

ASJ Impact Factor Soars to 2.034—Ranked 65/202 in Surgery Category

By Foad Nahai, MD

We are excited to announce the new Impact Factor score of the *Aesthetic Surgery Journal (ASJ)*—2.034. The Journal is now ranked 65th of 202 journals in the “Surgery” category—improved from last year’s ranking of 84 out of 199. This score is the culmination of 2 years of strategic planning, manuscript solicitations, and rigorous peer review by the editorial team, section editors, and the editorial board. The

trajectory of ASJ’s Impact Factor scores has been impressive; you may recall our first score was released in 2012 (1.469). In 2013 it grew to 1.564 and has now passed the coveted 2.0 mark. The score reflects citations in 2013 to articles published in 2011 and 2012 and is reported by Thompson-Reuters in their annual Journal Citation Report (JCR). Impact Factor is a measurement tool for scholarly journals that gauges the success of the

Continued on Page 27

Apply Today: 2015 ASAPS Leadership Training Program—An Opportunity for Professional Development

Applications are now being accepted for the 2015 ASAPS Leadership Training Program, which is designed to provide ASAPS Active Members with leadership skills applicable both personally and professionally. Participants are taught conflict resolution techniques, team building and consensus tactics, and meeting management, as well as other important leadership skills. The Leadership Training Program is also an opportunity to recognize the potential of outstanding individuals for inclusion into the Society’s leadership. Selected participants will meet for the training over two weekends in 2015, one in the spring and one in the fall, in Dallas, TX. For more information and the application form for this beneficial and complimentary program, please visit www.surgery.org/leadershipapplication.



2014 Leadership Training Participants

“I applaud ASAPS’ vision to provide leadership training to our members. For any person who works with others, this program provides a tremendous benefit. I have a better understanding of my staff and how to lead and motivate them. For any person who will be leading a committee or group, this program is essential.”
Tracy Pfeifer, MD—
2014 ASAPS Leadership Training Program participant

The ASAPS Las Vegas 2015 Aesthetic Symposium: State of the Art in Facial Rejuvenation

International Faculty Announced

By Richard J. Warren, MD

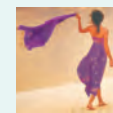
As the inaugural ASAPS 2014 Aesthetic Symposium was an unqualified success, with the much-praised cadaver lab selling out, co-chair Dr. Glenn Jelks and I are extremely pleased to announce that faculty has been confirmed for the *ASAPS Las Vegas 2015 Aesthetic Symposium: State of the Art in Facial Rejuvenation*. We hope you’ll plan to attend this exciting educational event, taking place on January 29-31, 2015, at The Bellagio Hotel.

Joining me, as Symposium Chair, and Glenn Jelks, MD, as Symposium Co-Chair/Cadaver Lab Chair, we’ve invited the top international experts in facial rejuvenation and fat grafting, including:

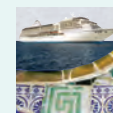
- Javier Beut, MD
- Mario Pelle-Ceravolo, MD
- Nuri Celik, MD
- Steven Cohen, MD
- Sydney Coleman, MD

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Symposium Programs



ASAPS Las Vegas 2015 Aesthetic Symposium Program—Page 12



The Aesthetic Cruise Program—Page 17

WE ARE AESTHETICS.

Membership FAQ

What fulfills the ASAPS meeting attendance requirement? The following meetings are exclusively organized by The Aesthetic Society, and are accepted:

- The Aesthetic Meeting (*ASAPS Annual Meeting*)
- ASAPS Las Vegas Aesthetic Symposium
- ASAPS Breast and Body Summer Symposium
- The Aesthetic Cruise
- ASAPS Breast and Body Fall Symposium

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by Zein Obagi, MD

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— BY ZEIN OBAGI, MD —



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

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Send address changes and membership inquiries to Membership Department, American Society for Aesthetic Plastic Surgery, 11262 Monarch Street, Garden Grove, CA 92841. Email asaps@surgery.org



The American Society for
Aesthetic Plastic Surgery



The Aesthetic Surgery Education
and Research Foundation

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ASAPS Members Forum: www.surgery.org/members

ASAPS Website: www.surgery.org

ASERF Website: www.aserf.org

ASAPS Consumer Education:
www.smartbeautyguide.com



ASAPS Calendar

ASAPS Jointly Provided & Endorsed Symposia

November 6 – 9, 2014

QMP's Tenth Annual Aesthetic Surgery Symposium

Renaissance Chicago Hotel, Chicago, IL
Tel: 314.878.7808
www.qmp.com/meeting2014/aesthetic

November 22, 2014

New York Regional Society of Plastic Surgeons' State of The Art: DVT Prophylaxis and Breast Augmentation

New York Academy of Medicine, New York, NY
Tel: 212.620.5653
<http://plasticsurgeryny.koka8.com/node/20>

December 4 – 6, 2014

The Cutting Edge 2014 Aesthetic Surgery Symposium

The Waldorf Astoria Hotel, New York, NY
Tel: 212.327.4681 • www.nypsf.org

January 22, 2015

8th Annual Oculoplastic Symposium

Intercontinental Hotel, Atlanta, GA
Tel: 435.901.2544 • www.sesprs.org

January 23 – 25, 2015

31st Annual Atlanta Breast Surgery Symposium

Intercontinental Hotel, Atlanta, GA
Tel: 435.901.2544 • www.sesprs.org

January 29 – 31, 2015

ASAPS Las Vegas 2015 Aesthetic Symposium—State of the Art in Facial Rejuvenation

The Bellagio Hotel, Las Vegas, NV
Tel: 562.799.2356
www.surgery.org/lasvegas2015

February 12 – 14, 2015

49th Baker Gordon Educational Symposium

Hyatt Regency Miami, Miami, FL
Tel: 305.859.8250
www.bakergordonsymposium.com

February 14 – 18, 2015

NWSPS 53rd Annual Scientific Meeting

Sheraton Kona, Big Island, Hawaii
Tel: 503.421.8955 • www.nwsp.org

February 15 – 18, 2015

American-Brazilian Aesthetic Meeting

Park City Marriott, Park City, UT
Tel: 435.901.2544
www.americanbrazilianaestheticmeeting.com

April 23, 2015

15th Annual University of Toronto Breast Surgery Symposium

Toronto Marriott Bloor Yorkville Hotel
Toronto, ON, Canada
Tel: 416.946.7641
www.torontoaestheticmeeting.ca

April 24 – 25, 2015

45th Annual University of Toronto Aesthetic Plastic Surgery Symposium

Toronto Marriott Bloor Yorkville Hotel
Toronto, ON, Canada
Tel: 416.946.7641
www.torontoaestheticmeeting.ca



May 12 – 14, 2015

Society of Plastic Surgical Skin Care Specialists—Skincare 2015

Westin Hotel, Montréal, QC, Canada
Tel: 562.799.0466
www.spsscs.org/meeting2015

THE AESTHETIC MEETING 2015

Montréal
Québec, Canada

May 14–19



May 14 – 19, 2015

The Aesthetic Meeting 2015

The Palais des Congrès de Montréal
Montréal, QC, Canada
Tel: 562.799.2356
www.surgery.org/meeting2015

May 14, 2015

The Rhinoplasty Society 20th Annual Meeting

The Palais des Congrès de Montréal
Montréal, QC, Canada
Tel: 904.786.1377
www.rhinoplastysociety.org/meetings

June 12 – 14, 2015

ASAPS Breast and Body Summer Symposium

The Bellagio Hotel, Las Vegas, NV
Tel: 562.799.2356 • www.surgery.org



August 9 – 17, 2015

The Aesthetic Cruise 2015—Controversies & Challenges in Aesthetic Surgery

Barcelona Spain to Lisbon Portugal
Tel: 562.799.2356
www.surgery.org/cruise2015

April 2 – 7, 2016

The Aesthetic Meeting 2016

Mandalay Bay Resort & Casino
Las Vegas, NV
Tel: 562.799.2356 • www.surgery.org

April 27 – May 1, 2017

The Aesthetic Meeting 2017

San Diego Convention Center
San Diego, CA
Tel: 562.799.2356 • www.surgery.org

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Exciting Educational Enhancements Come to ASAPS

Michael C. Edwards, MD

To many aesthetic surgeons, ASAPS is synonymous with top-tier education. Aesthetic education is at the very heart of our mission and was the original reason our founders created the organization almost 50 years ago.

Our mission hasn't changed, but the way we provide education is evolving, with new opportunities, new uses of technology and new ways to learn. I am proud to announce that we are expanding our educational programs and making some major changes to The Aesthetic Meeting 2015. Our educational offerings now include:

- ASAPS Las Vegas 2015 Aesthetic Symposium—State of the Art in Facial Rejuvenation, January 29–31, 2015, The Bellagio Hotel, Las Vegas, NV
- The Aesthetic Meeting 2015—Shaping the Future: Innovation in Aesthetic Surgery (ASAPS/ASERF Annual Meeting) May 14–19, Palais des Congrès de Montréal—Montréal, Québec, Canada
- ASAPS Breast and Body Summer Symposium, June 12–14, 2015, The Bellagio Hotel, Las Vegas, NV
- The Aesthetic Cruise 2015—Controversies and Challenges in Aesthetic Surgery, August 9–17, 2015, Barcelona, Spain to Lisbon, Portugal
- ASAPS Breast and Body Fall Symposium, October 29–31, 2015 (approximate dates) Loews Miami Beach Hotel, Miami, FL.

This year, the Society's strategic planning retreat was focused completely on learning. Key aesthetic thought and opinion leaders from across the US and Canada met in La Jolla, CA forming an aesthetic "think tank" to strategize on the how, where, and whys of a variety of educational events and products. The result?

- A revitalized Aesthetic Meeting 2015 with more of the courses you've asked for, including point-counterpoint discussions, "Defending Your Choice" and "Hot Seat" discussions (where speakers will be asked to defend their position or technique.) Further, we'll have more extensive use of video, dynamic audience participation sessions with opportunities to choose outcomes (inspired by Dr. Jack Fisher), specific tracks for aesthetic surgeons in all stages of their careers, and emphasis on the business of aesthetic surgery.

"I don't know another organization that has our passion, skill, innovation and talent for producing top flight education for our members and for the house of plastic surgery."

- New applications for, and information on the RADAR Resource, including an HTML version that can be accessed from any laptop or PC will be available in early 2015.
- Exciting processes in development that will make it easier to obtain and track your CME credits.

In other education news:

The Aesthetic Surgery Journal, our indexed and peer-reviewed publication, recently announced an Impact Factor of 2.034. This is a significant accomplishment: the Journal is now ranked 65th of 202 journals in the "Surgery" category—improved from last year's ranking of 84 out of 199. In the masterful hands of Editor-in-Chief Foad Nahai, MD, and Associate Editor Jeffrey Kenkel, MD, it has gone from academic obscurity to the most widely read aesthetic surgery journal in the world.

Speaking of Past President Jeffrey Kenkel, MD, who is Program Director and Interim Chair of the Department of Plastic Surgery, The University of Texas Southwestern Medical Center, it was recently announced that the university's plastic residency program was ranked number one in the country by US News and World Report. The Institution's website states that "(The program) is one of the first, the largest, and most sought after plastic surgery residencies in the United States, having 22 residents. *The Integrated Program* is a six-year course, providing a comprehensive, well-rounded balance of clinical training, structured education, and graduate research involvement."

I don't know another organization that has our passion, skill, innovation, and talent for producing top flight education for our members and for the house of plastic surgery. It makes me humble and proud to be your president and proves without doubt that We Are Aesthetics!

Michael C. Edwards, MD is an aesthetic plastic surgeon practicing in Las Vegas, NV, and serves as President of The Aesthetic Society.

SEP 2014 ASAPS PRACTICE MARKETING TOOLS

Social Media

Click the social icons to share ready-to-use content vetted by ASAPS every month. See our [blog](#) for more tips and best practices.

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SHARE THIS STORY

Tip: Ask your patients a question when sharing these posts! [More tips](#)

New Member Tool—ASAPS Social Media Newsletter

Social media is one of the easiest and most cost-effective ways to communicate with patients, market your practice and promote patient safety initiatives. With the new ASAPS Social Media Newsletter, you'll have an extremely efficient and effective way for you to share news, blogs, video and contests with your patients.

ASAPS Social Media Newsletter

Twice monthly, ASAPS Active and International Active Members will receive complimentary emails with ASAPS-vetted content. Simply share the videos, blog posts, news and content by clicking on the social media icons and you'll be delivering content your patients can share with their friends. Posting a few times a week will keep your social media channels active, letting your patients know that your office is up to date and open to communication. This new tool is just another complimentary way that The Aesthetic Society is helping you to reach out to your patients, keep them engaged with your practice and potentially bring in new patients.

Social Media Tips and Best Practices

- Post at least one to two times per week on social media, if not every day
- Like ASAPS and Smart Beauty Guide on Facebook and follow @ASAPS and @SmartBeautyNews on Twitter to get all the latest information straight to your feed.
- Make sure you adhere to HIPAA guidelines on Social Media. Never identify patients or connect them to office visits and procedures (even if they mention it first). You can like their comments, retweet or message privately instead.

For more information on the ASAPS Social Media Newsletter, please visit www.surgery.org/social-media-newsletter



James C. Grotting, MD, FACS
ASAPS member since 1992

Innovative Education is Only Part of ASAPS' Story.

With its focus on the face and outstanding cadaver lab, the inaugural ASAPS Las Vegas Aesthetic Symposium offered unique opportunities for interaction and discussion. Las Vegas 2015 promises to be even better.

WE ARE AESTHETICS.

Shaping the Future of Smart Beauty.



THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC.

Continued from Cover
State of the Art in Facial Rejuvenation

- Barry DiBernardo, MD
- Michael Edwards, MD
- James Grotting, MD
- Geoffrey Gurtner, MD
- Bahman Guyuron, MD
- Jeffrey Kenkel, MD
- Jerry Lamb, MD
- Z. Paul Lorenc, MD
- Timothy Marten, MD
- Robert Singer, MD
- Christopher Surek, MD
- Oren Tepper, MD
- Charles Thorne, MD
- Patrick Tonnard, MD

Cadaver Lab

On Thursday morning, January 29th, plan to attend the cadaver anatomy lab focused on techniques in fat, which is very reasonably priced and a great opportunity to engage one on one with the faculty. This year's lab will be even more intensive than last, and as 2014 sold out, don't delay in registering!



The Clinical and Business Side of Skin Care

In addition to Friday January 30th's physicians' program, skin care professionals can enjoy a full-day simultaneous session developed by the Society of Plastic Surgical Skin Care Specialists (SPSSCS).

Skin Care Session Faculty:

- Sandra Adams
- Goesel Anson, MD
- Alicia Barrera
- Therese Clark
- Barry DiBernardo, MD
- Peter Houtz
- James Hoyt, MD
- Keith Humes
- Jeffrey Kenkel, MD
- Z. Paul Lorenc, MD
- Timothy Marten, MD
- Ryan Miller
- Kyle Mills

For full Las Vegas Symposium program, please see page 12 or visit www.surgery.org/lasvegas2015.

Make This Adventure in Las Vegas Unique!



As Las Vegas, NV, is one of the top tourist destinations in the world, you're likely aware of the many attractions it offers, such as casinos, exquisite dining, and the finest in world-class entertainment. But there are also many unusual attractions which make a visit to "Sin City" truly unique. While attending ASAPS Las Vegas 2015 Aesthetic Symposium, consider these unique opportunities:



Dolphins at The Mirage

While many resorts offer opportunities to swim with dolphins, The Mirage offers an all-day Trainer for a Day program (13 and older). Working with a family of bottlenose dolphins, you'll learn about dolphin behavior from the expert trainers. There is also a 30-minute "Painting with the Dolphins" program, where you can create a watercolor painted with the help of a dolphin. Lastly, the Spa at The Mirage offers an instructor-led Yoga Among the Dolphins, in a serene, underwater viewing area with multiple windows.



Record Breaking Roller Coasters

The main destination for thrill ride junkies is The Adventuredome at Circus Circus, which features the world's only indoor double-loop, double-corkscrew roller coaster, The Canyon Blaster, and the record-breaking "El Loco" coaster, with an unrivalled steep negative-G drop. Just a few blocks south, The Roller Coaster at New York-New York drops from 203-feet at a speed of 67MPH, and this indoor/outdoor 3½-minute adrenaline rush takes riders through a novel 180-degree twist and dive maneuver. The sky high Stratosphere offers four high-altitude outdoor thrill rides of its own, including the newest, SkyJump, a



controlled free fall—from 108 floors up! The rooftop Insanity puts riders through 3-Gs of terror, the X-Scream is a teeter-totter suspended 866-feet above the sidewalk, and Big Shot is a 4-G vertical catapult that takes riders to 1,081-feet above the Strip.



Drive Really Fast

The Ford Mustang Shelby GT 500 is the most muscular of American muscle cars, with a 5.8 liter V8 plus huge supercharger putting

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ASAPS Las Vegas 2015 Aesthetic Symposium

STATE OF THE ART IN FACIAL REJUVENATION

January 29–31, 2015

The Bellagio Hotel
Las Vegas, Nevada

Chair: Richard Warren, MD
Co-Chair: Glenn Jelks, MD



THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC.

www.surgery.org/lasvegas2015

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Las Vegas

out 662-horsepower for a top speed north of 200MPH. But this is just one of four massively overpowered domestic speed demons you can drive on 30 miles of open road through scenic Red Rock Canyon with the brand new American Muscle Car Driving Experience. Rotate between the 2014 Dodge Challenger SRT8 (Special Research Team 6.4 liter V8 Hemi), 2013 Corvette Z06 (7.0-liter 505-horsepower V8) and 2014 Camaro ZL1 (0-60MPH in 4.1 seconds). The same company offers the Red Rock Experience with exotics from Ferrari, Lamborghini, Bentley, Jaguar and Audi. Or head to Las Vegas Motor Speedway where you can ignore speed limits on the racetrack. Here Dream Racing lets you take the wheel of an actual Ferrari race car, an iconic Ferrari 458, or the ultra-exotic McLaren Mp4-12c. Exotics Racing gives driving lessons and experiences with a fleet of Ferraris, Lamborghinis and Porsches. The Richard Petty Driving Experience teaches you to drive actual NASCAR race cars—or simply ride along with a pro to experience the thrill of speed.



