Changing of the Guard

Stanley A. Klatsky, MD, to become Editor Emeritus of the Aesthetic Surgery Journal — Foad Nahai, MD takes over Editor-in-Chief reins commencing January 1, 2009 —By Jeffrey M. Kenkel, MD

Stanley A. Klatsky, MD, long time Editor-in-Chief of ASJ will be stepping down from this pivotal position December 31, 2008, ending a distinguished run of leadership and scholarship he began over ten years ago.

Few have had the distinguished career in service to plastic surgery as Stan Klatsky.

Rising through the ranks of ASAPS leadership, he served as Aesthetic Society President in 1986-1987 and then continued his service by becoming Editor-in-Chief of ASJ in 1998.

Since that time ASJ has grown to a respected, peer-reviewed publication, the official English language publication of the Brazilian Society of Plastic Surgery; Colombian Society of Plastic, Aesthetic, Maxillofacial and Hand Surgery; Costa

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Society Closes on New Central Office Building

The Aesthetic Society, renters no more, will be moving to its first permanent home ever with the purchase of a 13,883 square foot building in the northern Orange County city of Garden Grove, California.

“This is a great day for the Aesthetic Society” said President Alan H. Gold, MD. “We have always been a financially conservative organization which has allowed us to buy our first building, giving our staff a pleasant environment with room for expansion.”

ASAPS will be the first occupants of the two story office space with an anticipated move date of early 2009.

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September 4 – 7, 2008
QMP Fourth Aesthetic Surgery Symposium
Renaissance Hotel, Chicago, IL
Endorsed by ASAPS
Contact: Andrew Berger
314-878-7808 or aberger@qmp.com

November 1, 2008
Breast/Body Contouring Pre-Meeting Symposium
Chicago, IL
Co-Sponsored by ASAPS/ASPS
Contact: ASPS 800-766-4955

November 13 – 17, 2008
Advances in Aesthetic Plastic Surgery: The Cutting Edge VII
The Hilton New York, New York, NY
Endorsed by ASAPS
Contact: Francine Leinhardt
212-702-7728

January 15, 2009
Second Annual Oculoplastic Symposium
InterContinental Hotel, Atlanta, GA
Endorsed by ASAPS
Contact: Susan Russell
435-729-9459 or srussell@gunnerlive.com

January 16 – 18, 2009
25th Annual Breast Surgery Symposium
InterContinental Hotel, Atlanta, GA
Endorsed by ASAPS
Contact: Susan Russell
435-729-9459 or srussell@gunnerlive.com

January 23-25, 2009
Expanding Horizons—New Paradigms in Aesthetic Surgery of the Face and Breast
Wynn, Las Vegas, NV
Co-Sponsored by ASAPS/ASPS
Contact: ASPS 800-766-4955

February 5-7, 2009
43rd Baker Gordon Symposium on Cosmetic Surgery
Hyatt Regency Miami, Miami, FL
Endorsed by ASAPS
Contact: Mary Felpeto
305-859-8250

February 20-23, 2009
American-Brazilian Aesthetic Meeting
Yarrow Hotel, Park City, UT
Jointly Sponsored by ASAPS
Contact: Luanna Squerzi via email at americanbrazilianaestheticmtg@gmail.com

March 4-8, 2009
12th Annual Dallas Cosmetic Surgery Symposium and 26th Annual Dallas Rhinoplasty Symposium
Westin Galleria, Dallas, TX
Endorsed by ASAPS
Contact: Giau Nguyen at 214-648-9280
Email: dallasRhinoplasty@utsouthwestern.edu

May 2 – 7, 2009
The Aesthetic Meeting 2009
Mandalay Bay Resort
Las Vegas, NV
Contact: ASAPS
800-364-2147
surgery.org/meeting2009

June 13-20, 2009
Aesthetic Surgery on the Eastern Mediterranean—Biennial Cruise (Greek Isles and Turkey)
Co-Sponsored by ASAPS/ASPS
Regent Seven Seas Navigator
Contact: ASAPS at 800/364-2147
www.surgery.org/cruise2009
All Welcomed Here:
At the recent Aesthetic Society Meeting in San Diego I was awarded the honor and privilege of being elected as your President for the 2008 – 2009 year. This is both humbling and very exciting as I follow in the footsteps of the leading educators, thinkers and practitioners in our specialty. Thank you for your trust and confidence.

The Aesthetic Society has grown and dramatically increased its influence in many vital areas since I became a member back in 1984. We have made great strides in patient safety, continue our excellence and focus on member education and have become a “go to” resource for public information on plastic surgery.

In listening to you at meetings and social gatherings, it’s clear that you want these accomplishments continued and strengthened. It’s also clear that you want to expand on the ASAPS traditions of collaboration, prudence, pragmatism and inclusivity. To that end, I offer the following objectives for the year.

Collaboration:
With the huge growth of non-core specialties performing procedures traditionally done by Board-Certified Plastic Surgeons, there is great benefit in expanding on our relationships with other domestic plastic surgical societies such as ENT, Otolaryngology, and Dermatology. There are, of course, areas that we will “agree to disagree” with these surgical colleagues. However, our forays into these collaborations, for example, the Physicians Coalition for Injectable Safety, have been beneficial on many fronts: patient safety, public awareness, clinical education and discouraging the use of off shore injectables. By judiciously choosing topics of mutual concern, such as scope of practice issues, coalitions with colleagues will give us a greater voice than we have alone.

Our International Colleagues:
Although its been said before, it’s worth reiterating: our international colleagues have a wealth of information to share with us and to learn from us. Developing more formal relationships with other international aesthetic surgery societies (such as ISAPS, Canadian and Brazilian Societies) for cooperative efforts in research and education will benefit the wide family of aesthetic plastic surgeons.

Prudence:
The Aesthetic Society has always been a financially prudent organization. Our conservative fiscal policies now allow us to purchase a new headquarters building and have us moved in by early 2009. This exciting move will further stabilize our base, provide an improved work environment for our incredibly talented and loyal employees and do so with a financially sound capital investment.

Pragmatism:
Aesthetic Society members are always among the first to see new practice paradigms, and adapt to changing times. Expanding on these qualities, it’s important to expand our commitment to Cosmetic Medicine as an integral part of our aesthetic practices by establishing first an ad hoc Cosmetic Medicine Committee, with possible future expansion to Commission Status.

Inclusivity:
You have my personal pledge, and that of the entire ASAPS Board of Directors, that all who are willing to contribute their talents and time to “give back” to our specialty are encouraged to do so, including residents and fellows. This is your organization and your opportunity to make a tangible impact on our organization and specialty.

Again, thanks for your trust and confidence. Please feel free to contact me at any time via drgold@surgery.org.
Aesthetic Society Embraces New Technologies for Member and Public Education

By Jeffrey M. Kenkel, MD and Mark A. Codner, MD

Just when you thought your ipod was for downloading the latest Coldplay song or keeping up with the latest news, comes a new use of this wildly popular technology.

