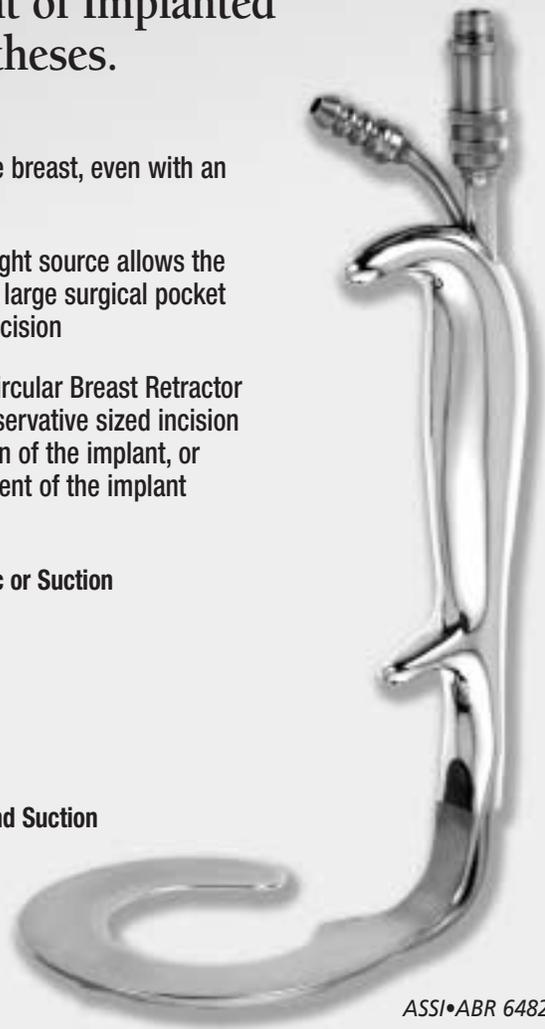
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## Effective Business Management (Continued from page 4)

members of our team. It also prevents patient care failure. The intake forms used at consultations enable us to improve our information-gathering techniques and transfers pertinent patient information from one staff member to the next. These scripted forms also create a dossier on each patient so that the next staff person can address the patient knowledgeably instead of repeating the same questions.

As a result of information gathered in scripts, we have created pre- and postoperative checklists for staff to fill out as they talk to patients. This ensures that we cover all of the pertinent information both before surgery and after the surgery.

Another suggested reading for you and your staff is *25 Management Lessons - From the Customer's Side of the Counter*.<sup>12</sup> It is not only fun but also incisive. In lesson 23: "Changing your organization is not the solution. It's the problem. Managing the process of change is the solution." Like surgery, the business of your practice is also a hands-on enterprise. According to Peter Drucker, "The best way to predict the future is to create it." ■■■

### REFERENCES

1. Collins J. *Good to Great*. New York, NY: Harper Collins Publishers; October 2001.
2. Coffman C, Gonzalez-Molina G. *Follow this Path*. New York, NY: Warner Books; October 2002.
3. Lundin SC, Paul H, Christensen J. *Fish*. New York, NY: Hyperion Press; March 2000.
4. Buckingham M, Coffman C. *First Break All the Rules*. New York, NY: Simon & Schuster; May 1999.
5. Christensen CM. *The Innovator's Dilemma*. Boston, MA: Harvard Business School Press; June 1997.
6. Christensen CM, Raynor, ME. *The Innovators Solution*. Boston, MA: Harvard Business Press; September 2003.
7. Collins J, Porras JI. *Built to Last*. New York, NY: Harper Business Essentials (Harper Collins); August 2002.
8. Hammer M. Deep Change – How Operational Innovation Can Transform Your Company. *Harvard Business Review*; April 1, 2004.
9. Kuechel MC. *Aesthetic Medicine-Practicing for Success*. Sadbury, MA: Jones & Bartlett; September 2004.
10. Nelson AM, Brown S, Bronkesh S. *Patient Satisfaction Pays*. Sadbury, MA: Jones & Bartlett; April 1993.
11. Nelson AM, Wood SD, Brown SW, Bronkesh S. *Improving Patient Satisfaction Now*. Sadbury, MA: Jones & Bartlett; January 1997.
12. Donnelly Jr. JH. *25 Management Lessons-From the Customers Side of the Counter*. New York, NY: McGraw-Hill Trade; June 1996.
13. Gardner HE. *Leading Minds: An Anatomy of Leadership*. New York, NY: Basic Books; August 1996.
14. Buckingham M, Clifton DO. *Now Discover your Strengths*. New York, NY: Free Press; January 2001.

All of the referenced books can be found online at [www.amazon.com](http://www.amazon.com).



Mary Lind Jewell, RPT has managed the practice of Mark L. Jewell, MD for the last 25 years. She has taught multiple courses on practice management, finance, personnel, and service delivery at ASAPS Annual Meetings and at the ASAPS Resident and Fellows Forum.

## President's Report (Continued from page 3)

### **Public education and "reality" TV**

The popularity of plastic surgery reality TV shows is clearly a double-edged sword. Some of our members feel that such programs have heightened public interest in the benefits of aesthetic surgery. At the same time, no one can deny that these programs often trivialize the surgical experience, including patient psychological and risk factors. It is not ASAPS' role to either endorse or discredit these shows or other similar media activities. However, each Society member is ultimately responsible for complying with the guidelines of our Code of Ethics when dealing with the media and always placing patient safety first. The Aesthetic Society is actively engaged in public education on many fronts. Today, we are the most visible organization representing cosmetic surgery in national and regional media. We will continue our strong public education program, which enhances the individual marketing efforts of all Society members.

### **ASAPS Members-Only Intranet**

Phase II in the process of creating a Members-Only Intranet will be concluded in August of this year. If supported by wide member use, the ASAPS Intranet can become a very powerful tool in the implementation of a great variety of our Society's projects. Distance learning, problem cases, and other subject-oriented chat rooms; bulk-rate purchase of office and operating room supplies; interactive communications of all sorts; easy, paperless meeting registration; a way to rapidly obtain member opinions through surveys -- these are just a few

of the myriad of benefits that our members can derive from the Intranet. I am committed to this project and strongly encourage you to familiarize yourself with, and take full advantage of, your Members-only Intranet. It was created for you, but it can evolve and function to its full potential only through your active participation and input.