Mini Golf Fit For Rock Stars

Only Las Vegas has KISS® By Monster Mini Golf®, a playable tribute to America's favorite costumed rock n' roll band. The standalone fun center includes 18-holes of indoor glow-in-the-dark mini golf, with a pervasive KISS theme that includes giant guitars, an animated replica of the band, and even a 12-foot high Gene Simmons head that you putt into! You can take souvenir photos in KISS concert regalia, and the facility also features arcade games, a large Gallery/Museum devoted to, you guessed it, KISS, a KISS gift shop, KISS-themed event/private party rooms, and the "Hotter Than Hell" Wedding Chapel for ultimate fan nuptials! Open 10AM-Midnight daily.

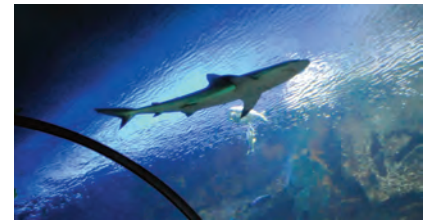


New and Quirky Museums

Las Vegas offers several excellent and significant museums, including the instantly popular 2012 "Mob Museum," officially The National Museum of Organized Crime and Law Enforcement, and the brand new \$55 million Discovery Children's Museum—across the street from the new \$470 million Smith Center for the Performing Arts and 61-acre Symphony Park. Opened in 2005 but still often overlooked is the fascinating National Atomic Testing Museum, a Smithsonian Institution affiliate, historically based on the Nevada Test Site, just 65 miles away, where countless nukes were detonated in the name of science. The well-designed and compelling museum has a vast mix of artifacts and interactive displays, with a special exhibit on another Nevada desert intrigue, Area 51. The



funkiest of all is the kitschy but very cool downtown Neon Museum, an outdoor walk-through collection laid out like an artful junkyard, connected with walking paths, steps and ramps to showcase the city's neon legacy.



Swim With Sharks

Shark Reef, located in Mandalay Bay, is a full-sized aquarium, billing itself as "North America's only predator-based aquarium." It features lots of killers, including rare golden crocodiles, moray eels, jellyfish and piranhas, and 15 species of sharks. You can see these up close through Dive With The Sharks, the most unique and thrilling of many unique and thrilling experiences in Las Vegas. The dive lasts 40–45 minutes in the largest tank at Shark Reef, the 1.3 million gallon Shipwreck, with about thirty Sand Tiger, White Tip Reef, Gray Tip Reef, Sandbar, Zebra, Nurse, and Galapagos sharks, plus moray eels, sea turtles, rays, and lots of fish. Because you never go deeper than 22 feet there is no decompression concern, and you are covered from head to toe in a chainmail anti-shark suit. You need to be a certified diver, and you go in a very small group (2–4) led by a dive master, with a surface support crew. Best of all, the sharks have already been fed.



Slotzilla

This zipline attraction is an 11-story, 120-foot high slot-machine-themed takeoff platform with two-levels. Riders on the lower level take off 70-feet above ground and zip 850-feet to a landing platform. But riders on the higher level are shot out of Slotzilla at 35MPH using a first-of-its-kind propulsion launch system and soar 1,700-feet, the entire

Continued on Page 11



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Continued from Page 9
Las Vegas

length of the Fremont Street Experience, starting so high that they actually descend through the electric Viva Vision canopy. In true Vegas fashion, every time a rider leaves, the giant slot machine's arm will pull down, the reels will spin, and a beacon will light up. SlotZilla is adorned with two Vegas "showgirls" standing 37-feet tall and a 20-foot wide "Welcome to Fabulous Downtown Las Vegas" sign.



You vs. Food

One of the most popular food shows on television, Travel Channel's Man Vs. Food, is built on the premise of massive "eating challenges" all around the country. But in Las Vegas you can try your hand at such feats of gluttony every day, all over town. The 120-ounce "Ultimate Steak" at the Monte Carlo's BRAND Steakhouse inside is for six, with 7½ pounds of meat, one side and two signature sauces (shown). But the \$250 meal can be ordered by just one person—finish and it's on the house. A few steps away, The Pub at Monte Carlo offers the 8-Pound Burger Challenge. More than 100 have tried to finish the \$29 burger, with 4-pounds of beef, 10 slices of cheese, tomato, lettuce, jalapenos, caramelized onions, secret sauce and a one-pound bun, plus a 32-ounce boot of beer (or root beer), in 45 minutes—but only three have succeeded. If that sounds too ambitious, the Tequila Bar at Bally's has a similar challenge with "just" three pounds of meat in its giant burger. According to local site Vegas Chatter, Cabo Wabo in Planet Hollywood has an 8-pound, 20-topping nacho challenge, while Diablo's Cantina in Monte Carlo has both a spicy 20-piece "Death Wing" and 4-pound burrito challenge. Vegas eating challenges come and go, but have been reported for everything from sliders to Pho to frozen yogurt and giant pizzas.



Discover more interesting things to do in Las Vegas at www.vegas.com.

Please note that as Sunday, February 1 is Super Bowl, the Las Vegas Symposium Program ends at 3PM on Saturday January 31 to allow for adequate travel time. Or, stay and enjoy all of the excitement that celebrating the Super Bowl in Las Vegas can bring.

Adapted from Forbes.com article, "10 Coolest Things You Didn't Know You Could Do In Las Vegas," by Larry Olmsted. Photo Credit: Las Vegas News Bureau.

Register Online for Las Vegas!

The Bellagio Hotel Registration:
www.surgery.org/BellagioHotel

Symposium Registration:
www.surgery.org/lasvegas2015

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For More Information

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www.surgery.org



ASAPS Las Vegas 2015 Aesthetic Symposium

STATE OF THE ART IN FACIAL REJUVENATION

THURSDAY, JANUARY 29

8:00am – 12:00pm

OPTIONAL CADAVER LAB ▲ 4

Additional Fee Required • 4 CME Credits

8:00am – 8:10am

Fat Harvesting and Grafting—Perioral and Face
Sydney Coleman, MD; Jeffrey Kenkel, MD;
Z. Paul Lorenc, MD

8:10am – 8:20am

Delta Lift, Brow Lift, Face Lifting
James Grotting, MD; Charles Thorne, MD;
Richard Warren, MD

8:20am – 8:30am

Lower Eyelid, Lateral Canthus, Midface
Nuri Celik, MD; Mario Pelle-Ceravolo, MD

8:30am – 8:40am

Facial Volume Compartments, Safe Injection
Javier Beut, MD; Jerome Lamb, MD;
Christopher Surek, DO; Glenn Jelks, MD

8:40am – 8:50am

3D Photography, Upper and Lower Eyelid,
Transconjunctival, Lateral Canthus, Fat Manipulation
Glenn Jelks, MD; Oren Tepper, MD

8:50am – 9:00am

Submental, Neck, Face, Fat
Bahman Guyuron, MD; Timothy Marten, MD

9:00am – 12:00pm

All faculty to participate

EDUCATIONAL SESSION ▲ 8

20.75 CME Credits

1:00pm – 1:10pm

Welcome
Richard Warren, MD and Glenn Jelks, MD

THE ANATOMY AND VOLUME IN THE AGING FACE

Session Moderator: Richard Warren, MD

1:10pm – 1:30pm

Surgical Anatomy of the Face
Mario Pelle-Ceravolo, MD

1:30pm – 1:50pm

Facial Beauty—It's in the Eyes and the Neck
Nuri Celik, MD

1:50pm – 2:10pm

The Biology of Fat Grafting
Geoffrey Gurtner, MD

2:10pm – 2:30pm

Composite Fat Volumization—Anatomical Study
Z. Paul Lorenc, MD

2:30pm – 2:50pm

Understanding Facial Compartments and Spaces for Volumizing Procedures
Jerome Lamb, MD

2:50pm – 3:10pm

The State of the Art in Fat Grafting Technique: Making it Work in the Face
Sydney Coleman, MD

3:10pm – 3:45pm

Wine and Cheese Welcome Reception in the Exhibits

FOREHEAD LIFT AND BROW REJUVENATION

Session Moderator: Robert Singer, MD

3:45pm – 4:05pm

Brow Aesthetics and the Implications for Browlifting
Timothy Marten, MD

4:05pm – 4:25pm

Brow Shaping as an Adjunct to Facial Rejuvenation
James Grotting, MD

4:25pm – 4:45pm

When Do I Lift the Brow and How Do I Do It?
Patrick Tonnard, MD

4:45pm – 5:05pm

Endoscopic Brow Lift—Indications and Technique
Bahman Guyuron, MD

5:05pm – 5:25pm

Direct Cutaneous Browlift
Mario Pelle-Ceravolo, MD

5:25pm – 5:55pm

Debating the Issues: Browlift Aesthetics, Indications, Reliability

Moderator: Robert Singer, MD

Panelists: James Grotting, MD; Bahman Guyuron, MD; Timothy Marten, MD; Mario Pelle-Ceravolo, MD; Patrick Tonnard, MD

Discussants: Z. Paul Lorenc, MD; Oren Tepper, MD; Charles Thorne, MD

FRIDAY, JANUARY 30

6:30am – 7:00am

Breakfast in the Exhibits

UPPER LID BROW JUNCTION

Session Moderator: Jeffrey Kenkel, MD

7:00am – 7:20am

Assessing the Upper Lid Blepharoplasty Patient
Charles Thorne, MD

7:20am – 7:40am

Sculpting the Upper Lid Brow Junction
Nuri Celik, MD

7:40am – 8:00am

Fat Grafting in the Periorbital Area
Mario Pelle-Ceravolo, MD

8:00am – 8:20am

Ptosis Repair in Conjunction with Blepharoplasty
Glenn Jelks, MD

8:20am – 8:40am

Upper Lid Blepharoplasty—What Works For Me
Patrick Tonnard, MD

8:40am – 9:00am

Ancillary Procedures Which Improve the Upper Lid Blepharoplasty Result

Javier Beut, MD

9:00am – 9:30am

Debating the Issues—Tissue Removal, Volumizing, Ancillary Procedures

Moderator: Jeffrey Kenkel, MD

Panelists: Javier Beut, MD; Nuri Celik, MD; Glenn Jelks, MD; Mario Pelle-Ceravolo, MD; Charles Thorne, MD; Patrick Tonnard, MD

Discussants: Sydney Coleman, MD; Z. Paul Lorenc, MD; Timothy Marten, MD

9:30am – 10:00am

Break in the Exhibits

LOWER LID CHEEK JUNCTION

Session Moderator: Charles Thorne, MD

10:00am – 10:20am

Evaluating the Patient Presenting for Lower Eyelid Rejuvenation
Bahman Guyuron, MD

10:20am – 10:40am

The "No Touch" Lower Lid Blepharoplasty
Glenn Jelks, MD

10:40am – 11:00am

Blending the Lower Lid/Cheek Junction
Richard Warren, MD

11:00am – 11:20am

Fat Preservation in the Lower Eyelid
Nuri Celik, MD

11:20 – 11:40

Canthopexy: Is it Always Necessary in Lower Lid Surgery?

Javier Beut, MD

11:40am – 12:10pm

Debating the Issues—Lower Lid Fat, Lower Lid Support, Canthopexy

Moderator: Charles Thorne, MD

Panelists: Javier Beut, MD; Nuri Celik MD; Bahman Guyuron, MD; Glenn Jelks, MD; Richard Warren, MD

Discussants: Barry DiBernardo, MD; Michael Edwards, MD; Patrick Tonnard, MD

12:10pm – 1:10pm

Lunch in the Exhibits

1:10pm – 1:20pm

ASAPS Update
Michael Edwards, MD—ASAPS President

FAT GRAFTING IN FACIAL REJUVENATION

Session Moderator: Robert Singer, MD

1:20pm – 1:40pm

Treating the Aging Face and Neck with Structural Fat Grafting
Sydney Coleman, MD

1:40pm – 2:00pm

Facelift and Fat Grafting: The Dynamic Duo
Timothy Marten, MD

2:00pm – 2:20pm

Lipodialysis and Cell-Enriched Fat Transfer During Facelift Surgery
Steven Cohen MD

2:20pm – 2:40pm

Fat Grafting the Face: How, When and How Much?
Patrick Tonnard MD

2:40pm – 3:00pm

3-D Lipodystrophy: The Relationship Between Fat Grafting to Distinct Facial Compartments and Topographical Changes on the Surface
Oren Tepper, MD

3:00pm – 3:20pm

Debating the Issues: Will Fat Graft Do It All?

Moderator: Robert Singer, MD

Panelists: Steven Cohen, MD; Sydney Coleman, MD; Timothy Marten, MD; Patrick Tonnard, MD

Discussants: Bahman Guyuron, MD; Jeffrey Kenkel, MD; Z. Paul Lorenc, MD

3:20pm – 3:50pm

Coffee Break in the Exhibits

FACELIFT

Session Moderator: Michael Edwards, MD

3:50pm – 4:10pm

Technique Refinements for Skin Incisions, Skin Vectors, and Skin Sutures

Timothy Marten, MD

4:10pm – 4:30pm

The Deep Plane: The Key to a Long Lasting Facelift

Charles Thome, MD

4:30pm – 4:50pm

The MACS Lift

Patrick Tonnard, MD

4:50pm – 5:10pm

The MAPS Lift

Richard Warren, MD

5:10pm – 5:30pm

The Delta Facelift

James Grotting, MD

5:30pm – 5:50pm

Jowl Treatment: Should We Lift It, Thin It or Both?

Bahman Guyuron, MD

5:50pm – 6:15pm

Debating the Issues: How to Handle the Deep Plane Tissues

Moderator: Steven Cohen, MD

Panelists: James Grotting, MD; Bahman Guyuron, MD;

Timothy Marten, MD; Charles Thome, MD;

Patrick Tonnard, MD; Richard Warren, MD

Discussants: Barry DiBernardo, MD; Jeffrey Kenkel, MD;

Z. Paul Lorenc, MD

SATURDAY, JANUARY 31

7:00am – 7:45am

Breakfast in the Exhibits

THE NECK

Session Moderator: James Grotting, MD

7:45am – 8:05am

Preoperative Evaluation of the Aging Neck: Spotting the Problem Cases

Charles Thome, MD

8:05am – 8:25am

Why I Usually Open the Neck

Timothy Marten, MD

8:25am – 8:45am

Why I Usually Don't Open The Neck

Patrick Tonnard, MD

8:45am – 9:05am

Managing the Difficult Neck

Bahman Guyuron, MD

9:05am – 9:25am

A New Approach to Avoid Recurring Platysma Bands Without Opening the Neck

Mario Pelle-Ceravolo, MD

9:25am – 9:55am

Debating the Issues—The Neck: When Should We Open It and What Causes a Disappointing Result?

Moderator: James Grotting, MD

Panelists: Bahman Guyuron, MD; Timothy Marten, MD;

Charles Thome, MD; Patrick Tonnard, MD;

Mario Pelle-Ceravolo, MD

Discussants: Jerry Lamb, MD; Robert Singer, MD;

Oren Tepper, MD

9:55am – 10:30am

Coffee Break in the Exhibits

NON-SURGICAL FACIAL REJUVENATION

Session Moderator: Robert Singer, MD

10:45am – 11:05am

Soft Tissue Fillers—What to Use Where

Z. Paul Lorenc, MD

11:05am – 11:25am

Soft Tissue Fillers for Difficult Areas in the Face: Periorbital and Perioral

Javier Beut, MD

11:25am – 11:45am

Facial Shaping Using Botulinum Toxin A

Z. Paul Lorenc, MD

11:45am – 12:05pm

Micro Fat Grafting—Indications and Technique

Patrick Tonnard, MD

12:05pm – 12:20pm

Debating the Issues: Filler, Fat or Toxin?

Session Moderator: Robert Singer, MD

Panelists: Javier Beut, MD; Z. Paul Lorenc, MD;

Patrick Tonnard, MD

Discussants: Sydney Coleman, MD; Geoffrey Gurtner, MD;

Jeffrey Kenkel, MD

12:20pm – 1:15pm

Lunch in the Exhibits

ENERGY BASED SYSTEMS

Session Moderator: Z. Paul Lorenc, MD

1:15pm – 1:30pm

Safety and Efficacy of Fractional Lasers in the Treatment of Photoaging

Steven Cohen, MD

1:30pm – 1:45pm

Non-Surgical Adjuncts to Optimize the

Post-Surgical Result

Barry DiBernardo, MD

1:45pm – 2:00pm

Non-Surgical Alternatives for Skin Tightening:

What Works for Me

Jeffrey Kenkel, MD

2:00pm – 2:15pm

Minimally Invasive Alternatives for Face and Neck Aesthetics

Barry DiBernardo, MD

2:15pm – 2:30pm

New Evidence Based Technologies for Aesthetic Surgery

Geoffrey Gurtner, MD

2:30pm – 3:00pm

Debating the Issues: Does Technology Approach a Facelift?

Moderator: Z. Paul Lorenc, MD

Panelists: Steven Cohen, MD; Barry DiBernardo, MD

Discussants: Nuri Celik, MD; Geoffrey Gurtner, MD;

Jeffrey Kenkel, MD; Oren Tepper, MD

Please note that as Sunday, February 1 is Super Bowl, the Las Vegas Symposium Program ends at 3PM on Saturday January 31 to allow for adequate travel time. Or, stay and enjoy all of the excitement that celebrating the Super Bowl in Las Vegas can bring.