At the 2008 Aesthetic Society Meeting, selected scientific sessions were available for immediate download at the DVD sales desk. To promote the program, ASAPS, with a generous grant from Mentor Corporation, sponsored an ipod give-away. The winners were:

David C. Yao, MD of Rochester, MN
Brian Howard, MD of Roswell, GA
Harlow R. Hollis, MD of Victoria, British Columbia
Andrés Eloy Soto Montenegro, MD of Quinta Sandy, Caracas (Distrito Capital, Venezuela)

Public Education opportunities in the new technology arena have been reported in these pages several times—the merits and pitfalls of such vehicles as YouTube and other “social media,” direct to consumer blog sites and ASAPS involvement in projects such as “Beauty for Life,” www.breastimplantsafety.org and the Physicians Coalition for Injectable Safety.

The Communications Commission would like to update you on these important initiatives and explain how they can be used as practice marketing tools in your practice.

**YouTube:**

The Aesthetic Society’s experience with posting video on YouTube, Meta Café and other social media sites proved to be successful. Three short clips, all featuring a young woman’s experiences with breast augmentation launched on April 28, 2008. To have a look, please log onto www.surgery.org/videos

To date, the videos have been viewed approximately 14,000 times, with approximately 18% of these views referring back to the surgery.org website for more information. According to Daniel C. Mills, II, MD, Chair of the Electronic Communications Committee: “Video content has the potential to increase web site traffic in a short period of time. With a sustained effort, the Society could enjoy increased traffic on a consistent basis. Also, more and more search engines are dedicating resources to stand-alone video search. As this process matures, the Society will be poised to capitalize on it and gain increased search visibility.”

**Direct to Consumer Message Blog sites:**

Our Electronic Communications Committee has researched a number of consumer sites to allow our messages of patient safety and procedural accuracy to reach a wide audience and to increase the search engine rankings of surgery.org.

In May of this year, we began a pilot program with www.realself.com, a health and beauty site that does not derive revenue from physician referrals and will not publish inflammatory or libelous materials about any physicians.

The site, which receives up to 50,000 hits per day, gives plastic surgeons the opportunity to answer consumer questions, develops a complementary profile for participating physicians and links back to surgery.org and the participant’s own website for further information or for the reader to seek a referral.

To date, the program has been a success. Realself.com has become one of the Society’s top 20 referring sites in a very short period of time. By participating in a strategic link building campaign with Realself.com, the Society has tapped into one of the largest social networking communities dedicated to cosmetic surgery and is poised to capitalize on incoming traffic that measures in the tens of thousands of users on a weekly basis.

Between May and the end of June ECC members posted 256 answers which in turn were viewed by over 10,000 consumers interested in aesthetics.

RealSelf.com agreed to display an ASAPS member logo—and link to
Expanding Horizons

New Paradigms in Aesthetic Surgery of the Face and Breast

January 23-25, 2009 ● Wynn Las Vegas ● Las Vegas, Nevada

18.5 CME Credits ● 2 patient safety credits

Join Program Chairs, J. William Little, MD and Bahman Guyuron, MD, for a unique and revitalized program. A new Breast Component will complement topics on Facial Aesthetic Surgery.

The Entertainment Capitol of the World
Las Vegas will be the perfect venue to host this exciting new program. Gaming, golf, nightlife, shows, and the Strip… all at your doorstep after an energizing and inspiring day of education.

● Live Patient Demonstrations
● Complications in Facial Aesthetics
● Fat Grafting Techniques
● Breast Augmentation with New Devices
● Innovative Techniques for Breast Lifts
● Reshaping the Nose
● Rejuvenation of the Upper Orbital Space
● Interactive Panel Sessions – get your questions answered!
● Patient Safety

Register by December 22 and save:
www.plasticsurgery.org ● registration@plasticsurgery.org ● 1-800-766-4955 ● 847-228-9900

Co-sponsored by:

[Image of logos for American Society of Plastic Surgeons and The American Society for Aesthetic Plastic Surgery Inc.]
surgery.org—to identify these contributions and to differentiate ASAPS surgeons within the RealSelf.com doctor directory. In a 45 day period the ASAPS brand was displayed 60,000 times (once per each user session on RealSelf.com).

Since RealSelf.com does not charge any fees to doctors who wish to share their expertise with the community, the web exposure generated for ASAPS and its members required no out-of-pocket expense.

RealSelf.com recently enabled doctors to receive patient inquiries — again at no charge.

In general, social networking communities and the input of their individual members is a natural source for incoming links from bloggers and writers. Additionally, many members who run sites of their own will point to these communities as their gathering place, creating even greater link value. Community building requires some finesse, but the benefits to SEO are tremendous.

**Beauty for Life:**

Aesthetic Society President-elect Renato Saltz, MD and ASPS President Rick D’Amico, MD have provided regular updates on the Beauty for Life project, a joint effort of the two Societies in both ASN and Plastic Surgery News. On behalf of the ASAPS Communication Commission, I wanted to be sure you were aware of the excellent positioning and practice management tools available immediately to all members of both organizations. They include:

- www.beautyforlife.com, the recently completed website that includes a consumer quiz, information for consumers on how to look their best at every age, information on how to safely choose a plastic surgeon and find a surgeon that provides another avenue for member referrals.
- Information for members on how to enter the cosmetic medicine space via a members-only brochure titled Optimizing the Cosmetic Medicine Practice A Guide for Plastic Surgeons. Included are chapters on Industry Growth Trends and Patient & Member Studies, Common Challenges and Member Approaches, Calculating Real Profitability, Building a Unified Team with Staff Recruitment, Retention, and Training, and The Website as a Tool. This is a member benefit available via surgery.org or plastic surgery.org
- The Beauty for Life brochure: This well designed and excellent patient marketing and education piece is a companion to the website and is available to all members through ASAPS at a nominal cost.

**www.breastimplantsafety.org**

The Breastimplantsafety.org site is another joint ASAPS/ASPS project and provides unbiased and clearly written information allowing women to make informed choices based on science and medical evidence. With no search engine optimization, a Google search of breast implant safety has the site appear as the top ranked entry. You can link to the site through surgery.org.

**Physicians Coalition for Injectable Safety:**

Our Coalition with the American Society of Facial Plastic and Reconstructive Surgeons, the American Society of Ocular Plastic and Reconstructive Surgeons and the International Society of Aesthetic Plastic Surgery has a number of tools promoting the practice of safe and appropriate injectables you can use in your practice today. They include:

- A consumer injectable planner
- Artwork with the “Injectables are not Cosmetics” message
- Injectables at a glance
- Hyperlinks to use on your website
- Statistics and survey information
- Templates for press releases you can use in your local media.

This project, sponsored through educational grants from Allergan Medical, Artes Medical, BioForm Medical, Medicis Pharmaceutical Company and Mentor, is a valuable resource for unbiased consumer information. All information is available for download at www.injectablesafety.org

Dr. Jeffrey M. Kenkel is a Professor and Vice Chairman of the Department of Plastic Surgery at The University of Texas Southwestern Medical Center at Dallas. He is Chair of the ASAPS Education Commission and serves as the Society’s Secretary.

Dr. Mark A. Codner is an aesthetic surgeon in private practice and serves as Clinical Assistant Professor of Plastic Surgery at Emory University in Atlanta. He is Chair of the ASAPS Communications Commission.
This year’s Aesthetic Society Meeting: Sailing into the Future of Aesthetic Surgery, took place at the San Diego Convention Center from May 1 – 7. Attending Board-Certified Plastic Surgeons had the opportunity to earn 25.75 Continuing Medical Education hours through a variety of scientific sessions and teaching courses.