### **International outreach**

The international prestige of the Society continues to grow, with increased international attendance at our meetings, a successful co-sponsored International Symposium, three major international societies affiliated with *Aesthetic Surgery Journal*, and more than 500 International Active Members and International Candidates on board. The participation of international surgeons in our educational and social activities enriches all our experience. One of my goals this year is to expand our outreach to international societies, finding new areas of cooperation and new opportunities to share knowledge for the benefit of our profession.

In my future President's Reports, I will update you on these and other issues of importance to the Aesthetic Society and the specialty. Today's challenges require more than business as usual. I pledge to serve you to the best of my ability, encouraging innovation while continuing the tradition of excellence that has established ASAPS as the world's most prestigious organization for aesthetic plastic surgery. ■ ■ ■

## Rhinoplasty Symposium

The "Rhinoplasty: Seeking Excellence" Symposium was held April 15, 2004 in Vancouver and was a standing room only sell-out. The symposium was truly unique for three reasons. First, it focused on helping practicing plastic surgeons improve their results by emphasizing practical operative planning, standard and advanced operative techniques, and secondary rhinoplasty. Second, it was the largest faculty of experienced teachers (20 surgeons) ever assembled for a one day rhinoplasty meeting. The comparison of classic and cutting edge procedures provided real insight into how to achieve improved results. Third, it was the inaugural symposium co-sponsored by ASAPS and the Rhinoplasty Society. Due to its overwhelming success, "Rhinoplasty: Seeking Excellence" will be held again next year on Friday, April 29, 2005 in New Orleans immediately prior to the annual ASAPS meeting. The theme of the meeting will be the "Top Ten Errors in Rhinoplasty: Avoidance in Primaries, Treatment in Secondaries," and will be chaired by Bahman Guyuron, M.D.

# Manage “Shoppers” with Smart Office Policies

BY MARIE CZENKO KUECHEL, MA

The increase from roughly six to eight million aesthetic procedures from 2002 to 2003 has been attributed to two things: non-invasive aesthetic options and increased media exposure. While the reasons for growth are just conjecture, the result of that growth is an influx of new traffic to many aesthetic plastic surgery offices.

The advantage of new traffic to your practice is the potential for new patients and resulting practice growth. The downside to this new traffic is that many people contacting your offices can be categorized as “shoppers.” Shoppers who act on impulse or on casual interest can affect your productivity. Even if these shoppers remain in the patient cycle and convert to treatment, they are likely to become the most difficult group to satisfy.

How can you identify and manage shoppers so that you can increase the odds of converting these consumers into good candidates for aesthetic plastic surgery? First, identify shoppers through consistent communication, policies, and procedures.

## ***No easy read on shoppers***

Ask your reception staff how often they hear these two questions during an initial contact:

- Does the doctor charge for consultations?
- How much does the doctor charge for \_\_\_\_\_ procedure?

Both of these questions are good indications that you’re talking to a shopper. But both also are very common questions among good candidates on fact-finding missions. How do you distinguish between the two? Simply, it is not necessary to make this distinction if you are able to effectively manage the relationship that this consumer has initiated with you.

## ***Clinical assessment at a price, office policies for free***

Do you advertise or offer complimentary consultations? In doing so, you invite shoppers and deval-

ue your medical expertise. Shoppers frequently want something for nothing. They are uncertain and impulsive. Anyone with a sincere interest in achieving aesthetic goals will be willing to pay for your time if it is used to share clinical expertise.

Make your time valuable by using it to address your patient’s aesthetic concerns only. Do not use consultations as a forum for basic patient education. Your office staff should provide policy and procedure information in advance and, of course, free of charge. Use the consultation to map out the treatment alternatives that will best achieve the patient’s goals. Charging for consultations can weed out casual shoppers and enhance your productivity and value with patients who truly desire and engage your services. But first, make certain your potential patient is prepared for the consultation experience.

## ***The price of quoting prices***

How does your staff respond to pricing questions? The only price that should be quoted to cold callers is the cost of a consultation. Quoting a price for anything else, even something as simple as an injection therapy, may result in a failed expectation – you don’t know if, in fact, the procedure or product for which a price is requested is appropriate for the caller requesting it.

Most blatant shoppers will end the conversation if you are not willing to discuss price over the phone. If that disconnect troubles you, ask yourself this: Do I really want a potential patient to choose me, unknown to them, based on price alone?

## ***Cover these bases before the consultation***

Your frontline office staff can pave the way for a productive consultation by engineering conversation, beginning with the very first call. Before the patient sees you, your staff should cover the following material:

- Explore the caller’s interest and desire for improvement or treatment.

## Manage “Shoppers” with Smart Office Policies

- Explain the process of patient education and consultation as well as office policies for consultation, scheduling, cost, and cancellation.
- Respond immediately with intake forms, aesthetic interest questionnaires, health history forms, basic patient education on procedures of interest, background on provider(s) and office, and a letter welcoming the patient and defining consultation procedures.
- Emphasize the need to complete paperwork in advance or to arrive early to complete paperwork.
- Obtain all pertinent vita to open a patient file.

### **The payoff**

When your office staff follows policy and is thorough in managing patient interest from that first telephone call, shoppers will likely back off. Consultations now have the advantage of being truly valuable by focusing only on the patient's goals and your treatment suggestions, making the best use of your time and the patient's time. This structured approach affirms that the patient has made the correct choice in consulting with you. A consultation that is totally clinical in nature gives the patient confidence to undergo treatment at your hand, thereby improving practice conversion and overall patient satisfaction.

