

Summer 2022

volume 26, number 3

beauty • artistry • expertise • education

AESTHETIC SOCIETY NEWS

—
The Aesthetic Meeting 2022
In Review

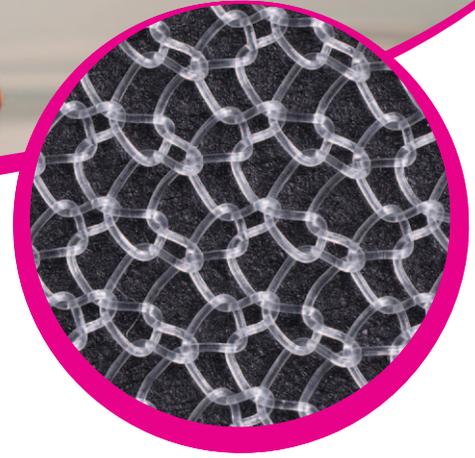
—
Cannabis Use:
It's "High" Time To Consider
The Perioperative Pitfalls

—
ASERF: Updates From
The Foundation

 The Aesthetic Society

"While attending a cooking school on a family trip to Tuscany to celebrate our 30th wedding anniversary, we encountered the hounds of the villa. The compatriot dog was amiable and stayed close to us. This one was more stand-offish, offering a fantastic opportunity to snap this photo of him proudly avoiding us while guarding the entryway against other intruders."
—Brian Brzowski, MD

GalaFLEX
P4HB Scaffold LITE™



Introducing GalaFLEX LITE™

See Strength in a New LITE

We are excited to introduce GalaFLEX LITE, a lightweight, low-profile P4HB scaffold, designed for anatomical compliance, to provide predictable, restorative strength.

Flex Your Options

GalaFLEX LITE expands your selection of P4HB scaffolds, providing more options to better suit your clinical needs and techniques in plastic and reconstructive surgery.

- Developed from P4HB™, a naturally bioabsorbable polymer
- Results in tissue that is 2X stronger than native tissue^{1,2,3}
- Designed for anatomical compliance

Real Strength Starts From Within™



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BD, Franklin Lakes, NJ, 07417, U.S. bd.com

Indications for Use GalaFLEX LITE scaffold is intended to reinforce soft tissue where weakness exists in patients undergoing plastic and reconstructive surgery, or for use in procedures involving soft tissue repair, such as the repair of fascial defects that require the addition of a reinforcing or bridging material to obtain the desired surgical result.

Important Safety Considerations Possible complications include recurrence of the soft tissue defect, infection, seroma, pain, scaffold migration, wound dehiscence, adhesions, hematoma, inflammation and extrusion. The safety and product use of Galatea scaffold for patients with hypersensitivities to the antibiotics kanamycin sulfate and tetracycline hydrochloride is unknown. Galatea scaffolds have not been studied for use in breast reconstructive surgeries. The safety and effectiveness of Galatea scaffold in neural tissue and in cardiovascular tissue has not been established. The safety and effectiveness of Galatea scaffold in pediatric use has not been established.

For complete safety information, consult the GalaFLEX LITE Instructions for Use, which can be found at www.galateasurgical.com/ifu.

1. Preclinical data on file at Tepha Inc. Results may not correlate to clinical performance in humans.
2. 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.
3. Data on File at Tepha.

Galatea Surgical, Inc. is now part of Becton Dickinson & Company. Galatea Surgical © 2022. 500197 Rev C



Aesthetic Society News

Quarterly Newsletter of The Aesthetic Society

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The Aesthetic Society: www.theaestheticsociety.org

ASERF: www.aserf.org

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The Aesthetic Society

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SAFETY MATTERS

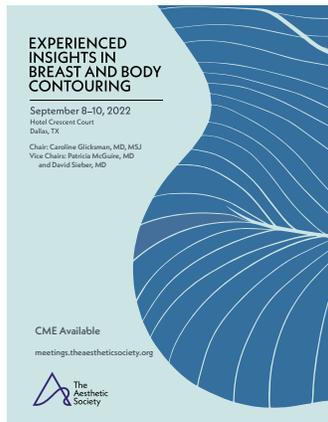
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MEETINGS CALENDAR