Of particular note this year were the number of educational opportunities taught by our international colleagues; approximately 20 sessions. Favorites like Hot Topics, the pre-meeting cadaver courses, the Research & Innovative Technology Luncheon were joined by scientific sessions and interactive panels on subjects ranging from Rejuvenation of the Arm: A Treatment Algorithm to Dorsal Augmentation—Personal Techniques. The faculty comprised a “who’s who” list of Aesthetic Surgeons, members who are extensively published, excellent clinicians and thought and opinion leaders in their fields.

Of special note were three particularly popular entries to this year’s program. The perennial question “does size matter?” was applied to the issue of hyaluronic acids and addressed by a discussion moderated by Alan H. Gold, MD, and a panel comprised of Mark G. Rubin, MD, Z. Paul Lorenc, MD and Clifford P. Clark, III, MD.

Robert Singer, MD, moderated a panel;—Cosmetic Medicine—Embracing the Future, with panelists Renato Saltz, MD, Richard A. D’Amico, MD, Roxanne J. Guy, MD, and Rod J. Rohrich, MD.

Finally, the Joyce Kaye Lecture covered the topics of Patient Safety Outside of the Box—The Impact of Ethics, Systems and Communications in Cosmetic Surgery, moderated by Felmont F. Eaves, III, MD with panelists Forrest Dean Griffen, MD, and Mark Graban who spoke on the “Lean” Healthcare Experience.

The Aesthetic Meeting 2008 is the product of the ASAPS Education Commission, Jeffrey Kenkel, MD, Chair and Jack Fisher, MD, Vice Chair assessing your needs through program and symposia evaluations, surveys and member input. The Meeting is widely acknowledged as the seminal event in aesthetic surgery education.

Peter B. Fodor, MD awarded 2008 Ellis Island Medal of Honor:

Past Aesthetic Society President Peter B. Fodor, MD, was the recipient of the Ellis Island Medal of Honor. The award, originally created in 1986, honors the immigrant experience and those with exceptional individual and personal achievement, exemplary citizenship and contribution to the United States, with emphasis on the preservation of their heritage.

Previous recipients include former President Gerald Ford and actors Gary Sinise and Bob Hope, Muhammad Ali, Congressman Dan Burton, Walter Cronkite and Michael DeBakey, MD.


“Compliance; It is the responsibility of each member (or candidate) to ensure compliance with the ethical guidelines for web marketing, whether or not these web campaigns are created “in house” or contracted through vendor services.”

This is just one of the pearls provided by Dr. Robert Singer, Past President: American Society for Aesthetic Plastic Surgery, Past President: American Association for Accreditation of Ambulatory Surgery Facilities. His lecture, titled “Practice Issues—Risk Management: How to Avoid Getting into Trouble” was recently filmed at Singer’s La Jolla, CA offices and is available for viewing at www.surgery.org/members.

Many thanks to Dr. Singer for his time and expertise in this critical area of practice management, and The Aesthetic Society New Member Committee for suggesting the taping of his lecture.
Integration of Silicone Gel Implants into Your Practice

This is an educational, tripartite article written on behalf of the Candidate Liaison Committee for the successful integration of silicone gel implants into the practice of the younger surgeon. Its contributors are all members of the Candidate Liaison Committee, and Dr. Walden serves as Chair of the Committee.

Jennifer L. Walden, MD, FACS, Private Practice
Associate Attending and Program Director, Manhattan Eye, Ear and Throat Hospital Aesthetic Surgery Fellowship

More experienced surgeons may be able to pick an implant just by looking at the patient’s body frame, and may shy away from learning a new method of implant selection if they are comfortable with the way they have been doing it. Younger surgeons don’t have that advantage, and should learn more standardized gel practice techniques such as a biodimensional approach for implant selection. We, as younger surgeons who trained after the moratorium in 1992 and before the gel approval in 2006, now have a new learning curve with silicone implants.

Like any operation, there are generational issues with breast augmentation. Many would say that because of the long political history of gel implants in America and their continued evolution, aesthetic breast augmentation has been the most scrutinized and publicized procedure that we, as plastic surgeons, do.

Implant selection with proper preoperative communication and informed consent is one of the most critical events in “performing” a successful breast augmentation, and it actually takes place before you get to the operating room. Here are some tips that I have learned and used during the transition from saline to gel implants:

1. A two-part consultation usually helps. Have an initial consultation with a full discussion of risks, benefits, and possible complications, then be present for the patient’s preoperative visit to discuss and solidify plans again for size and type of implant. This can clarify things in both the surgeon and patient’s mind about the upcoming procedure, and optimize your chances of getting it right the first time.

2. Talk to the patient! Discuss desires and expectations—does she not want anyone to know she has had augmentation, or does she like the idea of a very visible change in clothing? Are her expectations able to be met based upon her chest and breast dimensions? Use a biodimensional system that at the very least takes the measurement of her base diameter, tissue laxity or pinch, and any asymmetries of the chest wall, NAC, and inframammary fold into account.

3. Be aware of the specs of a particular implant by reviewing the charts that the implant manufacturers provide. I carry these charts in the pocket of my white coat and refer back to them frequently when discussing size with a patient. Consider one size or profile up in gels since the gel implants on the market in the U.S. are under filled, and the increased viscosity of the gel affects tactile and visual aesthetics. In my opinion, saline implants tend to appear fuller for a given size and profile than its gel counterpart, especially with overfill.

4. Asymmetries are somewhat easier to address with saline implants given the option for intraoperative expansion of one implant more than the other. I use either saline-filled sizers or more recently resterilizable silicone sizers on almost every case of asymmetry using silicone implants. I always have several gel implant sizes available to me in the OR so that I won’t get stuck. I sometimes underestimate the amount of difference in cc’s needed to compensate for cases of asymmetry or chest wall deformities, and am usually glad to have figured that out with sizers prior to opening the costly gel implant package.

5. It is important for younger surgeons to take advantage of the panels at Society meetings and visiting lecturers, and observing surgeons to become familiar with the issues related to silicone gel implants. As we all know, becoming a well-trained plastic surgeon is a process of continued education, open-mindedness, and refinement of technical skills.

Brief History of Silicone Implants in the United States

Doug Steinbrech, MD, Private Practice
Assistant Attending, Manhattan Eye, Ear, and Throat Hospital

The first generation of silicone implants was developed by Cronin and Gerow with Dow Corning in 1962. These were made of a silicone “rubber” envelope, filled with a viscous silicone gel and had a...
fixation patch. The devices were stiff with a high rate of gel bleed.

For softer and more natural-appearing implants, silicone was redesigned in the early 70s with a less cohesive gel and thinner elastomer shell. These had a greater tendency to rupture and leak, and capsular contracture was common. Generally, these were the ones involved in the class action-lawsuits against Dow-Corning in the early 1990s.

In 1991, a voluntary moratorium was issued by the FDA, ceasing marketing of silicone-gel filled breast implants while FDA reviewed new safety and effectiveness information that had been submitted. In 1992, however, the FDA continued the availability of these devices for reconstruction or replacement of existing silicone implants based upon “urgent need.” FDA denied approval of the devices for augmentation, as they were considered to be investigational devices.

