

Winter 2021

volume 25, number 1

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# AESTHETIC SOCIETY NEWS

— Can Medical  
Research Survive  
Social Media?

— Aesthetic Care Team  
Affiliate Program

— Mandating COVID-19  
Vaccinations for  
Employees

 The Aesthetic Society®

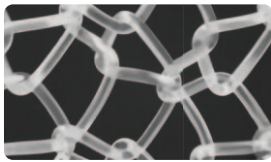


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1. Meilang Xue and Christopher J. Jackson. "Extracellular Matrix Reorganization During Wound Healing and Its Impact on Abnormal Scarring" *Advances in Wound Care*. March 2015.

2. Preclinical data on file; results may not correlate to clinical performance in humans.

3. Deeken, Corey R., and Brent D. Matthews. "Characterization of the mechanical strength, resorption properties, and histologic characteristics of a fully absorbable material (poly-4-hydroxybutyrate—PHASIX mesh) in a porcine model of hernia repair." *ISRN Surgery*. 2013.



## Aesthetic Society News

Quarterly Newsletter of The Aesthetic Society

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4 Meetings Calendar

5 President's Report

## EDUCATION

9 The Aesthetic Series: Practical and Effective Approaches to Facial Rejuvenation and Nasal Surgery

11 Tripeptide and Hexapeptide Combination Used to Improve Patient Outcomes

13 Recent Aesthetic Society Education in Review

17 Aesthetic One is Here

## SOCIETY NEWS

19 Stanley A. Klatsky MD—September 12, 1934—October 10, 2020

25 Read Up, School Up, with *ASJ* and *ASJ Open Forum*

29 Update on ASERF

33 Media Notes and Quotes

Meet the Staff: Courtney Muehlebach

34 The Aesthetic Society's Premier Partners

36 The Aesthetic Society's Alliance Partners

39 Industry Partners Continue Their Support!

43 Membership FAQs

Membership Myth-Busters

## PRACTICE SOLUTIONS

45 Back to Fundamentals: The Importance of Overall Site Structure and Internal Linking

46 Benchmarking: A Key Practice Management Solution

47 Taking Virtual Visits to the Next Level

49 Today's Cosmetic Practice Growth Funnel

50 Four Ways to Leverage Today's Ultra-Low Interest Rates in Your Wealth Planning

53 Plastic Surgery-Related Searches Soar to Unprecedented Levels Amid Global Pandemic

54 Touchpoints of Impression—Seven Areas to Sweat the Small Stuff

57 Mandating COVID-19 Vaccinations for Employees

59 The Straight & Narrow

61 AMS Physician Online Reputation Management

## SAFETY MATTERS

62 Patient Safety in Rhinoplasty and Tranexamic Acid Protocols

65 Scissors on the Seam!

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Vice Chair: Tim Papadopoulos, MD

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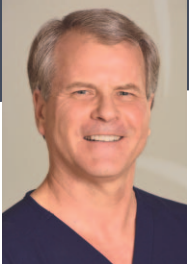
**59th Annual Meeting of the Northwest Society of Plastic Surgeons**  
February 13–17, 2021  
Grand Wailea, Grand Wailea, Maui  
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## President's Report—Can Medical Research Survive Social Media?

By Herluf G. Lund, MD

**W**e have entered into a new era in medicine, or for that matter, in science. Quite different from the one most of us “grew up” in. In this new era, our “classical” methods of conducting research and investigation are challenged and subject to increasingly hostile fire and attack. The question is, can medical research or for that matter, medicine survive it?

Modern medical research is based upon the principle of “the scientific method.” The scientific method is the set of ground rules on how research should be performed to maintain the purity and truth of the results and their conclusions. The scientific method is not something that just appeared during the Renaissance era as most of us were taught in high school. Instead, the scientific method we know today is the product of over 2,000 years of scientific evolution with a multitude of contributors. From Aristotle to Abū Ali al-Hasan Ibn al-Haytham al-Basrī through the Renaissance into the 20th century, the scientific method has been adapted and modified. It is still changing and evolving, and it will continue to do so as long as there are questions being asked and researchers willing to solve them.

The development of the scientific method was and is an attempt to minimize the influence of bias or prejudice by the one performing the experiment on the results and conclusions of the research. However, it is also designed to minimize the influence of other outside interests or bias on the research, not just those of the experimenter. That is a challenge that is becoming increasingly difficult to preserve in the new age of social media.

The Islamic scholars were the first to acknowledge the impact of fringe science on their research and developed the concept of “consensus” or what we today would call “peer review” as a process to maintain the

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purity of their pursuits. For centuries, scientists and researchers have recognized the potential detrimental impact of fringe or pseudoscience on research validity. They understood the critical need to limit the impact from outside influences. This recognition drove the desire to fine tune the scientific method just as much as discovering the truth. Changes to the scientific method from the “Islamic Golden Age of Science” through the Renaissance and into the 20th century, are a series of attempts to tighten the boundaries and limit outside influences of investigational research and its proper conduct, to maintain the purity of the results.

Modern scientific method philosophy recognizes the vast differences across “the sciences.” No one formula works for all disciplines. Most of medical research is conducted in the basic sciences arena and not in the theoretical sciences but still modern scholars of the scientific method such as Karl Popper, Thomas Kuhn, and Paul Feyerabend have recognized that no form of science is pure, and no form is immune to the impact of forces outside the boundary of the research. In other words, you cannot keep the influence of the outside world out.

Medical investigators for most of the 20th century and to date perform the research and

try to adhere to the principles of the scientific method.

- Make an empirical observation
- Ask a question
- Research what is known about the question
- Form a hypothesis
- Test the prediction with reproducible, objective experiments
- Systematic observation of the results
- Form a conclusion based on the results

Some would argue for another component of the scientific method, the obligation to share and communicate the results and the conclusion so the research can be replicated.

Hopefully, the researcher's efforts bore fruit and the results were shared with peers of the investigators who ultimately would be the judge and jury on the validity of the study and its conclusions. These scientists could replicate the study and if confident in its conclusions would add this knowledge to the whole of medicine. Another building block from which more questions would arise, more research formed, and medicine advanced. The press or public would occasionally comment or offer their interpretations of the nature of the research or its results but the power to validate the study lay for the most part in the hands of the scientific community.

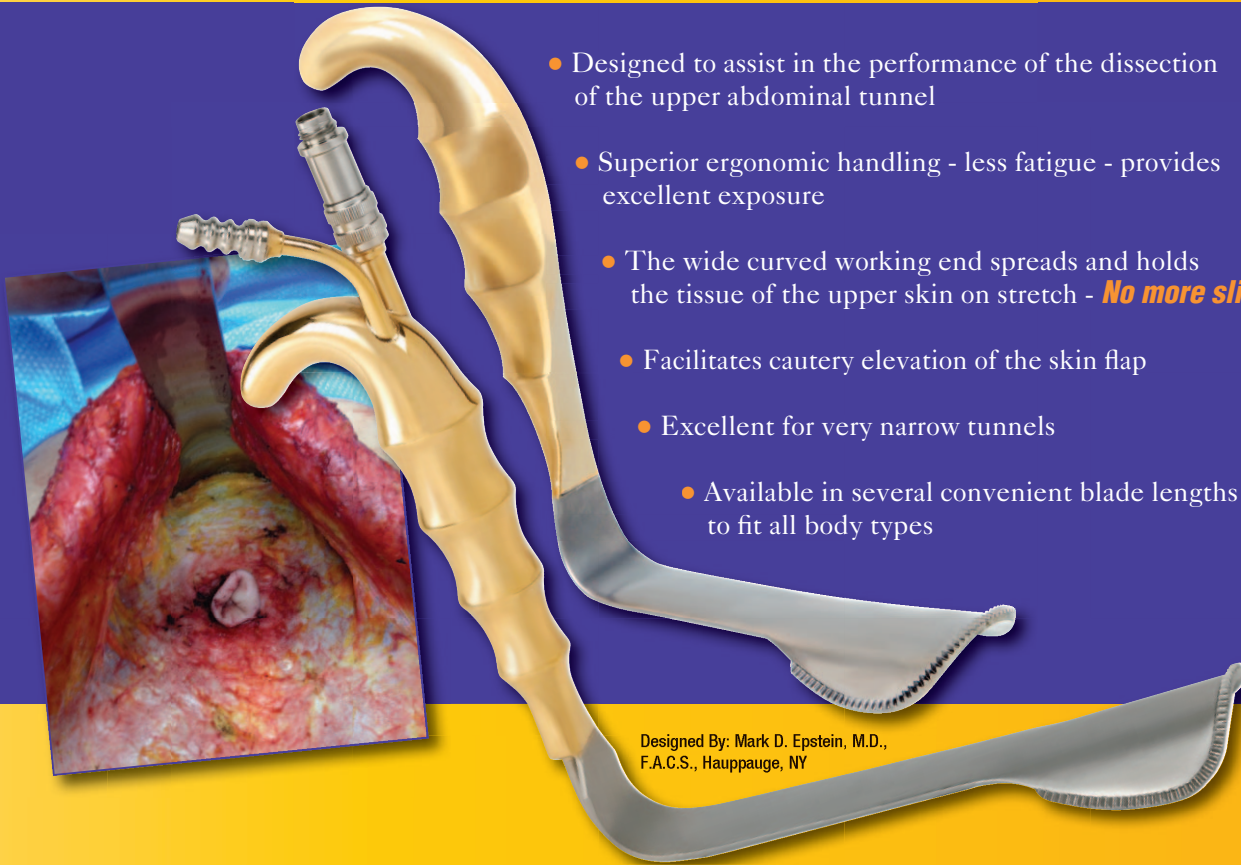
What is different now? For the most part, medical researchers have not changed their methods. They still adhere to the scientific method. But today, in seconds, their results can and will be widely viewed and questioned not by a body of fellow researchers but thousands through the power of social media. Unlike those traditional peer researchers, those in social media may or may not be adept in the subject matter. They may or may

Unlike those traditional peer researchers, those in social media may or may not be adept in the subject matter. They may or may not be impartial to the outcome of the results and its conclusions. They may have an agenda or bias that overlies their responses. Unlike the researchers following the scientific method, social media users do not have a commitment to observe objectively. Indeed, subjective observation is more likely to be the methodology used.

Continued on Page 7

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## President's Report

Continued from Page 5

not be impartial to the outcome of the results and its conclusions. They may have an agenda or bias that overlies their responses. Unlike the researchers following the scientific method, social media users do not have a commitment to observe objectively. Indeed, subjective observation is more likely to be the methodology used.

As the user base expands, the perceptions and beliefs of the biggest and loudest voices of social media become more prevalent. In other words, they become harder to ignore. In some instances, even the more mainstream media outlets may take notice of the sheer numbers and step into the fray.

There are numerous examples of where the results of medical research have been impacted by the perceptions of that research by large dissenting voices in social media. The most known example would be the perception of the safety and efficacy of vaccines. While the dominant majority of the medical research into the more commonly used vaccines has demonstrated the validity of their use, vast numbers in social media disagree even without reputable data to support their cases. Still, it is almost impossible to view any discussion even in mainstream media about vaccinations without at least a questioning of the safety of vaccines even though there is almost no data to support this claim.

During the COVID-19 pandemic, different parties used social media to question and dispute the results of numerous medical research findings. The impact on our responses to the pandemic affected everyone from the federal government to an average citizen. This impact will be debated and analyzed for years to come. Sadly, social media users even today still question if the COVID-19 virus and its grip on the globe is real.

More closely to aesthetic surgery is the impact of social media on the research and investigation of Breast Implant Illness (BII). Parties with an interest in BII have used social media to challenge the results of research performed and the conclusions obtained simply because those results disagree with

their beliefs. Some social media users have challenged the objectivity of researchers, accusing them of bias because the conclusions reached did not support their views. Some social media users have challenged the validity of examining any hypothesis that may disagree with their own. Others have taken the further step of questioning the validity of investigations even before studies are being considered. Admittedly, these are the outliers and not the patient advocate groups The Aesthetic Society, and the Aesthetic Surgery Education and Research Foundation (ASERF) continue to actively engage. But it does call into question the issue of what role, if any, social media plays in the drafting and planning of medical research and interpreting its results.

It is doubtful the role of social media will be any less influential in the future. The contrary opinion is more likely: social media's influence will only continue to increase, its power to shape and direct the conversation will only grow, and to ignore this almost logarithmic increase in its influence is something you do so at your own risk.

Some have argued that social media is here to stay and the only way to co-exist with it is to embrace it. But how do we do this and still remain committed to the purity of the scientific method? How do we remain committed to work with something that frequently has a subjective agenda without objectivity?

There is a new presence in the world of medical research and its name is social media. The question now is, how will the increasing role of social media impact medical research both now and in the future? What strategies do we, the medical community, need to develop to meet this challenge?

These are questions we do not know the answers to at this moment in time. However, given the adaptive history of the scientific method over the last 2,000, I am betting these are the questions we will ask and we will solve.

*Herluf G. Lund, MD, is a plastic surgeon practicing in St. Louis, MO and serves as President for The Aesthetic Society.*

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## THE AESTHETIC SERIES

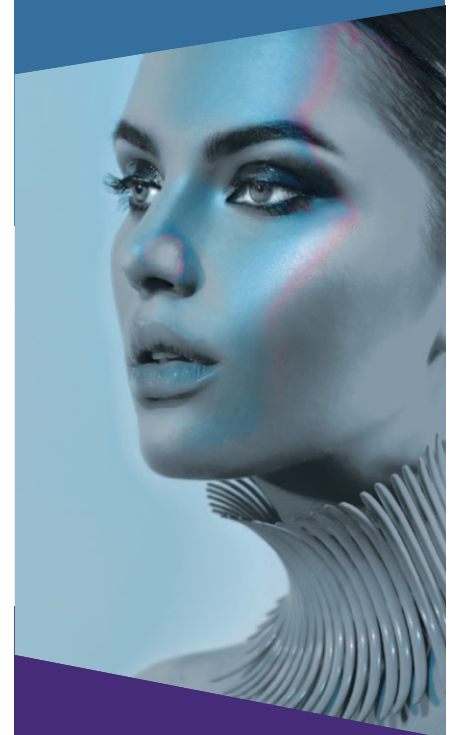
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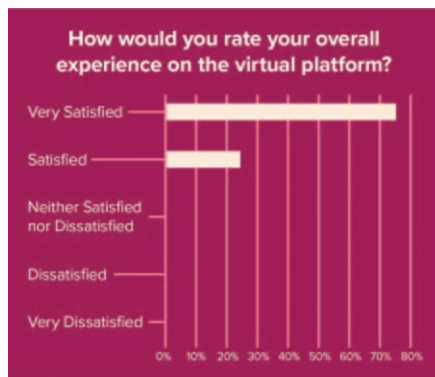


## The Aesthetic Series: Practical and Effective Approaches to Facial Rejuvenation and Nasal Surgery

Join us for The Aesthetic Society's **Practical and Effective Approaches to Facial Rejuvenation and Nasal Surgery**, taking place January 16, 2021, from 9am to 4:39pm CST! This third and final meeting in **The Aesthetic Series: Together, Everywhere** is an interactive online event chaired by Drs. Louis Bucky, Jason Roostaeian and Christopher Surek.

This is your opportunity to engage with some of the foremost experts in the specialty with education focused on the latest in Rhinoplasty and Facial Rejuvenation. Join us for a full day of education, broadcast live from Texas, with topics covering neck surgery, eyelid rejuvenation, SMAS variations, dorsal aesthetics, variations in rhinoplasty and much more!

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- SMAS Variations: Who, What and How?
- Conquering the Challenges of Lower Eyelid Rejuvenation
- Finesse in Upper Eyelid and Brow Rejuvenation and Finishing Touches

#### Faculty



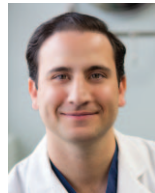
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Sammy Sinno, MD

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- Approaches to Tip Support and Contouring
- Variations in Rhinoplasty
- Future Directions in Rhinoplasty

#### Faculty



Jason Roostaeian, MD  
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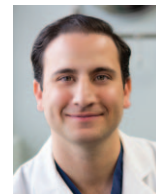
Spencer Cochran, MD



Dino Elyassnia, MD



Aaron Kosins, MD



Jon Kurkjian, MD



Rod Rohrich, MD



Dean Toriumi, MD

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Below is the type of content you can expect to see for those enrolled in our Aesthetic Care Team Affiliate Program. Both clinical and practice management topics will be covered with the specific needs of Program enrollees in mind.



### Tripeptide and Hexapeptide Combination Used to Improve Patient Outcomes

By Michael Sheehan, PA-C and Laurie A. Casas, MD, Casas Aesthetic Plastic Surgery Center (CAPS)

By using Tripeptide and Hexapeptide (TriHex Technology®), two weeks before and after a collagen stimulating procedure, including Micro-Focused Ultrasound (M-FU) and 1540 Fractional laser (1540), our patients at CAPS have seen improved and accelerated results. TriHex Technology® works by re-establishing a functional skin cell matrix in which collagen and elastin cells can better communicate prior to a procedure. As humans, we have chronic sun bed exposure along with predicable skin aging. Both issues cause fragmented collagen and degraded elastin leading to poor cell to cell communication. All these issues result in reduced elastin and collagen production which leads to an inefficient extracellular

matrix (ECM), clumping of debris in the dermis, formation of fine lines and wrinkles and thinning of the epidermis. If there is an unhealthy ECM prior to a procedure, there will be a suboptimal result, which no practitioner or patient desires.

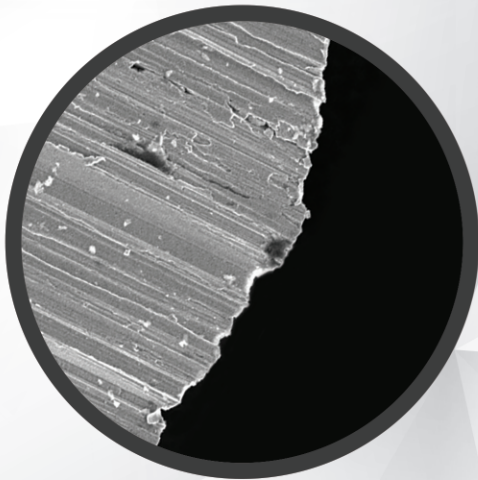
A healthy skin bed with improved cell to cell communication can be re-established with the use of the TriHex Technology®. By using TriHex Technology® and other actives prior to a procedure, there is clearance of ECM debris by proteases, anti-glycation effects and an increase in procollagen formation followed by a stimulation of healthy elastin and collagen, thickening of the epidermis, greater skin elasticity and an efficient ECM. When there is a healthy ECM with improved cell to cell communication, there are better results with collagen stimulating procedures, including M-FU and 1540.