### **The price of body repair**

Would patients expect an auto repair estimate over the phone before their car is seen? As in automotive repair, each body part presents a unique problem. What then is the best way to address questions of price to extend your ability to serve truly good aesthetic candidates and also to manage the shoppers? Any potential patient truly interested in aesthetic plastic surgery wants good outcomes. Your staff must take the time to explain (and good candidates will exercise the patience to listen) the following:

- Good outcomes require a careful evaluation of

the individual and his or her goals and concerns.

- Price can only be defined following an appropriate consultation to evaluate goals and prescribe an appropriate course of treatment.

If your office practices the policy of discussing price only upon consultation, you can be confident that:

- A patient will choose you knowing the procedure or procedures recommended and the attached price are appropriate to fulfill his or her goals.
- You have reduced your chance of consulting with a dissatisfied patient – one who believes that a given procedure at a given price can accomplish his or her goals.

### **Who to invite**

Examine your office practices and consider whom you are inviting inside your doors. Then consider the type of patient population that will, in the long run, enrich your practice. A truly gifted provider of aesthetic medicine once told me, “When you choose your patients carefully, you will always get the patients you deserve.” These are words to practice by. ■■■

*Marie Czenko Kuechel, MA is a consultant to the industry and practice of aesthetic medicine, the author of the practice management guide, Aesthetic Medicine: Practicing for Success, and numerous patient education publications including the ASAPS/ASPS joint patient education and practice and procedural brochures, and DVD patient education series.*

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# ASAPS Member-to-Member

## Best Marketing Practices

BY MARTHA J. DREZIN, CONTRIBUTING EDITOR, ASAPS

*With contributions by Richard D. Anderson, MD, Scottsdale, AZ; Barry E. DiBernardo, MD, Montclair, NJ; Julius W. Few, MD, Chicago, IL; Richard J. Greco, MD, Savannah, GA; Charles E. Hughes III, MD, Indianapolis, IN; Mark L. Jewell, MD, Eugene, OR; Leo R. McCafferty, MD, Pittsburgh, PA; and Victoria Vitale-Lewis, MD, Melbourne, FL.*

As an aesthetic plastic surgeon, competition is keen for your marketing dollar. Internet, TV, radio, seminars, health fairs, newspapers, and magazines are only some of the overwhelming choices. Consultation firms will eagerly map out your marketing strategy but offer no guarantees. Here, we offer a shortcut: the benefits of the marketing experience of seasoned ASAPS' members based on their own trials and errors. ASN interviewed ASAPS members, coast to coast, asking, "What has been your most successful marketing strategy/idea of the past two years?" Interestingly, many of the most successful strategies were discovered by accident while others are based on creating a practice environment that is extremely solicitous of patient's needs.

**Dr. Richard D. Anderson** eliminated postoperative pain, nausea, and vomiting earning the reputation of painless plastic surgeon. This has been his most impressive practice builder in the past two years. "At the 2002 ASAPS Las Vegas meeting, I discovered the On Q Pain Pump. This device has effectively eliminated pain after breast augmentation, reduction, and also after abdominoplasty. The reduced need for narcotics plus the routine use of antiemetics and COX-2 inhibitors has also contributed to a pleasant pain and nausea-free recovery. My patients are thrilled and tell their friends. I also have impressive response from news articles and ads informing our target market about the improved pain free recovery. Our bottom line numbers confirm the advantages."

Dr. Anderson also had one glaring marketing failure. "About two years ago, I was encouraged by professional practice consultants to offer free cosmetic consults because 'everyone else is doing it.' Free consults resulted in more shoppers, tire-kick-

ers, no shows, frustration, and fewer scheduled surgery cases. Our established patients were upset because we were 'getting too busy' and they were not getting the time and special attention they desire, expect, and deserve. After several months, we realized that we were not happy trying to be the 'Wal Mart' of plastic surgery and reverted to our modest token cosmetic consult charge. Free consults had no value to the patients who received them and actually were a negative factor with our regular patients, the staff, and myself – not to mention the bottom line."

Although he spends marketing dollars on quarterly newsletters and an informational website, **Dr. Richard J. Greco** has determined that his success is primarily due to his extensive interactions with patients.

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*Interestingly, many of the most successful strategies were discovered by accident while others are based on creating a practice environment that is extremely solicitous of patient's needs.*

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"The best marketing tool that I use is calling patients the night before surgery to ask them if they have any last minute questions, and calling patients the night after surgery to see if all is going well and if the caretaker has questions. This extra attention generates the best prospective patients: word-of-mouth referrals."

**Dr. Victoria Vitale-Lewis** discovered her best marketing strategy by accident. "I was asked to

## Best Marketing Practices

do a local talk radio show. The host thought it would be interesting if I brought patients with me who had undergone the procedure that I was to discuss, a suspension suture face lift that I call the 'Feminine Face Lift.' It was easy to find patients who thought this would be fun. Listening to the show's playback, I was very impressed. The sincerity of patient comments, straight from the heart, made a very big impact. From this I got the idea for patient testimonial radio ads. My radio commercials simulate a typical female lunchtime discussion. I gave the same patients who participated in the radio show broad talking points to discuss. They talked for more than an hour and I selected the best parts of the conversation for the commercials, which sound as natural and sincere as the original talk show. After exploring the cost of different advertising media in my area, radio seems to me the most cost effective for a solo practitioner. I choose light rock stations commonly played in offices and businesses, such as beauty salons, and air the commercials during business hours. It is very expensive to statistically track the success of this type of name recognition advertising, but the anecdotal evidence of its success has been overwhelming. I can promise you that I cannot go anywhere locally where my name is not immediately recognized. The only embarrassment is when the circulating nurse turns on one of these stations in the operating room and I am forced to listen to these ads with people bragging about me."

**Dr. Julius W. Few** was surprised to discover that internal, hospital-based marketing is very effective. "I am in a four-person group at

Northwestern Memorial Hospital with a private and academic affiliation. Our group has resisted most external marketing pressure. I have routinely given in-service presentations to the hospital referral service and hospital administration on topics including new aesthetic indications, the importance of board certification, and patient safety. While it was not my intention, several hospital administrators became my aesthetic patients and championed my practice. By providing CME presentations for physicians with other specialties, many physicians can be made aware of the benefits of aesthetic plastic surgery."