Third generation implants from the mid-1980s forward utilized a multi-layer barrier shell to decrease gel bleed, and were filled with a more cohesive gel to reduce potential leakage. These implants are termed “responsive gels,” have proven high rates of safety and efficacy, and were reapproved for general use with conditions by the United States FDA in November 2006.

Currently, third generation silicone gel-filled breast implants are approved by the United States FDA for: (1) reconstruction (primary reconstruction and revision-reconstruction) in women of any age and (2) augmentation (primary augmentation and revision-augmentation) in women 22 years or older. In contrast, saline-filled breast implants are approved for women 18 years or older.

As mandated by the FDA, both breast implant manufacturers in the U.S. (Allergan and Mentor) have extensive post-approval studies in which patients should participate which stress device tracking and the importance of critically reviewing the risks and benefits of silicone implants, as well as a proper informed consent process. It is extremely important for all surgeons implanting these devices to participate in these studies to collect data and help ensure continued FDA approval. The FDA intends to present an update on the status of the conditions of approval at public Advisory Panel meetings in five and 10 years, and at any other time that the FDA deems appropriate.

Evaluation of the highly-cohesive, form-stable fourth generation implants is well underway by the FDA in the United States, but these implants have been widely used since the mid-1990s in other countries. These are felt to minimize the possibility of silicone migration. Studies of these devices have shown significant promise in clinical trials with low rates of capsular contracture and rupture and high rates of patient satisfaction.


Robert Whitfield, MD, Academic Practice
Assistant Professor, Medical College of Wisconsin

When viewed from the standpoint of tissue characteristics, proven techniques used in tissue expander breast reconstruction can help in achieving consistent results in breast augmentation. Regardless of the technique used for tissue expansion, the fundamental tenant should be to expand the lower pole in concert with defining the inframammary fold. Thin patients with tight skin envelopes presenting for breast enhancement are not dissimilar from those who have undergone mastectomy and reconstruction with a tissue expander. The satisfaction of these patients will ultimately be dictated by the shape, size and tactile response of the reconstruction.

In my opinion, silicone gel has superior tactile response compared to saline breast implants. Although the thin augmentation patient with a tight skin envelope will not have the upper pole deformity created in certain mastectomies this area should be considered in the aesthetic patient as well. As the release of silicone gel has improved our ability to provide satisfactory results for breast reconstruction patients, it has also allowed us to provide aesthetic patients with the advantages of these devices.

Unfortunately, with the release of the round silicone gel devices the shaped or anatomic devices have been withdrawn from the market and the form stable cohesive devices are still awaiting FDA approval. I believe that the shaped, cohesive silicone gel devices will ultimately provide the most consistently natural results for our reconstruction patients as well as those aesthetic patients whose thin soft tissue characteristics are not as favorable. Whether the silicone device is placed for aesthetic or reconstructive purposes, precise pocket development and appropriate device choice are essential to provide the best patient outcomes. Although complication rates with gels tend to be higher in the reconstruction cohort rather than aesthetic cohort based upon PMA data, patient satisfaction rates are high. Becoming technically proficient and optimizing results with gels in the challenging reconstructive patient will undoubtedly help young surgeons have positive outcomes with their aesthetic patients who seek augmentation.
From the Research Front:

Study for Non-Invasive Fat Reduction and Body Contouring Device Using Non-Thermal Selective Focused Ultrasound will Evaluate Safety and Effectiveness of Contour Plus™ Device

It was recently reported that UltraShape has received an IDE (Investigational Device Exemption) study to evaluate their product Contour Plus™, a non-invasive device for fat reduction and body contouring using non-thermal selective focused ultrasound.

Contour Plus incorporates advanced technology to reduce treatment time and is intended to provide a non-invasive, fat reduction and body contouring solution for both men and women.

The UltraShape Contour Plus IDE study builds upon positive clinical studies conducted with Contour I including two peer-reviewed published studies. The first study, a multi-center worldwide study, was published in the industry-leading peer-reviewed Plastic and Reconstructive Surgery, "Body Contouring by Non-Invasive Transdermal Focused Ultrasound: Safety and Efficacy of the Contour I Device in a Multi-center, Controlled, Clinical Study," Teitelbaum, et al.

The study demonstrated measurable and durable body circumference and fat thickness reduction after only a single UltraShape treatment.

The second study, an independent clinical trial showing the efficacy of multiple treatments with the UltraShape Contour I, was published in Lasers in Surgery and Medicine, "Body Contouring by Non-Invasive Transdermal Focused Ultrasound," Moreno-Moraga, et al.

The study, using Contour I as a non-invasive method for reducing unwanted fat deposits, produced a 100 percent response rate with a mean reduction in fat thickness of 2.28 cm, and as much as 3.94 cm, and a mean reduction in circumference of 3.95 cm, and as much as 10 cm. The study demonstrated definitive, measurable results of the UltraShape system.

Six leading plastic and dermatological surgeons will serve as principal investigators: Jeffrey M. Kenkel, MD, F.A.C.S., Steven R. Cohen, M.D., F.A.C.S.; William P. Coleman III, M.D.; Sue Ellen Cox, M.D.; Jason N. Pozner M.D., F.A.C.S.; and Robert Weiss, M.D. Other UltraShape Medical Advisory Board members who will play a role in the study include Steven Teitelbaum, M.D., F.A.C.S., and Felmont F. Eaves III, M.D.

The study will enroll patients at six centers in the United States. The primary endpoint will be an objective, quantifiable fat reduction assessment. The manufacturer intends to submit the study results to the U.S. Food and Drug Administration (FDA) in a premarket approval (PMA) submission.

Changing of the Guard

Continued from Cover


There are many seminal events in Dr. Klatsky’s tenure as Editor, among them the redesign of ASJ, a broad author roster from within and outside of the plastic surgery community and a commitment to scientific accuracy and clinical relevancy that is respected by Aesthetic Surgeons everywhere.

He leaves ASJ in more than capable hands. Foad Nahai, MD is internationally known as an educator, speaker, mentor and excellent aesthetic surgeon. His recent tenure as ASAPS President built on our mission of education and his tireless work on ethical and transparency issues will bring our publication to even greater levels of achievement.

Please join me in honoring Dr. Klatsky for his sterling achievements on behalf of ASJ and welcoming Dr. Nahai on leading the best read medical publication in aesthetic medicine today.

Jeffrey M. Kenkel, MD is a Professor and Vice Chairman of the Department of Plastic Surgery at The University of Texas Southwestern Medical Center at Dallas. He is Secretary of the Aesthetic Society and Chair of the Education Commission.
The concept is appealing: for $625 to $1995/year, depending upon locale and specialty (plastic surgeons are at the high end), Jeffrey Segal, MD’s Medical Justice www.medicaljustice.com has offered a program since 2002 to “preemptively deter frivolous malpractice lawsuits” and unauthorized blogs. The program has several elements.

**Part I: Litigation**

- **Pre-Litigation Strike.** With respect to lawsuits, initially they will threaten the plaintiff’s attorney and medical expert with professional society retribution if the suit is completely defensed, whether or not the patient signs the contract discussed below.
- **Pending Litigation.** If the suit goes forward, a fellow Plan Member will review your case for free (as you will do, once a year, as a condition of Membership). If you volunteer to be a free medical expert, then you get to use a free medical expert as well. If the patient signs the contract, you (at your expense) can sue, whether directly or by counterclaim, to challenge venue or expert qualifications.
- **Malicious Prosecution.** If the suit terminates in your favor, you can sue for malicious prosecution and take them to their societies’ ethics committees (your right anyway), or upon your request, Medical Justice will consider accepting an assignment of your rights to sue for malicious prosecution. If they do, they will prosecute the case at their expense and keep the winnings, but you’ll still get the satisfaction.