The TriHex Technology® helps re-establish functional cell matrix processes pre and post procedure using a formulation of critical synergistic ingredients. The proprietary formulation with a lipid moiety delivery system helps recycle the skin matrix, clearing out sun damage and other by-products of aging and helps support the skin's ability to generate new collagen and elastin. The Tripeptide-1 modulates and clears byproducts of aging in the skin matrix and the Hexapeptide-12 optimizes fibroblast function and binds elastin. The TriHex Technology® components work together to help improve the functionality of the skin bed prior to a procedure and includes active agents providing symptomatic relief (redness, swelling, exudate) from the procedure and therefore, hastening healing. By using the TriHex Technology® pre and post

Continued on Page 15

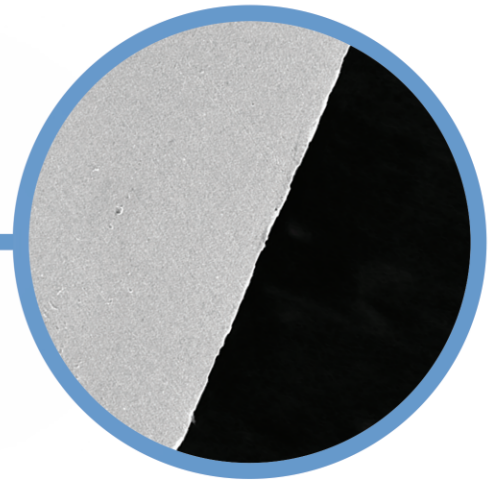
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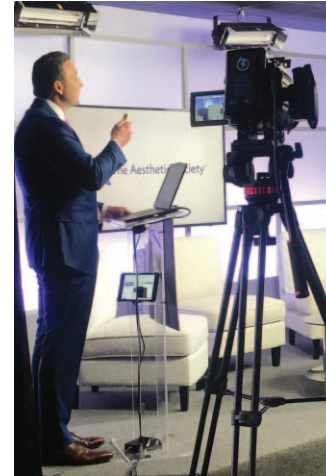
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## Recent Aesthetic Society Education in Review

In mid-2020, in an effort to reach our membership and provide quality education during the pandemic, The Aesthetic Society converted all of the year's meetings to online interactive events. While we couldn't meet in person, we found new ways to bring premier education to the aesthetic surgical community. We are incredibly proud of the educational experiences we've hosted throughout the year. Most recently, Premier Global Hot Topics + Nuances and Techniques in Injectables on November 14 and the 6th Annual Residents' Business of Launching Your Practice meeting on December 5–6.

Normally one of the most popular courses at The Aesthetic Meeting, we knew Hot Topics couldn't wait a year for its return. Combined with an intensive symposium on injectables and lunchtime presentations by industry supporters, it was a three-part day of aesthetic education!



In mid 2020, The Aesthetic Society had the foresight to convert all of the year's meetings to online interactive events: The Aesthetic Series: Together, Everywhere. While we couldn't meet in person, we could still be together, everywhere.



“A great fast and efficient way to get information across the country for plastic surgeons.”

—Craig W. Colville, MD

“The post-injection split-face comparison showed immediate results.

That was very helpful and made it a very tech-savvy presentation.”

—Hema Sundaram, MD

The robust meeting had 188 registrants and was led by a faculty of 23 participating live from Dallas or virtually from their homes. In true Hot Topics fashion, Drs. Barry DiBernardo and Jason Pozner shared the “must know” information on over 15 new devices in under 30 minutes! Of great interest was coverage of the latest FDA breast implant consent and packaging developments and ASERF funded studies into Breast Implant Illness. Debates between Drs. Alfredo Hoyos, Simeon Wall, and Jamil Ahmad on energy devices kept the audience enrapt.

The day's second symposium, focused on injectables with faculty injectors onsite. The event was live-streamed from Dallas, allowing all attendees a front-row seat for the injection demonstrations.

In between symposia, Drs. Jamil Ahmad and Douglas Steinbrech led engaging and well-reviewed discussions illuminating the



Premier Global Hot Topics and Nuances and Techniques in Injectables are available for on-demand viewing at [Surgery.org/OnDemand](http://Surgery.org/OnDemand). Check your emails for a members-only 50% off coupon code!

Continued on Page 15

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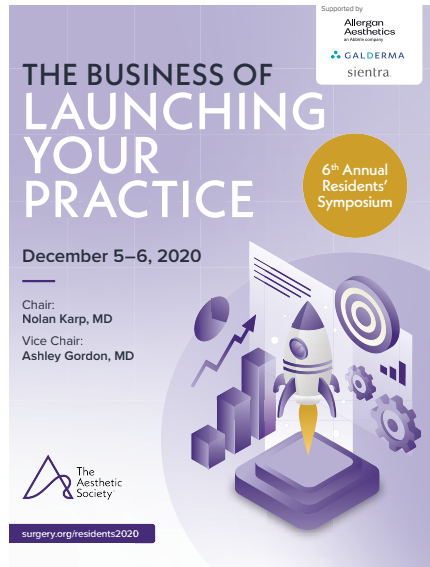
## Recent Aesthetic Society Education in Review

Continued from Page 13

latest offerings in aesthetic medical technology with key industry representatives.

Only two weeks later, we used the 6th Annual Residents' Symposium as an occasion to try something new. The digital nature allowed us to open the meeting past its previous 75 attendee cap to welcome Active Members young to practice, not just Residents and Candidates for Membership. That allowed a record 181 registrants! Over 14 hours of educational content covered most everything a plastic surgeon needs to know when deciding what comes next after graduation and early in an aesthetic career. Rapid-fire panels covered the benefits of getting involved early with societies, the pros and cons of opening a med spa, and how to move forward with your education and career through the pandemic.

Thank you to all faculty, attendees, sponsors and industry supporters of our recent symposia! A special thank you goes out to the chairs of the meetings, all of whom worked tirelessly to make these symposia truly outstanding.



The Residents' Symposium is available for free to Society Residents on RADAR Resource.

### Disability Insurance: What To Look for in a Policy

Non-Cancellable and Guaranteed Renewal	"Own-Occupation" Definition of Total Disability	Residual or Partial Disability Rider
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The digital nature allowed us to open the meeting past its previous 75 attendee cap and to welcome Active Members young to practice, not just Residents and Candidates for Membership. That allowed a record 181 registrants!

Thank you to all faculty, attendees, sponsors and industry supporters of The Aesthetic Series! A special thank you goes out to the chairs of the meetings, all of whom worked tirelessly to make these symposia truly outstanding.

## Aesthetic Care Team Affiliate Program Tripeptide and Hexapeptide

Continued from Page 11

procedure, CAPS has seen improvement in our M-FU and 1540 treatments, and our patients are happier! Who doesn't love a happy patient?

TriHex Technology® not only aids in improved outcomes for facial and neck rejuvenation but it also enhances body sculpting and fat reduction procedures, including but not limited to cryolipolysis. To better understand how the body treatment with TriHex Technology® improves energy-based fat reduction procedures, I would like to briefly review the process: fat cells are damaged due to cold or heat-induced apoptosis or necrosis. Those dead lipid droplets are removed by the body over an 8-12 week period. This fat removal process is a form of autophagy, the cells' natural process of recycling dysfunctional cellular components.

What is autophagy? Immediately following a procedure, the fat cell dies but is very large in size, too large to be broken down right away. The process of autophagy re-packages the cell so macrophages can easily digest fat particles. The fat cell escapes the cellular membrane since it's damaged, fuse with a lysosome which breaks it down even further, macrophages are now drawn to the area because the fat droplets are small enough for the macrophages to digest. This process can take up to 12 weeks.

The key ingredients in the body product with TriHex Technology® accelerate autophagy in fat reduction procedures. Hexapeptide-11 is designed with a liposome to accelerate absorption through the hair follicle and through the LipoDRONE Delivery System. This then allows up-regulation of the autophagy process, breaking up the fat droplets more effectively through the proprietary liposome and ultimately demonstrating better macrophage recruitment. The TriHex Technology® supports tightening for crepey skin and treatment of skin laxity by enhancing the body's production of elastin and collagen. With the TriHex Technology®, CAPS has seen results at 6 weeks with cryolipolysis instead of 12 weeks! This combination has changed our practice from head to toe!

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## Aesthetic One is Here

**T**he wait is over! Aesthetic Society members in the United States will be the first plastic surgeons in the world to be able to **register breast implants with manufacturers and share information with patients in under 3 minutes.** As Aesthetic Society members, you've gone beyond, now your staff and patients get that opportunity with Aesthetic One.

Aesthetic One is a revolutionary mobile application built on a HIPAA-compliant platform. It features a paired app for patients allowing you to share breast implant ID cards, operative summaries, photos, and more. This app is the outcome of the concerns expressed during the FDA breast implant hearings in March 2019. One of those concerns was to be able to alert patients and surgeons if there was an implant recall. Aesthetic One was created by members of The Aesthetic Society and The Aesthetic Surgery Education and Research Foundation (ASERF) in cooperation with our partners at Anzu Medical and with the support of Allergan Aesthetics.

### MEMBERS WILL BE ABLE TO:

- Create, share, and store implant records in under 3 minutes right from your device. The built-in scanner will auto-populate breast implant registration forms and submit them to the manufacturer via eFax with just a few taps.

- Communicate with patients through HIPAA-compliant chat, while keeping your mobile number private. All chats are securely stored giving you permanent access to all communication for improved patient record keeping.
- Utilize touchless COVID-19 screening form and intake forms curated for Aesthetic Surgery.
- After you register, you can give key staff access to take advantage of time-saving features and streamline workflows. Features include:
  - Securely upload and share photos
  - Upload PDFs & web links to share with patients
  - Access HIPAA-compliant chat

Your patients will have peace of mind knowing that they have on-demand access to their implant information - whenever and wherever they need it.

### AESTHETIC ONE FAQs:

**Why should I use Aesthetic One?** The goal of Aesthetic One is to streamline the breast implant registration process with the manufacturers and empower patients with the information they need. The app also serves

as a HIPAA-compliant communication tool between patients and their physicians with a built-in chat feature.

**Can Aesthetic One be used for all my patients?** Aesthetic One can be used to streamline registration for all breast implant patients. The digital intake forms, HIPAA-compliant chat, and HIPAA compliant photo sharing features can be used with any patient that you have invited to download the paired Aesthetic One app.

**How will my patients' breast implants be registered?** Each patient's breast implant details will be registered with the manufacturer after you have scanned the implants, provided the Operative Summary details, have reviewed the generated registration form, and tapped the register now icon.

**Can my staff use Aesthetic One to help register breast implants?** Yes. Once your account has been activated you can add staff to the app via the "Office Accounts" icon on the home screen. You have the ability to give/remove access to staff any time.

Sign up for Aesthetic One at [aestheticone.com/register](https://aestheticone.com/register).

Account activation generally takes 1–2 business days.

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– Daniel C. Mills, M.D., F.A.C.S. Past President of the American Society for Aesthetic Plastic Surgery



Contact: Christopher Edge, 609-737-1154 ext. 301

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## Stanley A. Klatsky MD—September 12, 1934–October 10, 2020



### PERSONAL REMEMBRANCES OF A MENTOR, TEACHER AND FRIEND

Entering plastic surgery on July 1, 1976 was a profound change. The specialty seemed a disparate group of disciplines, where hourly you were consulted as an ‘expert’ in a variety of isolated and unrelated fields. I went from knowing everything in general surgery to knowing nothing. One of the most challenging areas was aesthetic surgery. In 1976 everyone did it because it was the most remunerative, but few in University practice talked about it, and most pretended that other things were their major interest.

For aesthetics, I settled on a young mentor who had trained with Crickelair at Columbia Presbyterian, Stanley A. Klatsky MD. In Baltimore in 1968 he had volunteered to help Milton Edgerton as a part time faculty member, and had been here eight years. In 1968, he heard about a group which was to meet in New Orleans: the organizing meeting of The Aesthetic Society. It would officially begin the following year, and Stan was asked to be a Board Member, representing “new candidates.”

Stan was of immense and constant help in aesthetics. He seemed to live the discipline and its principles, and knew everyone. I learned to take a carousel of slides to his house on Saturdays, and would time my arrival around lunch. Stan lectured about techniques and personalities. His memory missed nothing, and he proudly knew everyone and their procedures. He knew their successes and failures, and was flawlessly able to maneuver through the mountains of details which were not well documented--aesthetic surgery was then truly art and not science. Stan would give me his solutions, I would ask where I could read about them, and he would respond they were not published. Not much was truly accessible in the literature.

I began to build an aesthetic practice, but needed my Saturday knowledge injections. I got to know his wife and family and learned that Stan was not only a source for aesthetic surgery, but he seemed to know everything, in any field of plastic surgery. With his advice and recommendations would come personal

stories about careers, events and personal remembrances of the “greats” in plastic and aesthetic surgery; the stories insured that I would remember the “facts and procedural advice.”

I volunteered to write up for him all of the techniques and principles we discussed, which helped me learn and remember, and soon we made 100 videos of what he considered the most important plastic surgery procedures by noted aesthetic surgery experts, filmed in their operating rooms.

He taught me to incorporate aesthetic principles into all my “other” cases—transferring aesthetics to facial fractures and facial reconstruction cases. Standard aesthetic incisions and dissections became approaches to facial injury repairs. It seemed only natural to discard the facial fracture incisions and use the aesthetic incisions for better results. Similarly, the best facial cancer repairs were variations of facelifts, forehead lifts, backward or upside down facelifts, all from aesthetic surgery, utilizing the excess tissue to fill defects. Klatsky’s aesthetics became my standard approaches.

Stan and I wrote about his techniques—he just continued to improve and excel as a teacher and became an Associate Professor at Hopkins. He would discourse to include history, personalities, and principles and he trained himself to be an academician of distinction. He took on the editor position of Aesthetic Surgery Journal, and built upon the work of the previous editors and managed it

Continued on Page 20



Aesthetic Society friends and colleagues: Drs. Eugene Courtiss, Norman Cole, Stanley Klatsky, and Simon Fredricks in 1987.



Stanley Klatsky interviewed as President of The Aesthetic Society.

## Stanley A. Klatsky MD

Continued from Page 19



Some of our favorite images of Stanley and Rosalie Klatsky.

with his characteristic unflinching attention to detail. In the ten years of his tenure it became a monthly publication, featuring the very best articles. ASJ achieved the remarkable achievement of INDEX status in 2008. He was also devoted to operating room safety and efficiency; he advanced credentialing and safety standards within AAAASF. He was instrumental in producing the historical video chronicling the “The Aesthetic Society’s first 35 years”

What a difference he made to our Johns Hopkins-University of Maryland Plastic Surgery Program! His specialized aesthetic knowledge was singular, and he mentored over 150 residents and fellows in our program, guiding each to be better surgeons. His friendship and support resulted in my formulating his teachings into principles for use in my aesthetic, facial injury and facial reconstruction practices.

Stan and C.T. Su, two special aesthetic attendings, taught me that everyone wants aesthetic surgery, not just those of means. They stressed that we can easily make the lives of our reconstructive patients better by sharing aesthetic principles with reconstructive surgery, often improving lives.

When I consider his personality and the principles he stood for, I can recall that everyone liked him. He was a peacemaker, and a conciliator; he taught me much about politically sensitive maneuvering for achievement.

“Simple aesthetic thoughts and principles help everyone!” (S.K.) This was Stan’s lasting gift to me, and perhaps for all of us. “All

patients want aesthetic surgery, and aesthetic solutions” he would constantly remind me. If we share his principles, his personality and his values, we can easily let them positively influence our behavior.

### Paul N. Manson MD

*Life Member, The Aesthetic Society  
Distinguished Service Professor,  
Johns Hopkins University School of Medicine  
Professor of Surgery, The University of  
Maryland Shock Trauma Unit and the  
University of Maryland School of Medicine*

**S**imilar to Dr. Manson, nearly 40 years later, I decided to pursue aesthetics as a junior resident at Johns Hopkins/University of Maryland. I also looked for mentors, and in today’s plastic surgery training model, expert aesthetic surgery mentorship can be difficult to find. Reaching out to leaders like Dr. Manson, alumni from the program, and local community surgeons—they all pointed to Dr. Klatsky as a north star.

Dr. Klatsky eased any trepidation about approaching a legend as a mere junior resident. He was warmly inviting, as his reputation has been throughout his life. He was a historical encyclopedia and taught me about the early beginnings of the Aesthetic Society and the interconnected stories of the leaders of aesthetic surgery. He urged me to take hold of my education and to give back to the Society.

At Johns Hopkins, Dr. Klatsky wanted to ensure that residents were prepared for the “real world” and endowed a quarterly

Business of Health Care Lectureship. His dedication to education is obvious, and many generations of plastic surgeons have him to thank for their knowledge and successes. Dr. Klatsky built bridges and led from the front. His lessons will stay with me and push me forward as my career in aesthetic surgery develops.

### Akash Chandawarkar, MD

*Chief Resident, Johns Hopkins/University of  
Maryland Plastic and Reconstructive Surgery*

**S**tanley, you will be greatly missed. I had the good fortune to meet you in 1968 when we were both residents at Columbia Medical Center. You were my senior by about eight years. I looked up to you with great deal of respect and learned much from you. You were always available to give sage advice on both professional issues and personal matters. Our plastic surgical community is eternally indebted to you.

Rest in peace Stanley, you are in our hearts.

### Peter Fodor, MD

*Past President*

Continued on Page 21

## Stanley A. Klatsky MD

Continued from Page 20

**S**tanley Klatsky, MD  
Kind. Patient. Gentlemanly. Dignified.  
Honest. Forthright. Responsive. Thoughtful.  
Insightful. Helpful. Nonjudgmental. Inquisitive.  
Dedicated. Forward-thinking. Even-handed.  
Calm. A Friend.

### Robert W. Bernard, MD

*Past President, The Aesthetic Society  
Founding Editor, Aesthetic Surgery Journal*

**I** cannot recall an annual Aesthetic Society meeting when I did not see Stan sitting in the front row from start to finish of each session, listening carefully, learning, and seeking the best presentations to be developed into publications in ASJ. Stan was involved from the founding of the Society until only recently when he retired. We remained great friends and, after Stan retired, I had a wonderful visit with him in Baltimore where we both were raised.

Stan was a lifetime student of aesthetic plastic surgery, directing the aesthetic surgery rotation at Johns Hopkins for many years as well as serving as editor-in-chief of ASJ. He loved the Society and brought experience and wisdom to every leadership meeting.

I will miss him and he will always be in my thoughts and in my heart.

### Malcolm Paul, MD

*Past President*

**S**tanley Klatsky's contributions to The Aesthetic Society are too many to fully enumerate, but highlights include being the Editor of The Aesthetic Surgery Journal, single-handedly conceiving and producing the Society's 35th Anniversary DVD, and receiving the Society's Distinguished Service Award in 2001. Not the least of these was his Dimaggio-like streak of consecutive attendance at our meetings, just short of 50 years.

Stan lived his life to the fullest and was passionate about his family, the arts, music, good conversation and people, but his greatest passion was reserved for the Society, of which he was president in 1986-87. During his presidency the first "Symposium on Aesthetic Aspects of Plastic Surgery in Non-Caucasians" was held in Beijing on November 4-8, 1986. Stan and Rosalie traveled to Tokyo from New York on October 31, and then on to Beijing after meeting with the Tokyo Plastic Surgery Society. The entire first-class section of the plane was occupied by Society couples, including the Klatskys, the Fredricks, the Astons, the Coles, the Colons, the Foxes and the Morellos. I believe it may have been Rhoda Fredricks who had brought along Halloween masks and paraphernalia, and everyone had a raucous time until the flight attendants urged us all to settle down for the night. That was my introduction to Stan, carrying on and wearing a Halloween mask!

We worked together while serving on the board of AAAASF, and Stan was already taking me under his wing. Over the years we

socialized other than at meetings, and visited with one another at our homes. One particular time when I was visiting him, he took me to see his friend, Fred Brown, and I came away with an engagement ring for my future wife, Mona, all arranged and approved by Stanley. He was a wonderful (and sometimes costly) influence on my life.

Stan chaired the nominating committee that put me forward as the Society's Treasurer and mentored me along the way. He was a fixture in the front row of the scientific sessions at our meetings, and I often sat at his side. He challenged his friends and colleagues to broaden their thinking and he used his intelligence to defend what he thought was correct. He was giving and generous of his time and resources to everyone, including the youngest and newest plastic surgeons that he encountered, all considered his colleagues. Although originally trained as a pharmacist, he ultimately practiced plastic surgery in the Baltimore area for 35 years, and was exceedingly devoted to rendering exquisite care to his patients. At his retirement from active practice, he wrote "I have been fortunate to pursue a profession that I love and, in the process, to share some very special moments with all of my patients. It has been my privilege to practice medicine in this community, which has given me so much. From the beginning, it was always my goal to "Give Back" as much as I could."