**Dr. Charles E. Hughes III** implemented a fundamental change to his practice several years ago. "As a member of the Education Committee, I was assigned to audit and evaluate a course on skin care at the ASAPS national meeting. I arrived at the course with a bad attitude and a distinct prejudice: This was not essential to aesthetic surgery education and there were far more worthy topics to be reviewed. But as I sat and listened to the skin care presentation, my attitude underwent a sea change. What an enhancement this would be for my practice – my patients would use this! I now offer skin care and many other nonsurgical modalities. My patients have welcomed this change and benefited. Moreover, my office visits have increased 54% and my aesthetic procedures have increased 38%. Many of these visits appeared within the first 24 months of offering nonsurgical enhancements. The best marketing strategy requires a timeless, open mind in sync with current trends and interests."

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### Surgery.org wins prestigious award from the NYSAE

In early 2004, The American Society for Aesthetic Plastic Surgery (ASAPS) was honored by the New York Society of Association Executives (NYSAE) with the very prestigious Cyber Space award. This award reflects the dedication and hard work ASAPS devoted to ensure the successful redesign of our website, [www.surgery.org](http://www.surgery.org).

# Cosmetic Surgery and the Law

## *Plaintiffs vs. Expert Witnesses: A Cautionary Tale for Expert Witnesses*

BY ROBERT AICHER, ESQ., ASAPS LEGAL COUNSEL



An expert's paramount obligation is to tell the truth, not what their clients or the other side regards as the truth. Yet, since litigation is fueled by anger, experts often find themselves defending their testimony in response to accusations

by the adverse parties, their own clients, their professional society, or their licensing board.

Lawsuits filed by the opposition are the easiest to defend against, because all states provide a "litigation privilege," sometimes called "witness immunity." The litigation privilege prohibits lawsuits based upon sworn testimony, whether given in deposition or trial, because the public interest in having people speak freely outweighs the risk that individuals will occasionally make false and malicious statements.

The litigation privilege also protects experts from suits by their own clients. They can, instead, claim breach of contract by the expert for failing to perform in court as expected, but such suits generally fail. For instance, in a 1990 Ohio case involving an improperly diagnosed hand fracture, an expert physician informed his client on the seventh day of trial that although he felt the two treating physicians had been negligent, he no longer felt their negligence caused the injuries. The client was forced to immediately settle. Similarly, in a 1993 Pennsylvania building materials formaldehyde exposure case, a physician changed her testimony from her deposition, stating in trial that she could not explain the lack of formaldehyde sensitization in cigarette smokers; the court ruled in favor of the defense. Both sets of clients sued their own experts, claiming they had breached their contract to testify as expected, and as they had done in deposition. The Ohio and Pennsylvania courts found the experts civilly immune from suit.

Clients have been more successful circumventing

the litigation privilege by claiming professional negligence in conducting the tests used to formulate the expert's opinion. For instance, a 1999 Pennsylvania case was brought against an economist hired to calculate lost business profits. His testimony was stricken when cross-examination revealed that the economist used incorrect mathematical calculations, forcing the client to accept \$750,000 in settlement when the corrected calculation showed lost profits of \$2.7 million. The Pennsylvania court stated that expert witnesses may be sued for failure to render services with the degree of care, skill, and proficiency commonly exercised by their profession. The same interpretation of this ruling was applied in a 2000 Connecticut personal injury resisting arrest case. Two Ph.D's, one a biomechanics expert, the other a kinesiologist, were held liable for using defective test equipment. This, in turn, rendered their trial testimony inadmissible to prove that the arresting officers were the cause of plaintiff's quadriplegia.

These cases reveal a potentially successful strategy for attack. When the expert goes beyond a records review and also examines the patient, the litigation privilege may not shield the expert from a claim of professional negligence if it can be established that the testing methodology used with the patient was below the industry recognized standard of care. It is thus essential that all non-opinion testing be conducted with the degree of care, skill, and proficiency commonly exercised by the medical community. Fortunately, the Pennsylvania court also pointed out that this ruling would have limited application, and that that a difference of opinion alone is not sufficient to establish liability of an expert witness for professional negligence.

Returning to suits against experts by adverse parties, the California Attorney General on April 28th took the unusual step of issuing a non-binding opinion that physician experts may not be sued by adverse parties for professional negligence, due to

[CONTINUED ON PAGE 14]

# Newest ASAPS Member Benefit Is Now Just a Click Away

Launched on April 15, the ASAPS members-only Intranet continues to add new features. This password-controlled website brings advanced online technology to members of the American Society for Aesthetic Plastic Surgery. The site is located at [www.surgery.org/members](http://www.surgery.org/members).

“The number one priority is to get ASAPS members to use the Intranet on a regular basis,” according to Dr. Brian Kinney, Chair of the ASAPS Electronic Communications Committee. “To accomplish this goal, the Intranet must offer current, relevant content that is useful to our members and their aesthetic plastic surgery practices. With this in mind, we have taken steps to ensure that the Intranet stays up-to-date and offers members a wide variety of information, as well as online training and educational opportunities.”

“The members-only Intranet has the potential to become a major resource for the Society members. We want to make sure that we make full use of that potential.”

Current features of the ASAPS members-only website include the following:

- Access to streaming video presentations
- Opportunities to obtain CME credit on line
- Online Member Roster
- Message boards for quick and convenient communication between members
- Direct online access to PubMed, Google, and the *Aesthetic Surgery Journal*

In the near future, the members-only intranet will contain other enhanced features, including the following:

- Shopping cart technology that provides members with the ability to register for an event or pur-



*“The members-only Intranet has the potential to become a major resource for the Society members. We want to make sure that we make full use of that potential.”*

chase a publication with a few clicks of a mouse

- Access to more online educational opportunities
- Fresh, relevant information, education, and training opportunities

### ***It's only the beginning***

“Even this,” Dr Kinney promises, “is only the beginning. We plan to continually obtain feedback from members on what they want to see on the Intranet. We’ll be listening and acting on their recommendations, which is only logical, since the Intranet exists solely to support the ASAPS membership.”