**Part II: Optional Patient Contract**

- Medical Justice provides language supplementing your informed consent with four prohibitions:
  1. No frivolous claims;
  2. No small claims court;
  3. No non-ABPS experts; and
  4. No blogs (good or bad) without your written permission.
- With respect to the first three, this language allows you to change venue or challenge an expert, not based upon whether the court thinks they are qualified, but as a breach of contract requiring ABPS experts.
- With respect to blogs, this language potentially enables you to obtain a temporary restraining order/injunction and/or convince website hosts to pull negative threads, all without directly challenging your patient’s First Amendment rights, similar to a contractual confidentiality clause. Dr. Segal claims their members report insignificant patient pushback.

Is this program emotionally appealing? Certainly, because reputation is a plastic surgeon’s currency.

Does the program work? Hard to say, because the deterrent effect may be unprovable.

Are there potential downsides? Absolutely, because you’ll never know what your patient tells her friends after she signs your contract, it does impart a “prenuptial” flavor to the physician patient relationship, and whether free speech can be bargained for medical care hasn’t been court-tested.


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1 Frivolous means “terminated in your favor”, which requires (a) you prevail on the merits, (b) you are found to have no liability, and (c) your patient receives no recovery. In lawyer speak, that means 100% defensed.

2 Even if your carrier will stand by you for controlled substance, intoxicants, sexual misconduct and slip and fall issues, Medical Justice will not: only pure medical malpractice.
ASAPS recognizes

**Mentor Corporation**

As an Aesthetic Society Sapphire Triangle Sponsor, 2008

For contribution over $150,000 from May, 2007 – April, 2008

Mentor Corporation, Vice President, Marketing and Sales Brian Luedtke receives the ASAPS Triangle Award from ASAPS Immediate Past President Foad Nahai, MD (left) and Corporate Sponsorship Chair Lawrence Reed, MD (right)

**Allergan Medical**

As an Aesthetic Society Sapphire Triangle Sponsor, 2008

For contribution over $150,000 from May, 2007 – April, 2008

Allergan Medical President Robert Grant receives the ASAPS Triangle Award from ASAPS Immediate Past President Foad Nahai, MD (left) and Corporate Sponsorship Chair Lawrence Reed, MD (right)

**Medicis**

As an Aesthetic Society Sapphire Triangle Sponsor, 2008

For contribution over $150,000 from May, 2007 – April, 2008

Medicis President and CEO Jonah Shacknai receives the ASAPS Triangle Award from ASAPS Immediate Past President Foad Nahai, MD (left) and Corporate Sponsorship Chair Lawrence Reed, MD (right)

The Aesthetic Society thanks these companies for their continued support and provision of resources to fulfill the Society’s important educational and research mission.
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The medical spa industry has experienced exponential growth since its inception in 1999. According to the International Spa Association there were 976 medical spas operating in 2007, a seven percent increase from the previous year, with revenues exceeding $1 billion. A 2006 analysis by the American Academy of Facial Plastic and Reconstructive Surgery revealed that the number of people undergoing non-surgical cosmetic procedures was up 69% in women and 91% in men since 2000. The anti-aging movement and availability of new products and treatments continue to fuel this growth. Laser and intense pulsed light treatments such as spider vein removal, skin resurfacing and hair removal are frequently the cornerstones of medical spa services. As more physicians and entrepreneurs enter this industry, it is important to understand current developments in the regulation of medical spas and the treatments they provide.

Regulation of aesthetic medical treatments is directed by individual states. Each state has its own definition of what constitutes the practice of medicine and whether medical procedures may be delegated to non-physicians. Currently there is no single definition of what a medical spa represents. However, the key element among all definitions is the need for a physician as the medical director. With this in mind, medical spa owners need to be informed of changes to the laws and regulations at the state medical boards, as well as other professional boards.

**The Changing Regulatory Landscape**

Seventy percent of state medical boards consider use of light-based devices as the practice of medicine. A comprehensive survey of all fifty states revealed that although there is consensus that these procedures require the oversight of a physician, there is wide variation of delegation practices among the states. On one side of the regulatory spectrum state regulations allow only a physician to perform light-based procedures, whereas the majority of the states (thirty four) permit some form of delegation ranging from allowing an unlicensed individual or non-healthcare provider to perform laser or intense pulsed light procedures to limiting these procedures to licensed professionals or allied health providers.

Increased attention is being paid to the delivery of services in medical spas. In 2005, the American Society of Dermatologic Surgery launched a patient safety campaign in response to a rise in complications seen by dermatologists from cosmetic procedures performed by non-physicians. Based on safety concerns identified by consumers and practitioners, states are studying the matter closely with an eye towards more regulation. A number of states currently have pending matters ranging from changes in state law to developments in the regulation of medical spas. In 2006 a number of states adopted new statutes that address the regulation of medical spas. A number of states are also developing recommendations concerning the qualifications required of a person performing these procedures, the training requirements for providers and the regulations that govern the operation of medical spas. The findings will be considered by the state legislature later this year.

**State Regulation of Light-Based Devices—Is There Light at the End of the Tunnel?**

By Andrea Nadai, MHP

To prevent the unsupervised use of Class IIIIB and IV laser, intense pulsed light, radiofrequency and medical microwave devices in spas and other ‘skin clinics.’ Assembly Bill 8142 identifies the use of such devices as the practice of medicine. It limits its use to physicians, nurse practitioners, dentists and podiatrists. Delegation to registered nurses is permitted when direct supervision is provided. The bill is currently being reviewed by the Higher Education committee.

The Kentucky Board of Nursing adopted in February 2008 an advisory opinion related to the performance of aesthetic and dermatological procedures. The advisory opinion identifies the procedures that registered and licensed practical nurses may perform and the level of supervision required. Criteria related to training, written protocols, and competency assessment are also identified in the advisory opinion.

On January 1, 2008 the North Carolina Board of Cosmetology implemented new rules that prohibit cosmetologists, aestheticians and manicurists from using FDA rated Class III devices. They are permitted to use Class II devices under the direct supervision of a licensed physician.

**Task Forces**

Massachusetts is among the first states to tackle the regulation of medical spas head-on. It formed a Medical Spa task force, consisting of physicians, nurses, aestheticians and electrologists, in November 2006. This group has evaluated the various aesthetic procedures on the market today and is developing recommendations concerning the qualifications required of a person performing these procedures, the training requirements for providers and the regulations that govern the operation of medical spas. The findings will be considered by the state legislature later this year.

Continued on Page 24
Maintenance of Certification

Now, more than ever, it’s clear that Certification Matters. Increasingly, patients, providers and quality organizations are seeking ways to differentiate those physicians who meet rigorous quality standards from those who don’t. In our subspecialty of aesthetic plastic surgery, there are vastly different levels of competence as more and more physicians outside the Specialty expand their scope of practice and make inroads into our area of rigorous training and expertise. Certification is not a hurdle to overcome. It’s a commitment and an opportunity.