FRIDAY, JANUARY 30



THE CLINICAL AND BUSINESS SIDE OF SKIN CARE

Organized in Conjunction with Society of Plastic Surgical Skin Care Specialists

7 CME credits

Chair: Elena Reyes, C-RMA, RST, CIDESCO

Co-Chair: Karen Menard, RN

7:30am – 7:35am

Welcome to Las Vegas

Elena Reyes, C-RMA, RST, CIDESCO

7:35am – 7:40am

ASAPS Welcome

Richard Warren, MD—Program Chair

7:40am-8:10am

Modern Approach to Clinical Skin Care

Goesel Anson, MD

8:10am – 8:30am

The New Hybrid Laser (Halo) for Facial Rejuvenation

James Hoyt, MD

8:30am – 8:50am

How to Choose the Most Beneficial Device

Barry DiBernardo, MD

8:50am – 9:20am

Clinical Aspects of Permanent Makeup in the Plastic Surgeon's Office

Alicia Barrera

9:20am – 9:50am

Probiotics in Skin Care

Therese Clark

9:50am – 10:20am

Coffee Break in the Exhibits

10:20am – 10:50am

Stem Cells and Fat Injections Today

Timothy Marten, MD

10:50am – 11:20am

The Benefits of Fillers for Facial

Rejuvenation

Z. Paul Lorenc, MD

11:10am-11:40am

Pre & Post Op Laser—Skin Care Options

Jeffrey Kenkel, MD

11:40am – 12:00pm

Q&A

12:00pm – 1:00pm

Lunch in the Exhibits

1:00pm – 2:00pm

Marketing in the Aesthetic Practice

Kyle Mills

2:00pm – 3:00pm

Social Media in the Clinical Setting

Ryan Miller

3:00pm – 3:30pm

Coffee Break in the Exhibits

3:30pm – 4:30pm

Social Media and Blogging

Keith Humes

4:30pm – 5:15pm

Measuring Your Online Marketing Success

Peter Houtz

5:15pm – 6:00pm

Product Vendor Selection—How to Cultivate

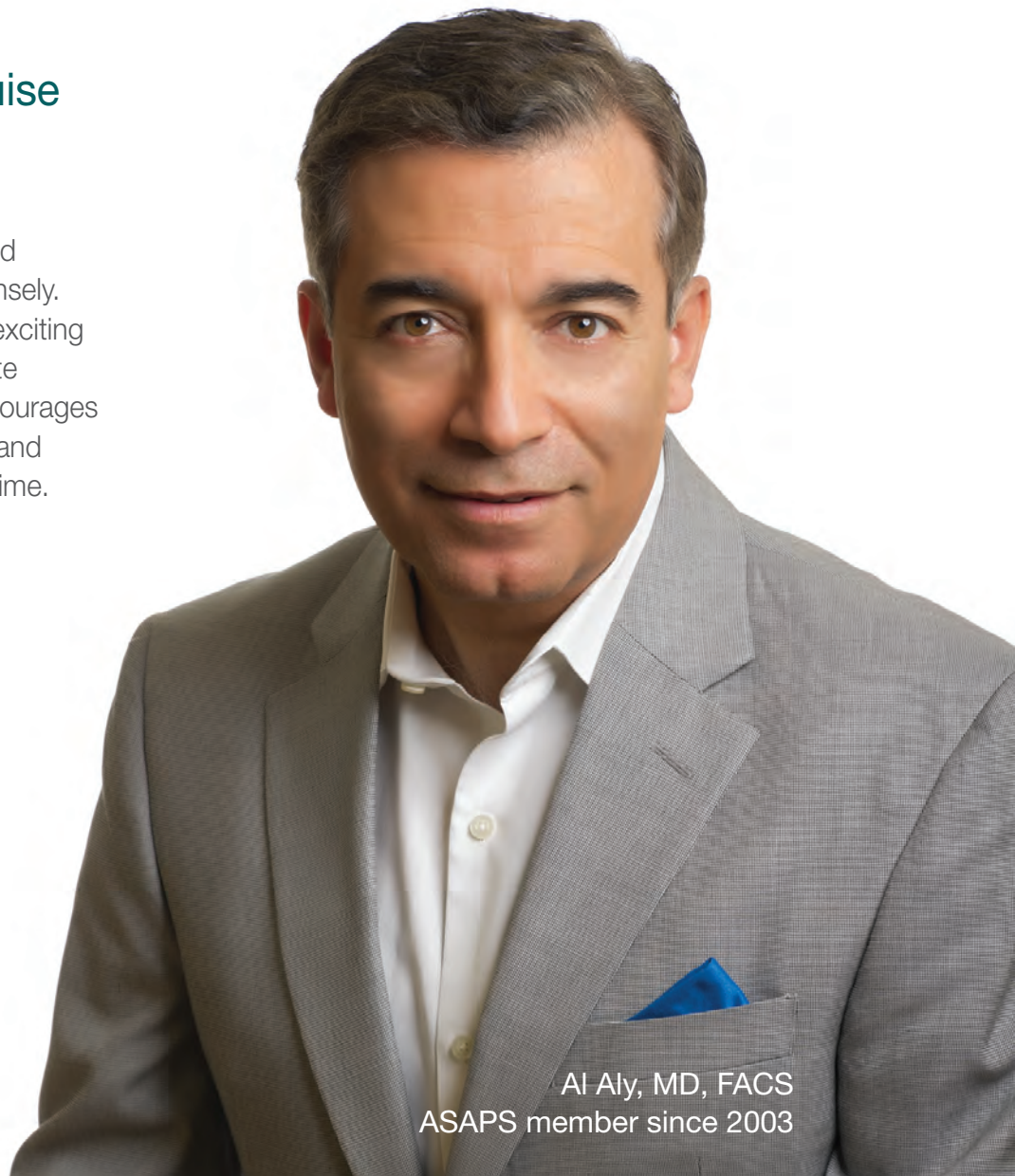
Sandra Adams

6:00pm

Adjourn

The Aesthetic Cruise is Only Part of ASAPS' Story.

My family and I have enjoyed
The Aesthetic Cruise immensely.
Not only do we get to visit exciting
destinations, but the intimate
educational experience encourages
interaction with colleagues and
friendships which last a lifetime.



Al Aly, MD, FACS
ASAPS member since 2003

WE ARE AESTHETICS.

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AESTHETIC PLASTIC SURGERY, INC.

The Aesthetic Cruise 2015: Register and Book Your Cabin Today!

With a stellar educational faculty and exciting ports of call, **The Aesthetic Cruise 2015: Controversies and Challenges in Aesthetic Surgery** promises to be one extraordinary journey! On this voyage you'll have the opportunity to interact with experts in aesthetic surgery in an intimate learning environment, all while visiting exciting destinations. Departing from Barcelona, Spain, the luxurious Regent Seven Seas Mariner will visit such destinations in Spain as Ibiza, Valencia, and Almeria, then journey to Gibraltar and Tangier. The ship will then return to see Cadiz, Spain, before arriving at its final port, Lisbon, Portugal.

Aesthetic Faculty

In addition to James C. Grotting, MD, who serves as Chair for the Cruise, and Vice Chair Richard Warren, MD, faculty includes Al Aly, MD, Laurie Casas, MD, Nazim Cerkes, MD, Mark Codner, MD, Jack Fisher, MD, Bahman Guyuron, MD, Ashkan Gvahami, MD, Melinda Haws, MD, Joseph Hunstad, MD, Craig Layt, MD, Ryan Miller, Daniel C. Mills, MD, Tim Popadopoulos, MD, W. Grant Stevens, MD, and Karen Zupko.

Exotic Ports of Call

Barcelona, Spain. Barcelona feels a bit surreal—appropriate, since Salvador Dali spent time here and Spanish Catalan architect Antoni Gaudí designed several of the city's buildings. Stepping into Gaudí's Church of the Sacred Family is a bit like falling through the looking glass—a journey that you can continue with a visit to Park Güell. Sip sangria at a sidewalk café in Las Ramblas while watching flamboyant street performers, then create your own moveable feast by floating from tapas bar to tapas bar.

Ibiza, Spain. While some joke that "Ibiza" in Old Spanish means "party 'til you drop," this is definitely one of Europe's favorite nightlife playgrounds. Ibiza boasts more than 100 miles of coastline with some 50 beaches, plus plenty of restaurants, bars, and water sports—and clubs, of course. Fit in a little culture and visit Ibiza's UNESCO-designated old town.

Valencia, Spain. You'll find plenty of orange trees here, but the fruit known as the "Valencia orange" was actually developed in California. Travelers interested in local food should focus on paella instead. While the city contains many monuments, Valencia's modern crown jewel is the City of Arts and Sciences, a

futuristic complex of museums, cinemas, theaters, and more.

Almeria, Spain. Founded by the caliph of Cordoba, this Andalusian city on Spain's southeast coast is a reminder of the region's Muslim history. The Alcazaba, a massive fort, dominates the city and affords amazing views. Also worth experiencing are the cathedral and the Almeria Museum. East of the city is the rugged, desolate Cabo de Gata-Nijar coast, a protected area. To the west is the resort area of Roquetas de Mar, featuring vast beaches.

Gibraltar. Rising up as an indomitable peak at the gateway between Spain and the African coast, Gibraltar is a unique destination with a life that goes beyond its surface. The monolithic Rock of Gibraltar entices tourists with its lush greenery and the friendly Barbary Macaques ubiquitous to the area. Beneath its looming exterior lay the Galleries, a veritable labyrinth of underground passageways running through the Rock. Above ground there is also plentiful tax-free shopping, as well as numerous beaches.

Tangier, Morocco. Located on the Strait of Gibraltar where Africa meets Europe, Tangier has long held strategic importance. Ruled through the centuries by waves of conquerors including Romans, Vandals, Byzantines, Arabs and Portuguese, the city is more than two and a half millennia old, making it one of North Africa's most ancient. The medina, Kasbah, bazaars and souks are among the country's most vibrant, and the beaches are excellent. In the last century, Tangier became a hot spot for the international jet set.

Cádiz, Spain. Cádiz is generally considered to be the oldest continuously inhabited settlement in Europe. The ancient center, surrounded almost entirely by water, is a romantic hodgepodge of sinuous streets where Atlantic waves crash against eroded sea walls, municipal beaches stretch for miles, and rambunctious taverns echo with the sounds of cawing gulls and frying fish. Enamored return visitors to Cádiz talk fondly of its seafood, surfing and cache of intriguing churches and museums.

Lisbon, Portugal. The museums of Lisbon celebrate the rich history and culture of this Portuguese capital city. The Maritime Museum is perfect for kids (and grown-ups!) who adore all things nautical, while the Casa-Museu Dr. Anastácio Gonçalves is a hidden gem of colorful artwork.

Exquisite Accommodations

The world's first all-suite, all-balcony ship, Seven Seas Mariner features four gourmet restaurants with open seating. Hallmarks include generous amenities and a welcome spaciousness. Catering to only 700 guests, her staff-to-guest ratio of 1 to 1.6 ensures the absolute highest level of personal service.

Aesthetic Cruise Details

The American Society for Aesthetic Plastic Surgery, Inc. is accredited by the ACCME to provide continuing medical education for physicians.

The American Society for Aesthetic Plastic Surgery Inc. designates this live activity for a maximum of 16.75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

To book your cabin, please contact Bob Newman via phone at 888.278.7776 or via email at bnewman@CruiseBrothers.com.

To register for the cruise symposium, please visit www.surgery.org/cruise2015.

Destination descriptions from TripAdvisor.com and LonelyPlanet.com.



ITINERARY

August 9

Barcelona, Spain

August 10

Ibiza, Spain

August 11

Valencia, Spain

August 12

Almeria, Spain

August 13

Gibraltar, United Kingdom

August 14

Tangier, Morocco

August 15

Cadiz, Spain

August 16–17

Lisbon, Portugal



August 9–17

Barcelona, Spain
to Lisbon, Portugal

THE 
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CRUISE 2015

Controversies and Challenges
in Aesthetic Surgery



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The Aesthetic Cruise 2015 Program

James Grotting, MD—Chair • Richard Warren, MD—Vice Chair • CME 16.75

SUNDAY, AUGUST 9

12:00pm – 12:15pm

Welcome Remarks & Review of Itinerary and Program

James Grotting, MD

12:15pm – 1:30pm

Facial Rejuvenation: Defend Your Approach

Moderator: James Grotting, MD

- High SMAS Facelift—Why I Switched After 15 Years
Mark Codner, MD
- Tailor Tuck and SMAS Facelift
Bahman Guyuron, MD
- Simplifying Facial Rejuvenation by Focusing on Surface Contours and Aesthetic Lines
James Grotting, MD
- Management of the SMAS—The MAPS Approach Based on Anatomic Principles
Richard Warren, MD
- Discussion (15 min)

1:30pm – 2:45pm

The Neck: Is It Really a Solved Problem?

Moderator: Richard Warren, MD

- An Algorithm For Neck Contouring
Bahman Guyuron, MD
- Our Experience with Submandibular Gland Resection in Neck Lifting: Pitfalls and Successes
Joseph Hunstad, MD
- An Analysis of Neck Failures—Why Are Some Great and Others Not?
Richard Warren, MD
- Can Facial and Neck Aging be Effectively Managed Using Skin Care, Light and Energy Based Technology, Maintenance Injections, and Minimally Invasive Surgical Procedures? 10 Year Retrospective
Laurie Casas, MD
- Discussion (15 min)

2:45pm – 4:00pm

Controversies in Augmentation Mastopexy

Moderator: Grant Stevens, MD

- Asking the Right Questions with Problems in Breast Surgery
Jack Fisher, MD
- Augmentation and Vertical Mastopexy: Which Implant? Which Position?
Melinda Haws, MD
- Predictable Techniques for Success in Augmentation Mastopexy
Craig Layt, MD
- Addition Subtraction Breast Reshaping: A Counterintuitive Strategy
James Grotting, MD
- Discussion (15 min)

4:00pm – 4:30pm

Special Presentation: Positioning Your Practice for the Future: Combining Aesthetic Medicine with Aesthetic Surgery (and Successfully Competing with the MediSpas)

Presenter: Laurie Casas, MD

Moderator: Daniel Mills, MD

12:00pm – 4:00pm

Physician/Spouse/Guest Courses

Practice Management Skills, One-hour Courses—Mix and Match! Customize Your Learning Experience!
Ryan Miller and Karen Zupko

- Measures for Success & Online Secrets from the Top 10%
- Don't Drop Those Leads!
- Maximize Practice Valuation—Your Digital Exit Strategy
- Hey, Why Didn't That Patient Schedule?

WEDNESDAY, AUGUST 12

6:45am – 8:00am

Controversies in Rhinoplasty

Moderator: Al Aly, MD

- Deviated Nose
Bahman Guyuron, MD
- Freestyle Rhinoplasty: Putting Together the Pieces Safely and Efficaciously
Ashkan Ghavami, MD
- Rhinoplasty "Misadventures" and a Strategy For Reconstructing Them
Nazim Cerkes, MD
- Ethnic Rhinoplasty: Handling the Cartilage and Soft Tissue Dynamics
Ashkan Ghavami, MD
- Discussion (15 min)

8:00am – 9:15am

Abdominal Contouring—Current State-of-the-Art

Moderator: Jack Fisher, MD

- Optimizing Results in Lipoabdominoplasty: 12 Years of Technical Developments and Latest Recommendations
Tim Papadopolous, MD
- Low vs Central Scar Circumferential Lower Truncal Contouring
Al Aly, MD
- Fleur-De-Lis Abdominoplasty—Joseph Hunstad, MD
- Massive Weight Loss Body Contouring Staging and Extent of Surgery: Is 10 Hour Surgery Justified?
Al Aly, MD
- Discussion (15 min)

9:15am – 10:30am

Brow and Eyelid Controversies and Complications

Moderator: Bahman Guyuron, MD

- Should Ptosis Repair Be Done By Plastic Surgeons?
Mark Codner, MD
- Periocular Rejuvenation Using Fillers and Non-Surgical Treatments
Laurie Casas, MD
- Rejuvenation of the Lid/ Brow Interface—Keys to the Correct Diagnosis
Richard Warren, MD
- Lower Blepharoplasty with Correction of the Lid Cheek Junction
Mark Codner, MD
- Discussion (15 min)

10:30am – 11:45am

Moderator: Laurie Casas, MD

- Secondary Rejuvenation of the Aged or Operated Periocular Region
James Grotting, MD
- Lower Lid Ectropion Repair with Ear Cartilage
Mark Codner, MD
- Endoscopic Forehead Rejuvenation
Bahman Guyuron, MD
- Lateral Browlifting Without the Endoscope
Richard Warren, MD
- Discussion (15 min)

THURSDAY, AUGUST 13

7:00am – 7:30am

Coffee and Complications

Rhinoplasty Complications Panel Case Presentations from Panelists and Audience

Moderator: Nazim Cerkes, MD

Panelists: Ashkan Ghavami, MD; Bahman Guyuron, MD

7:30am – 8:00am

Breast Complications Case Presentations from Panelists and Audience

Moderator: Jack Fisher, MD

Panelists: Melinda Haws, MD; Craig Layt, MD

8:00am – 8:30am

Body Contouring Complications Case Presentations from Panelists and Audience

Moderator: Joseph Hunstad, MD

Panelists: Al Aly, MD; Tim Papadopolous, MD

8:30am – 9:00am

Complications in Facial Rejuvenation. Case Presentations from Panelists and Audience

Moderator: Richard Warren, MD

Panelists: Bahman Guyuron, MD and Mark Codner, MD

9:00am – 9:30am

Open Forum for Discussion

All Faculty and Participants

Moderator: James Grotting, MD

SUNDAY, AUGUST 16

6:45am – 8:00am

Controversies in Breast Augmentation

Moderator: Daniel Mills, MD

- Dimensional Planning in Breast Augmentation
Craig Layt, MD
- Implant Selection in Primary Breast Augmentation
Laurie Casas, MD
- Breast Augmentation in Asymmetric Breasts
Melinda Haws, MD
- Site Change for Capsular Contracture with Skin Modification
Jack Fisher, MD
- Discussion (15 min)

8:00am – 9:15am

Advanced Concepts in Body Contouring

Moderator: Tim Papadopolous, MD

- Success in Gluteal Shaping
Ashkan Ghavami, MD
- The Avulsion Technique for Brachioplasty and Vertical Thighplasty
Joseph Hunstad, MD
- Anterior vs Posterior Scar Brachioplasty
Al Aly, MD
- Labiaplasty—NOT the Wedge Resection
Melinda Haws, MD
- Discussion (15 min)

9:15am – 10:30am

Controversial Topics of Interest and Importance

Moderator: Melinda Haws, MD

- Management of Breast Asymmetry
Jack Fisher, MD
- Implant Explanation: What Comes Next? To Replace or Not?
Melinda Haws, MD
- Aesthetic Surgeon and Migraine Headaches
Bahman Guyuron, MD
- Vectra 3D Imaging—An Effective and Powerful Education Tool
Craig Layt, MD
- Discussion (15 min)

10:30am – 11:45am

Moderator: Craig Layt, MD

- Marina Man Land—Where a Man Can Feel Good About Looking Good
Grant Stevens, MD
- Creating and Maintaining a Positive Doctor—Patient Relationship While Managing Complications
Joseph Hunstad, MD
- Chemoprophylaxis: Is Virchow's Triangle the Etiology of All DVT/PE?
Al Aly, MD
- The Evolution of the Human Torso: A Personal Perspective and its Relation to Body Contouring
Tim Papadopolous, MD
- Discussion (15 min)

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ASN2014CA

Bring Your Family for an Inspiring Trip to Montréal: The Aesthetic Meeting 2015



Known for its Old World charm infused with North American energy, Montréal is a city where color, art, and design abound, making it the ideal city to host The Aesthetic Meeting 2015. This French-speaking city is considered the cultural capital of Canada, and is a cosmopolitan celebration of Québécois style. A horse-drawn carriage ride around the cobblestone streets and grand buildings of Vieux-Montréal will give you a taste of European flavor. The Basilique Notre-Dame is a confection of stained glass, and the Plateau Mont-Royal district will delight you with its quaint boutiques and cafés. Or dig in to a massive plate of poutine to fuel up for a tour of the epic Olympic Park. Whatever your interest, Montréal has something to offer.