Continued on Page 22

Stanley Klatsky with other Presidents of The Aesthetic Society.



## Stanley A. Klatsky MD

Continued from Page 21



Continued connection with the Johns Hopkins-University of Maryland Program. The Biennial Meeting of past and present faculty.

during his last month in and out of the hospital, we spoke 2 or 3 times a week, often for up to an hour. He knew that life is a precious gift and that no one is promised tomorrow. We last spoke of this only a few days before he passed away.

Stanley and his late wife Rosalie and subsequently his companion Helene, lived a wonderful life full of travels, the arts, intellectual pursuits and other interests. We are all blessed to have known this exceptional man, who always tried to make things better for others and enrich their experience, many times at his own expense.

**Dan Morello, MD**  
*Past President*

**T**here has never been an Aesthetic Society without Stanley Klatsky. From its first meeting when, as a resident, he was asked to run the slide projector, he took considerable pride in never missing a meeting until the year Rosalie passed away. Always in his place in the front row—always on time. Over the years his dedication and devotion to this organization have set a standard that is not only greatly admired but will be difficult to ever match. Rest in Peace, Stanley.

**Norman Cole, MD**  
*Past President*

**W**hen I began photographing Aesthetic Society meetings 33 YEARS ago, Stan was the president.

He brought me in and stayed with me. A MOST beloved man. We stood next to each other on many occasions. I am proud to know him. A GREAT man and a GREAT surgeon. He will ALWAYS be remembered. He will NEVER be a 'was'. He WILL remain an 'IS' as that's the way we all saw him. I miss you buddy.

**Dave Cherkis**  
*Aesthetic Society Photographer*

**I** met Stan fifty years ago when, as an intern, I rotated on the plastic surgery service at Johns Hopkins. It was during one of our weekly conferences when a young, well dressed and well spoken man walked in. As I did not recognize him I turned to the plastics resident and asked who he was. I was informed that he had recently started his practice in Baltimore, was well trained, focused on Aesthetic Surgery and very supportive of Hopkins plastic surgery. Little did I know back then that one day he would be a mentor to me, take me under his wings, support me, we would become the best of friends and work side by side as editor and associate editor of Aesthetic Surgery Journal.

Fifteen years or so passed before our paths crossed again when I joined the Aesthetic Society and he was part of the Society's leadership. We renewed our acquaintance and very quickly went beyond acquaintance to a true friendship. A friendship that I cherished and would grow stronger each year. He encouraged me to become involved in the Society, counseled me, supported me and was instrumental in my advancement into leadership.

A turning point in my own career was my appointment as associate editor of ASJ under his leadership as editor. It was here that I worked very closely with him. It was here that I learnt of his commitment to ASJ and its success. Who will ever forget Stan sitting in the very front row of our annual meeting, taking notes and approaching presenters to invite them to contribute to our journal. As often as not, in later years, I would sit next to him looking, listening and learning! I witnessed firsthand his tireless and years long efforts to have the journal indexed in Pub Med. It was with much joy that this longtime goal of his was realized a mere three months before he handed the reins of the journal to me. That achievement was the most significant of his many contributions to the establishment, growth and success of the ASJ. For almost all his tenure as editor he served as a volunteer donating his time and expertise to the journal and the Society. When he stepped down from the journal he was deservedly named Editor Emeritus in recognition of his devotion and longstanding service to the journal.

In my early years as a fledgling editor he was most supportive, always there if I had a question or needed guidance. Always encouraging and advising me as we both worked on growing the journal. ASJ is where it is thanks to the efforts of Founding Editor Bob Bernard and Editor Emeritus Stan Klatsky.

Stan had only once in his long and illustrious career missed the annual meeting. His institutional memory and encyclopedic knowledge of the Society and its history was remarkable and second to none. When not discussing the journal I would enjoy countless conversations on all things aesthetic and especially all things related to the Society. His love and devotion to the Society was there for all of us to see.

Continued on Page 23

## Stanley A. Klatsky MD

Continued from Page 22



Dr. Klatsky, Dr. Kenkel, and Dr. Lee at a Visiting Professorship.



Dr. Klatsky at an Aesthetic Society reception surrounded by current and former residents.

Beyond ASJ, Stan was very active within the Society, most notably advising, grooming, encouraging and identifying young Aesthetic Plastic Surgeons as future leaders of our Society. I was fortunate to have been one of them. I have lost a mentor and a dear friend, the Society has lost a great leader, a loyal supporter which we will all miss.

**Foad Nahai, MD**  
*Past President, ASJ Editor-in-Chief*

**W**ith the passing of Stan Klatsky each of us and the Aesthetic Society as a whole has lost a dear friend. While I admired Stan for being a great educator and leader, I was most impressed with the fact that he remained a student of plastic surgery to the very end. Stan never missed attending our annual meeting and was always at our board meetings. He delighted in speaking with young plastic surgeons and always had his learning hat on. Saskia and I loved catching up with Stan every year because he relished attending the meetings and was genuinely interested in how we were doing. We will miss him dearly. May he rest in peace.

Aloha, Stan.

**Clyde Ishii, MD**  
*Past President*

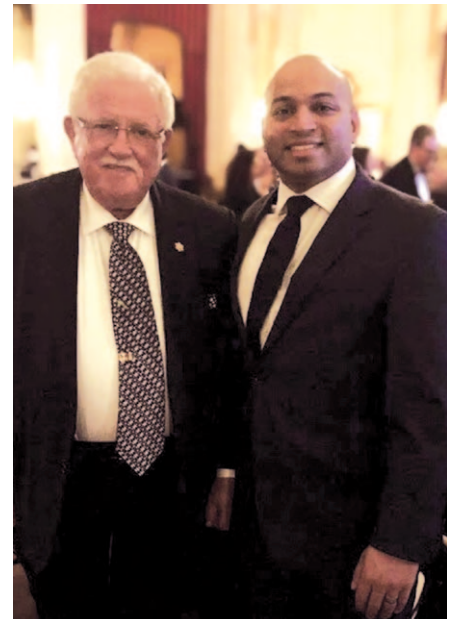
**T**he plastic surgery community is saddened by the passing of Stanley Klatsky.

I first met Stanley in the 1990s at an annual Society meeting. Subsequently, after ASJ founding editor Robert Bernard turned over the Editorial reins to him, Jim Carraway and I continued on, working very closely with Stanley on the Journal for many years. I fondly recall late night and weekend Journal sessions together—brainstorming ideas, reviewing articles, discussing formatting, soliciting authors and developing a pathway to getting the Journal indexed. He was always extremely proud of how the Journal had evolved and its stature.

We quickly became friends, colleagues and confidants. In addition to his skills as a busy clinician, Stanley was attentive, warm and friendly. We last spoke in Miami at a Baker Gordon symposium, when Stanley was retired. We reflected on his ‘best laid plans’ for retirement and how that turned out. As always he was wonderfully dressed and totally engaged in the meeting, still eagerly seeking out new concepts and advances.

Stanley will be missed by his family, the plastic surgery community, friends and colleagues.

**Alan Matarasso MD, FACS**



“The mind can absorb no more than the seat can endure”  
—Dr. Klatsky

**One of Dr. Klatsky’s Favorite Quotes**  
**(Pictured with Current Chief Resident, Akash Chandawarkar)**



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To read the current issue of the *ASJ Open Forum*, visit:  
<https://academic.oup.com/asjopenforum/issue/2/4>

### WHAT ARE THE MOST READ ARTICLES IN ASJ OPEN FORUM RIGHT NOW?

1. The Bell Pattern: A Novel Breast Incision Approach to Skin-Reducing Mastectomies
2. Stepwise En Bloc Resection of Breast Implant-Associated Anaplastic Large Cell Lymphoma with Oncologic Considerations
3. Posterior Vaginoplasty With Perineoplasty: A Canadian Experience With Vaginal Tightening Surgery
4. Perspective from the United Kingdom on Breast Implant-Associated Anaplastic Large Cell Lymphoma (BIA-ALCL)
5. An Alternative Treatment of Pseudogynecomastia in Male Patients After Massive Weight Loss

### WHAT ARE THE MOST CITED ARTICLES IN ASJ RIGHT NOW?

1. Fat Injection to the Breast: Technique, Results, and Indications Based on 880 Procedures Over 10 Years
2. Complications of Injectable Fillers, Part 2: Vascular Complications
3. Complications Following Injection of Soft-Tissue Fillers
4. Natrelle Style 410 Form-Stable Silicone Breast Implants: Core Study Results at 6 Years
5. Complications of Injectable Fillers, Part I

### WHAT ARE THE MOST READ ARTICLES IN ASJ RIGHT NOW?

1. Luminal Reduction Hymenoplasty: A Canadian Experience With Hymen Restoration
2. Labia Minora, Labia Majora, and Clitoral Hood Alteration: Experience-Based Recommendations
3. Nonsurgical Medical Penile Girth Augmentation: Experience-Based Recommendations
4. Seroma: How to Avoid It and How to Treat It
5. Comparison of Five Commonly-Available, Lidocaine-Containing Topical Anesthetics and Their Effect on Serum Levels of Lidocaine and Its Metabolite Monoethylglycinexylidide (MEGX)

### A WARM WELCOME TO OUR NEW MANAGING EDITORS

Arza Seidel, PhD joined our team as Managing Editor of *ASJ* in October and Abby Pugh joined us in November as the Managing Editor of *ASJ Open Forum*. We welcome them to our team and invite you to contact them with questions: [arza@surgery.org](mailto:arza@surgery.org) and [abby@surgery.org](mailto:abby@surgery.org).

### HOW CAN WE IMPROVE?

All that we do is to serve the readership—our membership—so receiving your feedback is critical to our continued success. Do you want to create a video or become active with our social media team? Are you ready to review or write an article? If you have ideas for improvement or suggestions for innovations, please drop us a line here: [journal@surgery.org](mailto:journal@surgery.org) and as always, we appreciate and thank you for your support.

## TEAM ASJ



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TO CATCH UP ON THESE MUST-READ ARTICLES YOU MAY FIND USEFUL IN YOUR DAILY PRACTICE.

# PATIENTS IN NEED?



The Aesthetic Surgery  
Education and  
Research Foundation

## Mollenkopf Aesthetic Breast Reconstruction Fund Now Available Nationwide!

The Aesthetic Surgery Education and Research Foundation (ASERF) is pleased to announce that the **Mollenkopf Aesthetic Breast Reconstruction Fund**, which aids breast cancer patients in completing their aesthetic breast reconstruction journey, is available to patients nationwide.

Made possible through generous restricted donations to ASERF by Susan and Steve Mollenkopf and matched by the Qualcomm Foundation:

- **Grants of up to \$5,000:** Assist underinsured or uninsured patients in completing a quality aesthetic breast reconstruction following breast cancer.
- **Ideal Candidates:** Women who have had breast reconstruction with unacceptable results and who are deferring surgery due to financial difficulties.
- **Use of Funds:** Ideally, doctors would donate their surgical skills and the grant money would help cover the patient's operating room fees, anesthesia, deductibles and other related expenses.

For Aesthetic Society member surgeons who have patients eligible for a Mollenkopf Fund grant, please view all details and download the grant request form at: [www.aserf.org/Mollenkopf](http://www.aserf.org/Mollenkopf)

For additional information on the Fund, please contact Ivan Rodriguez at

(562) 799-2356 or [ivan@surgery.org](mailto:ivan@surgery.org)

# PATIENTS IN NEED?



The Aesthetic Society®



The Aesthetic Surgery Education  
and Research Foundation



AMERICAN SOCIETY OF  
PLASTIC SURGEONS



THE PLASTIC SURGERY  
FOUNDATION™

## For Uninsured Patients, Utilize the BIA-ALCL Patient Fund

The Aesthetic Society and the American Society of Plastic Surgeons, in conjunction with the Aesthetic Surgery Education and Research Foundation and the Plastic Surgery Foundation, are pleased to offer the BIA-ALCL Patient Assistance Fund for uninsured patients diagnosed with ALCL.

### Patient Fund Criteria:

- Health insurance must be either exhausted or unavailable
- No health insurance through any other source
- U.S. Patients Only
- Diagnosed with ALCL following National Comprehensive Cancer Network (NCCN) treatment guidelines

For The Aesthetic Society, ASPS, ASERF and PSF member surgeons who have patients diagnosed with ALCL, visit: [www.aserf.org/BIA-ALCL](http://www.aserf.org/BIA-ALCL), for all criteria and to download a grant request form.

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For additional information on the Fund, please contact Ivan Rodriguez at  
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# The Aesthetic Society's Industry Partnership Program



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Working together to advance the science, art, and safe practice of aesthetic plastic surgery and cosmetic medicine through education, research, and innovation while maintaining the highest standards of ethical conduct among qualified plastic surgeons.

Support our Industry Partners and consider using their products in your practice.



## Update on ASERF

By Luis Rios Jr., MD



The Aesthetic Surgery  
Education and  
Research Foundation

I consider myself an eternal optimist. As such, I do not see a dark winter on our horizon. Instead, I see the development of a COVID-19 vaccine as the key to returning to our normal lives again. I see the possibility that we might all be able to meet in person in Miami Beach for The Aesthetic Meeting 2021.

Our normal routines and expectations for 2020 were modified by COVID-19, but with these changes came innovations that may impact our practices for the better. Many of us were extremely busy as patients had more time to consider surgery and recover while they worked from home. In addition, many of us began utilizing tele-medicine and other efficient strategies to manage our practices. The Society responded by utilizing a hybrid live and online format that might change the structure of our future meetings for the better.

This past spring and summer, ASERF found itself on uncertain ground. We continued funding research, but some of our revenue sources, such as the silent auction, were no longer available to us. However, we also incurred less expenses, and I was pleasantly surprised that we were in solid financial shape when the accounting books were closed for the fiscal year. This summer, we learned that we were in the black and in continued solid financial standing.

With this positive news, ASERF is prepared to continue implementing its strategic plan and efforts to become an active foundation that helps solve problems for our members. We are very proud of the ongoing research projects and have been very pleased with the international response to the Breast Implant Illness studies we have funded. The preliminary data from these studies show some promise in our ability to understand the symptoms and treatment of this entity. In addition, we are looking for ways to expand some of these studies utilizing the Aesthetic Neural Network (ANN) and the Aesthetic One patient/physician apps.

Speaking of technology, ASERF is in the process of forming a Data and Technology Task Force to explore opportunities for sponsoring active research to investigate problems in aesthetic surgery and medicine. ANN is a proven, statistically valid database that has over 360 data sources with more than 6 million procedures and over 1 million

patients. Since the HIPAA compliant data is pulled in real time, the database continues to update and expand without cumbersome data entry. We will be looking at the possibility of using this data to explore research opportunities for our members and industry.

ASERF is also proud to have invested in the Aesthetic One physician and patient apps. I believe that these apps address many of the concerns the FDA and patient advocacy groups have had about breast implant health. The Foundation is committed to the success of this technology platform, and I have challenged my Board to download and utilize the app. Although it can do many things, I encourage our members to initially focus on breast implant registration when using the app. The process is seamless. Paper forms and faxing are no longer required to register breast implants. With Aesthetic One you simply scan either the long bar code or QR code which auto-populates a registration form that can be sent to the manufacturer with one tap. An implant ID card and operative report is also generated and sent to the patients via their own Aesthetic One App. This process ensures that all implants are properly registered, and patients have permanent, on-demand access to information on their breast implants. The result of all this effort is not only proper implant registration, but patient empowerment.

Finally, in our continued fundraising efforts, look for our upcoming silent auction. We are exploring a hybrid version, which may be available online a few months before the meeting. I anticipate some exciting offers during the auction. I also want to thank Dr. Brad Calobrace for his generous donation as our latest addition to the ASERF President's Circle. I encourage our members to consider supporting our Foundation with a tax-deductible donation. Donations can be made as a cash gift or insurance policy. You can contact Ivan Rodriguez, [Ivan@surgery.org](mailto:Ivan@surgery.org), for information regarding the President's Circle.

Happy New Year, and here is to looking forward to a better 2021.

*Luis Rios Jr., MD is an aesthetic plastic surgeon practicing in Edinburg, Texas, and serves as President of ASERF.*

## Research Projects Recently Approved for ASERF Funding

### “USE OF ACTIGRAPHY AFTER ABDOMINOPLASTY”

Jeremy Joseph, MD; Kent Higdon, MD;  
and Galen Perdikis, MD (\$12,995)

For more information, visit  
[aserf.org/newsroom/blog](http://aserf.org/newsroom/blog)

## Thank You ASERF President's Circle Members!

Mark T. Boschert, MD

M. Bradley Calobrace, MD

Sepehr Egrari, MD

Dr. and Mrs. Julio Garcia

Dr. and Mrs. Joe Gryskiewicz

Dr. and Mrs. Jeffrey Kenkel

Luis López Tallaj, MD

Dr. and Mrs. Dan Mills

Susan and Steve Mollenkopf

Dr. and Mrs. James Payne

Qualcomm

Dr. and Mrs. Luis Rios Jr.

Dr. and Mrs. Robert Singer

## Who will be next?



# Aesthetic Neural Network

The Gold  
Standard in  
Data Analytics

ANN is designed by and tailored to aesthetic plastic surgeons—empowering you with a new way to look at your own data. ANN goes beyond standard reporting available from your PM system—allowing you to enhance your business by harnessing your practice data.



Requires no extra data entry from you or your staff.



Offers coded practice data and real-time reporting.



Integrates seamlessly with most EMR/PM platforms.



Features comparative aggregate data from practices on the ANN Network.



# Market Your Services Using the Power of Data

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**Get Practice Insights:** Key Performance Indicators (KPIs) review and compare your data on a monthly or annual basis to identify trends and shift efforts.

**Access Comparative Data:** ANN is the only Business Intelligence Tool in the plastic surgery market where you can access cooperative data from your peers.

**Eliminate Guesswork:** See your data in a more insightful way and make informed decisions—when to buy a new product, market a new offering, or determine which service could be the most profitable.

**Stay Secure:** ANN relies on read-only hardware to access your general data (nothing patient-specific). Your data is stored in our state-of-the-art, HITRUST certified Cloud, offering ultimate security.

**Skip Extra Data Entry:** Our team securely collects your procedure-related practice data and delivers it back to you in a readily-accessible and meaningful format.

**Guarantee Your Privacy:** Only you have access to your specific practice details. Other users will only see your data as part of an aggregate, allowing you the benefit of comparing your data with your peers but protecting your privacy.

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“As an early adopter of ANN, I have seen amazing changes in the details available to members about their practices. You can benchmark regionally or nationally to explore and implement changes in your practice, improving data analysis and hopefully your bottom line. I have been waiting for a program like ANN for a long time and there are greater additions to come.”

**Michael C. Edwards, MD, FACS**

*Past President of The Aesthetic Society*

“Of all the Aesthetic Society initiatives I have seen, ANN is probably the most impactful for individual member surgeons. The ability to minutely analyze their own practice and benchmark it against regional competitors is unprecedented, and allows them to optimize any aspect of interest.”

**Michael A. Bogdan, MD, MBA, FACS**

*Aesthetic Society Member*

## Is My System Compatible With ANN?

ANN is currently optimized for cloud-based patientNOW and Stage 4 systems. It also integrates with Intellipract, ModMed, NexTech, NexCloud, and Symplast systems.

Support for new systems is being continuously expanded. If you don't see your system listed here, contact [ann@surgery.org](mailto:ann@surgery.org).



Learn more about ANN at:  
[ann.surgery.org](http://ann.surgery.org)

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Are there any reasons why I should not receive any RHA® injectable gel formulation?  
Do not receive if you have a history of multiple severe allergies or severe allergic reactions; if you are allergic to lidocaine or gram-positive bacterial proteins; or if you have a bleeding disorder.