## Cosmetic Surgery and the Law (Continued from page 12)

the absence of a physician-patient relationship. However, the Attorney General added a significant caveat: physician experts may nevertheless be subject to professional discipline by the Medical Board of California if their testimony constitutes unprofessional conduct.

This threat can be as damaging to an expert's career as a successful lawsuit, because the litigation privilege will not prevent a litigant or his or her attorney from seeking non-judicial revenge, and the consequences of Society discipline can be devastating. Anyone can level a complaint with an expert's medical board or professional society. Either organization will seek only to determine whether the expert's testimony constituted unethical or unprofessional conduct under its own bylaws and code of ethics. It will not take into account whether the expert's testimony was privileged in the state where it was given or whether it in any fashion influenced the outcome of the underlying case.

In 1994, a California forensic psychologist was disciplined by the American Psychological

Association for falsely testifying in a child custody case. As a result of the discipline, his name was removed from the list of court-appointed psychologists, and the litigation privilege was no bar to the APA's discipline. Since all experts are subject to cross-examination as to their qualifications, discipline by one's professional society for giving false testimony will be fatal to one's career as an expert witness.

Career consequences for unethical behavior should not be a deterrent to prosecution. However, due to crushing caseloads in the courts, the public will increasingly look to professional societies to police their memberships. Our Society recognizes that it is in the public interest to provide objective and unbiased medical testimony. We also expect our members to expose unethical conduct by their fellow members. The tension arises when claims of false testimony are not presented to the Society by impartial colleagues, but instead by disgruntled members, litigants, or their attorneys whose motives more closely resemble revenge than a desire to further the highest ideals of plastic surgery. ■■■

### Journalistic Achievement Awards Winners



Winners of the 2004 ASAPS Journalistic Achievement Awards, presented in Vancouver, BC.

Front row, L to R: Joan Kron (Allure Magazine), Denise Mann (WebMD), Tammy Vigil (KDVR-TV FOX, Denver,CO).

With them, back row, L to R: Laurie Casas, MD, ASAPS Communications Commissioner; Leo McCafferty, MD, ASAPS Public Education Committee Chair; Victoria Vitale-Lewis, MD, ASAPS Public Education Committee Vice Chair.

Winners not shown: Sanjay Gupta, MD (CNN), Sameh Fahmy (The Tennessean), Shannon Rose (WWBA, Tampa, FL).

# Media Notes & Quotes

## A sampling of current media coverage on cosmetic surgery

“Doctors say patients should be aware that the risks are there. At a meeting of the **American Society for Aesthetic Plastic Surgery** [in Vancouver] last week, surgeons in presentations and interviews said patients should realize that even common procedures like liposuction can be hazardous....On its web site, [www.surgery.org](http://www.surgery.org), the society recommends that patients check doctors’ credentials and, if they are going to have surgery in offices, they should make sure the [offices] are accredited.”

–The New York Times

April 27, 2004

“There are more 60- and 70- year-olds today running marathons, buying Harleys, dating online and going to rock concerts. According to the **American Society for Aesthetic Plastic Surgery**, procedures on folks 65 and older have tripled in the past five years. (That group now accounts for one in seven facelifts.)”

–The Wall Street Journal

April 30, 2004

“These shows trivialize cosmetic plastic surgery, and that does such a disservice for the patients,” says Laurie A. Casas, MD, an associate professor of surgery at Northwestern University Medical School in Chicago and the communications chairwoman of the **American Society for Aesthetic Plastic Surgery (ASAPS)**. There is no discussion of options, no discussion of risks and benefits, no sense of the length of surgery or the postoperative course,” she says. “That is all glossed over.” Peter B. Fodor, MD, a Los Angeles-based plastic surgeon and ASAPS president, agrees. “Patients expect transformation, and that is not realistic, and that is the biggest shortcoming of these shows.”

–WebMD

May 17, 2004

“[Reality TV] is cookie-cutter,” said Dr. Peter B. Fodor, a plastic surgeon in Los Angeles and president of the **American Society for Aesthetic Plastic Surgery**...Not every patient has a mass-market vision of beauty, Dr. Fodor said. These shows trivialize the process,” he said. “Most people are not coming in and asking for five or six procedures all at once.”

–The New York Times

May 2, 2004

“Cosmetic procedures [are] now growing at exponential rates (the **American Society for Aesthetic Plastic Surgery** reported that the number of procedures performed climbed 20 percent last year).”

–Glamour Magazine

May 2004

“Getting work done is also becoming more attractive because procedures are becoming less invasive...The Featherlift Facelift is very exciting, says Peter Fodor, a Los Angeles surgeon and president of the **American Society for Aesthetic Plastic Surgery**. But with all new procedures, it’s unclear whether it will live up to its promise...Although no surgery is without risk, patients can minimize it by doing their homework... “Nobody’s ever asked me in 30 years if I’m board certified, says Robert Bernard, a plastic surgeon in White Plains, NY. Patients should ask: Are you board certified? Where are you going to do the surgery doc? Is your facility certified? Do you have privileges in a hospital?”

–US News & World Report

May 31, 2004

“Number one, make sure your physician is board certified by the American Board of Plastic Surgery,” says Robert W. Bernard, MD, [immediate past] president of the **American Society for Aesthetic Plastic Surgery**. However, Bernard stresses that board certification is only a minimum requirement; a conscientious patient should request the phone numbers of former patients and should feel free to call other surgeons for references. (Referrals for board-certified doctors may be found on [www.plasticsurgery.org](http://www.plasticsurgery.org) and [www.surgery.org](http://www.surgery.org).)”