Gastronomy

As the city with the largest number of restaurants per capita in North America, chances are that you're going to find just the region or type of food you crave in

Montréal—and it's going to be delicious! Local chefs showcase fresh, seasonal local produce, and liberally season their dishes with the same creativity that is indelibly Montréal: an inspired blend of local influences, daring world flavors and European heritage.

Fashion, Shopping, and Beauty

A city full of flair, style and innate fashion sense, Montrealers push the fashion boundaries, mixing styles and creating new ones. Québec's top fashion designers are recognized for trend-setting looks and haute couture inspirations.



© Tourisme Montreal, Stephan Poulin

From haute couture to ready-to-wear fashion, from antiques to art galleries, Montréal is a huge and eclectic shopping mecca. Start your spree on Sainte Catherine Street, one of North America's longest and most dynamic shopping arteries. Its 15-kilometre length yields as many one-of-a-kind shops as big-name brand stores. From there, escape the heat (or cold!) via the underground

Continued on Page 21



The Magic of Montréal: Presidential Welcome Cirque Spectacular

By Michael C. Edwards, MD

As ASAPS President, it gives me great pleasure to announce an exciting change for The Aesthetic Meeting 2015. To make the most of our host city, Montréal, we're combining the traditional Welcome Reception and President's Dinner Dance into one spectacular event, The Magic of Montréal. As Montréal is the home of Cirque du Soleil, with rich circus history evident throughout the city, this exciting element will be front and center during The Magic of Montréal: Presidential Welcome Cirque Spectacular, The Aesthetic Meeting's grand entertainment event. On Saturday May 16, at 7pm, I hope you'll join me and your colleagues for heavy appetizers, drinks, and jaw-dropping entertainment at the city's historic train station, Windsor Station. While within walking distance of the Palais des Congrès, shuttle service will be available from designated hotels.

I look forward to seeing you in Montréal for The Aesthetic Meeting 2015, and while you're there, I hope you'll enjoy the Magic of Montréal and the splendor of the circus.

Michael C. Edwards, MD, is an aesthetic plastic surgeon in Las Vegas, NV, and serves as President of ASAPS.



EXPERIENCE
THE
MAGIC OF
MONTREAL

PRESIDENTIAL
WELCOME
CIRQUE
SPECTACULAR

Saturday, May 16, 2015

7:00 pm

WINDSOR STATION

Montréal, Québec, Canada

www.surgery.org/spectacular

Continued from Page 19

The Aesthetic Meeting 2015

pedestrian network, home to more than 1,700 shops and several department stores.

Take time out in Montréal, where relaxation is an art form. Montréal's excellent collection of spas—urban, trendy, holistic, and rural—and beauty centers will energize both your body and soul. Whether it's snow-yoga, a mani/pedi in a café, or floating freely in your own personal egg-shaped bath, you'll find unique ways to rejuvenate.

Must-See Sights



Vieux-Montréal (Old Town.) Vieux-Montréal is one of the most beautiful, well-preserved vibrant “old towns” this side of Europe. This is a key component in what makes Montréal, “the truly different North American city.” A diverse and tolerant-to-all world city, Montréal is safe, cultural, cosmopolitan and proud of its French legacy, especially its language.



Olympic Park (Parc Olympique.) This huge park, originally constructed for the 1976 Olympic Games, includes the home stadium of the Montréal Expos, the Botanical Garden and the Biodôme.



Biodôme de Montréal. An oasis in the heart of the city, the Montréal Biodôme recreates some of the most beautiful ecosystems of the Americas: the lush and humid Tropical Rainforest, warm even in the depths of a Montréal winter; the Laurentian Maple Forest, changing with the seasons; the Gulf of St. Lawrence; and the sub-polar regions of the Americas: Labrador Coast and Sub-Antarctic Islands.



Notre-Dame Basilica. Montréal's oldest Catholic Church, built in 1656, is known for its intricately designed interior, which includes stained glass chronicling the history of the city.

Book your hotel room for The Aesthetic Meeting 2015 in Montréal now at www.surgery.org/hotels and we'll see you in Montréal, Québec, Canada on May 14–19.

Information from TripAdvisor.com and Tourisme-Montreal.org.

BOOK YOUR HOTEL NOW!

For those attending The Aesthetic Meeting 2015, Montréal is a cosmopolitan and eclectic city with a European feel. You're in for a treat as unique shopping and quality dining are focal points for any visit.

Excellent hotel rates are available through Travel Planners, ASAPS' housing company, and their efficient staff is available at any time to answer any questions you may have regarding any hotel within our block. Most of the city's choice hotels are within walking distance of the Palais des congrès, Montréal's convention center. Two other hotels—The Fairmont Queen Elizabeth and the Marriott hotels—are a 10–15 minute walk, and shuttles will be provided from those hotels only. Book your hotel room now at www.surgery.org/hotels

As always, The Aesthetic Society appreciates you booking “within the block,” which helps keep costs as low as possible.



Resident Scholarship Experiences

Sachin M. Shridharani, MD



My experience as an ASERF Residents & Fellows grant recipient was an incredibly positive one. It was through the generosity of The Allergan Foundation, the Aesthetic Surgery

Education and Research Foundation, and the open-mindedness of the selection committee that I was able to attend this world-class meeting and present our team's original research at the Resident and Fellows Forum. Making the transition from chief resident at Johns Hopkins University of Maryland to aesthetic fellow at the Manhattan Eye, Ear and Throat Hospital in New York was filled with several new adjustments. Focusing exclusively on aesthetic surgery in an environment that fosters academic creativity gave me the ability to ask questions about surgical technique and clinical outcomes that I had never had the insight to ask. When I attended the ASAPS meeting in 2013, I was astonished by the variety of solutions to aesthetic issues. Attending The Aesthetic Meeting in San Francisco taught me the complexity of aesthetic surgery and the algorithmic approach to tackling challenging cases.

Interestingly, having the opportunity to interact with faculty and see their successes and complications at the ASAPS meeting taught me several things. One such pearl I took away was that there are no simple cases. I continue to learn from this meeting and my own fellowship that the more experience I gain, the more I realize how little I actually know.

Aesthetic surgery is possibly one of the most exciting facets of plastic surgery. There are technique-driven procedures that lead to results that are clearly good, bad, or could be better. More importantly, there is incredible room for evidence-based medicine derived from best practice guidelines. There is opportunity to combine true science and apply the scientific method to elucidate superior outcomes or guide us as surgeons on how to deliver superior care to our patients.

I began this brief essay by stating my experience at The Aesthetic Meeting 2014 was an incredibly positive one. In fact, the meeting was highly inspiring.

Heather R. Faulkner, MD, MPH



It is often said that training in plastic surgery is like drinking from a fire hose—there is so much information to absorb in just a relatively short period of time. Attending The

Aesthetic Meeting in 2014 for the first time echoed that sentiment for me.

In my final year of training, I had already elected to pursue a fellowship, and I was fortunate to be chosen to be a fellow in reconstructive and aesthetic breast surgery at Massachusetts General Hospital after completing my plastic surgery training at Vanderbilt University Medical Center. Attending The Aesthetic Meeting permitted me to further my education by taking courses from plastic surgery “legends”—world-renowned plastic surgeons that I had spent years studying from through reading their peer-reviewed articles or textbooks. Being present at the meeting and seeing an expert explaining the technique they perfected or sharing advice was particularly powerful. The only problem I had was deciding which courses to take, as there were so many to choose from.

One thing that impressed me was how approachable people were overall. I was

expecting that plastic surgeons that are considered household names in the specialty would be standoffish, and what I found was the opposite. I was made to feel comfortable when I approached course directors with questions, and in fact, it seemed that many people were genuinely interested in making sure my experience was a positive one.

Another wonderful experience that I know many people enjoy as a part of attending meetings is the chance to connect with colleagues from all areas of the globe, either reuniting with people that you know or making new contacts. It was especially meaningful to me to reconnect with my “class”, the people that I had interviewed with years ago when I first decided to pursue a career in plastic surgery, to find out all of the wonderful things they are doing and to hear about their future plans. I am continually impressed by my colleagues and feel proud to be part of such a diverse and interesting group of men and women.

I am grateful to have been provided the opportunity to attend The Aesthetic Meeting 2014 by being the recipient of a scholarship. Thank you very much to The Allergan Foundation and the Aesthetic Surgery Education and Research Foundation for the support to provide residents with an incomparable educational experience. I look forward to attending again next year.

Attention Residents And Fellows!

Are you looking for funding to attend The Aesthetic Meeting 2015 in Montréal, Québec Canada? Download the application and apply today! www.surgery.org/scholarship2015

ASERF Resident Travel Scholarship to The Aesthetic Meeting 2015 Criteria

Purpose: ASERF established the Resident Travel Scholarship to benefit residents and fellows by providing financial support for travel expenses associated with attending The Aesthetic Meeting. Currently, this scholarship program has been made possible by a grant from The Allergan Foundation. We will be awarding 25 grants, in the amount of \$2,000 each to the residents and fellows selected.

Uses: Scholarship funds must be used to offset the costs of travel, hotel, and other expenses associated with attending The Aesthetic Meeting 2015.

Qualifying Criteria: ASERF Resident Travel Scholarship applicants must meet the following criteria:

- Must be enrolled and in good standing in an approved plastic surgery training program
- Submit a letter of recommendation from the resident or fellow's program director
- Submit a Curriculum Vitae
- Submit an essay explaining the importance of attending The Aesthetic Meeting 2015
- Agree to attend the entire educational session during the meeting
- Agree to accept the scholarship funding after the annual meeting for which the scholarship was provided (to ensure attendance)
- Agree to write a short article about their most important learning experience during the meeting, which may be used in an issue of Aesthetic Society News

Questions? Contact Marissa Simpson at marissa@surgery.org or call 562.799.2356

Submission Deadline: December 15, 2014

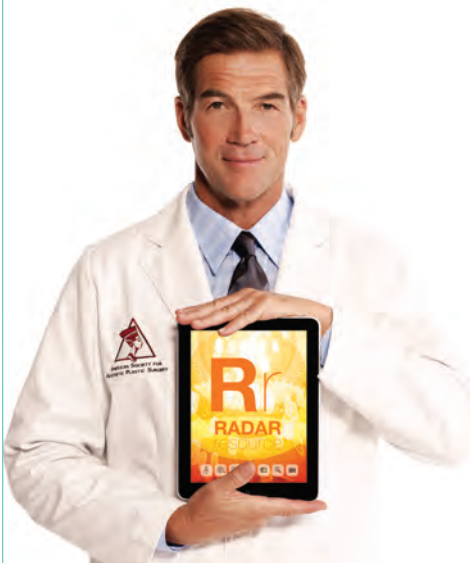
We Want Your Input— Changes Coming to ASAPS' RADAR in 2015

In 2015, RADAR will become more interactive, functional, and available for all ASAPS Members, Candidates for Membership, Residents, and ASJ subscribers. Access to educational content and features will be available on all tablets, smartphones, and the web.

We would like your input in order to make RADAR as beneficial as possible for its users. Please contact Courtney Muehlebach, courtney@surgery.org, with suggestions for educational content and/or features you would like to see on RADAR.

New Content Currently on RADAR:

- August and September 2014 *Aesthetic Surgery Journal*
- Three new blog posts from ASAPS's General Counsel, Bob Aicher, in "Aicher's Legal Pad" entitled, "Chargebacks. Hate 'em," "Do It Now (that is, check your photo consents)," and "Are Patient Testimonials Inherently Misleading?"
- Two Special Presentations in "Annual Meeting" from The Aesthetic Meeting 2014 in San Francisco:
 - "Educating Aesthetic Plastic Surgeons—Where We've Been, Where We Are, Where We Need to Go," Moderated by Charles Thorne, MD, with Presenters Felmont Eaves, III, MD, Gilbert Grading, MD and Rod Rohrich, MD
 - "Real Life Scenarios from Around the Globe," Moderated by Renato Saltz, MD, with Panelists Jack Fisher, MD, Foad Nahai, MD, Robert Singer, MD, and Carlos Uebel, MD



THE AESTHETIC SURGERY EDUCATION AND RESEARCH FOUNDATION

Premier Global Hot Topics 365 Webinar

The Aesthetic Surgery Education and Research Foundation (ASERF) presented a live Premier Global Hot Topics 365 webinar in early October for ASAPS Active Members, Candidates for Membership, and participants in the ASAPS Resident Program. The one hour webinar highlighted key techniques and emerging technologies in aesthetic surgery that have developed since the annual live course in San Francisco, April 25, 2014.

If you were unable to view the live webinar, we encourage you to view it on RADAR Resource or The Aesthetic Society's website. On RADAR, look for the 2014 webinar located on the "Premier Global Hot Topics 365" bookshelf in the "Webinars" folder. Via the website, go to www.surgery.org/webinars. The Premier Global Hot Topics 365 webinar will be the first one listed for download.

The ASERF Innovative Procedures Committee Co-Chairs William P. Adams, Jr., MD and Joe Gryskiewicz, MD accompanied by Vice-Chairs Simeon Wall, Jr., MD and Jamil Ahmad, MD moderated a panel with the following presentations:

1. Overview of Premier Global Hot Topics in Montréal—William P. Adams, Jr., MD

2. Update on national scaffolds presented in San Francisco—William P. Adams, Jr., MD
3. Labiaplasty/Vaginal Rejuvenation Panel—Should you do it? Why? Why not? How? When? —Christine Hamori, MD and Frank R. Lista, MD
 - Is it ethical and should we be doing it?
 - What is the top reason you should start doing it?
 - What is the top reason you should not do it?
 - Edge Trim vs. Wedge-rotation: Which is better? Why I do it the way I do.
4. Labiaplasty/Vaginal Tightening—Lina Triana, MD
 - Is it ethical and should we be doing it?
 - What is the top reason you should start doing it?
 - What is the top reason you should not do it?
 - Why do more than labiaplasty?

Learning objective: Analyze appropriateness of incorporating new techniques and technologies into your practice.

CME only available to those who viewed the live event.

ENDORSED MEMBER SERVICES



ASAPS is Excited to Bring to You the Endorsed Member Services Program (EMS)

This program has been created to assist members with purchasing decisions by negotiating special pricing in areas that will enhance practice performance through products and services. Each EMS provider is rigorously vetted and carefully selected to be first-in-class, financially stable, and has agreed to uphold our strict ethical standards.

Additionally, when you purchase a product or service from an EMS provider, you support your Society. A small percentage of the sale goes to the Society as a royalty. These royalties will help offset the Society's costs which help keep YOUR fees down.

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ASAPS Procedure Brochures Now Available Electronically on Canfield's ViewMyConsult™



Partnering with a premier interactive service provider in the aesthetic plastic surgery specialty, The Aesthetic Society is pleased to offer our elegant procedural brochure line exclusively on products produced by Canfield Imaging Systems, an ASAPS Alliance Partner. Canfield offers the brochures through their ViewMyConsult™ integrated web portal, which also provides access to your patient's personal aesthetic simulations and clinical photographs. Utilizing this system, you'll be able to share these sleek and informative brochures with your patients with just the touch of a finger.

Exclusively for members of The Aesthetic Society, you may purchase either the entire suite of twelve brochures (\$499 annually) or only those that align with your specialty (\$99 each annually). A one year subscription

entitles your practice to unlimited usage of the brochures you select on this interactive system. Subscription includes unlimited usage, practice-wide, for one year. Subscriptions to these procedural brochures on Canfield Scientific are sold separately.

To order, you may purchase online at www.surgery.org/shoppingcart or call the office at 562.799.2356. To view the entire catalog of Aesthetic Society products, please visit www.surgery.org/products

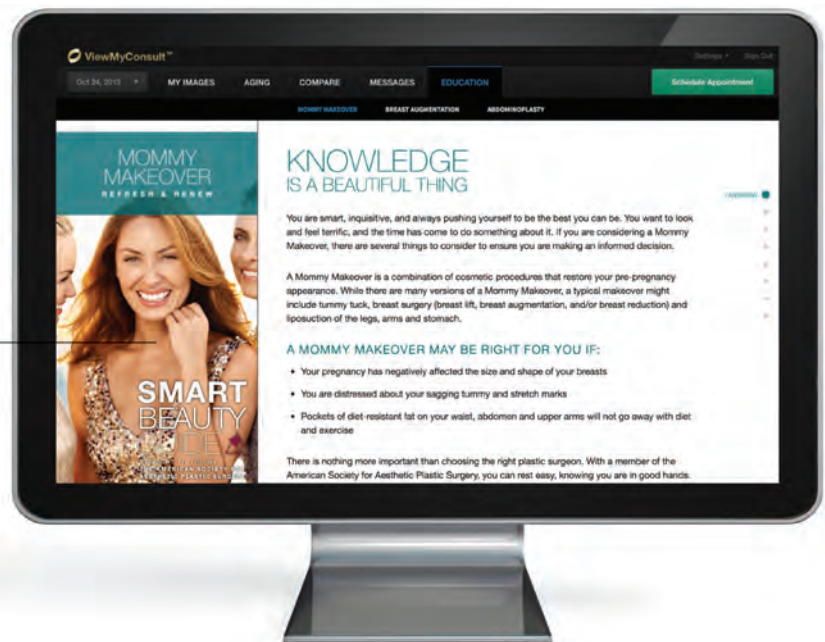
For information on the products and services Canfield Scientific offers, please contact them through their website, and make sure to let them know you are a member of The Aesthetic Society. www.canfieldsci.com

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The Aesthetic Society's Industry Partnership Program

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VALEANT AESTHETICS

ZO SKIN HEALTH INC

BY ZEIN OBAGI, MD



Founding Partner:
Sientra



Premier Industry Partners Continue Their Support



ASAPS is pleased to announce that Enaltus, the manufacturers and distributors of bioCorneum have agreed to renew their Premier Industry Partnership for an additional two years.

Enaltus originally joined the corporate sponsorship program in January 2012 as an Alliance Partner. However, shortly after joining the program they saw the long-term value of the program and increased their support in July of the same year and moved up to Premier Industry Partner.