#### What precautions should I discuss with my doctor?

- Tell your doctor if you are pregnant or breastfeeding as the safety of these products for use during pregnancy or while breastfeeding has not been studied
- Tell your doctor if you have a history of excessive scarring, keloid formations or pigmentation disorders, as use of these products may result in additional scars or changes in pigmentation
- Tell your doctor if you are planning laser treatments or a chemical peel, as there is a possible risk of inflammation at the treatment site if these procedures are performed after treatment
- Tell your doctor if you are on immunosuppressive therapy used to decrease your immune response, as use of these products may result in an increased risk of infection
- Tell your doctor if you are using medications that can prolong bleeding, such as aspirin, ibuprofen, or other blood thinners, as this may increase bruising or bleeding at the injection site
- The safety and effectiveness of RHA® fillers in areas other than those indicated have not been established in U.S. clinical studies

- Patients who experience skin injury near the site of injection with this product may be at a higher risk for side effects
- Minimize strenuous exercise, exposure to extensive sun or heat, and alcoholic beverages within the first 24 hours following treatment

#### What are possible side effects?

The most commonly reported side effects included injection-site redness, swelling, pain, tenderness, firmness, lumps/bumps, bruising, discoloration, and itching. One of the risks with using these products is unintentional injection into a blood vessel, and while rare, the complications can be serious and may be permanent. These complications, which have been reported for facial injections, can include vision abnormalities, blindness, stroke, temporary scabs, or permanent scarring. As with all skin injection procedures, there is a risk of infection and recurrence of herpetic eruptions.

To report a side effect with any RHA® product, please call Revance at (877) 373-8669. Please visit [RHACollection.com](http://RHACollection.com) or talk to your doctor for more information.

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## Media Notes and Quotes

### THE WASHINGTON POST

Some people are getting hotter during the pandemic. How dare they.

**Excerpt:** *Also more common than you'd think: plastic surgery. Herluf Lund, a St. Louis plastic surgeon and president of the the Aesthetic Society, says that he expected his business to suffer during the pandemic, but has been doing more facelifts than ever. "When you're out and about, you're in a mask," he says, and that can hide the healing process. "Who's going to know? It's the perfect cover."*

### NEW BEAUTY

**Here's What Top Plastic Surgeons Want You to Know About the New FDA Breast Implants Guidance**

**Excerpt:** *While La Jolla, CA plastic surgeon Robert Singer, MD explains that professional surgical societies such as The Aesthetic Society, Aesthetic Surgery Education and Research Foundation and the American Society of Plastic Surgeons gave testimony at prior FDA hearings that led up to this draft guidance document, it didn't deliver any significant new information "except modification of recommendation of ongoing screening of patients with gel implants and the role and frequency of ultrasound and MRIs."*

*"All of these societies represent fully trained, ethical plastic surgeons who are concerned about the safety and welfare of our patients," Dr. Singer stresses. "And they have all advocated fully informed consent—which includes not only the benefits, but potential problems of the surgical procedures as well."*

### NEW BEAUTY

**It's Official: The Necklift Is Having a Moment**

**Excerpt:** *Necklift techniques have been continuously evolving over the past decades. Both the quality and the longevity of results has greatly improved over the last decade, as a new multimodality approach to face and neck cosmetic surgery, as well as utilization of the technological innovations, have resulted in the more effective and naturally appearing rejuvenation," he says, nothing that, at his practice, the surgery—which ranked as the 12th most-performed aesthetic procedure last year, according to the most recent Aesthetic Society statistics—is primarily requested by men.*



Meet the Staff:  
**Courtney Muehlebach**

**C**ourtney Muehlebach is the Senior Director, Affiliates for The Aesthetic Society and ASERF and has worked for The Society since 2002 in various roles, with a few breaks over the years. In her current role she works closely with the Board and Committees of ASERF, oversees our Member Services Team, and manages the processes of our Association Management System. After earning her BS degree in Child and Adolescent Development in 2008, she left The Society to do behavioral therapy with children with autism. While incredibly rewarding, life circumstances brought her back to The Society with new experiences and a perspective that has continued to shape her career. She feels fortunate to be given the opportunity to grow and learn so many new things during her time with The Aesthetic Society, and the feeling of family is an added bonus to the job, "I have known so many of our employees and members for a very long time, and I genuinely enjoy seeing their faces and speaking with them. Providing excellent customer service to our members, industry, and staff is something I have always felt should be our priority, and I make that my goal with each interaction. Getting that same kindness back is so rewarding. The sense of community from all involved with The Aesthetic Society is what continued to bring me back, and I am especially thankful for the support and hard work of everyone during this pandemic. I will be forever grateful for the opportunities and trust Bob Stanton and Sue Dykema have given me."

In her personal life, Courtney enjoys running and trying new forms of exercise, cooking and drinking wine with her boyfriend, and spending as much time as possible with her family and friends who are family.

## Update Your Aesthetic Society Logo!

The logo and guidelines for its use can be found at  
**[surgery.org/logo](http://surgery.org/logo)**



## Share Your Stories!

Aesthetic Society Members, have you found a grateful patient through our Smart Beauty Guide website? Or, have you learned a technique at The Aesthetic Meeting which changed your practice? If you've benefited in some way by the education you've received or through the tools and services The Aesthetic Society offers, share your story with us! Simply email [asaps@surgery.org](mailto:asaps@surgery.org) and we will be in contact with you soon.



The Aesthetic Society®

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The Aesthetic Society's partnership program provides industry with strategic benefits and opportunities to collaborate with Aesthetic Society members in support of our mission.

As a benefit, Premier and Alliance partners are given the opportunity to provide key updates and information on products, promotions, and discounts. The Aesthetic Society is driven to provide visibility and support for our partners.

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Endo Aesthetics is pushing the boundaries of aesthetic artistry by designing bold solutions that address unmet needs—starting with Qwo™ (collagenase clostridium histolyticum) the first and only FDA-approved injectable for the treatment of moderate to severe cellulite in buttocks of adult women. This innovative treatment option will be available in spring 2021. Endo Aesthetics is a part of Endo International plc, a company grounded in over two decades of pharmaceutical and scientific excellence. Endo is headquartered in Malvern, PA. Learn more at [EndoAesthetics.com](http://EndoAesthetics.com) to sign up for updates.



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◆ Mentor is committed to supporting you and your practice during the various stages of COVID-19. With the BREAKTHROUGH 2.0 program, Mentor customers receive exclusive benefits and discounts from strategic partner companies, Andor Health and Illusio, Inc. Their technology offerings are focused on ACCELERATING the patient funnel and CLOSING through dynamic consultation solutions along the continuum of care, both virtual and in-person. For more information, please reach out to your Mentor Sales Representative.

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\*data on file

## Thank you Industry Partners!

The Aesthetic Society thanks all of our industry partners for their ongoing support and collaboration.

The Aesthetic Society's partnership program provides industry with strategic benefits and opportunities to collaborate with Aesthetic Society members. Working together to support our mission to advance the science, art, and safe practice of aesthetic plastic surgery and cosmetic medicine through education, research, and innovation.

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Alliance Partners

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◆ Applied Medico-Legal Solutions Risk Retention Group (AMS RRG) will continue to be your partner in medical liability coverage as COVID 19 continues to wreak havoc on our everyday life and beyond. We will continue to work with our insureds on a one on one basis to ensure your practice's needs continue to be met and to address any risk management questions you may have. As always, we here at AMS RRG appreciate your business and our partnership in this ever changing landscape.

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\*Subject to credit approval. Minimum monthly payments required.

  
We Cover Complications.

◆ As the COVID-19 pandemic continues, CosmetAssure, recognizes a heightened awareness around healthcare. We understand that you may have feelings of uncertainty about managing costs for your practice during this time. However, you can be certain of our commitment to patient safety and providing you and your patients with the gold-standard in complications insurance. Let CosmetAssure, a proud Alliance Partner of The Aesthetic Society, reduce the stress that can arise from medical expenses related to treating a post-surgery complication. Contact us today at (855) 874-1230 or [info@cosmetassure.com](mailto:info@cosmetassure.com) for questions about coverage or how to become a Participating Surgeon.


Wishing you safety and wellness always.

## New Alliance Partner


  
BY ENTREPIX MEDICAL

◆ Planatome® Technology by Entrepix Medical redefines surgical expectations for both the surgeon and patient by adapting the most advanced nano-polishing technology used in microchip manufacturing and applying it to surgical instruments. This patented technology transforms the 100+ year old scalpel design being used today and produces a radically unique, patient-focused surgical blade that provides an ultra-smooth, precise, and consistent cutting surface, minimizing surgically induced tissue trauma. By eliminating the manufacturing grind defects found on all standard scalpels, Planatome surgical blades provide patients and surgeons with improved post-operative outcomes, such as faster healing with less infections, increased wound strength with reduced scarring, and less pain with reduced nerve damage. Planatome Technology offers a cutting-edge tool for the hands of exceptional surgeons to produce extraordinary results. For more information, please contact us at <https://planatome.com/contact>.




 InMode has launched two new distinct non-invasive, hands-free platforms into the market, Evolve for body reshaping, and Evoke for facial remodeling. With these introductions, InMode has created yet another new category within the aesthetic market: Comprehensive Hands-Free Total Body Solutions—which are ideal social distancing treatments due to the reduction in patient-physician contact during these treatments. The success of InMode's Morpheus8 Subdermal Adipose Remodeling Devices (SARD) in the minimally invasive space inspired InMode to apply the same principles of facial and body reshaping to the non-invasive market, in a hands-free application. InMode is a leading global provider of innovative medical technologies used by physicians worldwide. To learn more about additional InMode technologies including BodyTite, FaceTite, Optimas, Votiva and others, visit [www.inmodemd.com](http://www.inmodemd.com).



 Revance is a biotechnology company focused on aesthetic and therapeutic offerings, notably its next-generation investigational neuromodulator product, DaxibotulinumtoxinA for Injection. DaxibotulinumtoxinA for Injection combines a proprietary stabilizing peptide excipient with a highly purified botulinum toxin that does not contain human or animal-based components and is manufactured exclusively in the U.S. Beyond DaxibotulinumtoxinA for Injection, Revance has a portfolio of products and services for aesthetics practices designed to transform the physician and patient experience. These prestige offerings feature the RHA® Collection of dermal fillers for the correction of dynamic facial wrinkles and folds and the HintMD fintech platform.



 SENTÉ developed the first and only skincare line that includes patented Heparan Sulfate Analog (HSA). This master hydrator works to replenish what the skin loses with age while controlling inflammation and supporting barrier repair. This patented technology provides skin rejuvenation solutions for all skin tones and skin types, including the most sensitive skin.

Online skincare sales help to build patient loyalty for your practice while also enhancing the visibility of your practice to new and existing patients. We recently introduced our Affiliate Program to support product sales, enabling you to sell SENTÉ to your patients to keep them engaged between visits. Your practice earns commission on every sale.

Register now to take advantage of the exclusive members offer. Email [affiliate@sentelabs.com](mailto:affiliate@sentelabs.com) to register today!



Providing the #1 All-in-One Mobile EHR/ Practice Management platform for aesthetic businesses, Symplast delivers 21st century service and solutions that clinics and med spas have been waiting for! Symplast's suite of tools includes conversion dashboards, HIPAA-compliant messaging (text, images, and photos), revenue cycle management, virtual appointments, lead management and follow up, digital intake, appointment reminders, e-prescription and more!

From check-in to charting, scheduling to marketing, Symplast's platform enables you to run your business from anywhere in the world, on any device, at any time! With expert data migration, unlimited support, and no hidden fees, Symplast is the right choice for your practice!

Is Your Company  
Ready to Fully  
Engage with  
The Aesthetic  
Society?

Contact

Jackie Nunn at

[jackie@surgery.org](mailto:jackie@surgery.org)

for more information

about partnership

opportunities.



New Products to Check Out!

Special Offers for  
Aesthetic Society Members

# MAKING THE MOST OF THE ADVANTAGE PROVIDER PROGRAM

The Aesthetic Society®  
Advantage Program

The Advantage Provider Program provides members with pre-negotiated special pricing on products and services to enhance practice performance. Each Advantage Provider is rigorously vetted and has agreed to uphold our strict ethical standards.

## THE AESTHETIC SOCIETY CLOUD

Powered by **RONAN SOLUTIONS**

The Aesthetic Society is pleased to announce The Aesthetic Society Cloud, a service brought to you by Ronan Solutions, a partnership between Anzu Medical and Iron Medical Systems. Anzu Medical is the creator of RADAR Resource, and Iron Medical Systems is the leading provider of secure private medical clouds. The Aesthetic Society Cloud is the first HITRUST certified, aesthetic and plastic surgery-specific cloud offering in the world.

For information please contact Ronan Solutions at:  
**602.884.8330 or email [info@ronansolutions.com](mailto:info@ronansolutions.com)**

## Industry Partners Continue Their Support!

The Aesthetic Society is pleased to partner with industry in support of The Society's mission to advance the science, art, and safe practice of aesthetic plastic surgery and cosmetic medicine among qualified plastic surgeons.

We'd like to thank and acknowledge industry leaders AMS RRG, CareCredit, CosmetAssure, and InMode, for their ongoing support as they each continue with Alliance Industry Partnerships.

"Our Industry Partners are invested in the future of The Aesthetic Society and are committed to supporting our mission and advancing the specialty, together."

—Dr. Jennifer Walden, Industry Support Chair.

And a special thank you to all our Industry Partners who have provided amazing support for The Aesthetic Society and all our members during this time. We are extremely appreciative of this support.

### ALLIANCE INDUSTRY PARTNERS



A Medical Liability  
Insurance Company

Applied Medico-legal Solutions RRG, Inc. (AMS RRG) is expected to write approximately \$73 million in premium in 2021 which would place them among the largest multi-specialty medical professional liability carriers in the country. The keys to success have been understanding medicine, doctor centric claims management, financial strength and emphasis on unparalleled customer service. Since its inception AMS RRG's foundation was in medicine and healthcare delivery systems. Richard B. Welch and Steven Shapiro, MD created the vision that became AMS RRG while working together previously at a multi-hospital system located in South Florida. Their combined experience in every facet of healthcare cannot be understated.

In 2012 AMS RRG further expanded its medical liability product offerings with the introduction of Preferred Aesthetics™, a program that carefully tailors coverage and premiums specific to Plastic and Aesthetic practices. Harry K. Moon, MD and J. Brian Boyd, MD were added to the Medical Advisory Panel to help shape and oversee this innovative program. AMS RRG's Medical

Advisory Panels have been a core of AMS RRG's business practices utilizing the physician's experience in all areas; including underwriting, claims management and customer service.

Financial strength is another element that is central to the success of AMS RRG. Since its inception in 2003 AMS RRG has grown its surplus to more than \$51 million. Consistent growth, over time has helped account for the positive operating margin and financial security of AMS RRG. As a testament to their efforts, Demotech, Inc. has awarded AMS RRG with an 'A' (Unsurpassed) Financial Stability Rating (FSR). AMS RRG remains consistent in its initial vision, to work with doctors to help reduce medico-legal risk and provide medical professional liability solutions to meet the individual practice's need. It is because of this, AMS RRG has been able to maintain its financial strength and offer premium savings to its insured's.

AMS RRG has been an Aesthetic Society Alliance Industry Partner since 2015.

For additional information please contact Christopher Edge at [cedge@amsrrg.com](mailto:cedge@amsrrg.com)



CareCredit is a health, wellness and beauty credit card dedicated to helping millions of patients get the care they want and need by offering promotional financing options. Now accepted at more than 240,000 locations nationwide, the CareCredit credit card allows cardholders to make convenient monthly payments for aesthetic procedures that help them achieve the look they want. Once approved, patients can use their card again for additional procedures and services you provide.\* CareCredit also gives reconstructive patients a way to pay for deductibles, co-pays and other fees not covered by insurance.

"With 30 plus years in healthcare financing, CareCredit continues to be the financing leader in the cosmetic space. Coming off of an unprecedented year with the pandemic, CareCredit has remained strong and loyal to our providers and your patients. We look forward to our future together!" said Jill Frattallone, General Manager, CareCredit Specialty—Cosmetic, Spa and Retail Pharmacy.

CareCredit offers multiple resources to help your practice thrive including custom reports that provide tailored insights to your practice, contactless payment through a custom link and QR code, digital tools and much more.

Start accepting online payment:

- Get your practice's custom contactless payment URL and share it with all your patients on your website, emails or social media.
- No extra fee for your practice. Processing rates are the same online as in the office.
- Receive payment in 2 business days.

A simple and convenient solution that can help your patients schedule without delay.

Learn more about CareCredit by visiting [carecredit.com/asn](http://carecredit.com/asn) or call 855-860-9001.

\*Subject to credit approval. Minimum monthly payments required. See [carecredit.com](http://carecredit.com) for details.



CosmetAssure extends their Alliance Partnership into 2021

CosmetAssure has protected board-certified plastic surgeons since 2003. As the leader in complications insurance, they remain committed to patient safety and steadfast in their focus to providing a superior product to the plastic surgery industry.

Every surgery carries the risk of a complication, including aesthetic surgery. The coverage works to remove the stress from unexpected medical expenses due to post-surgical complications.

CosmetAssure participating surgeons are considered part of an elite group working to provide the highest level of patient protection and satisfaction possible. Becoming a participating surgeon assures patients and prospective patients that their doctor has taken responsible, proactive steps to protect them in the unlikely event of a complication. In addition, CosmetAssure can be an effective marketing tool to help doctors distinguish themselves from their competition.

The program is available to Aesthetic Society Members located in the US, including Candidates for Members who have passed

Continued on Page 41



## Questions about Management of Patients with Difficult Breast Implant Problems?

Ask The Expert!  
This time, **YOU** get  
the consult.



**The Aesthetic Society is pleased to announce a NEW service**  
for members, candidates, and residents: Ask The Expert!

Need help or have a question about a treatment or management challenge regarding a breast implant patient? Tap into The Aesthetic Society's community of experts to assist.

### HOW IT WORKS:

1. Text your question to 833-629-0163 or email [asktheexpert@surgery.org](mailto:asktheexpert@surgery.org)
2. Do NOT include any PHI or patient photos (not HIPAA compliant)
3. Acknowledgement and an initial response will be provided within 60 minutes by staff (if received Monday through Friday, 8:00 AM to 5:00 PM Pacific Standard Time)
4. Questions will be circulated to our pool of experts for comment.
5. Complex questions may require a conversation vs. text response.

**DISCLAIMER:** Information we provide to you, a plastic surgeon member of The Aesthetic Society, through our "Ask The Expert!" service, is made possible by an educational grant from Allergan. Our brief, generic and informal communications with you do not create a treatment relationship with your patient. Since our communications lack PHI, patient contact, chart review, patient-specific advice, care plan participation, charting of assessments, plans, recommendations and orders, and billing, they are not a substitute for you or your patient seeking a formal medical consultation with a qualified surgeon.

*Made possible by an  
educational grant from  
Allergan Aesthetics*



## Industry Partners Continue Their Support!

Continued from Page 39

their written boards. There is no cost to enroll and the process is simple with only one form to review and sign. Training is provided immediately to surgeons and staff allowing for a seamless transition.

To become a participating surgeon or learn more about the gold-standard coverage, contact CosmetAssure at 855.874.1230 or [info@cosmetassure.com](mailto:info@cosmetassure.com).



**INMODE**

### Multimodal Radiofrequency Application for Lower Face and Neck Laxity

Sherrell J. Aston, MD FACS

Recently, a group of colleagues and I published in the August 2020 edition of *Plastic and Reconstructive Surgery—Global Open*, our study “Multimodal Radiofrequency Application for Lower Face and Neck Laxity.” In conjunction with Drs. Erez Dayan, Paolo Rovatti, Christopher T. Chia, Rod Rohrich, and Spero Theodorou, a multicenter retrospective evaluation of 247 patients was conducted. This was the most extensive review completed to date of radiofrequency (RF) skin tightening technology. Our review documents the improvement in the appearance of facial and neck aging when combining bipolar radiofrequency (FaceTite) and fractional bipolar radiofrequency (Fractora modified to Morpheus8) used together.