Maintenance of Certification™ (MOC) was developed by the American Board of Medical Specialties (ABMS) and its 24 physician-led Member Boards as an opportunity to demonstrate physician leadership in the National Quality Movement through the establishment of lifelong competence-based standards and a rigorous process for physician credentialing.

The gold star is the new gold standard, as it signifies a specialty physician is Board-certified and meets specialty standards in their area of rigorous training and expertise. Certification is not a hurdle to overcome. It’s a commitment and an opportunity.

Participation in ABMS MOC™ means that a Board-certified physician is dedicated to lifelong learning and ongoing self-assessment…that you strive to achieve quality clinical outcomes in a responsive, patient-focused setting and are committed to keeping pace with today’s rapidly advancing medical innovations.

By following MOC, you live the standards by which medical care is evaluated and demonstrate your leadership in the national movement for healthcare quality. MOC also provides documentation for public accountability and credibility that you use and maintain appropriate knowledge and training to practice aesthetic plastic surgery.

Furthermore, The American Board of Plastic Surgery has designated its program with the term: MOC-PS™ to identify to the public that Diplomates of ABMS participating in this program are dedicated to safe, ethical plastic surgery. The MOC-PS™ Program requires participation in ongoing educational and self-assessment activities.

How MOC Advances Your Practice

Ultimately, your participation in MOC™ also delivers:
- Better clinical outcomes for your patients-MOC™ reduces your malpractice exposure and justifies lower malpractice premiums. Evidence-based guidelines and standards safeguard patients and reduce errors.
- Efficiency in your practice-Learning opportunities match your practice needs. MOC™ is based on the most current research on physician competence, patient safety and practice management to ensure you are responsive and well-prepared for patient expectations, higher accountability and increasing transparency in today’s shifting healthcare environment.
- Fewer hassles and less redundant paperwork-Use MOC to document your continuing competence when undergoing credentialing by healthcare organizations or licensing bodies. MOC is a benchmark standard that fulfills requirements of multiple assessment processes and regulatory organizations (e.g., The Joint Commission, NCQA and hospital credentialers).

What You Need to Know

The American Board of Plastic Surgery requires all those with time limited certificates, issued since 1995, to participate in the Maintenance of Certification™ Program. To learn more about the six competencies and four parts of the MOC process, visit www.abms.org. To learn more about the MOC-PS™ curriculum, training requirements and exam deadlines and fees, visit www.abplsurg.org.

Category 1 CME credits required for Part II-IV (Life-Long Learning and Practice Assessment Modules) of the MOC-PS™ are earned by participating in the following Aesthetic Society course DVDs, which are approved by The American Board of Plastic Surgery and qualify for its designated tracer procedure of the Cosmetic Module for MOC-PS™.

<table>
<thead>
<tr>
<th>Tracer Procedure</th>
<th>2007 Course DVD#</th>
<th>Cost</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blepharoplasty</td>
<td>DAM07-405AB</td>
<td>$236</td>
<td>4 / 0.5</td>
</tr>
<tr>
<td>Augmentation/Mammaplasty</td>
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<td>4 / 1.0</td>
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<tr>
<td>Lipoplasty</td>
<td>DAM07-424</td>
<td>$118</td>
<td>2 / 0.25</td>
</tr>
<tr>
<td>Face Lift</td>
<td>DAM07-515</td>
<td>$118</td>
<td>2 / 0.25</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>DAM07-522</td>
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<tr>
<td>Abdominoplasty</td>
<td>DAM07-705</td>
<td>$118</td>
<td>2 / 0.25</td>
</tr>
</tbody>
</table>

If your certification date was 1999, 2001, 2002, 2004 or 2005, you need to complete Parts I, II: Professional Standing and CME Reporting and Part IV: Practice Performance Assessment this year.

The Aesthetic Meeting 2008 has the following approved MOC-PS™ courses:

<table>
<thead>
<tr>
<th>Tracer Procedure</th>
<th>2008 Course DVD#</th>
<th>Cost</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
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<td>101/201</td>
<td>$300</td>
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</tr>
<tr>
<td>Blepharoplasty</td>
<td>103</td>
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<td>2 / 0.25</td>
</tr>
<tr>
<td>Face Lift</td>
<td>401/501</td>
<td>$300</td>
<td>4 / 0.75</td>
</tr>
<tr>
<td>Augmentation/Mammaplasty</td>
<td>407/507</td>
<td>$300</td>
<td>4 / 0.75</td>
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<tr>
<td>Abdominoplasty</td>
<td>518</td>
<td>$190</td>
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</tr>
<tr>
<td>Lipoplasty</td>
<td>712</td>
<td>$190</td>
<td>2 / 0.25</td>
</tr>
</tbody>
</table>

All Category 1 CME credits earned for MOC-PS™ will be reported, on a quarterly basis, directly to the American Society of Plastic Surgeons for recording in the combined plastic surgery database.
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A Resident’s Take on The Aesthetic Meeting 2008

Justin Yovino, MD

I am a Plastic Surgery resident in training at Wayne State University/Detroit Medical Center and I wanted to share my memorable experience at the American Society for Aesthetic Plastic Surgery meeting in San Diego.

A few months ago I teamed up with a fellow resident and began preparing for the meeting. The Society’s website informed us on the course monitoring opportunities and we jumped at it. Dr. Michael Kane’s live patient filler and neurotoxin demonstration, Drs Robert Singer and Gustavo Colon espousing their secrets of the trade, and Dr. Alan Matarasso discussing temporal brow lift were just some of the many courses that caught our eager eyes. The magnitude of the instructors was just as exciting as the contents of the course. “We’re there” I thought. So we signed up as monitors for as many courses as (Meetings Manager) Stacey Morrison, the oil of the machine, would allow. We also signed up for the resident session which was offering discussions regarding the Plastic Surgery Boards, liability issues, and the role of the web in our future practice to name some. How could we pass up these opportunities to learn invaluable information that will help us along this long and winding journey? Additionally we would get to exchange new ideas and thoughts with fellow residents during the paper presentations. Deciding to attend this conference was a “no-brainer;” it would give us the ability to reach out of the university setting and put our fingers on the world to come.

So with my wife and two children in tow, I left the everlasting winter of Detroit and arrived in the initially sunny and always clean and vibrant San Diego. Entering the convention center felt like stepping into Oz. Before embarking on the massive escalator that took us up to the resident’s conference we stopped off to check in and receive our bag of goodies. The NexTech donated bag and Einstein supported ID badges gave us the gear to maneuver around the convention center with ease. After mingling with a couple of our Attendings and some of their longtime friends we sat down to enjoy the resident’s conference. Drs. Julius Few, Neal Reisman, and Robert Singer were just some of the senior surgeons that gave us a great look outside of the womb. I thought to myself, “this kind of stuff is not for note-taking, it should be immediately applied to life and not relearned when I am in practice.” Don’t put anything related to board eligibility in print until you are certified; don’t pick patients you like; don’t make magazine photos part of the chart; learn coding because this alone could result in a pass or fail for the Boards. The high-yield information kept coming. The resident presented cases and showed that the future is strong, bright, and dedicated to improving our specialty. I am not gloating, I did not present this year. Raj, a medical school friend, was awarded for his presentation and was invited to address the entire society at the main scientific hall. I am sure it was an honorable and humbling experience for him; not to mention, a slight personal connection for all us residents sitting in the audience. The resident conference concluded and while others carried on with the reception, Ruthie and I spent much needed individual family time and refocused for the upcoming lectures and courses.