For each person who stopped by their booth, Enaltus donated \$50 to ASERF. In total, an additional \$20,000 was raised for research.

“Joining ASAPS’ sponsorship program was a little daunting at first,” said Enaltus COO, Zubin Meshginpoosh. “We are a small company, with a small marketing budget, and only have a couple of products to sell. However, it didn’t take long before we started seeing a return on our investment.”

Since joining the program, Enaltus has continued to utilize the benefits in a strategic manner to drive awareness of their products and their support of ASAPS. Earlier this year, they surveyed the membership to learn where they could add value for their customers. Additionally, they held a focus group during The Aesthetic Meeting in San Francisco. With the information Enaltus was able glean, they will be creating practice management solutions handbook for their customers.

Taking their support even further, Enaltus challenged members to visit their booth during the meeting. For each person who stopped by Enaltus donated \$50 to ASERF. In total, an additional \$20,000 was raised for research.

The Aesthetic Society greatly appreciates Enaltus for their continued support as well as all of the partners who invest in ASAPS through the sponsorship program. To learn more about Enaltus and/or the program please visit surgery.org and click through the Enaltus link.

ZO SKIN HEALTH INC

BY ZEIN OBAGI, MD

ZO® Skin Health, Inc. signed on for an additional two years as an ASAPS’ Premier Industry Partner. The ASAPS’ Partnership Program allows for industry to align with The Society’s mission and goals, while obtaining special benefits that exceeds traditional signage.

ZO SkinHealth was created by Zein Obagi MD and launched in 2012. The ZO® Medical line goes beyond topical maintenance. But rather is a proven way to care for skin by repairing it at the cellular level. ZO® Medical is only sold to consumers through MDs and works synergistically with ZO® Skin Health, the daily maintenance line. Together, they create the ZO® Skin Health Circle; products that will enable physicians to expand their services and retain their patients indefinitely.

“I was, and continue to be, very impressed with the way the management team conducts business and how it cooperates with our team as well as the progressiveness of The Aesthetic Society and its educational program.”

“Participating as Premier Industry Partner provides exposure for our brand, to high profile physicians,” noted ZO SkinHealth President and CEO, Jim Headley. “I was, and continue to be, very impressed with the way the management team conducts business and how it cooperates with our team as well as the progressiveness of The Aesthetic Society and its educational program.”

Headley goes on to note, “ZO SkinHealth will co-op with a practice to build a highly professional ZO display unit. The idea is to expose our brand to patients and to help a practice to professionally display products and signal to patients that the physician is serious about healthy skin.”

To learn more about ZO SkinHealth and/or the program please visit surgery.org and click through the ZO SkinHealth link.

Continued from Cover
ASJ Impact Factor Soars

research published—the score is determined by calculating the number of citations over the total number of articles published in the two-year period measured.

I would like to personally thank our talented and devoted team of Associate and Section Editors, who have generously donated their time and expertise to ASJ. Their service has been invaluable and I am indebted to them as our success is a reflection of their efforts.

Jeffrey M. Kenkel, MD (Associate Editor); Al Aly, MD (Body Contouring Section Editor); Laurie A. Casas, MD (Featured Operative Technique Section Editor); Felmont F. Eaves, III, MD (Evidence-Based Medicine Co-Editor); Julius W. Few, MD (Cosmetic Medicine Section Editor); Jack A. Friedland, MD (Oculoplastic Surgery Section Editor); James C. Grotting, MD (Breast Surgery Section Co-Editor); Ronald P. Gruber, MD (Rhinoplasty Section Editor); David L. Larson, MD (Research Section Editor); Daniel C. Mills, II, MD (Technology Editor); Andrea Pusic, MD (Evidence-Based Medicine Co-Editor); Kenneth C. Shestak, MD (Breast Surgery Section Co-Editor); Richard J. Warren, MD (Continuing Medical Education Editor); and James E. Zins, MD (Facial Surgery Section Editor).

I would be remiss if I did not thank the hard-working authors and reviewers who contribute to our peer review process and whose work comprises the robust and innovative content in the Journal. I would also like to recognize the support of the Journal from ASAPS leadership past and present, including our current president, Michael C. Edwards, MD, and the Chair of the Publications Committee, Renato Saltz, MD.

As always, I welcome your feedback and encourage you to email me (journal@surgery.org) with any ASJ-related questions or concerns. I am privileged and honored to serve as your Editor-in-Chief, and hope to continue to provide you with interesting and clinically relevant material in each issue.

Foad Nahai, MD is Editor-in-Chief of ASJ.



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- Patients with a known allergy to silk
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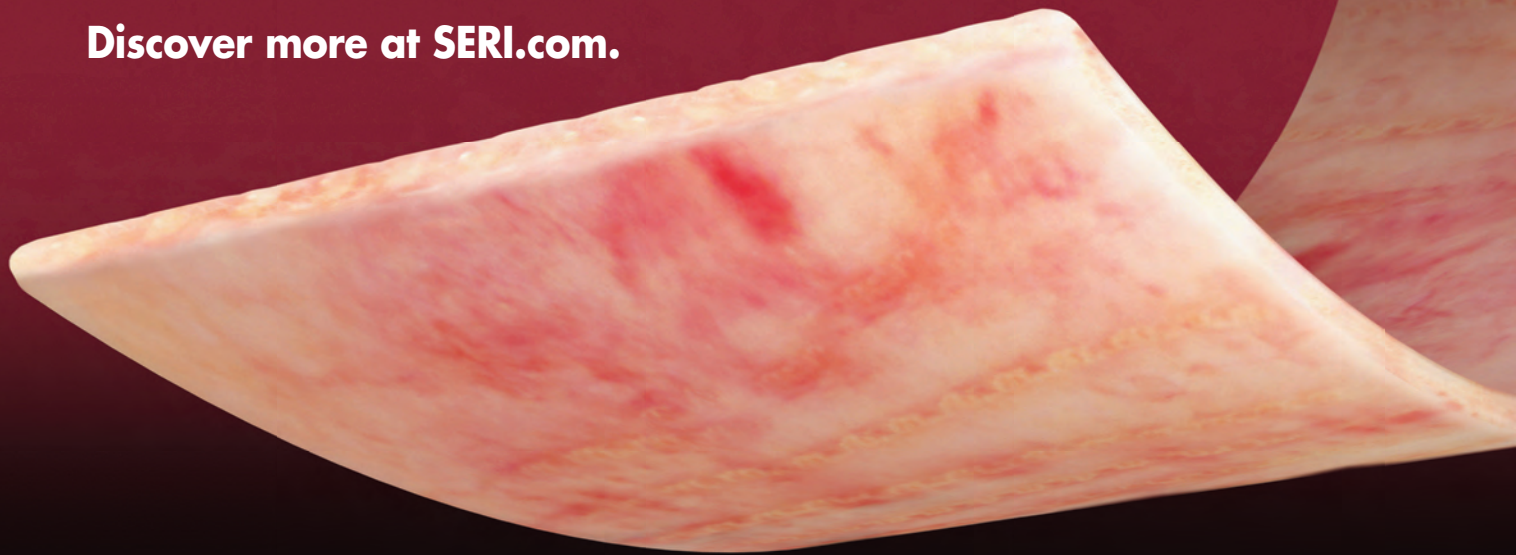
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Update on ASERF

By Al Aly, MD



THE AESTHETIC SURGERY EDUCATION
AND RESEARCH FOUNDATION

I'm happy to announce that, after more than a year in development, the ASERF Data Hub will be going live with Phase I this Fall.

What does this mean for ASERF, ASAPS and its members?

Phase I will consist of beta testing the site, which means for the first time, ASAPS members will be inputting surgical data into a single repository. While that may not seem important upon first glance, it actually has great significance over the long run for ASERF, ASAPS and the future of plastic surgery.

By entering just a single case per month and all complications that may have occurred during the specified time period, participants will be providing an exponential amount of data for analysis. This data will be used to demonstrate compliance with safe surgical practice standards. Additionally, it means that ASERF and ASAPS will be in a strong position to lead the way with regard to improving patient care through research and

education. It will help to demonstrate efficacy of treatment.

Currently the American Association of Accredited Ambulatory Surgical Facilities (AAAASF) has more than 15,000,000 procedures in their database that are used for their quality assurance and peer review process. By aggregating the data, significant information can be analyzed to find methods of reducing complications related to unanticipated postoperative Events.

Once ASAPS members adopt the process, they will be able to run reports on their surgical practice to review outcomes and demonstrate compliance.

Early next year, the Phase II roll-out will include improved reporting which will assist with research, education and paper writing. Sometime later next year, Phase III will focus on recruiting other specialties to adopt the Data Hub.

While much of ASERF's attention has been focused on the launch of the Data Hub, it is my goal to work with my peers on quantifying surgical results.

Currently surgical results are judged based on physician opinion and patient satisfaction. However, it is imperative that we objectively delineate our surgery results to bring aesthetic surgery/medicine into the new realm of evidence-based medicine.

If you aren't currently a member, please consider joining ASERF to ensure this important work continues. Membership dues and donations support the research efforts, while ASAPS donates staff time to run the organization.

To learn more about past research projects or make a donation, please visit our website www.aserf.org.

Learn from the Finest Minds in Aesthetic Plastic Surgery

Finished with an international residency? Apply to The Aesthetic Society's International Fellowship Program by January 5, 2015. Two winners will receive the opportunity to visit and observe experts in the specialty, including reimbursement for food, housing, and transportation of up to \$7500 for one year. Apply today!

www.surgery.org/professionals/international/international-fellowship-program-application



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Focus On Philanthropy: Image Reborn Foundation to Celebrate its 15th Year

Helping Women Cope with the Emotional Impact of Breast Cancer

Regarded as one of the best educators in the specialty, Renato Saltz, MD, is no stranger to Aesthetic Society members. After serving on various Committees, several as Chair, he was elected to the Board of Directors and ultimately served as Society President for the 2009–2010 year. Additionally, you can find him teaching and moderating courses and scientific sessions at The Aesthetic Meeting, working as a Traveling Professor both here and abroad, and serving as mentor to dozens of residents invited into his practice.

What many people may not know about Dr. Saltz is his deep and life-long commitment to philanthropy. And there is no better illustration of this than the Image Reborn Foundation, now celebrating its 15th year helping women deal with the stress and emotional rollercoaster of breast cancer.

Dr. Saltz has always considered breast reconstruction as an important part of his practice and treats it as a cosmetic—not just reconstructive—procedure. “I know I could make them look good,” he said, “but the women kept saying to me, ‘I’ve been through this terrible thing and there really isn’t anyone who I can talk to who understands this.’ I felt terrible because I knew it was true, and I knew there had to be a way we could help.”

From these patient conversations, an idea was born. “Many of these women don’t want to discuss their cancer with their husbands or the other important people in their lives. Many don’t live in areas where support groups are easily accessible. And many don’t have a lot of money. My adopted home of Utah has some very generous people, and we started discussing the creation of a program where we could offer retreats for the women—free of charge—and try to meet their emotional needs. We wanted to offer a sanctuary where they could share experiences and be pampered.”

In 1998, the first retreat took place. Since that time, it has grown substantially.

Today, the retreats have expanded to more than once a month. “We have also included day retreats in Salt Lake and Ogden expanding the Image Reborn mission to other communities to help much needed breast cancer survivors,” said Dr. Saltz.



“We offer young survivor’s retreats, metastatic retreats, Hispanic retreats (with Hispanic moderators and all in Spanish) and tailor each retreat based on the women attending,” said Dr. Saltz. “Young survivors have different needs and expectations than older survivors or metastatic disease survivors. We tailor the activities and the presenters to each group and add more medical and psychological help based on what each group needs.”

According to the organization’s website, the program includes:

- Women’s Support Group offering the opportunity for participants to share experiences, kindling courage and understanding, allowing them to rediscover a sense of personal power.
- Education: Opportunity to visit in a small group setting with healthcare professionals regarding available treatment, including conventional and integrative approaches.
- Nutrition: a positive and delicious approach to food.
- Exercise: gentle movement and stretching specifically designed for women with breast cancer.
- Journaling: instruction on how to utilize journaling to enhance life.
- Massage Therapy: light professional massage for relaxation and pampering.
- Rejuvenation Time: private time to allow for rest, contemplation, or whatever each individual desires.

The retreats are facilitated by a highly-skilled, professional staff with backgrounds and experience in addressing the special concerns of women with various stages of breast cancer.

“My role has actually expanded over the years,” said Dr. Saltz. “I chair the board, spend most of the year finding sponsors and donors for the foundation (never shy to ask money for IRF) and organize the program for the annual Gala. I do attend every retreat if I am in town and give the ‘medical hour’ where we discuss each individual case and any problems they might be having after mastectomy or reconstruction.”

The fundraising activities have in their own way been gratifying for Dr. Saltz, especially the annual gala. To honor the organization’s history, this year the gala is named “15th Anniversary Gala Cirque Du Image Reborn.” The event will take place Saturday, October 11, 2014, at the Stein Eriksen Lodge, Deer Valley, UT. At the gala, Dr. Saltz is able to bring together what he lovingly calls his “families.” As he notes, “I have my ASAPS and ISAPS family, my community family, and my plastic surgery family. At this gala, we all gather to raise money to help those in need. It’s a wonderful event for a great cause.

“Amazingly, even after 15 years and after 3000 survivors attending IRF retreats some of the stories I hear during the weekend retreat still bring tears to my eyes—it only reassures me we are doing the right thing! I am so thankful of all people who donate to IRF and humbled by the opportunity to help breast cancer survivors one by one,” Saltz concluded.

Named as one of the top 100 Great Health Non-profits in the Country, you can find out more about Image Reborn and donate online by visiting www.imagerebornfoundation.org



ASAPS.org

Members-Only Portal Featuring New Tools and Administration

By Kevin Charles

As valued members of The Aesthetic Society know, we as staff are continually working to improve our processes and systems in order to provide members with the tools you need to help manage your time efficiently and to help your practice grow. To that end, our IT department has been very active and is proud to announce the launch of www.asaps.org, a new members-only portal featuring tools focused on administrating membership details, managing contributed content to the Society's consumer facing website, smartbeautyguide.com, and measuring the value of your Enhanced Practice Profile.

ASAPS.org was created in order to provide a more streamlined and task-oriented workflow for various member activities. By cleanly separating member and consumer concerns across two separate domains, we can now offer a more intuitive experience that is less confusing for both constituencies.

The new platform is faster and more responsive than previous iterations. It features a clean design with an emphasis on readability and simplicity. ASAPS members, expect a message in your inbox soon detailing the quick and easy process for gaining access to the portal.

New Features—Available Now!

Manage Membership Tools. Manage membership information including: profile picture, practice details, personal information and user account information.

Answer Consumer Questions. Answer consumer questions with greater confidence. The new Ask a Question feature, revamped for smartbeautyguide.com, incorporates a unique algorithm which surfaces relevant questions based on a relevance score. Age of the question, popularity, timeliness, number of responses and several other factors are considered. Each question submitted by consumers is assigned a relevance rating. A higher relevance rating indicates a question that is currently trending.

"ASAPS provides essential marketing services to help its members succeed. I've consistently tracked my ROI on patients coming to me through my ASAPS' Enhanced Practice Profile, and it is more than 10 times what I spend on my membership dues and Enhanced Profile. That is an amazing return on investment, and just one more way ASAPS is working on behalf of its members." W. Grant Stevens, MD, FACS—ASAPS member since 1994.

Enhanced Practice Profile (EPP) Statistics and Benchmarks. The newly revised statistics section provides information on the number of profile views received, phone number clicks and overall site impressions broken down by category. Newly available Comparative Benchmarks allow you to track your performance relative to your peers. The updated statistics model is only available to members who have an EPP.

Submit Photos. Submit new cases to the Photo Gallery on smartbeautyguide.com via ASAPS.org. Manage your existing cases and view the status of newly submitted cases. More flexible curation tools allow cases to be rearranged and displayed in any desired order. Cases that have been flagged as featured, will be displayed more prominently on your Enhanced Practice Profile.

Message Center. The new Message Center allows for centralized tracking of communications sent to you via smartbeautyguide.com from perspective

patients. Housekeeping messages (Photo Gallery status updates, system-generated alerts, etc.) from staff administrators will also be available via the Message Center.

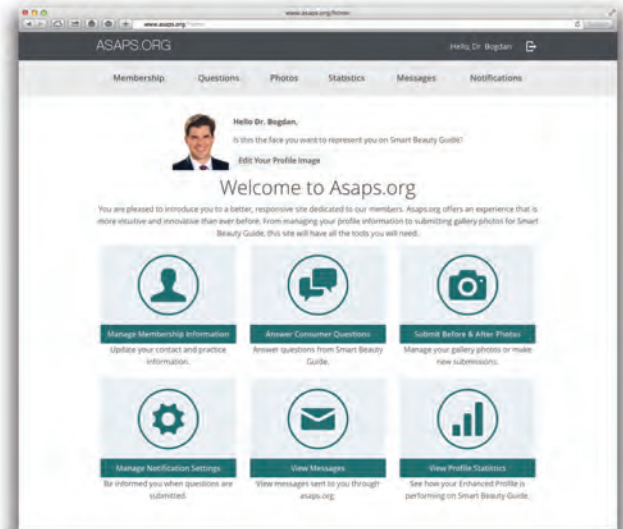
Coming Soon: Additional Features and Functionality

The ASAPS.org Member tools portal will be updated and improved on a continual basis. CME Tracking, User-editable Enhanced Practiced Profiles and a dedicated Meeting Calendar are among the new features you can expect to see soon.

If you have questions about these new features, please contact our webmaster, Lisa Orozco, at lisa@surgery.org or by calling 800.364.2146 or 562.799.2356. As always, if you have suggestions on how we can further improve your member experience, please let us know.

Kevin Charles is the ASAPS Director of Web Strategy and Development.

Our IT department has been very active and is proud to announce the launch of www.asaps.org, a new members-only portal featuring tools focused on administrating membership details, managing contributed content to the Society's consumer facing website, smartbeautyguide.com, and measuring the value of your Enhanced Practice Profile.