Our study was aimed at three groups of patients with skin laxity that we characterize as “treatment gap” patients: (1) Young patients whose skin redundancy is not severe enough to justify a traditional excision procedure (therefore, facelift/necklift), but also not mild enough to treat with liposuction or non-invasive procedures alone. (2) Patients who have already undergone a facelift or necklift who present with recurrent laxity, and (3) Patients who may benefit from facelift/necklift but want to avoid surgery and are willing to accept a more modest improvement.

Our review included the assessment of demographic information, Baker Face/Neck Classification, the level of RF energy used, and patient satisfaction with a combination of FaceTite/Morpheus8 RF treatment. The results document an improvement in the appearance of facial and neck aging, with an average

Baker Face/Neck Classification score improvement of 1.4 points. Ninety-three percent of patients were pleased with their results and said they would undergo the procedure again.

Up until this point, non-excision correction of facial soft tissue laxity has long been an elusive goal in aesthetic surgery. I would urge all of you to read this important paper demonstrating the significant progress that has been made in achieving facial contour and skin improvement with the radiofrequency technology used in these patients ([https://journals.lww.com/prsgo/Fulltext/2020/08000/Multimodal\\_Radiofrequency\\_Application\\_for\\_Lower15.aspx](https://journals.lww.com/prsgo/Fulltext/2020/08000/Multimodal_Radiofrequency_Application_for_Lower15.aspx)) which was a combination of bipolar radiofrequency (FaceTite: Inmode) and fractional bipolar RF (Fractora modified to Morpheus8: Inmode)

The two RF delivery methods (bipolar RF and fractional bipolar RF) used in this study deliver energy differently but with the same intended goal—improvement in facial and neck contour and skin quality and appearance. The minimally invasive FaceTite bipolar RF cannula is a 1.3mm diameter, 13cm long silicone coated RF emitting cannula. The cannula directs electrical current from its internal tip to an external electrode connected by the handpiece. As current is applied, the heat coagulates subcutaneous fat in close proximity to the internal cannula and denatures the reticular dermis but preserves the papillary dermis. The controlled heating allows for immediate tightening of the collagen triple helix by a breakdown of hydrogen bonds in the collagen, causing shrinkage of the normal collagen structure, as well as induction of the healing cascade, leading to neocollagenesis, elastin remodeling, and angiogenesis during the following 3–4 months. Thus, the application of heat tightens the fibro-septal network and serves to uniformly contract the overlying skin. Complications are minimized by internal and external temperature control, and impedance cannulas to rapidly detect (10x/MS) the soft tissue environment and automatically turns off radiofrequency energy if the temperature reached is beyond the pre-set safety parameters.

In this study the effect of the bipolar RF treatment was augmented by performing fractional bipolar RF during the same procedure session. The fractional bipolar RF deploys RF emitting needles at variable programmable depths and energies depending on the region being treated. Fractional bipolar RF resurfacing can induce three types of effects (1) minimal superficial ablation for dyschromias and rhytides, (2) control dermal coagulation for tissue renewal and (3) overall volumetric heating for collagen stimulation. Fractional photothermolysis heat causes thermal injury that tapers as it descends deeper. In contrast, fractional bipolar radiofrequency creates zones where dermal injury is narrow at the epidermis with conical enlargement as the needles descend. When the RF needles penetrate deep into the dermis, there is a molding component of the subdermal adipose tissue which we term “subdermal adipose remodeling.”

Based on the results of our study, my experience, and my own patients’ approval of their results, I now use RF on a large percentage of facelift patients who are not in our original “treatment gap” categories. I find it useful to improve the quality of the skin on the anterior face in patients with poor skin quality and marked wrinkling and perform the procedure on the anterior face at the time of a traditional facelift. In addition, I find that AccuTite (0.9mm cannula, 6cm in length) is very useful to help reduce the volume of large nasolabial folds and at the same time obtain skin retraction over the treated area. Also, the skin is frequently treated with Morpheus8 in the same area, and Morpheus8 is now applied to the lower cheeks and the neck in a large percentage of my facelifts where skin quality improvement is desired and cannot be obtained just by lifting.



Your artwork here!

## Submit Your Artwork for ASN's Next Cover!

Aesthetic Society members,

we invite you to submit a photo of

your **original art** to [asaps@surgery.org](mailto:asaps@surgery.org). One of our

**four brand pillars** is artistry, so we want to **showcase** your work.

After all, many of our members are artists, not only on, but off the operating table.

In years past, we adorned the cover of *Aesthetic Surgery Journal* with

**member-submitted artwork**. Now is a perfect time to return to that tradition, but for the cover of this publication, ***Aesthetic Society News***.

So please, show us what you've got; we would love to feature

your creations. Final selections will be made by

the **Publications Committee**.



## Have You Mistakenly Unsubscribed from Aesthetic Society Emails?

**T**he Aesthetic Society has recently become aware that some members and colleagues have mistakenly clicked "Unsubscribe" on our emails, which removes a person entirely from all Aesthetic Society email communication. Typically, a person may think that they are unsubscribing from only that particular

symposium promotion, for example, but in reality they are unsubscribing from all Society emails. The Aesthetic Society makes every effort to ensure that the emails we send are relevant to you, with important Society information, educational opportunities, and member offerings. Please be assured that we never loan or sell our email lists.

If you have not received email from The Aesthetic Society in some time, it is likely that you may have mistakenly unsubscribed from email communications. If this was in error, please email [asaps@surgery.org](mailto:asaps@surgery.org), and ask to be re-subscribed to our communications list. We value your support of The Aesthetic Society. Thank you!



## Membership FAQs

### DO I HAVE TO BE A MEMBER OF ASPS TO BE A MEMBER OF THE AESTHETIC SOCIETY?

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

### HOW MANY SPONSORS WILL I NEED?

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 Aesthetic Society Active/Life Member that knows you well. Each sponsor will need to complete the sponsorship form on your behalf. International applicants must have one Aesthetic Society Active/International Active or Life Member sponsor, and the other must be a member in a national plastic surgery society acceptable to The Aesthetic Society, or from an ISAPS member in their country.

### 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. Sponsorship forms are included within the application.

### WHAT ARE THE DEADLINES FOR SUBMITTING A MEMBERSHIP APPLICATION?

The two deadlines are January 5 and July 1.

### WHEN WILL THE MEMBERSHIP VOTE ON MY APPLICATION?

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.

Apply for Active Membership  
Application Deadlines are  
January 5 and July 1

### WHAT WILL FULFILL THE MEETING ATTENDANCE REQUIREMENT?

The following meetings are exclusively organized by The Aesthetic Society and qualify, whether attended in-person or via online live-stream. Meetings must have been attended within four years prior to application.

- The Aesthetic Meeting (The Aesthetic Society's Annual Meeting)
- The Aesthetic Society's Facial and Rhinoplasty Symposium
- The Biennial Aesthetic Cruise
- Experienced Insights: Breast and Body Contouring—An Aesthetic Society Symposium
- The Aesthetic Meeting Series

### WHAT ARE THE FEES AND WHEN SHOULD THEY BE PAID?

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

- Membership dues for Active Members are \$1,275
- Membership dues for International Active Members are \$545

For information on the full application process, visit the Medical Professionals section of [surgery.org](http://surgery.org).

For additional information/questions, please contact our Membership Manager, Marissa Simpson via email [membership@surgery.org](mailto:membership@surgery.org) or at 562.799.2356.

### NEW: ONLINE APPLICATION

Complete your application from  
start to finish 100% online  
[www.surgery.org/apply](http://www.surgery.org/apply)

## Membership Myth-Busters

**Myth:** One must be a member of ASPS to be a member of The Aesthetic Society.

**Fact:** Many Society leaders and members are not members of ASPS. The Aesthetic Society is the premier aesthetic society, dedicated solely to aesthetic education, and we don't require membership in any other in order to become an Aesthetic Society member. As long as you meet our requirements, you can apply for membership today!

**Myth:** The Aesthetic Society's streamlined application process means that we are somehow lowering our membership standards.

**Fact:** Our Society will continue to accept only the best and brightest surgeons, with a major focus on aesthetic surgery and cosmetic medicine. We want the best trained people, and those high standards will never change. That is how we differentiate ourselves from the crowd. Only the process has been streamlined.

**Myth:** One must be a Candidate for Membership in order to apply for Active Membership in The Aesthetic Society.

**Fact:** As long as a surgeon meets our application requirements, they can apply for Active Membership immediately.

**W**hat questions about The Aesthetic Society or membership do you have? What myths can we help dispel? If you have questions about anything related to our Society, simply email [membership@surgery.org](mailto:membership@surgery.org) and you'll get an answer to your question!

# Candid financial conversations with patients can make a big difference.

*Discussing a way to pay over time can help them move forward again.*

Even though patients may be eager to move forward with your recommendations, due to the lingering impact of COVID-19, they may have reservations about spending money at your practice at this time. Financial discussions can help inspire trust, earn loyalty and strengthen your patient relationships. Now more than ever, patients appreciate hearing about payment options.

## Give patients an easy way to pay.

As much as patients want to move forward with care again, they may need to reserve their general purpose credit cards for other expenses or feel reluctant about dipping into their savings. When you proactively offer easier ways to pay for the procedures they want, it shows patients you're not only committed to their aesthetic goals, you offer payment solutions. To give patients a way to make convenient monthly payments, many practices accept the CareCredit health, wellness and beauty credit card with promotional financing options\* they may not be able to get with other types of credit cards.

*"When clients are approved [for CareCredit] they're really, really happy because they know they can move forward with those treatments."*

- Lily N., OMFS & Cosmetic Surgery P.A.  
Alabama Surgical Arts

CareCredit is a payment solution that can help your patients get started immediately on their aesthetic goals and take home the premium skincare products they want. As one CareCredit cardholder, Jessica T. explained, **"Unfortunately, life throws unexpected situations that can come in**

**the way of those goals. I am thankful to have CareCredit to help during these times."**

## Caring financial conversations can help you provide a great patient experience.

Nearly everyone has experienced some type of disruption or distress in their life this year. Patients are not only wondering *if* they can finally get a delayed treatment or long-awaited procedure, they're wondering *how*. They'll have concerns about their visit, the process and payment. As you provide your recommendations for their aesthetic goals, and fill



them in on any changes in your protocols, you can also help them feel financially prepared. Whether you're consulting with a patient by phone, video chat or in person, taking a few minutes to tell them about a budget-friendly financing solution can make a big difference to them and your bottom line. In fact, 71% of cardholders surveyed said they'd use CareCredit for their minimally invasive procedures.<sup>1</sup>

## CareCredit can help you get the conversation going.

To help make it easier to start the financial conversation and keep it going, CareCredit offers multiple resources, including:

- **Contactless payment with a custom link** that lets patients learn about financing, apply from their own device and pay your practice using their CareCredit credit card\*\*
- **Digital tools**, such as banners and buttons, so patients can learn more about financing on your website
- **Social media support** with ready-to-use posts, tweets and videos about a flexible way to pay

Ultimately, patients value your expertise as a way to look and feel their best. Making time to address their financial concerns can make you an even more valuable part of their lives.

Join the CareCredit network.

Visit [carecredit.com/asn](https://www.carecredit.com/asn) or call **855-860-9001**.

 **CareCredit**<sup>®</sup>  
Making care possible...today.



<sup>1</sup>CareCredit Path to Purchase – Cosmetic, 2018.

\*Subject to credit approval. Minimum monthly payments required.

See [carecredit.com](https://www.carecredit.com) for details.

\*\*The pay option will only appear on your custom link if you have selected to accept online payments.



## Back to Fundamentals: The Importance of Overall Site Structure and Internal Linking

By Peter Houtz, Vice President of Sales at Plastic Surgery Studios

We often think about improving a website's SEO (search engine optimization) by using keywords and other content-driven methods. While there was once a time—and a recent time, at that—when a single keyword per page was enough to ensure your site's authority, that is no longer the case.

The customer's web experience has become non-linear, so a successful website needs to follow suit. The best way to do this is by creating and connecting content around broader topic categories (pillars) instead of individual keywords. This concept takes your site from having unrelated pages to a connected and meaningful hierarchy of information.

Your overall site structure plays just as big of a role as the content on individual pages. By having "clusters" of relevant information grouped on your site, you will notice increased traffic, higher rankings, greater authority, and more conversions.

### WHAT ARE CONTENT CLUSTERS?

Content clusters, or topic clusters, are the future of SEO. This concept connects correlating information in a hierarchical pattern from broad to narrow. These interconnected, interlinking clusters allow for more in-depth coverage of a subject, providing you with much greater authority on an overall "topic" rather than on a single keyword.

It is no longer enough to have unique, keyword-heavy terminology on your site. While these tools are still essential to SEO, they are not as beneficial if the loose pages are jumbled on a site without any connective meaning.

If the overall goal of your website is conversions, it will be greatly benefitted by a good user experience. You want your visitor to spend more time on your site, navigating through several pages and topics. This is more easily done with topic clusters and having each page or blog link to another on a related topic. While it is one thing to have all of your site's content listed on a top navigation menu, it is harder for visitors to find what they are looking for without categories. For many people, this difficulty is enough for them to leave your site. This sporadic layout will also make it more difficult for Google and other search engines to determine your authority on a given topic.

With so much information available online, visitors want to find the clearest information with the least amount of work. A visitor isn't going to want to search endlessly on a site trying to find relevant or similar information. Instead, they want easy navigation and access from one web page to the next. Formatting your content with topic clusters and linking goes a long way in achieving that.

### WHAT IS THE BEST WAY TO "CLUSTER" TOPICS?

Content clusters are built around one broad idea (which, in website content, is often referred to as a pillar). From this pillar, you need to create subtopics that go into greater detail than the pillar page. These subtopics can then have more narrowly focused subtopics of their own.

*All of these pages, from the pillar pages to the most focused subtopics, must be interlinked (cross linked) to all of the pages in the hierarchy of that cluster.*

This results in a strong website structure that allows Google to identify the relationship between the pages in the hierarchy, which gives them more authority. And because all of these pages are linked, when one page benefits, all of the linked pages benefit.

### HOW CAN I CREATE A HUB AND SPOKE PATTERN ON MY WEBSITE?

Clustering content does more than help visitors who want things neatly organized. It gives a meaningful and logical journey through a topic to provide the best, most detailed information possible.

The ideal content cluster is known as a hub and spoke pattern (bicycle wheel). Your "core" topic—the broad idea from which all of your content will stem—is the center of that wheel. This core topic (pillar) will then branch off and link to secondary pages—just like the spokes on a wheel.

It is important to think carefully about your pillar topic before you start creating content. Map out the stages of information that can realistically stem from that pillar. If the initial pillar is too narrow, you won't have anywhere to go with it; it has to be broad enough to stem into more detailed information. However, it also has to be narrow enough to catch a visitor's attention as something they are interested in. For instance, a broad pillar could

be something like surgical or non-surgical treatments (maybe even a collection of treatments centered on a particular concern or area). This pillar topic needs to be something that people are searching for (so it's essential that you don't ditch your keyword research efforts).

From there, you can link to the different branches of content. Even though the bottom content has the most detailed information—and the information people are most interested in—these pages have little benefit if the visitor cannot find them in the first place.

How Do Content Clusters Improve Your Ranking on Google?

Organizing your content into clusters not only improves your user experience, but it also helps your ranking on Google. This format allows Google and other search engines to understand the relationship between the pages, which increases your authority on the given "topic" instead of a single "keyword."

This allows for greater visibility of your site and, hopefully, a better return on investment (ROI).

### HOW CAN YOU ACHIEVE THIS WITH INTERNAL LINKING?

Creating an interconnected hierarchy of pages will help your site; however, having these clustered topics will not do anything for you unless you link them internally.

An internal link is precisely what it sounds like: a link to another page on your website using relevant anchor text. Pages should link up and down your content wheel. For example, the pillar should link to the more narrow pages beneath it, while the specific pages should link upwards to that pillar concept. This way, the entire "wheel" is accessible and present at all times.

*Peter Houtz is the Vice President of Sales for Plastic Surgery Studios, a full-service online digital marketing agency serving the aesthetics industry since 1998. Peter is a frequent presenter at The Aesthetic Meeting and can be reached by phone at (909) 758-8320 or by email at [peter.houtz@plasticsurgerystudios.com](mailto:peter.houtz@plasticsurgerystudios.com).*



## Benchmarking: A Key Practice Management Solution

By Terri Ross

One of my favorite sayings and a critical component I teach to all of my medical aesthetics clients is *“Inspect what you expect.”*

If you DON'T have systems, processes and procedures, and a way to track your business analytics, or you don't know your numbers, or even what numbers you should be tracking, then you are setting yourself up for failure.

Even if you DO know your own numbers, data is only as good as the action steps you take once you analyze it. You should be using the information to your advantage, running reports on a regular basis (weekly, monthly, quarterly and yearly), and using benchmarking data to compare your practice to others locally, regionally or nationally.

No matter what stage your medical practice is in, there are so many business decisions you need to make. The bottom line is without knowing your numbers or having a basis of comparison within the industry, you cannot scale, you cannot make informed decisions and you cannot course correct.

### WHY BENCHMARKING IS CRITICAL NOW MORE THAN EVER

The COVID-19 pandemic has created a worldwide change in consumer and business behavior. At this point, the duration and long-lasting effects are unknown, and guidelines are fluid and vary by location. The pandemic has changed the way we do business and has propelled the aesthetics industry into the virtual-based world. Now more than ever we must understand the financial health of our practices and the nuances of consumer behavior so we can maximize efficiency, profitability and ultimate viability.

It is vital to know the latest trends across the country as well as in your region and city when it comes to consumer behavior, products and services sold, and which KPIs to measure so your business can stay competitive during this critical juncture.

An aesthetics practice is a retail business. You sell products or services to consumers, so measuring your success should closely mirror the same metrics other retail businesses use.

On the consumer side, you must be able to answer:

- Am I providing the consumer with a quality product or service?
- What is the public perception of my brand?
- How effective is my brand marketing and messaging?
- What are the most up-to-date consumer trends for various aesthetic procedures and services?

On the business side, you must be able to answer these questions:

- How efficient is my business?
- How can I maximize my productivity and minimize my overhead?
- What procedures provide me with the highest net revenue?
- What products and services will bring me the best patients (those that keep returning for additional treatments)?

The only way to quantitatively answer ALL of these questions is by 1) understanding the importance of benchmarking to gain insights into practice performance and patient behavior and 2) using updated, aggregated, validated and standardized aesthetic medicine data that allows you to make an apples-to-apples comparison to other practices locally, regionally and nationally.

### HOW CAN BENCHMARKING DATA HELP?

With access to comprehensive data, you will be able to anticipate and answer these important questions:

- What will recovery look like for different products, procedures and devices?
- How does my revenue and procedure counts compare to the previous year?

- What is the spending behavior of the mask-wearing, socially distancing consumer?
- How does this behavior positively and negatively affect the aesthetic market?
- What types of procedures and products are patients consuming during this time?
- What is the trend for average charges for products and services?
- How does this relate to patient and practice demographics?
- How does productivity for other providers in your practice compare to the previous years?

### WHERE CAN I ACCESS BENCHMARKING DATA?

Because aesthetic medicine is not dependent on medical insurance reimbursement, most of the datasets out there are generated ad hoc from subjective information based on surveys which are not validated and subject to errors. Even when using the top practice management systems and EMRs, standardization by devices, procedures and products across specialties and different types of practices is not possible within each system.