–Vogue Magazine

June 2004

“Liposuction...failed to reduce obesity-related risks for coronary heart disease and diabetes, a new study has concluded.... Peter Fodor, a Los Angeles plastic surgeon who is president of ASAPS, said the matter needs further study with a larger set of participants...There are patients for whom there are beneficial effects and there are some for whom it isn’t beneficial.... Liposuction is the most common form of cosmetic surgery, according to the **American Society for Aesthetic Plastic Surgery**, or ASAPS. Nearly 385,000 Americans underwent the procedure last year, ASAPS said.”

–The Wall Street Journal

June 17, 2004

# Traveling Professors

To view topics for each Traveling Professor, visit the Medical Professionals area of the ASAPS web site at [www.surgery.org](http://www.surgery.org). To arrange a Traveling Professor visit, please contact Geri-Lynn Smith in the ASAPS Central Office, 800-364-2147.



**James L. Baker, Jr., MD**



**Mark B. Constantian, MD**



**Felmont F. Eaves III, MD**



**Peter B. Fodor, MD**



**Ronald P. Gruber, MD**



**Dennis C. Hammond, MD**



**Nicanor Isse, MD**



**Ronald E. Iverson, MD**



**Jeffrey M. Kenkel, MD**



**T. Gregory Kirianoff, MD**



**Foad Nahai, MD**



**Malcolm D. Paul, MD**



**C. Lin Puckett, MD**



**Robert L. Ruberg, MD  
Services Coordinator**



**John B. Tebbetts, MD**



**J. William Little, MD**

Recent retirees of the Traveling Professors Program were honored during the 2004 ASAPS annual meeting in Vancouver.



**Sam T. Hamra, MD**

## Best Marketing Practices (Continued from page 11)

**Dr. Mark L. Jewell's** best recent marketing idea has been to add nonsurgical modalities to his practice. "Offering Botox and Restylane is a good way to introduce patients to my practice. Patients seeking nonsurgical treatments will ultimately undergo surgical procedures such as blepharoplasty, rhytidectomy, and endoscopic brow lifts. I usually allocate different time blocks during the week for these treatments so that there is efficient delivery of care. Additionally, these services fill in gaps in the schedule due to my need for travel as an ASAPS officer."

**Dr. Leo R. McCafferty** has developed a practice that is 90% word of mouth referrals. He attributes this to making sure his patients receive impeccable treatment. "For the first visit, patients never wait more than 10 or 15 minutes. If by some chance the wait is longer, they are not charged. People are nervous about seeing a plastic surgeon; it takes courage for them to come to your office. It is not like visiting a beauty salon. He advises, "Do unto others...." and to place people at ease. His early community involvement also generated referrals. "I coached sports, got involved with a church, and got involved in a community medical society." Informational seminars for a handpicked audience in a private club have also bolstered his practice. "We do not advertise these but issue invitations to people we know to introduce them to our specialty. We have a cocktail hour before the presentation during which my staff nurses mingle with patients and speak with them informally. My nurse aesthetician gives a presentation and then I introduce some aesthetic procedures, frequently using ASAPS slides."

**Dr. Barry E. DiBernardo** has also found that small patient seminars work well. "It gives reluctant people a glimpse at what can be done and an opportunity to meet the doctor and staff without the anxiety of a one-on-one consultation. However, this does require a significant expense to promote the event and many good before and after patient photos." ■ ■ ■

## Round out your education

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## ASJ Focuses on International Expansion



During The Aesthetic Meeting 2004 in Vancouver, members of the *Aesthetic Surgery Journal* Editorial Board met with official liaisons from three ASJ International Affiliate Societies to discuss enhanced global marketing and distribution of the Journal in 2004. Pictured (left to right) are Claudio C. de Castro, MD, liaison to the Brazilian Society of Plastic Surgeons; Stanley A. Klatsky, MD, Editor-in-Chief; Elizabeth Sadati, Executive Editor; Antonio Fuente del Campo, MD, International Editor; and Kitaro Ohmori, MD, liaison to the Japan Society of Aesthetic Plastic Surgery. Not pictured: Jose Guerrerosantos, MD, liaison to the Mexican Association of Plastic, Aesthetic and Reconstructive Surgery.

## Aesthetic Surgeons Rate ASJ Best of Plastic Surgery Journals

A May 2004 survey of U.S. and international plastic surgeons, including members of ASAPS and non-member surgeons, found that *Aesthetic Surgery Journal* (ASJ) is overwhelmingly preferred over other journals for its clinical importance and contributions to the field of aesthetic surgery. Survey respondents evaluated ASJ relative to *Plastic and Reconstructive Surgery* (PRS, the "white journal"), *Aesthetic Plastic Surgery* (APS, journal of the International Society of Aesthetic Plastic Surgery) and other journals.

"The results of this survey confirm what I hear all the time from ASAPS members and others who read our journal," says Stanley A. Klatsky, MD, ASJ Editor in Chief. "ASJ is the journal that people look to for important clinical science and techniques they can apply to their everyday practice of aesthetic surgery."

- ASJ received the highest rating by a significant margin in 9 out of 11 questions dealing with quality and importance.
- When asked to name the one journal most clinically relevant to their aesthetic surgery practice, 74% of respondents selected ASJ.
- ASJ was considered VERY IMPORTANT (highest rating) to the field of aesthetic surgery by 77% of respondents (PRS 52%, APS 22%).
- Among international respondents, ASJ received

a mean score of 4.68 (out of 5) for overall importance, while APS (the ISAPS journal) received a mean score of 3.98.

- When surgeons were asked about the importance to them of the information contained in the two sections of ASJ -- the Practice Forum (invited articles) and the Scientific Forum (peer-reviewed original manuscripts) -- both sections received favorable ratings of 88% or higher.
- Regarding the cover format of ASJ (original artwork by plastic surgeons), 58% of respondents agreed that the current format for covers "adds to the aesthetic quality of the journal," while only 9% disagreed (other responses were neutral). When asked if they would prefer a more standardized journal cover, only 16% felt a cover that was "always the same" would be preferable.
- With regard to ASJ's effectiveness in presenting an international perspective on the field of aesthetic surgery, 64% rated it "Excellent" or "Good." Among international surgeons, only 56% rated it "Excellent" or "Good." International representation is an area in which ASJ continues to make notable progress, with the number of submitted manuscripts from international authors up 300% since 2000.