The University of Texas Southwestern Medical School Plastic Surgery Residency Program Ranked #1 Plastic Surgery Program Nationwide

Ranking Based on Peer Review by U.S. News and World Report and Doximity

The Aesthetic Society offers its congratulations to ASAPS past president Jeffrey M. Kenkel, professor, interim chairman and director of the University of Texas Southwestern (UTSW) Medical School Plastic Surgery Residency Program, which was ranked number one in the country. This designation was based on a peer review process including more than 50,000 nominations submitted by board-certified physicians to *U.S. News and World Report* and *Doximity*. The data was collected as part of a larger initiative to create a discovery tool for senior medical students to help them learn about programs that fit their own personal career and training goals.

Dr. Kenkel noted, "Because we added an entire year of education focusing on aesthetics to our residents' program, we have seen more graduates go on to become great contributors in the private practice sector and in clinical research. They spend more time with us in the clinic, enabling them to gain first-hand experience seeing patients both pre and post-surgery while learning the proper procedures for specific patients and longer-term recovery processes."

Participants in UTSW's Residency Program were also eligible for ASAPS' complimentary Resident Program. As such, they had free access to *ASJ* and *RADAR Resource*, enabling them to engage in dialogue with other *RADAR* users and browse the latest industry offerings, enhancing their educational experience far beyond the classroom walls, as well as the ability to attend The Aesthetic Meeting's scientific sessions and teaching courses free-of-charge.

The Aesthetic Society is proud of our association with the University of Texas Southwestern (UTSW) Medical School Plastic Surgery Residency Program and offers our congratulations to Dr. Kenkel and his excellent faculty and staff.

Membership Application Deadline—January 5, 2015 Apply Today!

Have you been waiting to join The Aesthetic Society? With our improved application process you can begin your journey to success with ease—making this the perfect time to join. We invite you to be a part of the only organization exclusively dedicated to aesthetic plastic surgery, with the very best educators and thought-leaders in the field, enabling us to deliver an unparalleled and dynamic educational experience.

Getting Started:

- Step 1:** Contact an Active/Life Member of the Aesthetic Society and request that they submit a written request via email to alicia@surgery.org.
- Step 2:** You will receive a "Checklist" with five questions, which must be completed and returned.
- Step 3:** Once the completed Checklist is received, and you are able to answer "yes" to all questions, the full application will be sent to you.
- Step 4:** Return the completed application by January 5 or July 1.

Benefits:

- Use of ASAPS logo
- Membership Certificate
- Voting rights/Member Business meeting
- May serve in elected office
- Opportunity to serve on ASAPS Committees and influence change
- Aesthetic Meeting and ASAPS symposia discounts
- Receive a hard copy of the *Aesthetic Surgery Journal (ASJ)* as well as online access
- Access to *ASJ* via *RADAR Resource* and develop your own customized medical library
- Smart Beauty Guide website listing
- Smart Beauty Guide Logos
- Social Media and Digital Content
- Product discounts, including the ability to purchase Smart Beauty Guide marketing materials available exclusively for members
- Variety of education tools
- Select-A-Surgeon
- Ask-A-Surgeon
- Free legal advice from ASAPS legal counsel
- Enhanced Practice Profile (EPP) available for purchase
- Complimentary webinars
- Online subscription to the *Aesthetic Society News*

Current Active Members:

Do you know an individual that would make a great addition to our organization? If so, please send your recommendation via email to alicia@surgery.org and help your society continue to grow! We hope you'll share these benefits with your colleagues who are board-certified in plastic surgery, so that they too may experience the higher learning and opportunities, and benefits that The Aesthetic Society continually delivers.

For additional information/questions, please contact our Membership Manager, Alicia Potochniak at: alicia@surgery.org 562.799.2356.

Not ready for Active Membership? Enroll in our Candidate for Membership Program

Are you still deciding upon full Active Membership in the Aesthetic Society? The Candidate for Membership Program offers remarkable discounts and benefits as you chart your course for full Active Member status.

Benefits of the Candidate for Membership Program include:

- NEW—print and online subscription to the *Aesthetic Surgery Journal (ASJ)*
- NEW—Free legal advice from ASAPS legal counsel
- NEW—Promote yourself as an ASAPS "Candidate for Membership" on your website and marketing materials (use of the ASAPS Logo is not permitted)
- Access to *ASJ* via *RADAR Resource*
- Discounts offering substantial savings on Aesthetic Society products, for which Candidates for Membership are eligible
- INCREASED SAVINGS—Significant discount on Guest Surgeon registration for The Aesthetic Society's Annual Aesthetic Meeting and symposia
- Opportunity to serve on ASAPS Committees
- Complimentary Webinars

Please visit www.surgery.org/professionals/candidate-program for the requirements to enroll and to download the application. For additional information/questions, please contact our Candidate Program Manager, Marissa Simpson at: marissa@surgery.org 562.799.2356.

Media Notes & Quotes

Initially it looks fantastic. It looks and feels amazing. The problem is in 10 years. That's when the body starts to reject it," said Dr. Constantino Mendieta who specializes in butt augmentation surgery. While not all bodies reject the synthetic materials, he said, those that do can be disfigured for life or face dangerous illness. "I think we're going to see an epidemic of these reactions in the next few years," Dr. Mendieta said. "I think we're heading for a big problem."

Cosmetic surgeons have witnessed a 58 percent increase in the number of buttocks augmentations performed last year in the U.S., the American Society for Aesthetic Plastic Surgery said.

International Business Times

Dangerous Curves: Popularity of Butt Enhancement Leads To Illegal, Sometimes Fatal Black Market
August 5, 2014

The real estate market wasn't the only thing that bounced back in 2013. Americans spent more than ever on cosmetic surgery—more than \$12 billion. Nearly 2 million procedures were performed, a 6.5 percent increase over 2012, according to the American Society for Aesthetic Plastic Surgery.

More seniors 65 and over are having cosmetic surgery, and account for nearly 10 percent of all procedures, up from about 7 percent just two years before. Those 50-64 years old account for 30 percent, also a high.

"A lot of people didn't have money for a while. Now they do," says Dr. Steven Teitelbaum, a plastic surgeon based in Santa Monica, Calif.

"Wanting to look younger goes back thousands of years," Teitelbaum says. He sees plenty of senior patients who want to look younger, and expects to see more in the future, because seniors are not as "old" as they used to be.

Chicago Tribune

Plastic Surgery Bounces Back
July 10, 2014



Breast reduction, also called reduction mammoplasty, can help women like Kerrigan feel more comfortable with their breast size and reduce the pain associated with breasts that are too big for their frame. It's considered a reconstructive procedure with cosmetic benefits. Last year, 22,838 women had breast reduction, according to the American Society for Aesthetic Plastic Surgery.

Dr. Alan Gold, a plastic surgeon in Great Neck and past president of the plastic surgeons organization, said breast reduction is an option for women of all ages and in all life stages, though young candidates should discuss future breast-feeding issues with their doctors.

Newsday

Breast Reduction: For Some Women, Comfort and Cosmetic Benefits
July 31, 2014

Relief from stress urinary incontinence may be an underappreciated additive benefit following abdominoplasty, according to a new study in the September issue of the *Aesthetic Surgery Journal*. "There is very little in the literature about this phenomenon," says study author James D. McMahan, MD, a plastic surgeon in Columbus, Ohio. The next step may be an urodynamic study to further delineate who can expect this improvement following tummy tuck. "If we could better identify who would benefit in advance, and they are considering having a procedure to treat incontinence and a tummy tuck, it may behoove them to have the tummy tuck first and see what happens."

Plastic Surgery Practice

Can a Tummy Tuck Cure Incontinence?
September 5, 2014

Botox has become the most popular cosmetic treatment in the United States, accounting for 3.77 million of the 5.89 million injectable procedures performed in 2013, according to a survey conducted by the American Society for Aesthetic Plastic Surgery (ASAPS). And that number keeps rising: Injectable procedures were up nearly 16 percent last year compared with 2012.

The appeal of Botox might be understandable for older women eager to hide signs of aging, but why would a 21-year-old be interested in such a procedure? Michael Edwards, MD, president of ASAPS, says celebrities' obsession with Botox has raised its profile with teens and young women. Kim Kardashian, for example, admitted to trying Botox in 2010, at the age of 29.

"We're seeing younger and younger people doing it," he explains. "It's not uncommon to have 22- and 23-year-olds getting Botox."

Yahoo Health

How Young is Too Young for Botox?
July 21, 2014

A March 2014 study in *Aesthetic Surgery Journal* found that off-label use of Botox was a safe and effective procedure for gummy smile, albeit one that lasts only three to four months for the average patient, confirming the findings of an earlier report in the *American Journal of Orthodontics and Dentofacial Orthopedics*. The price is also more appealing than surgery: Botox costs around \$350 (depending on the part of the country you are in and the doctor you see). Ms. Miller-Pence said she paid about \$15,000 for surgery and crowns, which were not covered by insurance.

New York Times

Bothered by a 'Gummy Smile'
July 31, 2014

Congratulations to ASAPS Members!

The Aesthetic Society has presented its “Certificate of Special Recognition for Community Service and Volunteerism” to the following doctors during the first half of 2014:

Eugene S. Cherry, MD
 Thomas J. Francel, MD
 O. Gordon Robinson, MD
 Jorge de la Torre, MD

Each of the above ASAPS members has devoted at least 25 hours of their time over the past year to a cause of their choosing and deserves recognition for their philanthropic efforts.

If you would like to nominate an ASAPS member to receive a certificate for their humanitarian endeavors, please visit www.surgery.org/members/member-resources/certificate-of-special-recognition-for-volunteerism-and-community-service to fill out an application and review a list of qualifying activities.

ASAPS Members: Share Your Accomplishments!

Did you know that there is an easy way to share your career accomplishments with your fellow ASAPS members?

Simply send your news and photos on major practice events, philanthropic efforts, and other milestones to Membership Manager Alicia Potochniak at alicia@surgery.org for consideration in our quarterly *Aesthetic Society News!*

Are You Regularly Updating Your EPP?

Fully optimized for Google search, Enhanced Practice Profiles rely on procedural keywords and practice locations to help patients find you. Please review your EPP and make sure that the procedures you perform are listed so that search engines will connect prospects with your profile on SmartBeautyGuide.com. If you need assistance in updating your EPP, please contact webmaster Lisa Orozco at lisa@surgery.org or 562.799.2356.



Membership FAQs

Do I have to be a member of ASAPS to be a member of The Aesthetic Society?

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

How do I begin the membership process?

You must contact an Active or Life Member of The Aesthetic Society and request that they submit a recommendation on your behalf via email to alicia@surgery.org, initiating the membership process for you, the applicant.

Who may sponsor me for membership?

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

What are the deadlines for submitting a membership application?

The two deadlines are January 5 and July 1.

When will my application be voted on?

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

Do I need to be a member of a professional organization in order to obtain CME?

No. Earning CME credits is not associated with any Society membership.

What will fulfill the meeting attendance requirement?

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

- The Aesthetic Meeting (*ASAPS Annual Meeting*)
- The ASAPS Las Vegas Symposium
- The Biennial Aesthetic Cruise
- ASAPS Breast and Body Summer Symposium
- ASAPS Breast and Body Fall Symposium.

What are the fees and when should they be paid?

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

- Membership dues for Active Members are \$1098
- Membership dues for International Active Members are \$840

How many sponsors will I need to have ultimately?

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

For additional information/questions, please contact our Membership Manager, Alicia A. Potochniak via email alicia@surgery.org or at 562.799.2356

Meet the Staff!



Pamela Diecidue has worked at The Aesthetic Society for 2 years as the Executive Assistant to the Executive Director, Sue Dykema. In this role, she assists Sue, as well as the ASAPS and ASERF Board of Directors, with a variety of meeting coordination and administrative projects. She is also the staff liaison to the Advocacy

Relations Committee, the Bylaws Committee and the Ethics Committee. One large part of her job occurs during The Aesthetic Meeting, where she manages the ASERF Silent Auction and coordinates the awards.

As Pamela notes, “We have a great culture in our organization. I enjoy working with our members and working for an organization that is constantly evolving and trying new things!” In her spare time, Pamela enjoys spending time with her family and friends, working out, going to the beach, reading and traveling.

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www.surgery.org/meeting2015

The Annual Meeting of The American Society for
Aesthetic Plastic Surgery, Inc. and Aesthetic Surgery
Education and Research Foundation



How Not To Structure Your Practice—Part II

By Carole C. Foos, CPA and David B. Mandell, JD, MBA

Every year, we meet many plastic surgeons who practice within a structure that offers very little, if any, protection for the assets of the practice (and sometimes even their personal assets). Even worse, these vulnerable practice structures are also typically the worst from a tax reduction perspective as well.

In part one of this article, we discussed common medical practice structural deficiencies—including sole proprietorships, general partnerships and disregarded entities. Here, in part two, we will describe more optimal practice structures that can better protect assets and help reduce taxes as well.

Professional Corporation or Limited Liability Company: Which is Best?

Many plastic surgeons have asked us over the years which type of entity is best for the professional medical practice for asset protection purposes—a professional corporation (“PC”) or professional limited liability company (“PLLC”). (In some states, the term professional association or “PA” is used instead of PC). For asset protection purposes, to answer this question, we must examine both “inside risks” and “outside risks”.

“Inside risks” are those which threaten the practice and its assets from the inside. These are risks that the practice faces because of its activity. Examples of inside risks would be lawsuits against the practice by its patients for malpractice or by its employees for wrongful termination. Neither the PC nor the PLLC can shield the practice from such inside claims. The only way to protect the practice from inside claims is to protect the assets and cash flow of the practice from the potential practice creditors. We will examine tactics for this type of protection in the coming articles. Thus, for inside risks, the PC and PLLC are equal.

“Outside risks,” on the other hand, are potential claims against the owner(s)’ interests in the practice itself. As an example, an outside claim might be a successful car accident lawsuit against the owner of the practice where that claimant wants to get to the assets and value of the practice. For outside risks, a limited liability company (LLC) generally is superior to a corporation because corporation stock is totally vulnerable to outside claims but an LLC can be better shielded by the LLC

operating agreement. In other words, a plaintiff with a successful lawsuit against the owner of a corporation can come after that corporate stock. Even worse, depending on the ownership percentage, by taking the stock, they may be able to gain access to all of the assets of the corporation.

However, as we discuss in our books, LLC ownership interests are not in such a vulnerable position to outside claims, if properly structured and maintained. LLCs are shielded by the charging order rules and do not allow such vulnerability to outside claims. This is why attorneys typically recommend LLCs over corporations today for closely-held businesses and real estate.

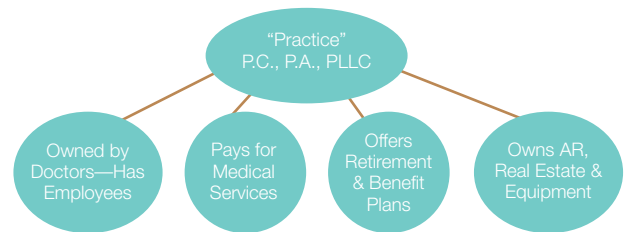
While a corporation is generally not recommended, with a professional medical practice, the rules are different. Under most states’ laws, only a licensed physician in that specialty (i.e., plastic surgeon) can own the stock of a professional corporation licensed to practice in that specialty. Thus, in most cases, a non-doctor cannot even own the corporation stock even if they were awarded it in a lawsuit. Also, it would be worthless to them regardless, as you could open a competing practice the next day in a new entity. Thus, for most ASAPs members, even for outside risks, a PC can be a viable option for a medical practice for asset protection purposes. It does make sense, however, to confirm such state protections in your state with local counsel.

An Adequate Corporate Structure: Single PC or PLLC

You may be surprised, given the discussion above, that we would call the use of a PC as a “bare minimum” technique. Certainly, when compared to a general partnership or a sole proprietorship, the PC is much better. However, it is still far from ideal. The following diagram illustrates how nearly all medical practices are arranged in the United States. Perhaps yours is organized this way.

In this arrangement, there is one legal entity that operates the practice and hires all the employees. This same entity also owns all of the key assets of the practice—the accounts

receivable (AR), the real estate (RE), and any valuable equipment. In addition, this same entity is the one that bills insurance companies and patients. Finally, this same entity offers the benefit plans to the doctors and other employees.



“All Eggs in One Basket” Practice Structure

The problem with this diagram, and the legal structure it represents, is fairly simple—all of the practice’s “eggs” are in one basket. In fact, not only are the “eggs” in the one basket, but so are all of the risks. Employees, partners, and all of the services provided by the practice are within the entity. The crux of the problem is that all of the assets are exposed to the myriad of liability threats of the one legal entity. This means that one mistake from any of the risks could threaten all of the assets of the practice. This is obviously not a desirable condition. Also, with only one entity, you do not maximize potential tax benefits. With multiple entities, you might be able to benefit from two types of tax environments. The two tax treatments for corporations—which cover 90%+ of plastic surgery practices—are that of the “S” corporation and “C” corporation. We will discuss both here and then how you might use both in your practice structure.

The Tax Basics of Corporations

All practices that incorporate are automatically C Corporations absent an election to become an S Corporation. Both S and C Corporations have separate tax id numbers and are required to file tax returns with the federal and appropriate state tax agencies. Both entities have shareholders. Both entities can be created in any state in the country.

When a C Corporation earns profit, it must pay tax at the corporate level. Profit is the difference between income and expenses. Compensation paid to the owner-employee, as long as it is reasonable, is deductible by the

Continued on Page 39

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Continued from Page 37

How Not To Structure Your Practice

corporation on its tax return (and is therefore not taxable to the corporation). The salary received by the owner is taxable to the owner as wages. After the C Corporation pays taxes, distributions of earnings already taxed at the corporate level can be paid to the physician-owners in the form of dividends. These would generally be taxed to the physician-owners as qualified dividends, thus leading to the “double taxation” of such earnings. As you will see below, this drawback is often overrated.

An S Corporation is also a separate entity that must file its own tax return. However, the S Corporation is often referred to as a “pass through” entity. Rather than paying tax at the corporate level, all income and deductions pass through to the shareholders, and the shareholders must pay tax on any S Corp income at their individual rates. Whether the income to an S Corp is paid to the employee-owners as salary or as a distribution will not impact the federal or state income tax rates that will be applied to that income for the physician. There is never any tax to the corporation; therefore there is no “double taxation” in an S Corporation.

Double Taxation—Much Ado About Nothing

Mistakenly, most clients think of S and C Corporations as having exactly the same benefits. Since the C Corporation has a potential double taxation, most doctors and their advisors elect to make an S election to avoid one more potential problem. First, the double taxation problem can be easily avoided by reducing profits to zero, or close to zero, through reasonable owner compensation at the end of the year. Second, after you review the next section, you will see that the increased benefits the C Corporation offers medical businesses, you will see that the cost (in time, not money) of zeroing out a C Corporation is far outweighed by the benefits.