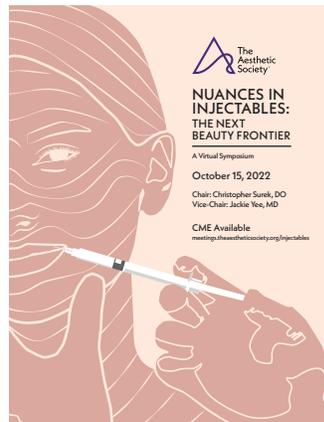
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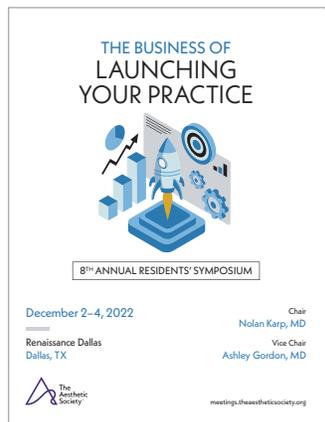
Experienced Insights in Breast and Body Contouring
September 8–10, 2022
 Hotel Crescent Court
 Dallas, TX



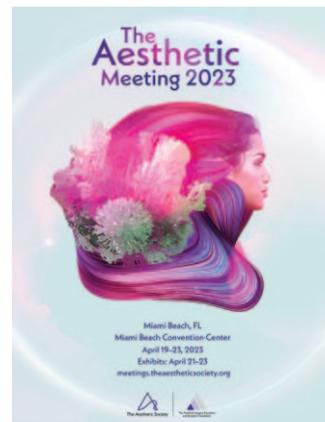
Nuances in Injectables: The Next Beauty Frontier
 A Virtual Symposium
October 15, 2022



Facial and Rhinoplasty Symposium
January 12–14, 2023
 Virgin Hotels Las Vegas
 Las Vegas, NV



8th Annual Residents' Symposium
December 2–4, 2022
 Renaissance Dallas
 Dallas, TX



The Aesthetic Meeting 2023
April 19–23, 2023
 Exhibits: April 21–23
 Miami Beach Convention Center

Jointly provided by



North Carolina Society of Plastic Surgeons Annual Meeting

November 7–9, 2022
 Pinehurst, NC
www.ncsps.com/annual-meeting

2022 Florida Plastic Surgery Forum

December 8–11, 2022
 The Breakers—Palm Beach, FL
www.fpspayment.com/annual-forum

Endorsed by



2022 Indie Aesthetic Surgery Summit

August 28–29, 2022
<https://indieaestheticsurgerysummit.com>

Melbourne Advanced Facial Anatomy Course (MAFAC)

Organized by the Australasian Society of Aesthetic Plastic Surgeons
13–14 October 2022
 RACS Melbourne, Australia
<https://aestheticplasticsurgeons.org.au/events>

ASAPS Annual Conference

Organized by the Australasian Society of Aesthetic Plastic Surgeons
14–16 October 2022
 Hotel Chadstone Melbourne, Australia
<https://aestheticplasticsurgeons.org.au/events>



Meet Madame President, Dr. Jennifer Walden

By Jennifer L. Walden, MD

The Aesthetic Meeting 2022 in San Diego was a huge success and it was so much fun to see friends and colleagues again in person! A big thank you to Dr. Bill Adams, my predecessor, for setting the stage with all his hard work by laying the groundwork for our digital platform advancements and fostering relationships with our global partners.

We should also thank him for that amazing “full throttle” Battle of the Bands reception, like none before! At the meeting I witnessed a collaboration and sense of community that seemed strengthened between peers and colleagues since the pandemic. We all needed social interaction, top-notch educational programs, and networking opportunities with our colleagues at home and internationally—and I was happy to see that full swing in San Diego.