The survey was conducted by Industry Insights, an independent research firm, and results included responses from 363 plastic surgeons.

# ABPS Announces New Requirement for Maintenance of Certification

The American Board of Plastic Surgery (ABPS) recently announced an important requirement for its new program for Maintenance of Certification. ABPS diplomates must now have hospital admitting privileges to maintain certification by the Board.

The first component of the Maintenance of Certification (MOC) program\* is Professionalism, which will be reviewed by the Board every two years. Professionalism, as defined by ABPS, includes the following:

1. A full, unrestricted state medical license
2. Hospital admitting privileges in plastic surgery in a JCAHO-approved hospital
3. Completion of a peer review evaluation form by

three individuals: The chief of surgery or chief of staff of the hospital and two other colleagues chosen by the candidate from the four categories listed below:

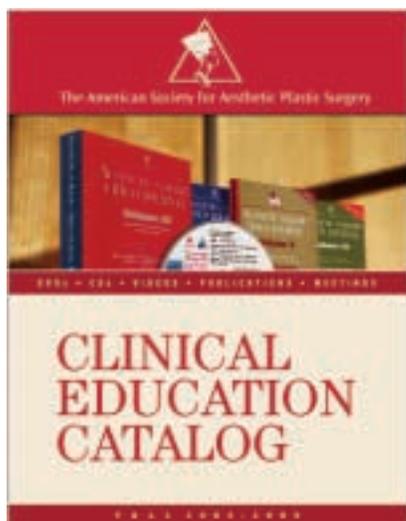
- Chief of Plastic surgery
- Anesthesiologist
- Nursing Supervisor/Administrator
- Any ABPS Board-certified colleague

The approval process of the Board's MOC program is likely to be completed by the American Board of Medical Specialties (ABMS) during the 2005 calendar year. ABPS expects the new certification program to be phased in by 2006, replacing the current recertification program.

*\*The MOC does not replace the existing exam to recertify.*

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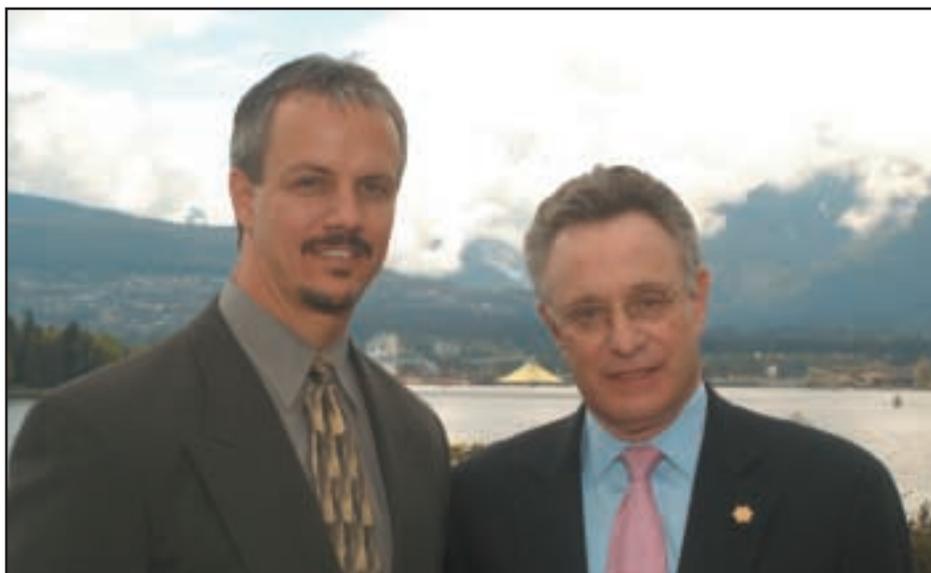
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Allergan, Inc. Senior Product Manager, Botox Cosmetic, Rick Kozloski receives the ASAPS Platinum Triangle Award from ASAPS Immediate Past President Robert W. Bernard, MD.

*ASAPS thanks Allergan, Inc. for its continued support  
and provision of resources to fulfill the Society's  
important educational and research mission.*



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for contributing over \$100,000 from May 2003-April 2004



Inamed Aesthetics Executive Vice President, The Americas and Asia, Hani Zeini receives the ASAPS Platinum Triangle Award from ASAPS Immediate Past President Robert W. Bernard, MD.

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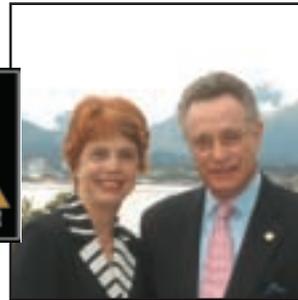
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## ASAPS Members Elect New Officers

Active Members elected new officers for 2004-2005 during the ASAPS Annual Business Meeting in Vancouver. **Peter B. Fodor, MD**, assumed the office of President. Others elected to the Executive Committee are: **Mark L. Jewell, MD**, President-Elect; **James M. Stuzin, MD**, Vice President; **Foad Nahai, MD**, Secretary (serving second year of a two-year term); and **Alan H. Gold, MD**, Treasurer.

Also elected as Members-at-Large were **Michael F. McGuire, MD**, **Renalto Saltz, MD**, and

**V. Leroy Young, MD**. **Felmont F. Eaves, III, MD** is completing the second year of the position vacated by **Rod J. Rohrich, MD**. **Fritz E. Barton, Jr., MD**, was elected Trustee.

New Members were elected to the Ethics Committee, Judicial Council and Membership Committee. For a complete list of Officers and Committees for 2004-2005, visit the ASAPS web site, Medical Professional Section, About ASAPS at [www.surgery.org](http://www.surgery.org).