Additional Deductible Benefits of a C Corporation

Contrary to much “conventional wisdom,” a C Corporation can be the right choice for many small entities, including ASAPS practices, because of the deductions it allows. The corporate deduction for fringe benefits paid to employees is generally limited for shareholders owning more than 2% of an S Corporation. However, a C Corporation

enjoys a full deduction for the cost of employees’ (including owner employees) health insurance, group term life insurance of up to \$50,000 per employee, and even long term care premiums without regard to aged based limitations. The C Corporation can also deduct the costs of a medical reimbursement plan.

If one has a small corporation and a lot of medical expenses that aren’t covered by insurance, the corporation can establish a plan that results in all of those expenses being tax deductible. Fringe benefits such as employer provided vehicles and public transportation passes are also deductible.

In contrast, health insurance paid by an S Corporation for a more than 2% shareholder is not deductible by the corporation. The shareholder must generally take a self-employed health insurance deduction on his personal return. Long term care premiums paid through an S Corporation are also not deductible with regard to these shareholders. The shareholders, in deducting them personally, are subject to the age based limitations.

Get the Best of Both Worlds—Using S and C corporations

Many ASAPS surgeons could take advantage of both the C Corporation and the S Corporation by setting up two distinct entities to operate different aspects of their practice. In this way, the practice structure as a whole can take advantage of both the tax deductions afforded a C Corporation and the “flow through” advantages of an S Corporation. This may also provide some additional asset protection. As long as all formalities of incorporation are followed, as well as compliance with rules for employee participation in all benefit plans, the business can benefit from this “dual” corporate structure.

Often, we begin speaking with plastic surgery practices when they have one entity—typically, a PC taxed as an S corporation. Through our analysis, we might find that adding a second entity—either a corporation or LLC- taxed as a C corporation makes sense for non-patient related activities. Perhaps this is marketing, billing, management or other non-treatment functions. Certainly, there needs to be real activity, expenses, and even employment at that entity, and an agreement between that entity and the PC in order to make the arrangement legitimate. Further entities could be created to own and protect

real estate, equipment and even intellectual property like brand names and patents, if applicable.

In the final analysis, if multiple entities can be used properly, they can always provide superior asset protection for the structure and often significantly reduce taxes as well. If you have not yet thoroughly analyzed how a multi-entity corporate structure could benefit you from a tax reduction and asset protection perspective, we encourage you to do so.

David B. Mandell, JD, MBA, is a former attorney and author of ten books for doctors, including “FOR DOCTORS Only: A Guide to Working Less & Building More,” as well a number of state books. He is a principal of the financial consulting firm OJM Group www.ojmgroupp.com, where Carole C. Foos, CPA is a principal and lead tax consultant. They can be reached at 877-656-4362 or mandell@ojmgroupp.com.

The information contained in this article is general in nature and should not be acted upon in your specific circumstances without further details and/or professional advice. Contact your personal tax advisor for specific advice related to your tax situation.

New Treasury Regulations require us to inform you that any tax advice contained in this communication, including attachments, is not intended and cannot be used for the purpose of (i) avoiding penalties that may be imposed under federal tax law or (ii) promoting, marketing or recommending to another party this transaction or any tax matter addressed herein.

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Build Better Patient Relationships, Faster, Using the FORD Method

By Karen Zupko

How long will I have to stop running after surgery?"

It's a simple question that many patients ask. You can choose to give the patient a simple answer, for example, six weeks, and move on to the next topic on your laundry list of risk factors and scheduling logistics. Or, you can choose to hear this question for what it really is: *an opportunity to deepen the relationship with the patient and get to know her as a person.* Because if you ask follow up questions such as "What kind of running do you do? How long have you been running? Have you ever run a race?" the patient will lighten up and share her story. Plus, even if she can't run, you can tell her what she can do.

Building personal relationships with patients makes them feel special and valued. And it's one of the surest ways to build a loyal, long-term patient base. Yet, as we observe the consultation process in aesthetic practices across the county, we find that it's the exception rather than the rule that staff—and surgeons too—have been trained to integrate rapport building into their patient interactions. In fact, I think many we've observed would fail at a networking event.

The good news is, there's an easy to use tool that can help: the FORD method. The FORD method is a framework that helps tease out personal information in four areas, and use it to enrich patient conversations.

FORD is an acronym for Family, Occupation, Recreation, and Dreams, and the method's concept is simple: the more you know about the patient in these four areas, and the better you are about using that information in patient communications, the faster and deeper you can take the relationship. And the deeper the relationship, the more valued your practice is to the patient, creating stronger connections, faster scheduling decisions, and increased loyalty.

How the FORD Method Works

FORD data comes at you all day long—during phone conversations, in the exam room and during fee quote discussions. Here are some examples of what patients may offer, without anyone even asking:



- You know, my dad passed away and left me some money with a sweet note. So, I feel like I can afford this change."(FAMILY)
- "I manage a team of younger professionals; I want to look as great on the outside as I feel on the inside."(OCCUPATION)
- "Over the last year, I've lost 30 pounds, and now I'm training for a half marathon. This is my reward!" (RECREATION)
- "The bank offered early retirement, so I am free of the grind. The way I figure it, this is a good time to make a change before I start traveling."(DREAMS)

Is your practice team paying close enough attention to pick up on this information and do something with it? Or, do they ignore it and forge full steam ahead into reviewing the quote line by line, and talking about scheduling options and fees?

One of our associates recently completed mystery shopping in three of a client's competitors. She threw out all kinds of clues about herself during the consultations. But not one patient care coordinator used the information to engage her in conversation. Not one! She provided clues about her recreational interests, her family, and her dreams. She even tried to sprinkle in humor. They never smiled at the joke. No one took the bait. So, it was no surprise to us that after several months, not one of these practices called or followed up with a note or letter. When you know nothing about a patient, other than she is a breast aug or a tummy tuck, making follow up calls can feel unproductive and even unpleasant.

Get Your FORD On

Savvy practices listen, ask for, and use FORD data from the first phone call to the last post-op visit. They use it to engage patients in conversation by phone and in the office, and also as conversation starters when they follow up with patients who have not booked. It makes getting to yes and follow up calls easier.

There are three ways to collect FORD data:

Listen to the patient. A truly revolutionary idea! When you hear a FORD data point being served, don't gloss over it. Lob it back and launch a conversation. If the patient says, "My daughter is finally getting married to a great guy," A response might be, "How exciting, Mary! How are the wedding plans going? When is the wedding?" The latter question also helps to schedule the surgery or other treatment in time for a full recovery.

Ask questions that don't require a "yes/no" answer. At the start of the fee quote discussion, if the patient coordinator asks: "Tell me what you thought about Dr. Wonderful's plan for your facial rejuvenation," that starts a conversation. Conversely, "Did everything go ok in your consultation with Dr. Wonderful?" does not. It elicits a one-word response, typically, "yes."

Sleuth a little. The registration form is a treasure trove of FORD data. Occupation is one of the best conversation starters. "You manage a vet clinic. What's it like to work with animals all day long?" or "I see you work in real estate. How is our local market moving these days?"

Many registration forms also have a line for interests and hobbies. If a patient takes the time to provide this information, be sure to ask about it. And pay attention to personal details. Interesting jewelry, a great handbag, or the latest mobile device can morph into an interesting conversation - if only you ask. For example, when the patient whips out her smart phone to look at her schedule, ask: "Karla, you are just like me! I would not know where I'm supposed to be without my electronic schedule. What other apps do you use to stay organized?"

A great way to bake the FORD method into your daily routine is to start each clinic with a

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Will Securing My Website Increase My Google Rankings?

By Keith C. Humes, CEO Rosemont Media, LLC

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FORD Method

morning huddle. The surgeon, patient coordinator, and clinical staff “Get their FORD on” by reviewing the appointment schedule and conferring about how and who on the team will kick start patient conversations. This plan-ahead strategy makes consultation process handoffs more effective and will personalize each patient’s experience. Journalists prepare for interviews—take a page from them and prepare to meet consult patients.

Train everyone in the practice (surgeon too) how to collect and use FORD data. This is especially important for staff that thinks that they don’t have time to strike up a conversation. As a team, assess the best ways to quickly and easily ask questions, pick up FORD clues, and enter them into computer system “Notes.” By developing this habit, it will become such an important part of your consultation process that no one thinks of it as “one more thing.” If your team could use some training in this area, contact us. We offer coaching that can help you make the transition.

Because practices that create the most memorable conversations and relationships will easily stand out, it’s worth the time and effort to use FORD. Look at it this way, if a potential patient is seeing three surgeons, I guarantee that the standout practice will be the one where they felt genuine interest in them as person, not just as a procedure. And, it will likely reduce some of the pressure on fees. We hope that practice is yours.

P.S. We use FORD here at KZA and know that it works on you, dear readers! Wink.

Karen Zupko, President of Karen Zupko & Associates, Inc., is an internationally sought-after speaker, author, and practice management consultant. For over 27 years, she and her team have been advising and educating aesthetic plastic surgeons on management and marketing issues, including fees, personnel, technology, and practice expansion. KZA provides coaching the FORD method. Ms. Zupko is a regular speaker at American Society for Aesthetic Plastic Surgery annual meetings, and IMCAS Paris. Karen recently spoke at the Australian Society for Aesthetic Plastic Surgery in Tasmania. She delivers regional workshops for aesthetic practice staff.

In the dynamic world of Internet marketing, new ways to improve your website’s search engine rankings are consistently being created by the powers that be. Most recently, Google announced sites opting to secure their web pages by switching from HTTP (Hypertext Transfer Protocol) to HTTPS (Hypertext Transfer Protocol Secure) will now be provided a minor boost in the search engine giant’s overall ranking algorithm. How much of a boost? Now that’s the million-dollar question.

As of now, securing your website with HTTPS has not shown to provide a significant increase in your Google rankings. This can likely be attributed to how minute a role HTTPS currently plays in the grand scheme of Google’s algorithm—the search engine has acknowledged that factors such as “high-quality content” still have a greater influence on SEO. That being said, making the switch from HTTP to HTTPS may not be such a bad idea.

Benefits of HTTPS

As a proponent of improving the overall safety of the Web, Google has long been pushing for websites to improve their protection against security breaches. If you’ll recall from earlier, the HTTPS acronym stands for Hypertext Transfer Protocol Secure, which is essentially a secured variation of the more commonly used HTTP you may see prefacing a website’s domain name in the address bar of your browser. Due to the added layer of security HTTPS provides via encryption, several websites have already made the switch, and many more are following suit in order to stay on par with ever-evolving “best practice” strategies.

By making the transition to HTTPS, you too can follow “best practices” and ensure valuable data on your website is protected by encryption, including email addresses, phone numbers, and other personal information submitted through your site. What’s more, Google has also revealed it may strengthen the influence HTTPS has within the overall search results algorithm as time passes, which may lead to improved results down the line should you have an HTTPS site.

Things to Consider

In order to secure your entire website, each internal page must be switched to HTTPS. Reason being, Google recognizes HTTPS on a URL basis as opposed to a site-wide basis. Additionally, any unsecure widgets or plugins on a particular page will compromise the security of the entire page. To avoid this, you must either secure each widget and/or plugin individually or remove them from the page entirely.

When all is said and done, employing “best practices” throughout all aspects of your Internet marketing strategy—which includes everything from your website design to regular content updates—is highly recommended. By doing so, you can help ensure your online visitors are receiving the highest quality experience possible, and the search engine rankings should follow.

If you are interested in securing your website by making the switch from HTTP to HTTPS, or if you have any questions about “best practices” for Internet marketing, contact Rosemont Media, LLC at info@rosemontmedia.com for more information.





A Free Tool to Help Learn the Truth About Your Patients' Perceptions

By Joe Gryskiewicz, MD, FACS

If you are searching for an evidence-based approach to management of breast surgery patients, I suggest you check out the BREAST-Q (BQ). While both clinician-reported and patient-reported outcomes are valuable, prior to the BQ, plastic surgeons did not have a high quality, reliable method to measure patient assessment. Happily, now with the BREAST-Q, we do.

What is the BREAST-Q?

The BQ consists of measurement tools that permit plastic surgeons to accurately measure patient perceptions and satisfactions that had previously been considered too subjective or too "soft" to quantify. The BREAST-Q has procedure-specific modules that evaluate both patient satisfaction and quality of life for operations from Augmentation and Mastopexy/Reduction to Mastectomy and Reconstruction. Designed for anonymous patient self-completion, it has been scientifically developed, extensively tested and shown to be valid. Its development and validation were funded by a grant from the Plastic Surgery Foundation.

My Story

As is the case with many plastic surgeons, my bias is to remember only the unhappy patient, not the happy ones, which makes it

difficult to know the truth. Some comments and presentations by my plastic surgery colleagues about my preferred axillary (TAM) procedure added to my doubts. So I looked back through 10 years of data on my transaxillary non-endoscopic subpectoral augmentation mammoplasty technique. And I thought the data warranted being published. I spoke with Dr. Foad Nahai, the Editor-in-Chief of the *Aesthetic Surgery Journal*. He suggested that I add the patient perspective through use of the BREAST-Q. The idea of outcomes from the patients' perspective was both a little painful and threatening. Yet I was intrigued, as I was familiar with the BREAST-Q from its citations in articles in the literature. But I thought that it required pre- and postoperative questionnaires to be completed by my patients. Since my data was retrospective, I did not think I could use it. But I was wrong. The BREAST-Q is validated for use with solely postoperative questionnaires.

I looked into using the BQ wondering if I could afford it. I googled "BREAST-Q" and navigated to www.mapi-trust.org. MAPI Research Trust is a non-profit organization facilitating access to information in the fields of Patient-Centered Outcomes, and they provide use of the BREAST-Q free for

clinicians. What about hidden overhead costs? My staff spent exactly 217.75 hours on this project. How do I know this? I reviewed the time cards of the two staff dedicated to this project, and they kept track of their hours. It works out to be 13 minutes of staff time per mailed questionnaire. The postage to mail out and back the questionnaires was \$922.76, which wasn't too bad!

Trying to contact previous patients to obtain permission to mail the BREAST-Q was tedious, and the actual mailings took the bulk of the time. An attempt was made to contact 2,430 patients, the entire 10-year cohort, by telephone.

The Survey & Outcomes

A cross-sectional survey was administered to all BA patients retrospectively. The type of implant and type of procedure were tracked for each questionnaire. MAPI provided me with the form, which I copied and distributed to my patients. Patients ranked their assessments using a 0–4 scale. This data is entered into a simple excel sheet and emailed back to MAPI. The BQ score was calculated using the Q-score program, which converts raw scores of 0–4 to scores of 0–100. Higher scores denote greater satisfaction or better health-related QOL. I got the report back in less than a week.

BREAST-Q: Measuring Postoperative Outcomes from the Patient Perspective for Breast Satisfaction and Outcome Satisfaction (Tables 1–4).

Table 1. BREAST-Q (N = 670 Patients). Summary Sample of How Patients Felt About the Outcome of their Surgery. 94%–98% Agreed or Definitely Agreed.

How you feel about the outcome of your surgery	DISAGREE	SOMEWHAT AGREE	DEFINITELY AGREE
Overall the surgery was a good experience.	2%	10%	88%
I have no regrets about having the surgery.	4%	12%	84%
I am satisfied with the results.	5%	18%	77%
Having surgery changed my life for the better.	6%	21%	73%

Table 2. BREAST-Q (N = 670 Patients). Summary Table about the Participants' Breasts and Breast Surgery. 91%–95% were either Somewhat or Very Satisfied.

Questions about your breasts and breast surgery	VERY DIS-SATISFIED	SOMEWHAT DIS-SATISFIED	SOMEWHAT SATISFIED	VERY SATISFIED
How natural your breasts look?	1%	4%	19%	76%
The position of the implants on your chest (too high or low)?	3%	5%	20%	72%

Table 3. Breast-Q Satisfaction Scores by Year and by Implant Type

Year	All respondents N = 670		Saline implant N = 479		Silicone Gel implant N = 191	
	N	Mean (SD)	N	Mean (SD)	N	Mean (SD)
2002	35	74.9 (20.4)	35	74.9 (20.4)	0	NA
2003	47	77.4 (16.6)	47	77.4 (16.6)	0	NA
2004	53	76.6 (15.4)	53	76.6 (15.4)	0	NA
2005	68	76.7 (17.5)	68	76.7 (17.5)	0	NA
2006	70	72.8 (16.5)	70	72.8 (16.5)	0	NA
2007	58	75.2 (16.4)	39	75.3 (15.0)	19	74.9 (19.5)
2008	78	74.0 (17.8)	46	72.7 (18.8)	32	75.9 (16.2)
2009	85	78.5 (16.4)	41	74.9 (18.2)	44	81.9 (13.8)
2010	82	75.4 (16.7)	41	73.1 (16.9)	41	77.7 (16.2)
2011	94	77.5 (14.0)	39	77.9 (12.7)	55	77.2 (15.0)

Table 4. Breast-Q Outcome Scores by Year and by Implant Type

Year	All respondents N = 669		Saline implant N = 478		Silicone Gel implant N = 191	
	N	Mean (SD)	N	Mean (SD)	N	Mean (SD)
2002	35	78.0 (27.1)	35	78.0 (27.1)	0	NA
2003	47	78.0 (22.5)	47	78.0 (22.5)	0	NA
2004	53	77.1 (22.5)	53	77.1 (22.5)	0	NA
2005	68	81.1 (22.1)	68	81.1 (22.1)	0	NA
2006	69	82.9 (19.3)	69	82.9 (19.3)	0	NA
2007	58	78.3 (23.4)	39	82.9 (20.3)	19	68.9 (26.9)
2008	78	80.6 (23.3)	46	82.6 (25.3)	32	77.8 (20.1)
2009	85	81.7 (23.7)	41	84.6 (22.7)	44	79.1 (24.5)
2010	82	77.8 (24.1)	41	76.0 (27.0)	41	79.6 (21.1)
2011	94	83.8 (18.9)	39	86.5 (15.9)	55	82.0 (20.8)

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BREAST-Q

These outcomes allowed me to compare my results to those of published studies, and I broke out of my habit of internal comparison with my own patients. The results showed that 90+% of my patients are happy in all measured categories (Tables 1 and 2), as well as stable patient satisfaction as measured by the BQ (Tables 3 and 4). My overall revision rate, 7.5%, was typical or lower than published rates; and my axillary (TAM) revision rate was even lower at 6.8% with long term follow-up.