The passing of the gavel and breaking of the glass ceiling, for me and many others in plastic surgery, was one of my life's most memorable events, and I thank everyone for the outpouring of support. I am SO honored to be the first female President of The Aesthetic Society, and to be your President this year! I am grateful for my colleagues in leadership, and for The Society staff (and my own staff) who have supported me through the years. I also want to thank several of my mentors. When I decided I wanted to pursue aesthetic surgery in my third year of residency at the University of Texas Medical Branch after doing an externship at Baker and Stuzin's practice, my chief, Dr. Linda Phillips, fully supported my journey in aesthetic surgery. She has since served as my mentor for the past 25 years.

Dr. Phillips sent me to my first Aesthetic Society meeting when I was a junior resident—Las Vegas 2002. Even as a resident, I was in

awe of what I saw, who I met, and knew I had found my ‘home’ almost immediately. I enjoyed every minute of the meeting and so began my long history with The Aesthetic Society. I remember being accepted into the Manhattan Eye Ear and Throat Hospital Aesthetic Surgery Fellowship less than a year after that meeting, and completely uprooting myself and moving to NYC after spending my whole life in Texas. There began my lifetime love for aesthetic surgery and aesthetic surgery education.

As any basketball fan knows, Michael Jordan continued to have a coach many years into his professional career. I have been very lucky to have that as well, and I want to thank Dr. Sherrell Aston for the mentorship and guidance he has provided. Dr. Aston was selected to receive ASERF's Career Achievement Award this year at The Aesthetic Meeting, and this campaign raised over \$45,000 for the Foundation!

I look forward to serving The Aesthetic Society as its first female president. Born in 1971, I believe it was Title IX¹ that set the stage for me as a young girl. I was able to play sports like the boys did and developed an appreciation for competition, teamwork, victory, and defeat—with all the lessons learned therein. This year I'd like to honor the 55th anniversary of The Aesthetic Society, and the 50th anniversary of Title IX that leveled the playing field in the classroom and for myself and many other women. The face of plastic surgery is changing—nearly 54% of American medical students are women² and I look forward to preserving its culture of meritocracy while inspiring others who may think they don't have access. Becoming the first female president is a fantastic achievement, but what matters most is that I am a board-certified aesthetic



surgeon who will work to advance The Aesthetic Society into the future.

This year I want to enhance our relationships with our global partners and our core specialties right here in the United States to combat the untrained non-cores flooding the market. I also will strive to modify access to The Aesthetic Society in an effort to reach younger surgeons in the specialty. My vision also includes supporting our members on the business side of plastic surgery and medical aesthetics, so stay tuned on that front in my monthly newsletter and more.

Together we are always stronger than separate, and I look forward to serving you this year! I can be reached at: drwalden@theaestheticsociety.org.

Dr. Jennifer Walden is a plastic surgeon who practices in Austin, TX and is fellowship-trained in Aesthetic Surgery. Dr. Walden founded her business Walden Cosmetic Surgery & Laser Center in 2011 after moving from NYC to Austin after the birth of her twin sons, Houston and Rex. She operates in her own fully accredited operating suite with a 100% aesthetic surgery practice and two medical spas in Austin (The MedSpa Austin in Westlake and The MedSpa at NW Hills), as well as a medical spa in New York City's Midtown (Skintology MedSpa), with another location opening in TriBeca this summer. Dr. Walden resides with her now 11-year old sons (soon to be in 6th grade), in Westlake Hills, Texas.

1. US Department of Education (ED). (2021, August 20). Title IX and sex discrimination. Home. Retrieved April 13, 2022, from www2.ed.gov/about/offices/list/ocr/docs/tix_dis.html
2. 2021 fall applicant, matriculant, and enrollment data tables. (n.d.). Retrieved April 13, 2022, from www.aamc.org/media/57761/download?attachment



Many past presidents were eager to thank Dr. William P. Adams Jr. for his service and to welcome Dr. Jennifer Walden into the role of president.

THE AESTHETIC MEETING



The Aesthetic Meeting 2022: Pure Sunshine, and Not Just the Weather

By Nolan S. Karp, MD

Wow! While that may sum up my thoughts about The Aesthetic Meeting 2022, those of you who couldn't attend may like a bit more elaboration. Although last year marked the return of the in-person Meeting, this year was a very different experience. We were excited to see each other in Miami Beach, but the reality was that the vaccine had only been made available a month prior, masks were still required, and each morning included a health screening.