That's why I'm so excited to offer the Ronan Solutions™ dataset which is accessible through the APX by Terri Ross integrative training platform. This comprehensive benchmarking dataset is a unique, aggregated, de-identified set of aesthetic medicine data coming from hundreds of practices across different specialties from as far back as 2000.

Plastic surgeons can access proprietary local, state and national benchmarking data needed to perform competitive market analysis in a meticulously standardized and organized manner. Then, gain insights into their practices and consumer behavior as well as understand previous, ongoing and potential future trends—all critical to creating an efficient and profitable business in the COVID-19 era and beyond.

To learn more or book a demo to experience the APX platform and its capabilities, please visit [www.apxplatform.com](http://www.apxplatform.com).

No matter what stage your medical practice is in, there are so many business decisions you need to make. The bottom line is without knowing your numbers or having a basis of comparison within the industry, you cannot scale, you cannot make informed decisions and you cannot course correct.



## Taking Virtual Visits to the Next Level

By Wendy Lewis

The pandemic has presented opportunities to digitalize an aesthetic surgery practice while managing patients and keeping surgeons, staff and patients safe. Consumer acceptance of virtual or video events, meetings, checkups and consults has grown exponentially and is here to stay. The normalizing of virtual visits offers ways to expand your practice beyond its four walls.

Take advantage of emerging platforms and improved virtual tools to approximate doctor to patient face-to-face interaction as a sustainable alternative to calls and in-office visits. The plusses far outweigh any minuses. These include increased efficiency, patient acceptance, greater flexibility, expanded local, regional and global reach. You can set aside time during the day, evenings, and even weekends to accommodate patient requests and your schedule.

It also provides an opportunity to screen patients before they come into the office. Virtual meetings offer a window into the patient's expectations, and may expose signs of depression or body dysmorphia which can help weed out patients you may not want in your practice.

### GETTING SET UP

It is best to use a single platform for consistency, and HIPAA compliant encrypted platforms are preferable. ZOOM is a popular option because so many patients use it for work. Doxy.me, Doximity®, Facetime, Skype, Google Hangouts, Symplast® and Nextech® are also commonly used. Most free platforms offer a paid subscription option that provides some level of customization and tech services.

Conduct virtual visits in a private and quiet space with no interruptions, and in the same attire you that would normally wear for a live consultation. Treat these as an official patient visit to maintain a professional distance. As you get started, it is helpful to have a staff member standing by in case you run into trouble with the connection or set up.

Equipment required may include a video camera to record the consultation, microphone, headset, good lighting and comfortable chair. Test the device you will be using, your internet connectivity and make sure that your battery is fully charged or use a wired connection. Adjust the position or angle of the camera so



Take advantage of emerging platforms and improved virtual tools to approximate doctor to patient face-to-face interaction as a sustainable alternative to calls and in-office visits. The plusses far outweigh any minuses. These include increased efficiency, patient acceptance, greater flexibility, expanded local, regional and global reach.

that you can be clearly seen and test your microphone and speakers before you begin.

When starting a new patient consultation, verify name, date of birth, address, email and cell phone number in case the connection is lost. If you are meeting the patient for the first time, begin by introducing yourself and welcoming the patient to your practice. Some patients, especially older ones, may not be comfortable with technology or be able to use your platform of choice, so be prepared for a Plan B to switch to a phone call if needed. Building rapport and establishing trust can be trickier via video due to the distance factor and patients' lack of experience with this model. Maintain your professionalism and be careful not to send the wrong message.

### POLICIES AND PROCEDURES

Develop your own policies and procedures for virtual options in compliance with relevant state regulations and your malpractice carrier. Handle virtual meetings as official patient visits to be documented in the chart.

#### Some guidelines to consider:

- Determine pricing for consults with surgeon vs. staff—the options are free vs. consult fee paid in advance vs. fee paid in advance to be applied to future procedure
- A pre-consult phone call with patient coordinator or nurse may be helpful
- Intake forms, general health/surgical history, consent for consultation should be completed before the meeting and secured in patient chart

- Provide specific instructions for photographs of areas to be discussed for prior submission
- Set time limit for initial virtual meeting; 30 minutes is typical
- Limit the consultation to the patient only, or if under 18 years old, the patient and parent
- It may be wise to avoid any discussion of fees and have staff follow up to explain the details; fees for procedures discussed, pre procedure instructions, timeline for scheduling, etc.

Virtual visits are also being used for follow-ups for surgical and non-surgical procedures, to triage potential complications and address patient concerns, as well as touch base checks for skincare patients.

Many plastic surgeons I know in the US and EU have effectively integrated virtual visits since COVID-19. This provides an efficient and convenient solution for patient communication that can facilitate deeper connections over time. Think of it as an important step to future-proof your practice and remain competitive in the marketplace.

*Wendy Lewis is the Founder and President of Wendy Lewis & Co Ltd, a marketing communications boutique in New York since 1997. She is a frequent presenter at national and international aesthetics conferences and contributes to many trade and consumer publications and websites. She is also the author of Aesthetic Clinic Marketing in the Digital Age (CRC Press) which will have a second edition in 2021. wl@wlbeauty.com*

# BEING A PLASTIC SURGEON TODAY IS NOT EASY.

Dear Plastic Surgeon,

It used to be enough to be a good surgeon but not anymore. Now, you have to keep a steady stream of patients coming to YOU in an uber competitive marketplace, all while:

- ✓ Running a business
- ✓ Managing staff
- ✓ Marketing yourself
- ✓ Consulting with prospective patients
- ✓ Keeping your expenses down
- ✓ AND doing surgery (to name a few)

That's a lot to take on.

There is a faster, cheaper, easier way to stay busy with patients willing and able to pay a fair price for your skills and expertise...  
**without discounting, spending more on advertising or adding more staff.**

Please read my latest report,

**“Easier Way to Grow Your Cosmetic Revenues”**

This makes being a plastic surgeon easier and more profitable.

I look forward to your feedback -

Enjoy!

*Catherine*



**FREE REPORT AT:  
WWW.CATHERINEMALEY.COM**



**Catherine Maley, MBA**

Cosmetic Patient Attraction AND Conversion Specialist  
Author | Podcaster | Consultant | Trainer | Speaker

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Strategies to Up Level Your Cosmetic Practice





## Today's Cosmetic Practice Growth Funnel

By Catherine Maley, MBA

Saying that “times have changed” would be a massive understatement when referring to growing a plastic surgery practice in today’s marketplace.

The aesthetic industry is long past the early stages of growth. It’s now in the Growth/Maturity stage, growing in some markets and saturated in others.

This massive shift is due to consumer demand, competition, technical advancements, the maturing Internet, social media, aggressive marketing and price discounting.

For example, when increasing numbers of consumers embrace surgical and non-surgical ways to enhance their physical appearance, it’s like a dominoes effect that takes over the entire industry.

Now there are more service providers to meet the need and cash in on the “fun” side of medicine.

Manufacturers also jump in to offer countless solutions to address the concerns of cosmetic patients.

Then business and marketing vendors jump in to help the service providers run and market their practices, so they get their fair share of the pie.

All of this leads to commoditization. When more competitors enter the marketplace, they offer aesthetic services at lower prices to entice consumers to choose them.

They almost have to since they don’t enjoy status and somehow need to enter the marketplace to attract new cosmetic patients.



The bad news is this creates a downward sloping demand curve that reflects the willingness of consumers to purchase more cosmetic services but, at lower price levels.

Now, consumers have a plethora of solutions at a range of prices to choose from. This forces plastic surgeons to either lower their prices to compete or add more value to justify their higher prices.

And, although total revenues continue to grow for the total industry, the increased competition causes profits to peak and then

decline because even though many consumers are buying, they are buying on price more often than value.

### COMPETING IN A SATURATED MARKETPLACE

Is it a good strategy to grow by lowering your prices to compete? If you do, your profit margins go down, so there are not as many dollars to invest in advertising for new cosmetic patients. That becomes a race to the bottom, and you can’t win.

The better approach would be to add value by creating an image and brand to position YOU in a crowded marketplace, as a high-end service provider offering better quality of results, excellent customer service and an upscale experience.

Here’s how you leverage your assets...

#### 10X the Value of Each Patient

The trick to staying in the game is to leverage your assets so you get more value from the costs you already occurred. And, to become more efficient so you make more revenues using less resources.

The practices who do this best win. The weakest practices don’t because they cannot afford to operate profitably and compete on price at the same time.

How do you do that?

- Rather than compete on price, compete on friendly customer service, efficient processes, technology to save time and get better results.
- Focus on relationship-building. Think “transformational” vs. “transactional”. Treat your patients like family so they know you care.
- Invest in the best staff you can afford and train them on customer service and converting. Their quality of work, great attitude and excellent converting skills will make you money.
- Increase the value of every patient so they return for other services, consent to their photos being used in your marketing, refer their friends and give you 5-star reviews so other prospective patients also see you as the best choice.
- Turn your current patients into your unpaid sales ambassadors who grow your practice organically by sharing you with their friends and followers on social media.

All of your leverage is with your #1 asset and that is your patient list of consumers who chose you once and they will choose you again and bring their friends with them if you focus on them.

You already spent the time, money and effort in attracting them to you. They will grow your practice for you if you let them... for free.

This means you invest in training your staff and nurturing your current patients, so you spend much less on advertising for new stranger patients.

### BEST DEFENSE IS A WELL-RUN PRACTICE

Here is something else important to contemplate... In the growth stage of our industry, even inefficient practices made money because there was only so much supply for the demand.

Less efficient practices struggle to generate positive cash flow in an uber competitive environment because their overhead is out of control and they are not able to spend what it takes to attract enough cosmetic patients to generate positive cash flow, so they get weeded out.

Only the best run practices will survive. Those who are business and marketing savvy, are able to balance their overhead expenses and advertising costs to keep a steady stream of patients coming to them without going broke.

Once you have your practice running like a well-oiled machine and your patient-attraction and conversion plan is running on autopilot, you have the winning formula to survive and thrive in today’s mature marketplace.

*Catherine Maley, MBA is a cosmetic practice consultant, speaker, trainer, blogger and podcaster. Her popular book, Your Aesthetic Practice/What Your Patients Are Saying is read and studied by plastic surgeons and their staff all over the world.*

*She and her team specialize in growing plastic surgery practices using creative patient attraction, conversion, follow up and retention strategies as well as staff training to turn team members into converting rock stars.*

*Visit Catherine for Free resources at [www.CatherineMaley.com](http://www.CatherineMaley.com) or Instagram @catherinemaleymba.*



## Four Ways to Leverage Today's Ultra-Low Interest Rates in Your Wealth Planning

David B. Mandell, JD, MBA and Jason M. O'Dell, MS, CWM

As we navigate through this difficult time in the U.S. economy, a few bright spots emerge. One of those is the fact that interest rates, controlled by the Federal Reserve, are at all-time lows. This trend, of course, reflects a government policy intended to stimulate the economy and allow businesses and individuals easier access to capital. In fact, government officials have indicated that this policy will continue for the foreseeable future.

A near-0% interest loan policy certainly benefits Big Banks, which can borrow at close to 0% and lend profitably even at low rates. It also benefits Big Businesses, which can expand their operations with a near 0% cost of capital. Nonetheless, ultra-low rates can also significantly benefit the plastic surgeon and his or her family. In this article, we will outline four ways they can do so, starting with the most obvious and popular, moving to a bit more complex.

### 1. REFINANCE MORTGAGES

As mortgage rates have now reached all-time lows, most homeowners have either refinanced their home mortgage already or have considered doing so. The calculations involved in evaluating the long-term benefit of a refinancing are not complex and can be clearly understood using a simple financial model. In fact, this is the type of evaluation that benefits physicians who are adept at financial modeling. For those of you who do not have a good handle on financial modeling, there are many websites that have mortgage comparison calculators, or a mortgage broker should be able to provide this analysis.

Regardless of where one finds the resource, the essence of the analysis is to compare an existing mortgage with a new mortgage offering a lower interest rate. A thorough knowledge of the existing loan



The goal is to calculate the “breakeven” point—the length of time at which paying the new lower-interest mortgage breaks even with the one-time additional costs of changing the mortgage. Bottom line: if the loan term is the same and you intend to remain in the home well past the breakeven point, then refinancing may be a good idea.

terms (are there prepayment penalties?) and potential closing costs to secure the new mortgage are both essential. The goal is to calculate the “breakeven” point—the length of time at which paying the new lower-interest mortgage breaks even with the one-time additional costs of changing the mortgage. Bottom line: if the loan term is the same and you intend to remain in the home well past the breakeven point, then refinancing may be a good idea.

### 2. REFINANCE OTHER DEBT

The same concept for one's home mortgage can be applied to loans as varied as practice real estate mortgages, rental property mortgages, practice lines of credit, practice equipment financing, and even student loans.

As above, knowledge of existing terms and closing costs, as well as an accurate financial model, is required to make good financial decisions.

### 3. USE PREMIUM-FINANCED LIFE INSURANCE

In our books and other articles, we have explored the relative strengths and weaknesses of term and permanent life insurance (whole life, universal life, equity-index life, etc). We also cover these topics in depth in our book (*see below*). The bottom line: there are significant tax, retirement, and estate benefits offered by permanent life insurance.

Nonetheless, in order to build up large permanent policies that generate six-figure annual tax-free retirement income, plastic surgeons generally need to make significant investments into such policies for at least a few years while they work. Many physicians would like the tax-free retirement income but are averse to paying large insurance premiums.

This is where premium financing comes in. One can finance these policies during the funding phase, only paying a few percentage points in interest, rather than the entire

A near-0% interest loan policy certainly benefits Big Banks, which can borrow at close to 0% and lend profitably even at low rates. It also benefits Big Businesses, which can expand their operations with a near 0% cost of capital. Nonetheless, ultra-low rates can also significantly benefit the plastic surgeon and his or her family. In this article, we will outline four ways they can do so, starting with the most obvious and popular, moving to a bit more complex.

Continued on Page 51

## Four Ways to Leverage Today's Ultra-Low Interest Rates in Your Wealth Planning

Continued from Page 50

premium. Then, typically 10 to 15 years into the plan, when cash values have grown, the cash value can then be used to pay off the loan principal. What remains is a large debt-free permanent policy that can be used to generate tax-free income through the physician's retirement.

While this description glosses over a complex and significant transaction with a number of risks and success factors, the essence of it remains arbitrage—growing the policy cash values at rates generally around 5 to 7% annually, which is higher than typical premium financing interest rates.

Today, those rates have plummeted, with some banks offering rates below 3%, often with long-term lock options. As such, there has literally not been a better time to engage in this transaction since it became mainstream over 25 years ago.

### 4. LEVERAGE INTRA-FAMILY LOANS FOR GIFT & ESTATE PLANNING

A core element of much sophisticated estate and gift tax planning is making loans between family members. Unlike loans between unrelated parties, intra-family loans must charge an IRS-specific minimum interest rate in order to make the loan legitimate. This is called the "Applicable Federal Rate" (AFR) and the IRS issues the AFR each month so taxpayers and their advisors know exactly how much interest must be charged in these scenarios. In fact, the IRS states three specific AFRs: the short-term rate (maturities of 3 years or less), medium-term rate (3 to 9 years) and long-term rate (maturities greater than 9 years). For example, these rates were .14%, .38% and 1.12% in October 2020.<sup>1</sup>

While the specifics go beyond the scope of this article, one can imagine all the ways physicians could transfer wealth tax efficiently among family members, trusts, partnerships and the like, when the interest rate allowed on long term loans today is a mere 1.12%.

Often such loans provide tremendous flexibility for clients who want wealth to transfer to younger family members (or trusts for their benefit) but want a "safety valve" back to them in case they need it. Using a loan to the individual/trust allows that flexibility. If the client, through the years, decides they do not need a portion of the loaned assets back, they can forgive the loan using their gift/estate tax

All plastic surgeons should determine how they can best utilize today's ultra-low interest rates. For many, a few of the four tactics described here may be beneficial. As always, when implementing any of these options, be sure to work with a trusted experienced professional advisor.

exemptions. If the client does want the assets back, the loan is kept in force and they get the principal and interest, per the loan terms. Either way, by making a loan today, the family has built flexibility into their plans and done so for the cost of a tiny interest rate, dictated by the IRS itself.

### CONCLUSION

All plastic surgeons should determine how they can best utilize today's ultra-low interest rates. For many, a few of the four tactics described here may be beneficial. As always, when implementing any of these options, be sure to work with a trusted experienced professional advisor.

### References:

1. <https://www.irs.gov/pub/irs-drop/rr-20-20.pdf>

**SPECIAL OFFERS:** The authors have recently completed *Wealth Planning for the Modern Physician*, their first book for physicians in five years. To receive free print copies or ebook downloads of this book or *Wealth Management Made Simple*, text ASAPs to 47177, or visit [www.ojmgbookstore.com](http://www.ojmgbookstore.com) and enter promotional code ASAPs at checkout.

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## Plastic Surgery-Related Searches Soar to Unprecedented Levels Amid Global Pandemic

By Keith C. Humes, CEO Rosemont Media

### PHASE ONE OF PANDEMIC: MASS HYSTERIA

Let's take a step back to January 1st, 2020 when things were good—really good. At Rosemont Media, we were excited about trending towards another fruitful year and gearing up our resources. We were also noticing that plastic surgery and all cosmetic procedure interests were at an all-time high. The economy was purring along, and consumer confidence was significantly heightened, as well.

Then March 2020 hit; the world came to a sudden stop and the bottom fell out. Offices and practice doors shut, and elective surgeries were suspended indefinitely. In California, we were in complete lockdown and a state of emergency. I am not sure about you, but my head was spinning, and it was really hard for me to get my arms around the problem at hand and see any clarity for not just my future, but the world's future.

March through May 2020 was a gut-wrenching time for business owners across industries on a global level. This was different than the 2008 financial crisis, but I knew I needed to harness the knowledge from that past experience of building and ramping-up a new business during the previous downturn. Some business owners put their heads in sand, and others changed course and made positive adjustments. My main focus and mantra was to change what I could control and not worry about the things I could not

control. I worked with vendors, just as I worked with my own customers, to lower our monthly burns. We all had to make tough personnel decisions, focus on running lean and mean—and ultimately weather the storm at hand. As I told my employees, the goal was (and still is) to keep the ship afloat so we have a ship to swim back to.

### THE VIRTUAL CONSULTATION PHASE

In May and June, a glimmer of hope started in the form of virtual consultations. We began seeing more and more consumer interest with these types of online interactions with our surgeons. In addition, we started seeing a big uptick in plastic surgery-related searches and overall visits to our clients' websites. So the good thing was the interest was building, but the sales cycle could not be completed until offices and/or surgery centers reopened and resumed elective procedures.

### ON THE UPSWING: THE GLIMMER OF HOPE BECOMES MORE THAN A GLIMMER

In June and July, offices and surgery centers slowly started reopening, and the sales cycle began returning to a somewhat normal pattern. There was now reason to be cautiously optimistic about the near future at the very least. The graph below shows the overall growth of Google organic traffic—or total website visits/clicks—for a Mid-Atlantic plastic surgery practice from the inception of the pandemic in March until November 2020.