Having this knowledge reaffirmed my belief in my TAM procedure. It increased my confidence to maintain my current protocol, helped me to take a real look at my complication rates, and allowed a comparison of my incision preference, the armpit, to breast site incisions. The results confirmed my complication rate as acceptable to better-than-average.

Using the BQ validated that how I empower my patients by allowing them to select their incision site is appropriate. My preferred armpit incision group was happier than the group with incisions on their breasts. Also, I was able to compare satisfaction of patients with saline vs. gel implants.

Conclusions

- Data from my 10-year, retrospective, comparative review demonstrate that breast augmentation produces long-term patient satisfaction as measured by the BREAST-Q;
- My complication rates are similar or lower than those of other studies;
- The BREAST-Q scores proved stable satisfaction rates by my patients over time;
- Patient-reported outcomes data can complement the clinician's judgment to guide quality improvement and patient care.

Patients are satisfied and the BQ lets you prove it. Read my entire story in the July 2014 issue of the *Aesthetic Surgery Journal*: "Transaxillary Nonendoscopic Subpectoral Augmentation Mammoplasty: A 10-Year Experience with Gel vs Saline in 2000 Patients—With Long-Term Patient Satisfaction Measured by the BREAST-Q."

To use it pre- and postoperatively, the patients complete the questionnaire twice. For example, they would rate their satisfaction with their breast appearance pre- and postop. The difference in their self-reported ratings

"With Breast-Q, you no longer have to wonder how satisfied your breast surgery patients really are."

represents a quantified measurement of improvement in appearance. Use it solely postoperatively for outcomes data to compare with published studies and/or alert you if your patients' assessments are inconsistent with yours. You no longer have to wonder how satisfied your breast surgery patients really are.

How to get the BREAST-Q

- Click on the link on surgery.org/members
- Click "Get the BREAST-Q"
- Select "I am interested in learning more"

The BREAST-Q is made available by MAPI Research Trust, Lyon, France, E-mail:

PROinformation@mapi-trust.org; Web site: www.mapi-trust.org.

There's even more good news: the FACE-Q serves the same purpose for facial surgery patients. I hope this gives you something to think about if you ever want to get an objective handle on how your breast or face patients feel about your work for FREE!

Joe Gryskiewicz, MD is an aesthetic plastic surgeon in private practice in Minneapolis, MN. He is an Adjunct Professor, University of Minnesota Craniofacial/Cleft Palate Clinics, School of Dentistry and served as a Past President of ASERF.

Tables used with permission from Sage Publishing/*Aesthetic Surgery Journal*. BREAST-Q questionnaires have been completed by more than 15,000 patients and it is being digitized for electronic distribution. Watch for an announcement in 2015.

Rescheduling Hydrocodone Combination Products to Schedule II

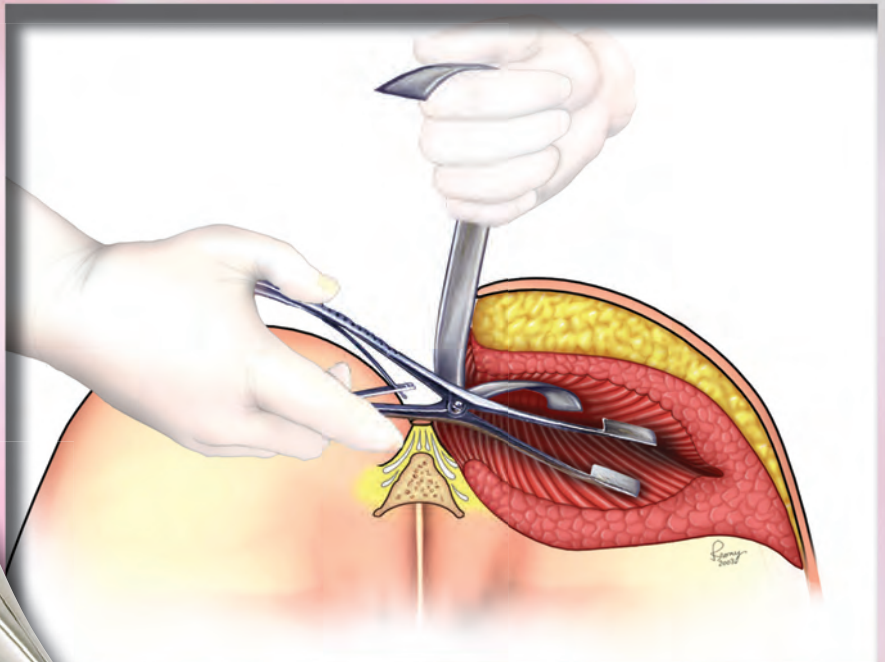
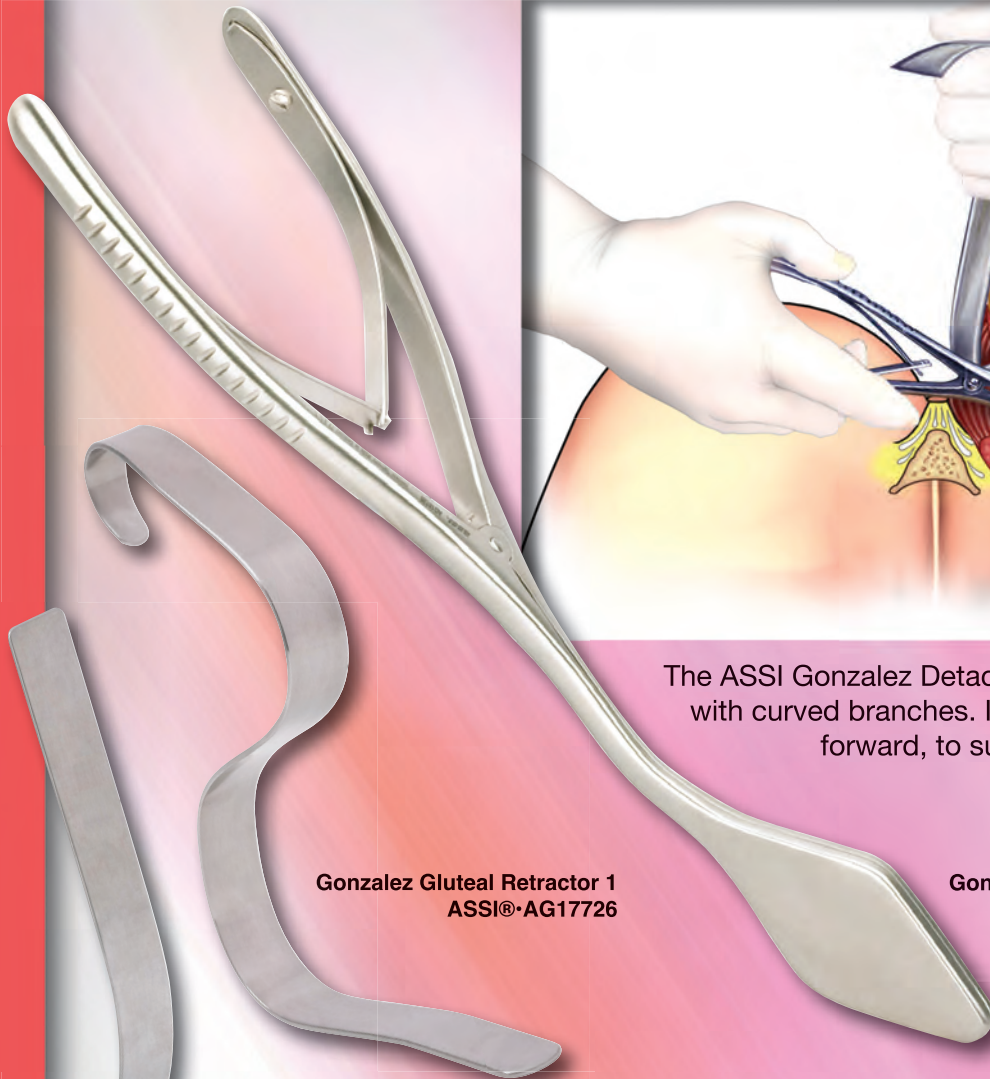
In 1999 a physician petitioned FDA to reclassify hydrocodone combination products (HCPs) from Schedule III to Schedule II. With glacial-speed, FDA formed the Drug Safety and Risk Management Advisory Committee (DSaRM) in 2013 to receive public comments. Primary support to reclassify came from physicians and the general public. Primary opposition came from pharmacies, pharmacists and HCP users. The DSaRM voted 19-10 to reclassify.

The reason for reclassification is the over-prescribing of HCPs (there are over 50 www.nlm.nih.gov/medlineplus/druginfo/meds/a601006.html, including Vicodin) for pain and cough suppression. Over-prescribing has led to medical and recreational prescription drug abuse and trafficking. When the Controlled Substances Act was passed in 1971, HCPs were listed in Schedule III, even though hydrocodone itself was placed in Schedule II.

The Drug Enforcement Administration published its Final Rule August 22, 2014 www.gpo.gov/fdsys/pkg/FR-2014-08-22/pdf/2014-19922.pdf approving the reclassification of HCPs from Schedule III to Schedule II. The increased restrictions upon prescribing Schedule II HCPs are intended to decrease access, thereby curbing prescription drug abuse.

Beginning October 6, 2014, refills of new HCP prescriptions are prohibited. Oral, telephone or fax-transmitted HCP prescriptions are also prohibited. HCP prescriptions with refills initially written and filled before October 6th will be allowed to be dispensed up to six months from October 6th, i.e., until April 8, 2015. Additional details may be found on the DEA website at www.deadiversion.usdoj.gov and on the AMA website at www.ama-assn.org/ama/pub/ama-wire/ama-wire/post/6-things-need-hydrocodone-reclassification?

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Six Proven Strategies to Stop Preventable Patient Harm

By Steve Harden

In the Fall 2013 issue of this publication, Claude Oppikofer, MD, vividly recounted a story from his residency describing a situation where he knew beyond a doubt he should have spoken up to prevent patient harm, but ultimately chose not to do so. To this day he remembers how awful he felt, as the painful memory lingers.

Dr. Oppikofer's story illustrates the difficulty healthcare organizations have in creating a culture where it is both expected and safe for staff to speak up using "stop-the-line" language when needed.

As a professional pilot and safety trainer for military and commercial flight crews, construction companies, special operations forces, and healthcare organizations for over 25 years, I can tell you that practically everyone working in a high-risk industry—especially healthcare—has a similar tale to tell. Unfortunately, unless healthcare senior leaders take the necessary steps to change the culture of their organizations, these "I-should-have-spoken-up-but-didn't" stories will never stop.

Having helped over 150 healthcare organizations around the world create a culture of safety where it is safe to speak up, here are six effective strategies to help leaders make the needed change:

1. The best safety results occur when staff create and use their own scripted "stop-the-line" language. This pre-approved script, using phrases such as "Dr. Smith, I'm concerned," or "Dr. Jones, I'm uncomfortable," should not be an edict handed down by administrative leaders; rather a script that is made by mutual agreement among frontline staff.
2. The mutually agreed upon script should also be developed with the input and agreement of the organization's physicians. There is nothing more powerful for your staff than to hear your physicians say to them, "Yes, this is the way I want you to speak up with your concerns. I will be listening for that language."
3. An approved "stop-the-line" script must also be developed for those instances where the patient is awake, or the patient's family is in ear shot. "Dr. Smith, I need clarity..." works well in those situations. Another effective phrase for those occasions is, "Nurse Jones, let's have a team check."

4. No matter which phrase is chosen for your pre-approved script, staff will use it only after a great deal of practice, so that the words roll off their tongue with ease. Muscle memory is paramount. You can never conduct too many drills on using the "stop-the-line" language. (For a simple set of training materials to conduct these sorts of drills, please visit <http://bit.ly/Sbvnbg>.)
5. The most common reason given by staff on why they didn't speak up is, "Administrative leaders won't support me if I do." This is a powerful and enduring belief and will require constant effort by administration to change. One of the most effective experiences you can create to change this belief is a systematic "Good Catch" program where speaking-up behavior is loudly celebrated and publicly rewarded. Organizations are not likely to change that belief until they implement such a system.
6. It is not enough to informally implement "stop-the-line" scripting in your surgical suite. The requirement to speak up, and the script that should be used, must also be embedded in all the documents that describe how you do your work. Policy & Procedures, job descriptions, annual performance reviews, interview procedures for new staff, mentoring programs, onboarding materials, and simulation

programs should all explicitly indicate the mandatory language and the requirement to use it.

Healthcare facilities that implement all six of these strategies have the greatest probability of quickly and sustainably changing their culture and avoiding preventable harm to their patients. When all of these strategies are implemented, it is not sufficient to ask ourselves, "Did I teach speaking up?" More importantly, we must ask, "Did the staff learn it?" We'll know they learned it when we see them using the script in daily practice as they perceive a problem with patient care. Those that do will never again have to say, "I should have spoken up, but I didn't."

Steve Harden is an author, speaker, leadership coach, safety consultant, and airline captain. He is the author of two books on patient safety. Results of his safety work have been covered by over 35 publications and media outlets including the New York Times, Health Leaders, PBS NewsHour, and Entrepreneur magazine. Steve is the CEO and co-founder of LifeWings—a team of physicians, nurses, pilots, and safety system specialists that teach health care organizations how to create and sustain high performance cultures. He has worked with over 150 health care organizations in the U.S. and around the world. A graduate of the U.S. Naval Academy, Steve is a former U.S. Navy TOPGUN instructor pilot.

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When Is Paying Yelp Not Extortion?

By Bob Aicher, Esq.

All the time, it seems. That was the decision September 2, 2014 by the 9th Circuit Court of Appeal upholding the 2011 dismissal of the case of *Levitt vs. Yelp! Inc.* (9th Cir. 2013) No. 11-17676). It seems 4 business owners filed a class action claiming Yelp “attempted to extort advertising payments from them by manipulating user reviews and penning negative reviews of their businesses.” In plain speak, they claimed Yelp said if you buy advertising from us we’ll hide your negative reviews.

There was never any solid proof Yelp negatively astroturfed any businesses. The real villain was Yelp’s filtering algorithm. One owner said he had an overall rating of 4.5 stars, declined to purchase advertising, and within two days several 5-star ratings disappeared and his average dropped to 3.5. Another owner had a negative review removed for being outside Yelp’s 12-month policy, then declined advertising, only to have the review reappear. A dentist testified that after declining advertising, within 2-3 days, nine 5-star reviews disappeared, dropping her overall rating from 5 to 3 stars. To these three people it looked like Yelp was saying, Buy our advertising or we’ll hurt you.

The district (lower federal) court in 2011 dismissed the case because Yelp was immune under the Communications Decency Act of 1996 (47 USC 230(c)(1)). That’s the law that lets website operators, including The Aesthetic Society, delete content without any fear of lawsuits. The law was originally intended to curb pornography, but after legal challenges, the surviving law stated that website operators are not publishers, and cannot be held liable for the words posted by users.

The 9th Circuit didn’t talk about Yelp’s immunity. Instead, they said the plaintiffs had failed to state a claim under California’s Unfair Competition Law (Bus. & Prof. Code sec. 17200). That law prohibits fraudulent business practices as well as misleading advertising, not unlike our own Code of Ethics. Here the 9th Circuit said extortion requires wrongful conduct, but threatening to leave negative reviews prominently displayed isn’t wrongful.

Even though the business owners inferred a threat, the Court noted Yelp didn’t specifically

threaten them with economic harm. They couldn’t force Yelp to publish positive reviews, “nor does any law require Yelp to publish them.” (Levitt at 19) There also was no proof the advertising “was a valueless sham.” Finally, it was not wrongful for Yelp “to post and arrange actual user reviews on its website as it sees fit.” (Levitt at 21)

What this decision means is that absent a specific threat to hurt your business, such as being strong-armed into buying protection, anybody with a rating site can post, not post, or arrange the posts in any way they see fit. If they offer “advertising” as a way to get those posts more favorably rearranged, it isn’t extortion. It also isn’t “unfair” under California law since your practice and Yelp are not competitors.



It’s small comfort, but at least while the case was on appeal, Yelp changed two of its policies: advertisers can no longer post their favorite review in first position, and a determined user can now find all the missing reviews at the bottom of the page. In 2011 Yelp called them *Filtered reviews*. Now they say: *51 other reviews that are not currently recommended*. One cannot help wonder why Yelp prints the words in an inconspicuous light grey. I often advise our plastic surgeons to add the words at the top of their Yelp page, “Please see my filtered reviews below.” It takes only a few minutes.

Patients have a First Amendment right to Yelp, but it isn’t always clear when opinions become defamation. For most purposes, factual assertions, opinions and parody are ok, while lies, derogation and criminal accusations are not, unless you are a public figure, in which case more latitude is given the speaker.

Doctor rating sites understand they have a reputation to protect as well, so they

I often advise our plastic surgeons to add the words at the top of their Yelp page, “Please see my filtered reviews below.” It takes only a few minutes.

devised Terms of Service to explain what First Amendment behavior is acceptable, and what is not. Violators can have their posts pulled or accounts cancelled. Our members have used such Terms of Service to their benefit.

One member was Yelped by a consult after he refused her as a patient. Yelp agreed she never became a customer, a requirement for posting, and pulled the thread. Another member was Yelped by a patient who said, “He kissed me while I was under anesthesia.” That alleges criminal conduct, Yelp agreed, and pulled the thread. A third member noted that several posts praising a colleague had a curious pattern to the patient online names. RealSelf investigated, uncovered astroturfing, and deleted the posts. A fourth member is currently playing Whack-a-Mole with a patient from 5 years back, with Yelp canceling the patient’s new accounts as quickly as they pop up.

So is everything settled with Yelp? Unlikely. Among doctor rating sites, Yelp remains the most controversial, and its automated filtering algorithm, the most opaque. Yelp is also making efforts to clear up its image, though being faced with a class action lawsuit may have something to do with that.

If you want to boost your ratings, you don’t have to buy advertising. One ASAPS member recently received an offer from an SEO company to improve his ratings, and this was the deal: For every negative post the company managed to get filtered, the price would be \$500, and for every filtered positive review they managed to get unfiltered, the price would be \$750.

Buying advertising from Yelp is probably cheaper, even if it feels like you’re buying protection.

Bob Aicher is General Counsel to ASAPS and has represented the society for 24 years. He lives in Pasadena, California, and can be reached by phone at 707-321-6945 or by email at aicher@sbcglobal.net.



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