The recently concluded 2022 Meeting just felt different. The refrain of "Sunny San Diego" seemed to be as much about the Meeting's atmosphere as the weather. Smiling faces were unobstructed and hands were shaken without

reservation. The Aesthetic Marketplace was brimming with exhibitors excited to talk to us about the newest innovations the industry had to offer. It felt fantastic. Thank you to all of the attendees, exhibitors, and staff who made the Meeting so magical.

Special thanks go out to former President Bill Adams who set the tone for the Meeting: full throttle! When he said that he wanted his Presidential Welcome Reception to be a Battle of the Bands, we all knew it was perfectly on-brand, and a very rocking way to kick off the event. And did it ever deliver!? Many attendees came in costume, repping their favorite style of rock attire. Best of all? The

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The Presidential Welcome Reception was a Battle of the Bands, a fundraiser for ASERF, and a rocking good time! The bands competing were H+D featuring Jason Roostaeian, MD vs. The Bone Tones featuring Joe Yaccarino, President and CEO of MTF Biologics.

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The Aesthetic Meeting 2022

Continued from Page 6

event achieved its goal of raising much-needed funds in support of ASERF.

While many aesthetic plastic surgeons enjoyed the in-person camaraderie and education of The Aesthetic Meeting 2022 in San Diego, many participated from their homes. Education is what we do, and virtual attendees were able to experience nearly the exact same education as those in person. If you were unsure where one of the questions pitched to our expert panelists came from, it was probably one of our virtual attendees.

I can list all of the reasons why The Aesthetic Meeting 2022 was such an outstanding event, but as the Program Chair, I might be a bit biased. The education commission exists to further aesthetic surgery, so it's fitting that you hear what aesthetic surgeons thought of the Meeting! See quotes from attendees throughout this article.

Nolan S. Karp, MD is an aesthetic plastic surgeon practicing in New York, NY and serves as the Chair of The Aesthetic Society Program Committee.



While the parties and camaraderie found at The Aesthetic Meeting are essential, it's clear that the Meeting's main purpose is unrivaled aesthetic education.



"I like the new format with a lot packed into the weekend meeting. The all-inclusive program was a terrific new aspect."

—Leo R. McCafferty, MD, FACS

"The Aesthetic Meeting was a wonderful opportunity to ensure all of my patients are offered the safest, most reliable procedures available in plastic surgery. The cadaver lab that was offered to PAs was an amazing experience and I highly recommend [it] to any provider that is injecting."

—Michele Gittings, PA-C



At the Sip N See for Beyond the Before & After, surgeons viewed The Aesthetic Society's new docuseries and mingled with its creators.



The Industry Partner Reception was a prime opportunity for Society members and industry movers-and-shakers to reconnect after the pandemic. And what a view!

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THE AESTHETIC MEETING

The Aesthetic Meeting 2022

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“The Aesthetic Meeting es el evento científico del año que conjuga ciencia, arte y tecnología y aporta de manera significativa al crecimiento de mi practica privada.”

“The Aesthetic Meeting is the scientific event of the year that combines science, art and technology and contributes significantly to the growth of my private practice.”

—Marcelo Uriarte, MD, FACS



The Women Aesthetic Surgeons Reception offered a unique opportunity for women to ruminate on their shared experiences while supporting each other with advice and camaraderie.



At the Practice Transitions Reception, members at all stages in their careers discussed both challenges and opportunities.



The Nurse Cadaver Lab was an unmatched opportunity for surgeons' staff to get hands-on experience.

“There is no better way to get together and share ideas, learn new techniques and discover upcoming technology than The Aesthetic Meeting. For me, it's a must-attend every year.”

—Adam Rubinstein, MD

“This was an excellent meeting, and making all teaching courses free with general registration significantly enhanced my educational experience.”