### INCREASE OF GOOGLE SEARCHES AND WEBSITE TRAFFIC ARE GREAT LEADING INDICATORS

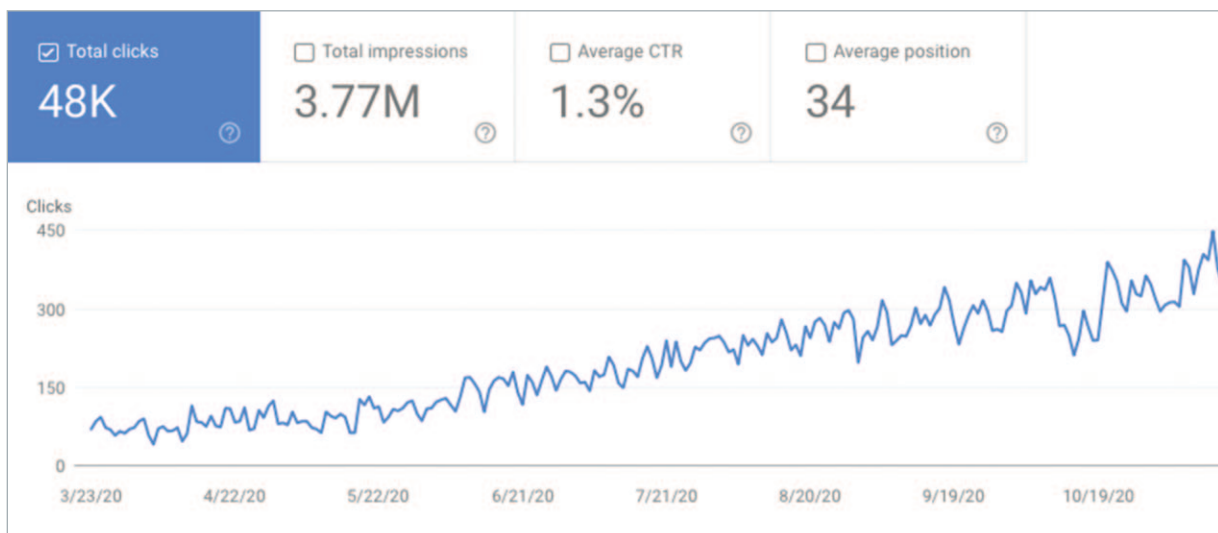
The upswing in traffic seen in the graph above was followed by a surge of surgical consultations and non-surgical treatment appointments. Previous trends have been shattered, and the typical Labor Day slow-down did not occur this year. I believe kids not going back to in-person class this year contributed to the steady rise in cosmetic surgery interest. This also shows the long-term value a properly executed SEO strategy can provide. Even in a year like 2020, the ROI from a successful SEO campaign is hard to beat. SEO and a really good website should be your number one priority—and at the center of all plastic surgery practices' marketing efforts.

### HOW DID WE GET HERE? WHAT SOME AESTHETIC SOCIETY MEMBERS ARE SAYING

Mark Richards, MD – Bethesda, MD

"Since the pandemic began I've been conducting more consults for both surgical and non-surgical facial rejuvenation treatments than at any time in the past 5 years. I believe the increase in Zoom meetings and other video conferencing chats has caused many people to see themselves for prolonged periods of time a day. Inevitably they find aspects of their face that does not match their desired appearance."

Continued on Page 55



Clicks (or website visits) for a Mid-Atlantic plastic surgery practice during the last 6 months grew at a rate of over 400%



# PRACTICE SOLUTIONS

## Touchpoints of Impression—Seven Areas to Sweat the Small Stuff

By Isabel Bolt and Karen Zupko

**W**hat keeps plastic surgeons up at night? Most would say Google rankings. Visibility. Clicks. Considerable amounts of time and money are spent to boost these metrics. No one will argue that a strong SEO is imperative, but you might be surprised how little that can mean in terms of *how patients rank YOU once they form an impression of your practice.* People get anchored to first impressions. We call these ‘Moments of Truth’—any episode in which a patient has contact with some aspect of a surgeon’s practice and forms an impression of the quality of service.

**Why is this important?** Because despite advances in computer imaging, patients cannot literally “try on” or “test drive” a surgical result. In fact, unlike products—which you can touch, see, smell and taste before buying, plastic surgery is purchased *before* a patient gets to experience it. And so, prior to choosing a surgeon, they judge—either consciously or sub consciously—every single touchpoint from their first interaction and beyond, to reassure themselves they are in the right hands—or not. Prospective patients instinctively know they cannot “return or exchange” your product. Therefore, they rely heavily on “seeing”—observation, and “feeling”—how they are treated.

During our mystery shopping adventures we have come across some interesting situations where surgeons who might be brilliant in the O.R., simply fail to recognize signals their practice is telegraphing from a patient’s point of view. **There are 7 points of impression on which you will want to keep score when measuring inquiries to consults and consults to surgery booked.** Refining and polishing these moments will pay high dividends with relatively minimal effort and cost.

### WEBSITE, SOCIAL MEDIA, AD CAMPAIGNS

Be certain that any vehicle(s) you use to promote your practice align with your brand and are both tasteful and informative. They



Marketing is not a department. Everyone who touches that patient is a Marketing Manager and an extension of you. Proper dress code. Telephone etiquette. Warm approach. Ability to differentiate you. Think Four Seasons. Everyone—receptionist, patient coordinator, nurse, executive assistant, practice manager should share that DNA. Invest in training.

should reflect your image and attract the patient population you desire to serve. Be sure your site is regularly updated with fresh material and is easy to navigate. If your target market is mature women seeking facial rejuvenation, ditch the bikini clad models on the home page.

### STAFF

Harry Beckwith, author of ‘Selling the Invisible’ draws distinctions between selling a product which can be demonstrated, and a service which must be felt. His advice? If you are to consistently go beyond a patient’s expressed needs and expectations, you must have an exemplary staff. “Marketing,” he states, “is not a department.” Everyone who touches that patient is a Marketing Manager and an extension of you. Proper dress code. Telephone etiquette. Warm approach. Ability to differentiate you. Think Four Seasons. Everyone—receptionist, patient coordinator, nurse, executive assistant, practice manager should share that DNA. Invest in training.

### FACILITY CHECKUP

Crooked pictures, dirty bathrooms, lingering smells of Chinese takeout, outdated interiors. Gilded fountains are not necessary, but patients expect a degree of elegance and refinement. Dare we mention the practice with dead plants in the waiting area? A special reception space for post-op patients, white noise, a private office for your patient coordinator, reasonable lighting, music, and warm robes spell comfort.

### SCHEDULING

Scheduling should be systematic, not freestyle. Times should be convenient for potential patients. Scheduling post-op patients back to back with new patients is not a good idea unless you have separate waiting areas. No one wants to come face to face with the healing process while they are dreaming about the end result. Watch your timing. In the era of COVID-19 where patients must wait in their cars before being summoned, we’ve seen some drive away after waiting 30 minutes. If the doctor is running late, patients should receive a text. Some consults naturally take longer than others, so allowances should be made. If your parking lot looks like a tailgate, there is a problem.

People get anchored to first impressions. We call these ‘Moments of Truth’—any episode in which a patient has contact with some aspect of a surgeon’s practice and forms an impression of the quality of service. Why is this important? Because despite advances in computer imaging, patients cannot literally “try on” or “test drive” a surgical result.

Continued on Page 55

## Touchpoints of Impression

Continued from Page 54

Everything leading up to seeing the physician and everything that happens subsequent to that meeting is being absorbed by the patient. Is the flow smooth? What information was gathered about the patient prior to the appointment? Was there any correspondence delivered to the patient before they arrived? How personal was the meeting? Was the right time allocated, or was it rushed/delayed? How natural was the hand off to the patient coordinator?

### CONSULTATION

Most surgeons give themselves a solid “A” for their consultations, so let’s assume all surgeons are rock stars. *They are still only one part of the consultation experience.* Everything leading up to seeing the physician and everything that happens subsequent to that meeting is being absorbed by the patient. Is the flow smooth? What information was gathered about the patient prior to the appointment? Was there any correspondence delivered to the patient before they arrived? How personal was the meeting? Was the right time allocated, or was it rushed/delayed? How natural was the hand off to the patient coordinator? Note: post-consult surveys can help identify areas needing improvement—even for rock stars.

### CORRESPONDENCE AND COLLATERAL MATERIALS

Anything delivered to patients, before, during or after a consultation should be personal, relevant, clear, and devoid of any typos. Emails can be conversational, but never casual. Smart practices have templates the staff can use while still customizing the message. Fee quotes should be simple and straightforward. Business cards, letterhead and information packets should be of the highest quality.

Even the greatest marketing cannot make up for a poor patient experience. Don’t spend all your time and money attracting potential patients to a flawed practice. Scrub every detail. People hear what they see. Perfect your visual clues. People will forget what you said. What makes you special is what makes patients feel special.

### FOLLOW-UP

Generally speaking, patient coordinators’ least favorite part of the job is following up, which is why many don’t. The patient is left to wonder how important they really are. The methods by which your patient coordinator follows-up with a patient who did not schedule should be fine-tuned. Hint: It’s not calling and asking, “Do you have any questions?” The relationship established during the consult and fee discussion is the springboard to natural follow up activities.

### BOTTOM LINE

Even the greatest marketing cannot make up for a poor patient experience. Don’t spend all your time and money attracting potential patients to a flawed practice. Scrub every detail. People hear what they see. Perfect your visual clues. People will forget what you said. What makes you special is what makes patients feel special. Raise the level of each of these touchpoints and you will satisfy even the most discerning patients that they are indeed, in the right place.

*Isabel Bolt has rejoined KZA as a consultant and author. She and Karen Zupko have a 20+ year history of enhancing plastic surgery practices. [www.karenzupko.com](http://www.karenzupko.com)*

## Plastic Surgery-Related Searches Soar

Continued from Page 53

### Neil Zimmel, MD – Richmond, VA

“Since July we have seen a steady increase in consultations for both surgical and non-surgical procedures. Interest has really peaked this fall, and I am now completely slammed!”

### Scott Miller, MD – La Jolla, CA

“More people are paying attention to the things that are closer to home. It doesn’t matter as much what car you drive, where you go on vacation, so maybe taking care of yourself and how you look and feel has gone up on peoples’ priority list.”

### CLOSING THOUGHTS AND TAKEAWAYS

There are many theories surrounding the surge in plastic surgery interest, including the increased use of ZOOM and the fact that more opportunities to work from home allow people to recover from surgery more privately. These are all great contributing reasons, but are we really just entering into the YOLO (You Only Live Once) moment of the century? Could this just be the start of something much bigger?

The pandemic, as disruptive as it’s been, has also had some silver linings and has changed the way we view certain basic human freedoms that we take for granted until they are taken away. As Anthony Fauci has said, “The calvary is coming”—meaning we now have a viable and effective vaccine on the way. I am excited to learn if my theory is correct and looking forward to seeing what a post-COVID-19 world will look like.

*Keith Humes is Founder/CEO of Rosemont Media, LLC, a San Diego-based digital marketing agency. The firm has helped numerous members successfully navigate the rapidly evolving digital marketing landscape with innovative and effective SEO strategies, social media optimization, and customized website development. [www.rosemontmedia.com](http://www.rosemontmedia.com)*



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## Mandating COVID-19 Vaccinations for Employees

By Bob Aicher, Esq.

**N**ow that COVID-19 has inserted itself firmly into the workplace, questions are arising what you can do to keep the office safe for patients. The answer is a lot.

### Q1. May I ask employees about their symptoms?

**Yes**, including emerging symptoms above the CDC's standard 7: fever, chills, cough, muscle pain, shortness of breath, new loss of taste or smell, or sore throat.

### Q2. May I ask whether they have had contact with anyone diagnosed with COVID-19 or who may have symptoms?

**Yes.**

### Q3. May I take the employee's temperature?

**Yes**, but recognize some employees with COVID-19 may not have a fever.

### Q4. May I bar employees from the office if they refuse to answer questions about whether they have COVID-19, or symptoms associated with COVID-19, or have been tested for COVID-19, or if they refuse to have their temperature taken?

**Yes.**

### Q5. May I send employees home if they have symptoms?

**Yes.**

### Q6. May I require a negative COVID-19 test before allowing an employee in the office?

**Yes.** According to the ADA, any mandatory medical test of employees must be "job related and consistent with business

necessity." Screening tests are thus permitted because, according to the EEOC, "an individual with the virus will pose a direct threat to the health of others."

### Q7. May I require a negative antibody test of employees?

**No**, because it doesn't determine whether the employee has an active case of COVID-19.

### Q8. May I mandate COVID-19 vaccinations for my employees?

**Yes**, just as you already can for influenza, but only after the vaccine is FDA approved.

### Q9. Is an Emergency Use Authorization equivalent to the vaccine being FDA approved?

**No.** When vaccines begin their testing, they are considered investigational, or experimental. When a patient has a serious or immediately life-threatening condition, experimental drugs can be used via Expanded Access, also called compassionate use. During an emergency, such as the COVID-19 pandemic, FDA will consider granting Emergency Use Authorization (EUA), after balancing the potential risks and benefits based on available evidence, while waiting for all the evidence that FDA requires for approval or clearance. [www.fda.gov/media/138490/download](http://www.fda.gov/media/138490/download). Although Pfizer has been granted an EUA, and Moderna is right behind, as of December 16, 2020, there still are no FDA-approved COVID-19 vaccines due to the absence of long-term data of safety and efficacy. Until then, you cannot mandate COVID-19 vaccinations for your employees.

### Q10. Can an employee refuse to take an approved vaccine?

**Yes**, if the employee can prove they have a medical condition making the vaccine contraindicated (ADA), or they have a genuinely held religious belief against vaccines (Title VII of the Civil Rights Act of 1964). The employee would then be entitled to an employer accommodation, if available, but if an accommodation, such as working from home isn't possible, then they can be fired for posing a health and safety threat.

*Bob Aicher is General Counsel to The Aesthetic Society and has represented The Society for 28 years. He can be reached by phone at 707-321-6945 or by email at [aicher@sbcglobal.net](mailto:aicher@sbcglobal.net).*

## PPP LOAN RECIPIENTS

IRS Rev. Rul. 2020-27 says if you claimed office expenses to have your PPP loan forgiven, don't reclaim those same expenses on your 2020 Form 1040 Schedule C. That would be double dipping, i.e., tax fraud.

[www.irs.gov/pub/irs-drop/rr-20-27.pdf](http://www.irs.gov/pub/irs-drop/rr-20-27.pdf)

# Performance KPI Reports

Are you looking to gain deeper insights into your practice? The Aesthetic Society's Aesthetic Neural Network (ANN), now offers users access to carefully curated Key Performance Indicator (KPI) reports. Each report has been carefully designed to help you and your team focus efforts toward meaningful and realistic goals. Make sure to check out the two NEW reports and take your reporting to the next level!

**Not on ANN yet?** Complimentary spots are still available for members of The Aesthetic Society!  
**Contact [ANN@surgery.org](mailto:ANN@surgery.org) or visit [ann.surgery.org](http://ann.surgery.org) for information today.**



NEW

## Surgical Procedures this Year

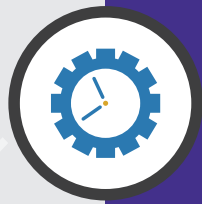
Wondering what months of the year are better or worse to be out of the office based on surgical procedure demand? Use this report to determine surgical procedures trends for any given year.

NEW



## Non-Surgical Procedures this Year

Do you know which months of the year should have more physician extenders on staff based on need? This report will help you see which non-surgical treatments are in high or low demand throughout the year.



## Performance R3M (Rolling 3 Months)

Have you noticed fewer bookings at an unexpected time of year? This report can help you identify whether it's coming from surgical or nonsurgical bookings, so you can address the problem quickly with marketing or patient outreach.

## Growth Matrix

Is your practice 'up' or 'down' this year vs. last? Use the Growth Matrix report to get a snapshot of your practice performance and decide where to dig deeper!



## Long-Term Growth

Do you know how your numbers are trending long-term? Use the Long-Term Growth report to identify yearly trends and use your knowledge of your practice to help keep the line graph climbing.



## The Straight & Narrow

By Joe Gryskiewicz, MD

### Question

Hi Dr. Joe,

I hope you are well. I am the Director of Marketing for a plastic surgery group. A recent topic has surfaced that we'd love your advice

on: working with social media influencers.

Influencer advertising is becoming more and more popular. How does this apply to the plastic surgical community, ethically and legally?

We would like to utilize influencers on social media (Instagram, YouTube) to get the word out about products and non-invasive/minimally invasive services offered in our med spa. We are proposing we give a product, service, or in some cases, payment, in exchange for the reach/impressions resulting from the exposure of the individual's social media.

Note that this arrangement is about getting the exposure, and not the photos, testimonial, or recommendation. We are not compensating someone for a referral or recommendation. However, if the influencer chooses to recommend or endorse us, that is their decision, and not our provision.

One last question, does this apply to product sales as well? If we give complimentary product to an influencer to discuss on social media, does it have to be disclosed that it was given to them for free? I am assuming so, but wanted to confirm.

Please let us know your thoughts.

### Answer

We have discussed this issue in *ASN* before and have provided guidance. The short advice is that uncompensated influencers are not a problem. Compensating an influencer without revealing that fact is a problem, because in 2016 the FTC declared it illegal.

I will give you three current real life examples from my own practice where I pose the situation as a question and answer for you:

**Q1:** In three weeks I am operating gratis on a long-time patient who is a popular influencer. She herself will be posting all of the filming of her procedure. Her production crew will be filming her live surgery. EXACTLY who, where and when do I disclose this?

**A1:** You don't do the disclosing, unless you are posting her video. So, for this example, at the beginning of her post, your patient/social influencer makes the statement, "I received free surgery from Twin Cities Plastic Surgery." Your influencer will disclose this at the beginning of any social media post mentioning Twin Cities Plastic Surgery, not just posts about this particular surgery.

However, if you are also posting her videos, then you would say, "I performed for free the procedure depicted in the following video." You would also want to insert #Paid Partnership or #Sponsored Post.

**Q2:** I donated funding to a long-time patient body builder for her competition in just 13 days. She frequently mentions us in her social media posts. Any action steps on my part?

**A2:** Same as above: any time your influencer mentions Twin Cities Plastic Surgery, her post should begin with, "I have received funding from Twin Cities Plastic Surgery for my bodybuilding competition."

**Q3:** You ask if this applies to product as well, and you state that you assume it does.

**A3:** You assume correctly! You must disclose if complimentary product was gifted to an influencer. Any time your influencer mentions Twin Cities Plastic Surgery, her post should begin with, "I have received free product from Twin Cities Plastic Surgery." This may sound harsh, but a transfer of anything of value to an influencer is equivalent to bribery unless it is disclosed.

That is the reason the Sunshine Act was passed. Research proved that physicians were more likely to prescribe drugs from companies which had given them gifts as well as free weekend "educational" trips and tickets to sporting events.

That is also part of the reason a local surgeon lost a mesh multi-million dollar lawsuit. He failed to disclose to the patient that he had received hundreds of thousands of dollars from Allergan as a paid speaker.

Have an ethics question  
for Dr. Joe?  
Email [ethics@surgery.org](mailto:ethics@surgery.org)

### OUR AESTHETIC SOCIETY CODE OF ETHICS READS:

#### [ASAPS] 3.04 Media Compensation.

*A member shall not compensate or give anything of value directly or indirectly to a representative of the media in anticipation of or in return for professional publicity.*

Probably our code could be more explicit by adding "without clearly and conspicuously disclosing such compensation."

Likely the goal of our Code was to prohibit secret payments to members of the press, radio, and television who then "report" on the doctor favorably. This is consistent with the goal of the Federal Trade Commission's November 5, 2019 Advertising Disclosures Guidance for Online Influencers [www.ftc.gov/news-events/press-releases/2019/11/ftc-releases-advertising-disclosures-guidance-online-influencers](http://www.ftc.gov/news-events/press-releases/2019/11/ftc-releases-advertising-disclosures-guidance-online-influencers) which updated its 2016 Endorsement Guidelines [www.ftc.gov/sites/default/files/attachments/press-releases/ftc-publishes-final-guides-governing-endorsements-testimonials/091005-revisedendorsementguides.pdf](http://www.ftc.gov/sites/default/files/attachments/press-releases/ftc-publishes-final-guides-governing-endorsements-testimonials/091005-revisedendorsementguides.pdf) declaring that a blogger is "liable if she fails to disclose clearly and conspicuously that she is being paid for her services."