The enormous scientific room with the kaleidoscopic sails, inviting chairman-style stage, and overall look of importance had me awestruck and saying, “I feel like I’m at a rock concert.” We sat comfortably towards the front. Detailing the presentations is beyond the scope of this and to be honest a feat I am not able to meet at this time in my training. These are masters while I am just an amateur. I do have to mention Dr. Bill Little’s downright over-the-top oratory skills. I was floored by his facelift lecture. The tempo was perfect. The words bounced off his tongue onto the screen. The images more than just backed-up his results, they gracefully moved into positions as if attached to his hand. I later asked him about this talent and naively suggested that he must have some computer savvy assistant working with him. “Nope, I do it all” he respectfully exclaimed while enjoying the Presidential Dinner Dance festivities. This upped the ante on all future PowerPoint presentations.

We broke for the exhibit hall a few minutes before opening time. Registrants were gathered outside the hall as if it was the day after Thanksgiving and the deals were hot. The exhibit hall fever broke somewhat after the initial frenzy, but it was a constant palpable source of the current Aesthetic market. I found myself next to friendly Tolbert Wilkinson, MD and his trademark cowboy hat. After some conversation about incorporating ultrasonic modalities into his aesthetic practice, he handed me some pamphlet called “Technical Forum.” I read through it on my return flight and found it informative and laced with entertaining editorial. It was a nice break from the somewhat stiff journal talk. I also spent some time with the NexTech software and now know why it is so successful. As for internet-market-

Continued on Page 24
ANNOUNCING!

PRACTICES FOR OFFICE AND PATIENT SAFETY
From the American Society for Aesthetic Plastic Surgery

The only training and safety program available for non-clinical staff!

At no cost to ASAPS and ASPS Members!

Practices for Office and Patient Safety is an online educational program for plastic surgery staff that promotes patient and office safety and proper communication practices while encouraging a quality, safe environment.

This program has been supported in part by an educational grant from Ethicon Endo-Surgery, a Johnson & Johnson Company.

Practices in the Office
- Patient-to-staff communications
- Privacy practices
- Emergency plans
- Biohazard procedures
- Communication barriers
- Emotional issues

Patient Communications
- Verbal, written, and electronic communications
- Privacy practices
- Patient instructions
- Deference to clinical staff
- Emergency plans
- Communication barriers
- Emotional issues

Office and Property
- Physical hazard procedures
- Biohazard procedures
- Emergency plans
- Evacuation plans
- Dangerous persons
- Privacy
- Critical documents and patient administration
The Aesthetic Surgery Education and Research Foundation Seeks Requests for Grant Applications for the Allergan Foundation Breast and Cosmetic Medicine Research Grants

ASERF is pleased to announce that the Allergan Research Foundation has awarded a $100,000 grant for EVIDENCE BASED MEDICINE CLINICAL OUTCOME STUDIES specific to women’s issues, including but not limited to: breast surgery, Botulinum Toxins, fillers and cosmeceuticals. The Grant, awarded to ASERF, is an excellent opportunity for residents, fellows and young academic plastic surgeons (in practice fewer than ten years) to pursue their research interests in these burgeoning areas.

Four grants in the amount of $25,000 will be awarded, with an application deadline of December 1, 2008.

Recipients must be able to accept award during the Aesthetic Meeting 2009 in Las Vegas, submit quarterly research updates, as well as guarantee ASERF the first right to publish research outcomes in various plastic surgery publications (such as the Aesthetic Surgery Journal). For a full application or for further details please log onto ASERF.org.

Ethicon Endo-Surgery Awards Research Grant for Two Day “Outcomes Summit”

Trying to find meaningful clinical endpoints in aesthetic surgery (aside from morbidity and medical errors) has always been a challenge for physicians who are as much artists as clinicians. To try and ascertain what these points should be, Ethicon-endosurgery recently awarded a $55,000 grant for a “brainstorming” session made up of diverse experts—not primarily plastic surgeons but from several walks of life such as Leonard Schlain (general surgeon and author of several books including The Alphabet and The Goddess, a study of the role of image and beauty in society and it’s effects), a computer facial analysis expert, a blind sculptor, an expert in beauty from a perspective of anthropology, a psychologist specializing in the study of beauty and plastic surgery, and an economist who has studied the economic impact of beauty and the effects that it has on people, employment, decisions they make in life, etc.

This approach will allow ASERF to step back and look at what outcomes are most important, brainstorm on novel ways to measure, and look at new technologies—so that perhaps we could come up with fresh perspectives in how to develop reproducible and valid instruments.

The results of the session will be submitted to the Aesthetic Surgery Journal for possible publication as a special report.
Aesthetic Surgery on the Eastern Mediterranean

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Felmont F. Eaves, III, MD
Charlotte, NC

Roxanne J. Guy, MD
Melbourne, FL

Bahman Guyuron, MD
Lyndhurst, OH

Dennis C. Hammond, MD
Grand Rapids, MI

Joseph P. Hunstad, MD
Chapel Hill, NC

Frank R. Lista, MD
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Aesthetic Surgery Journal, the peer reviewed publication of the American Society for Aesthetic Plastic Surgery, is currently recruiting for a member with vision and insight for the position of Associate Editor.

ASAPS is approaching an exciting new phase in its evolution, with a new format, increased references and citations and a renewed commitment to scholarship and clinical practicality.

Reporting to future Editor in Chief Foad Nahai, MD who will be assuming the role in January, 2009, the Associate Editor should have the following skills and experience:

• ASAPS member in good standing with intellectual curiosity regarding all aspects of aesthetic surgery and non-surgical procedures
• Current academic affiliations
• Ability to assist the Editor in evaluating and editing manuscripts and soliciting manuscripts from within the plastic surgery community and related specialties
• Possess a vision to assist the Editor in editorial direction and selecting topics of interest to readers

Media Notes and Quotes

A Sampling of current media coverage on the Aesthetic Society

Early 30s: Almost half of all procedures are implants, according to the American Society for Aesthetic Plastic Surgery (ASAPS). “I see a lot of women who have lost virtually all their breast tissue through pregnancy and nursing,” says Laurie Casas, MD, associate professor of surgery at Northwestern University’s Feinberg School of Medicine in Chicago. “They come in with breasts that look like empty bags with a lot of skin.”

Plastic Surgery by the Decade
Health Magazine
March 2008

According to the latest statistics from the American Society for Aesthetic Plastic Surgery, released last month, people ages 19-34-the vast majority of them women-had more than 208,000 wrinkle-filling injections of hyaluronic acid (sold as Restylane) in 2007, compared with barely 23,000 in 2008. Botox treatments also rose, though less dramatically. And while some of these treatments may be used by young women to correct acne scarring or abnormal skin pigmentation, hiding the signs of aging is clearly the end goal for most users, says Alan Gold, president-elect of ASAPS.