## ASAPS Welcomes New Members

### *Active Membership*

Mirza N. Ahmad, MD  
Kaveh Alizadeh, MD  
Scott K. M. Barr, MD  
Scott Bartlebort, MD  
Stephen Beals, MD  
Richard Bene, MD  
Gary Berger, MD  
Michael Bermant, MD  
David Bottger, MD  
Pierre Brassard, MD  
Rafael Cabrera, MD  
Antonio M. Carbonell, MD  
Kirk Churukian, MD  
Robert C. Ciardullo, MD  
Stephen F. Coccaro, MD  
Carlos Cordoba, MD  
Christopher Demas, MD  
Joseph DiBello, Jr., MD  
Alexander G. Digenis, MD  
Jeffrey Dillow, MD  
Frederick J. Duffy, Jr., MD  
Charles D. Ettelson, MD  
John Fattore, MD  
Robert Feins, MD  
Julius Few, MD  
Richard Jobe Fix, MD  
Paul F. Fortes, MD  
Martin Fox, MD  
Robert Frank, MD  
Jeffrey D. Friedman, MD  
Ralph R. Garramone, MD  
William Georgis, MD

David Genecov, MD  
Sharon Giese, MD  
Michael A. Giuffrida, MD  
Paul M. Glat, MD  
Robert Graper, MD  
Gary Hall, MD  
Douglas Hendricks, MD  
Ruth Hillelson, MD  
James Alan Hoffman, MD  
Michael Horn, MD  
David Horvath, MD  
Brian Howard, MD  
Vincent Hung, MD  
Armen K. Kasabian, MD  
Julie J. Khanna, MD  
David Kirn, MD  
Michael Kreidstein, MD  
Brian Lee, MD  
Sheilah Lynch, MD  
Alexander A. Majidian, MD  
John McAvoy, MD  
Timothy M. McGee, MD  
Roberto J. Mendez, MD  
Rosellen S. Meyerstrik, MD  
John Minoli, MD  
Sean Moloney, MD  
Dennis Montiero, MD  
Hossein A. Najafi, MD  
Nicholas Nikolov, MD  
Martin O'Toole, MD  
Mark Peters, MD  
Tracy M. Pfeifer, MD  
John Pierce, MD

James C. Pietraszek, MD  
Tom J. Pousti, MD  
Lee Li-Qun Pu, MD  
Don Revis, Jr., MD  
Rick Rosen, MD  
Douglas M. Rothkopf, MD  
Stefan Schlagintweit, MD  
Benjamin Schlechter, MD  
Joseph Serletti, MD  
Daniel G. Sherick, MD  
Robert Silich, MD  
Navin K. Singh, MD  
C. Lawrence Slade, MD  
Hong Shick Song, MD  
Anne Taylor, MD  
Lisa D. Taylor, MD  
Jorge I. de la Torre, MD  
Sarah C. Troxel, MD  
Nguyen B. Trung, MD  
Craig A. Vander Kolk, MD  
Todd M. Van Ye, MD  
Charles Virden, MD  
Kenneth Glen Walton, MD  
Steven J. White, MD  
Sergio M. Zamora, MD  
George P. Zavitsanos, MD

### *International Active Membership*

Abel Chajehir, MD  
Janis Gilis, MD  
Joaquim Sunol, MD



# ASERF Awards

The Aesthetic Surgery Education and Research Foundation (ASERF) presented its annual awards for exceptional contributions to education and research in aesthetic surgery during The Aesthetic Meeting 2004 in Vancouver. Congratulations to the following award recipients for 2004:



### **IN CHUL SONG AWARD FOR PHILANTHROPIC SERVICE**

Bernard Alpert, MD  
Iraqi Humanitarian Mission



### **BEST SCIENTIFIC EXHIBIT BY A RESIDENT**

Chad D. Tattini, MD  
"Autologous Buttock Augmentation by Posterior Truncal Lift Approach"



### **TIFFANY AWARD**

Mark B. Constantian, MD  
"Common Mistakes in Rhinoplasty: My Personal Experience"



### **SHERRELL J. ASTON AWARD**

Georgeanna Huang, MD  
"Sentinel Lymph Node Biopsy in the Augmented Breast: The Role of the Transaxillary Subpectoral Approach"



### **BEST JOURNAL ARTICLE**

Constantino Mendieta, MD  
"Gluteoplasty"  
*(Aesthetic Surgery Journal)*



### **SCIENTIFIC EXHIBIT AWARD**

Robert M. Freund, MD  
"Lateral Endoscopic-assisted Brow Lift Revisited"



### **WALTER SCOTT BROWN AWARD**

Fritz E. Barton, Jr., MD  
Video, "Face"



### **RAYMOND VILAIN AWARD**

Patrick Tonnard, MD  
Panelist, "Facelifting: The Global Perspective"



### **AESTHETIC SURGERY RESEARCH AWARD**

V. Leroy Young, MD  
"Breast Augmentation: An Online Survey"



### **SIMON FREDRICKS AWARD**

Jack P. Gunter, MD  
"Tip Refinements: Are Grafts Obsolete In Rhinoplasty?"



### **BEST PANEL MODERATOR**

Robert Singer, MD  
"Role of Volumetric Augmentation in the Modern Facelift"



## 2004/2005 ASERF Officers

The purpose of the Aesthetic Surgery Education and Research Foundation (ASERF) is to identify and pursue issues relevant to the effectiveness and safety of aesthetic surgery techniques and technology through directed research and education.

Through the funding of research and development of educational programs for plastic surgeons, ASERF helps to ensure the safety and effectiveness of new aesthetic surgical techniques. 100% of member donation goes to aesthetic surgery clinical research.



Jeffrey Lang, MD  
President



Alan H. Gold, MD  
President-Elect



Franklin L. DiSpaltro, MD  
Vice President



V. Leroy Young, MD  
Treasurer



Rod J. Rohrich, MD  
Secretary



Peter B. Fodor, MD  
ASAPS President



Mark L. Jewell, MD  
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James M. Stuzin, MD  
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