As long as your influencers disclose that they are being compensated, actually or potentially, for their comments, your program should be fine. Without such disclosures, however, Aesthetic Society members would be liable for advertising that is false, deceptive or misleading, and the influencers would be open to FTC complaints, as happened with the Kardashian/Jenner family [www.truthinadvertising.org/wp-content/uploads/2016/08/8\\_25\\_16-ltr-from-TINA-to-FTC-re-Kardashian-Jenner-Instagram-posts.pdf](http://www.truthinadvertising.org/wp-content/uploads/2016/08/8_25_16-ltr-from-TINA-to-FTC-re-Kardashian-Jenner-Instagram-posts.pdf) and other celebrities this past April. <https://globalcompliancenews.com/us-celebrity-influencers-receive-warning-letters-from-federal-trade-commission>

Continued on Page 61

# RADAR resource



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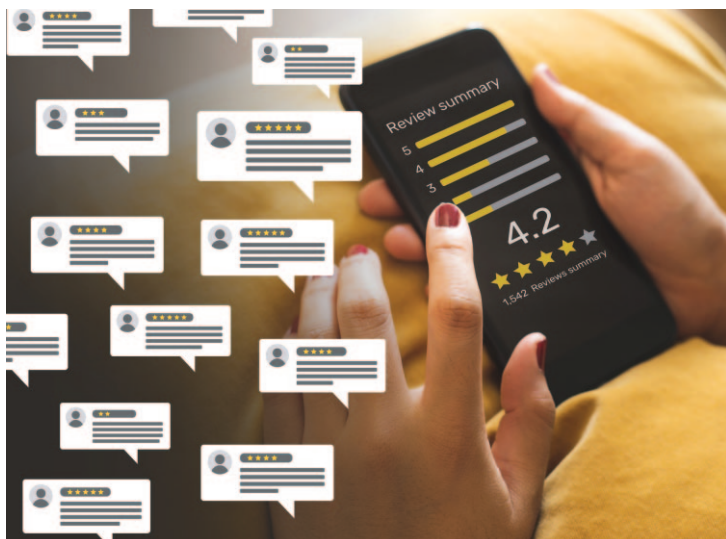
[surgery.org/RADAR](https://surgery.org/RADAR)

- Read all issues of *ASJ*
- Watch didactic and operative videos
- Download customizable tools, checklists and forms for your practice
- Build a personalized medical library
- Review articles from *ASN's* Practice Solutions and Safety Matters sections
- New! COVID-19 Emergency Webinar Series



## AMS Physician Online Reputation Management

By Brian Cohen, MD—Specialty Medical Director, AMS Management Group



The digital reputation of a physician has become increasingly important as patients continue to rely on star ratings and other patient reviews. Over 70% of patients turn to online reviews when choosing a new doctor. There are certain actions that physicians should and should not take in order to handle negative online reviews.

**W**hy does one single negative online review feels so personal? It cuts deep, and we cannot fathom how or why someone that we are trying to help could feel this way about us. Additionally, we see all of our hard work over the years, building trust and relationships with our hundreds of patients, overshadowed by this glaring negative opinion that, in our minds, has flashing lights around it posted on a giant billboard for all to see.

The digital reputation of a physician has become increasingly important as patients continue to rely on star ratings and other patient reviews. Over 70% of patients turn to online reviews when choosing a new doctor. There are certain actions that physicians should and should not take in order to handle negative online reviews.

### BE CONSCIOUS OF HIPAA AND HOW THAT LIMITS YOUR RESPONSE

- Do not acknowledge that the online reviewer is a patient or mention any medical or personal history
- When a negative review is written with language that is inappropriate, threatening, abusive, or personal, you can contact the reviewing site (e.g.—Yelp, RealSelf, etc..) and submit a request for the review to be removed from the site
- Politely invite the reviewer to contact you or your office for further conversation
- By acknowledging their dissatisfaction and inviting them to engage offline, this

shows the other reviewers that you care about your patients' feedback while still respecting their privacy

- It is frustrating to have a weakened ability to respond and defend yourself—stay calm and stay within the recommended HIPAA compliant response methods
- Hold on to the comments for at least 24 hours and re-read before you respond
- DO NOT: invite an online battle of words, discuss clinical decision making, make excuses, or try to “explain” what happened or why

### MAKE IT A LEARNING OPPORTUNITY

- Easier said than done...
- Always try to take advantage of feedback—even if it only tells part of the story and you do not agree with the version, there may be an improvement opportunity hidden within
- Look for trends in both positive and negative reviews—is it clinical, bedside manner, face to face time, staff politeness...?

As the number of patients relying on online reviews continues to grow, it's important to outpace the negative with the positive. Put your best self on display and encourage your patients to share their experiences on review sites. As you gather more positive reviews, they will overshadow the few negative reviews.

For information on AMS RRG and protecting your business, contact Chris Edge at [cedge@AMSmanagementgroup.com](mailto:cedge@AMSmanagementgroup.com)

## The Straight & Narrow

Continued from Page 59

How you measure your influencer's reach/impressions will determine whether your influencer's compensation is based on referrals, which would be bad, or merely based on likes, which would be fine. Keep your influencer's compensation away from referrals of actual patients, and you should be fine. Your employer will want to know it is worth paying for influencers, of course, but that will depend upon whether you can accurately measure the amount of goodwill flowing to the practice through them.

If the metrics show for every 1000 impressions the practice received 5 telephone calls for Month 1, and then the practice pays the influencer the exact same amount in Month 2 even if the practice received 9 calls (4 more than in Month 1) for every 1,000 impressions, then all is well. Paying more in Month 2 would confirm compensation is based on referrals, a bad thing. On the other hand, if Influencer A had 1000 impressions in Month 1, and 2,500 impressions in Month 2, and we ignore the referral/conversion rate, then increasing the compensation will be ok because it's based on impressions, not on patient referrals.

Simple answer: ask yourself whether the influencer is getting anything out of the relationship. Anything at all. If the answer is a “thumbs up”, then disclose and add #Paid Partnership or #Sponsored Post. Patients are entitled to know. You are entitled to stay out of trouble!!

Good luck and I hope your program will be successful!!

*Joe Gryskiewicz, MD, is an aesthetic plastic surgeon practicing in Burnsville, MN, and Clinical Professor University of Minnesota (Craniofacial-Cleft Palate Clinics). He has served on The Aesthetic Society Judicial Council, is a past president of ASERF and he has been in practice for more than 30 years. Disclaimer: Dr. Joe's opinions aren't those of the Ethics Committee or the Judicial Council.*



## Patient Safety in Rhinoplasty and Tranexamic Acid Protocols

James Fernau, MD  
Chair, The Aesthetic Society's Patient Safety Committee



**P**atient safety in rhinoplasty begins with the history and physical examination. A careful history of bleeding problems is of paramount importance. Common drugs should be screened such as aspirin, ibuprofen, warfarin and many others. Also, there is an increasing number of foods, drinks and supplements which are now on the market and cause bleeding. Table 1. lists some of these agents.

### TABLE 1

- Turmeric
- Cayenne pepper
- Vitamin E
- Ginseng
- Garlic
- Cassia cinnamon
- Ginkgo biloba
- Grapeseed extract
- Dong quai
- Feverfew
- Bromelain
- Adaptogen herb (holy basil, schizandra, ashwaganda, licorice, and codonopsis)
- Alcohol



Before the procedure, go over the photographs thoroughly with the patient to make sure expectations are realistic according to your capability as a surgeon. Make sure all photographic consents are signed and understood to include in the patient's chart, future educational lectures and possible social media posts.

Some females bleed quite heavily during their menses and it may be necessary to schedule surgery around heavy menstrual periods.

Document preoperative anosmia and or taste disturbances especially during the COVID-19 pandemic. Discussions of preoperative PCR molecular testing should be discussed with the patient as most hospitals and/or surgical centers are currently requiring this test prior to aerosol generating procedures.<sup>1</sup>

During the physical exam, look closely for previous scars around the nose such as a bull horn lip lift. Any scars around the nose and face that could impair blood supply to an open rhinoplasty should be thoughtfully recorded.

Note any evidence of previous septoplasty surgery, nasal polyps and sinus disease. Nasal endoscopy is quite helpful for a complete evaluation. Preoperative imaging may be necessary to rule out sinus disease which can be addressed either before the rhinoplasty or during the rhinoplasty as one of the first steps performed by the otolaryngologist. Examine the ears and ribs to make sure the cartilage is intact for possible grafting.

Prior to the procedure, it is helpful to have patients follow the decontamination protocol, having them place Bactroban ointment in the nose four times a day, five days before surgery, to mitigate against methicillin-resistant Staphylococcus aureus (MRSA).<sup>2</sup> If the patient has a personal history of this bacteria in their nose, the appropriate intravenous antibiotics can be given instead of the usual preoperative antibiotics which include cefazolin or clindamycin.

The Enhanced Recovery After Surgery (ERAS) protocol provides a smoother recovery with less discomfort.<sup>3</sup>

Any history of sleep apnea is important and should be worked up with a sleep study and a consult with a sleep apnea specialist. Unrecognized sleep apnea can have devastating consequences in the postoperative period after rhinoplasty.

Before the procedure, go over the photographs thoroughly with the patient to make sure expectations are realistic according to your capability as a surgeon. Make sure all photographic consents are signed and understood to include in the patient's chart, future educational lectures and possible social media posts.

At the beginning of the procedure make sure the patient's eyes are protected by

Continued on Page 64



# CULTURE OF SAFETY

## Putting Patient Safety First Benefits Everyone

Patient Satisfaction. Performance.  
Revenue. Referrals. Efficiency.

---

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

## Patient Safety in Rhinoplasty and Tranexamic Acid Protocols

Continued from Page 62

methods such as antibiotic ophthalmic ointment, temporary suture tarsorrhaphy, sterile tape strips, transparent adhesive film dressing either alone or in combination with one another.

Recent literature has suggested that giving 1 g of intravenous Tranexamic acid (TXA) at the beginning of surgery is very beneficial to decrease bleeding, bruising and pain.<sup>4</sup>

Tranexamic acid inhibits plasmin which prevents the degradation of fibrin clots which decreases bleeding and subsequent bruising. Additionally, inhibiting plasmin inhibits the inflammatory cytokine cascade which reduces the inflammatory component of pain.

The usual dose for preoperative tranexamic acid is 1000 mg (10mg/kg) in a 250 mL bag of saline and given slowly intravenously over 20 minutes to avoid hypotension. This is the formula that Dr. Bahman Guyuron uses and if he notices additional bleeding during surgery, he will give DDAVP 0.3 µg per kilogram.<sup>5</sup>

Another good reason to use tranexamic acid instead of DDAVP at the outset is that tranexamic acid costs \$30–\$40 per 1000 mg vial (10 ml vial) and DDAVP costs approximately \$900 per preoperative infusion. These doses of tranexamic acid (10mg/kg) are extremely safe compared to doses given by other specialties such as cardiothoracic surgery and trauma surgery which are 100mg/kg.

Other methods to decrease bleeding and provide excellent visualization in the operative field include using a 1% solution of tranexamic acid mixed into the local anesthetic injection. Additionally, a 3% topical solution of TXA can be used on neurosurgical pledgets placed within the dissected nasal septum, the nasal dorsum and underneath the open septorhinoplasty flap to provide excellent visualization. This is very important not only to the beginner, but it provides excellent visualization and teaching videos for the masters in rhinoplasty. The 3% topical solution of TXA can be irrigated through the 2 mm osteotome puncture sites and provide excellent control of bleeding after osteotomy. Many of my patients have absolutely no bruising after extensive osteotomies. The different solutions for TXA in rhinoplasty can be found in Table 2.<sup>6</sup>

A few final points on open septorhinoplasty include closing as much dead space as possible. For example, when closing the open

**TABLE 2. RHINOPLASTY TXA SOLUTIONS**

**1% Tranexamic acid solution:**

- 9 ml local anesthetic with 1 ml of tranexamic acid (10 ml total)

or

- 18 ml of local anesthetic with 2 ml of tranexamic acid (20 ml total)

or

- 27 ml of local anesthetic with 3 ml of tranexamic acid (30 ml total)

**3% Tranexamic acid solution:**

- 21 ml local anesthetic with 9 ml of tranexamic acid (30 ml total)

Other methods to decrease bleeding and provide excellent visualization in the operative field include using a 1% solution of tranexamic acid mixed into the local anesthetic injection. Additionally, a 3% topical solution of TXA can be used on neurosurgical pledgets placed within the dissected nasal septum, the nasal dorsum and underneath the open septorhinoplasty flap to provide excellent visualization.

septorhinoplasty flap it is important to suture the SMAS tissue down to the anterior septal angle tissue to close off the dead space in the supratip region to avoid pollybeak.

Using silastic splints with breathing holes post-operatively is much more comfortable and safer for the patient than nasal packing. Nasal packing has been associated with toxic shock syndrome and it should be avoided. The dorsal nasal splint should be checked at one week to make sure there is contact with the dorsal skin.

In the postoperative period, it is important to continue the ERAS protocol and have the patient take nonsteroidal anti-inflammatory agents and acetaminophen and avoid narcotics if possible.

Of course, there are many other patient safety pearls which are addressed in technical points by the rhinoplasty masters. It is beyond the scope of this article to address all of these points; however, the recommendations set forth in this article can be used by novices and masters to improve the clarity of the surgical field and provide for a more precise and safer rhinoplasty operation.

*James Fernau, MD, is an aesthetic plastic surgeon practicing in Pittsburgh, PA.*

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**CULTURE OF  
SAFETY**

# Scissors on the Seam!

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## Patient Safety in Rhinoplasty

### TXA ADMINISTRATION

#### Oral TXA

- 650 mg tablets
- 2 tablets (1300 mg) po tid 5 days before injection and/or procedure

#### Intravenous TXA

- 1 gram IV before incision
- Repeat 1 gram IV four hours after initial dose
- Always place 1 gram in 250 mL saline and give slowly over 10–30 minutes to avoid hypotension

#### Infiltration TXA—3 examples

- 10 ml total
  - 1% solution
  - 1 mL of TXA mixed with 9 mL of local anesthetic
  - 10 mL total
- 20 ml total
  - 1% solution
  - 2 mL of TXA mixed with 18 mL of local anesthetic
  - 20 ml total
- 100 ml total
  - 1% solution
  - 10 mL of TXA mixed with 90 mL of local anesthetic
  - 100 mL total

#### Tumescent TXA for body liposuction

- 0.1% solution
- 10 mL of TXA mixed with 990 mL of tumescent solution (purist)
- 10 mL of TXA mixed with 1000 mL of tumescent solution (practical)
- Do not exceed a maximum of 60 mL of TXA
- In other words, do not exceed 6000 mL (or 6 liters) of tumescent solution
- Mass spectrometry levels normal at 3 and 6 hours in 2 random patients

#### Tumescent TXA for facelift/necklift

- 0.1% solution
- 5 mL of TXA mixed with 495 mL of tumescent solution (purist)
- 5 mL of TXA mixed with 500 mL of tumescent solution (practical)

#### Topical and Irrigation TXA

- 3% solution
- 30 mL of TXA mixed with 70 mL of saline (purist)
- 30 mL of TXA mixed with 100 mL of saline (practical)
- 5 minutes of contact for optimal hemostasis
- Use bulb suction and/or laparotomy sponges for larger cases
- Use neurosurgical pledgets for rhinoplasty
- Use sterile 4 x 4's before, during and after needle placement during neuromodulator and/or filler use

### TXA PROTOCOLS

#### Rhinoplasty

- 1 gram given intravenously before incision
  - Only need to use DDAVP if bleeding is not completely controlled
- Use 1% solution for infiltration into the subcutaneous nasal tissue, septum and turbinates
- Use 3% topical solution on neurosurgical pledgets

#### Facelift, Necklift and Neck Liposuction

- 1 gram given intravenously before incision
  - slow IV push in 250 mL of saline
- 0.1% tumescent solution
  - 150-250 mL per side
  - May require 400 mL in some neck liposuction cases
- Use 1% solution for infiltration into the facelift incisions
- 3% topical solution
  - 1 lap sponge per side
  - ~20 minutes

#### Browlift and other head and neck cosmetic surgery

- 1 gram given intravenously before incision
- Does not require tumescent solution
- Use 1% solution for infiltration into appropriate incisions
- 3% topical solution
  - Bulb irrigation or sponge application

#### Breast Augmentation, Mastopexy, Breast Reduction and Body Implant surgery

- 1 gram given intravenously before incision
- 1% solution infiltrated
  - 50-70 mL per side
- 3% topical lap sponges in breast and body surgical pocket

#### Liposuction

- No intravenous TXA required!
- 0.1% infiltration solution
  - 10 mL of TXA mixed with 1000 mL of saline and/or lactated ringers

#### Liquid Facelift

- 1% solution of local and TXA
  - Use 1 mL syringes for accuracy
  - Inject 0.1 mL at supraperiosteal position on desired area of fill; only use 0.1 mL per area to avoid distortion
- 3% topical solution on sterile 4 x 4's before and after needle stick (prevents punctate bruising)



Scissors on the Seam!



# THE AESTHETIC CRUISE 2022

July 9 – 21, 2022

Chair: Joseph Hunstad, MD

Vice Chair: Tim Papadopoulos, MD



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Have You Felt the  
**MENTOR® MemoryGel® Xtra**  
Breast Implant?



In a blinded comparison  
**9 out of 10 consumers**  
chose **MemoryGel® Xtra**  
Breast Implants as feeling  
more like a natural breast  
than the other leading brand.\*1



#MemoryGelXtra #MentorBreastImplants #OwnTheDay

\*Head-to-head blinded in-person tabletop product comparison (MemoryGel Xtra vs. Inspira Responsive vs. Inspira Cohesive) with 452 respondents. 1. Mentor Consumer Preference Market Research Report - July 2017.

**IMPORTANT SAFETY INFORMATION**

MENTOR® MemoryGel® Breast Implants are indicated for breast augmentation in women who are at least 22 years old. Breast implant surgery should not be performed in women: With active infection anywhere in their body; With existing cancer or pre-cancer of their breast who have not received adequate treatment for those conditions; Who are currently pregnant or nursing. Safety and effectiveness have not been established in patients with autoimmune diseases (for example lupus and scleroderma), a weakened immune system, conditions that interfere with wound healing and blood clotting, or reduced blood supply to breast tissue. Patients with a diagnosis of depression, or other mental health disorders, should wait until resolution or stabilization of these conditions prior to undergoing breast implantation surgery.

There are risks associated with breast implant surgery. You should be aware that breast implants are not lifetime devices and breast implantation may not be a one-time surgery. You may need additional unplanned surgeries on your breasts because of complications or unacceptable cosmetic outcomes. Many of the changes to your breast following implantation are irreversible (cannot be undone) and breast implants may affect your ability to breastfeed, either by reducing or eliminating milk production.

Breast implants are not lifetime devices and breast implantation may not be a one-time surgery. The most common complications for breast augmentation with MemoryGel® Breast Implants include any reoperation, capsular contracture, nipple sensation changes, and implant removal with or without replacement. A lower risk of complication is rupture. The health consequences of a ruptured silicone gel breast implant have not been fully established. MRI screenings are recommended three years after initial implant surgery and then every two years after to detect silent rupture.

Detailed information regarding the risks and benefits associated with MENTOR® Breast Implants is provided in the educational brochure for MemoryGel® Implants: Important Information for Augmentation Patients about MENTOR® MemoryGel® Breast Implants. The brochure is available from your surgeon or visit [www.mentorwllc.com](http://www.mentorwllc.com). It is important that you read and understand the brochure when considering MENTOR® MemoryGel® Breast Implants.