When Anti-Aging Therapies and Youth Come Together
U.S. News & World Report
March 20, 2008

“This is a highly visible and prestigious volunteer position within the Aesthetic Society. Interested applicants should forward a CV and letter of interest to: searchcommittee@surgery.org, or via mail to: The American Society for Aesthetic Plastic Surgery 11081 Winners Circle Los Alamitos, CA 90720

“On the surface, the concept of using liposuction to remove unwanted fat from one’s own thighs and buttocks, and then injecting it into the breasts to make them larger, has appeal,” the American Society for Aesthetic Plastic Surgery noted in a past statement on the procedure. “However, aesthetic surgeons certified in plastic surgery have long maintained that injection of fat, or any substance, into or behind the breast tissue can be potentially dangerous.”

10 Cosmetic Procedures You Should Avoid
ABC News
April 7, 2008

Indeed, cosmetic procedures for men are growing at a faster clip than women’s: They shot up 17 percent in 2007, versus 1 percent for women, according to the American Society for Aesthetic Plastic Surgery. The biggest growth comes from a 21 percent gain in non-surgical procedures—Botox, laser skin treatments and facial fillers. “Men are getting more comfortable with the idea of getting these procedures,” said James A. Matas, an ASAPS national officer and Orlando-based surgeon. “They are becoming more metrosexual and in tune with styles and looks,” he said.

A Nip Tuck Kind of Guy
Miami Herald
April 29, 2008
Practices of Office Safety
Continued from Cover

choose their own individual user name and password; however the office manager or surgeon can monitor their progress through the administrative function on the program.

To get started, simply log on to www.practicesofofficesafety.org or the surgery.org members only website and click on the link. If you have any problems or questions about accessing the program please contact Lisa Orozco at the ASAPS central office, lisa@surgery.org.

We hope you’ll take advantage of this excellent patient safety and training program and would like to give a special thank you to Ethicon-Endo Surgery for their generous support of the program.

A Resident’s Take
Continued from Page 18

ing, I received enough information to open up a booth at next years’ convention in Las Vegas. Two hours later, with a fountain of new knowledge, a bag full of samples, a web domain name for future use, and a free lunch in our bellies, we made our way to the courses.

Over the next few days we monitored a course for every time slot. The beauty of monitoring is attending the lectures for free, meeting the highly regarded instructors with a purpose, and becoming an integral part of the meeting. It was time consuming but very rewarding. Maybe this is part of the path to becoming Program Chair? I will have to run that one by Dr. Jack Fisher.

The Presidential Dinner Dance really put the icing on the cake. Thankfully, some ASAPS members donated their tickets and allowed us to enjoy this special event. Little did Dr. Foad Nahai’s wife know that my wife is Persian and the event theme was more than perfect. That night we mingled with friends and mentors, ate wonderful food, and danced with our spouses surrounded by gifted surgeons and teachers. It is meetings like these that stimulate trainees, shape their goals, and fulfill their dreams. I know because I was there.

Special thanks to Ruthie McCrary who helped organize the trip and take the conference to the next level.

State Regulation
Continued from Page 15

This coordinated approach of regulating a single entity with input from a consortium of state agencies and professional boards is groundbreaking and may become a model for other states in the future.

In August 2007, the California Boards of Medicine and Nursing convened a joint task force to study safety issues related to the use of laser and intense pulsed light devices by physicians, nurses and physician assistants. Among its charges the task force will identify the level of supervision needed for elective cosmetic procedures, the appropriate level of training to ensure competency and guidelines for standardized procedures and protocols. The task force will issue new regulations by January 2009.

Enforcement

State regulators are keeping a close eye on medical spas. Aside from loss of licensure some states may impose civil and/or monetary penalties on those who do not adhere to the board statutes and regulations. Recently, two Florida laser clinic owners were arrested on misdemeanor and felony charges for operating their clinics without the supervision of a physician, a violation of state law. One of the clinic owners stated she was unaware she was breaking the law. The take-home message is that medical spa operators must stay abreast of the ever-changing regulatory landscape or risk the consequences.

Researching state and federal regulations can be an onerous task, consuming significant time and requiring specific experience. Since ignoring the laws and rules could lead to costly outcomes, more providers are seeking information from one of the consulting companies that specialize in this area or retain a healthcare attorney to address specific legal issues.

Based on the surge of state regulatory activities in recent years it is clear that more changes are on the horizon. Due to patient safety concerns it is likely that states will continue to address delivery of medical spa services through new legislation, regulations or advisory opinions. In any case, medical spa owners need to stay informed in order to be prepared for any changes the future might bring.

Andrea Nadai is a Senior Consultant at Boston MedTech Advisors, Inc. (www.bmtadvisors.com), and directs the Laser and Intense Light Information Service (LILIS”), which actively follows changes in regulations in all fifty states, and professional recommendations of over 300 boards, providing pertinent and current information to manufacturers, distributors and providers of LIL technologies and services. Contact her at 781-407-0900 or anadai@bmtadvisors.com.
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On May 3, 2008, the Aesthetic Society, through the market research firm Industry Insights, conducted a survey of ASAPS members and candidates. Your answers, which statistically, provide a 95 percent confidence rate within +/- 3.25 percent, produced very interesting results and provide a snapshot on some pivotal aspects of your practice, your satisfaction with Aesthetic Society meetings, products and services, the general state of the plastic surgery economy and how you would like to see your membership dollars spent.

Among the highlights:

**Demographics**
- Over half of the membership, 52%, have been Aesthetic Society members for ten years or less
- An overwhelming number of respondents—67.5% are solo practitioners
- While most practices surveyed were primarily aesthetic at 67%, a significant number are also involved in reconstructive procedures at 22%

**Your Aesthetic Practice and the Current Economy:**
- Over half of respondents, 53% say their practices have been affected by the recent downturn in the US economy
- 77% say that this downturn has affected their surgical procedures
- However, only 46% report that the downturn has affected their non-surgical procedures.
- Although national demographic reports point to a dramatic increase in the non-Caucasian population, more than half of the practices surveyed, 55% have not experienced an increase in minority patients

**On Medispas and “Non-core” Practitioners:**

When asked if their practices have been negatively influenced by spas and out of scope physicians performing surgical and non-surgical treatments, almost half, 47% answered yes, suggesting a disturbing trend that practices should plan for.

Similarly, primary care, obstetrics and other “non-traditional” specialties are dramatically increasing competition at the local level, with 66% of respondents affirmatively on the trend.

**On Aesthetic Society Meetings, Website and Publications:**

Results of the survey suggest that members feel we are adhering to our Mission of education with 92% of respondents reporting that the current Aesthetic Society offerings meet their educational needs.

You also gave us your opinions on where the Aesthetic Meeting should be held with: San Francisco, San Diego, Las Vegas and New York being your top choices.

Members are also relatively pleased with the educational value of the ASAPS website with 58% rating it good to excellent, 20% rating it neutral and 17% having no opinion.

Interestingly, half of all respondents thought the primary purpose of the Aesthetic Society website should be public education (50%) followed by member education at a distant second with 20%. Members who thought the primary purpose of the website should be to get patient referrals came in fourth at 7%.

**On where your dues monies should be spent:**

The Aesthetic Surgery Journal continues to be well read by members with 4 out of 4 issues, virtually tied with Plastic and Reconstructive Surgery.

Members are also high readers of this publication, with 48% saying that they always read Aesthetic Society News and 34% reporting that they usually read the publication.

The entire survey is available at www.surgery.org/members in PDF form.

Responses in the story have been rounded to the nearest 10th. A sincere thank you from the Communications Commission to all who participated in this project.
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