—Daniel A. Medalie, MD

“I traveled to The Aesthetic Meeting from Mumbai, India. As a young surgeon, the instructional masterclass courses were excellent! The general session and additional courses covered almost the entire spectrum of aesthetic surgical & non-surgical treatments and included topics like practice management and marketing. The ability to dialogue with experts made it one of the best conferences

I have ever been to. The aesthetic marketplace had the best of the companies in aesthetic surgery. The organization of the conference was smooth and the app helped me attend all the sessions I wanted. Overall, I would highly recommend this conference to any plastic surgeon across the world interested in aesthetic surgery.”

—Sudhanva Hemant Kumar, MD

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The Aesthetic Meeting 2022

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The party for the President-Elect, Dr. Jennifer Walden, was a western hootenanny, mechanical bull and all!



"I have been coming to this meeting for 20 years and always learn new things that make me a better and safer surgeon. Thank you for all the effort and thought that goes into it." George Bitar, MD, FACS



Booths in The Aesthetic Marketplace were sold out, and the floor was filled with exhibitors eager to display the latest technology in aesthetic medicine.



THE AESTHETIC MEETING

Highlights of the 2022 Aesthetic Society Member Business Meeting

The Aesthetic Society held their annual Member Business Meeting at The Aesthetic Meeting 2022 in San Diego, CA. A quorum was present and updates on the state of the Society were presented. Other activities included:

- Dr. Tracy Pfeifer presented awards of recognition to representatives from all The Aesthetic Society's Premier Partners (see pages 14–15).
- Members were acknowledged for their exceptional service to The Society in various capacities (see pages 11–13).
- The 2022–2023 Slate of Candidates were presented to the membership and approved by vote.

- Members were nominated by their peers to serve on the 2023 Nominating Committee. The results of the vote were as follows: Drs. Clyde Ishii, Jeffrey Kenkel, Charles Thorne, and Holly Wall, with Barry DiBernardo serving as alternate.

- Making history, The Aesthetic Society President, William P. Adams Jr., MD passed the presidential gavel to Jennifer L. Walden, MD, the Society's first female president.

Congratulations to those voted in to serve on the Board of Directors and Committees of The Aesthetic Society! Your dedicated service will ensure that our organization, and membership will continue to thrive.



Dr. Adams presents the Presidential gavel to Dr. Walden.



The 2021–2022 Aesthetic Society Board of Directors, clockwise from the back left: Luis M. Rios Jr., MD; Jamil Ahmad, MD; Lorne K. Rosenfield, MD; Grady B. Core, MD; M. Bradley Calobrace, MD; Herluf G. Lund, MD; Steven G. Wallach, MD; Trent D. Douglas, MD; Steven Sigalove, MD; R. Brannon Claytor, MD; Louis L. Strock MD; Tracy M. Pfeifer, MD; Melinda J. Haws, MD; William P. Adams Jr., MD; Jennifer L. Walden, MD; and Kiya Movassaghi, MD, DMD.

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Highlights of the 2022 Aesthetic Society Member Business Meeting

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AWARDS PRESENTED



Jerome Klingbeil Award for Teaching Excellence

Barry E. DiBernardo, MD

This award recognizes the efforts and the achievements of outstanding Teaching Course instructors who have donated their time and expertise to furnish significant and long-term contributions to The Society and specialty.



Traveling Professor

Michael C. Edwards, MD



Leadership Award

Charles H. Thorne, MD

This award is presented to a member who shows exemplary leadership, service, creativity, and dedication to the subspecialty of Aesthetic Surgery, advancing the organization in the pursuit of its stated mission. The Award is presented at the discretion of the Board of Directors to recognize a superior contribution to The Society and its members.



Distinguished Service Award

Jeffrey M. Kenkel, MD

This award is presented to members of The Society whose dedication, service, and/or contributions to the development, wellbeing, and success of The Society have been demonstrated over many years and have exemplified action above and beyond the expected or ordinary.



Traveling Professor

Heather J. Furnas, MD



Traveling Professor

Renato Saltz, MD



Special Merit Award

Robert H. Aicher, Esq.

The Award of Special Merit commemorates the paramount contributions to the success and wellbeing of The Society which, in the judgment of the Society, was above and beyond the expected and ordinary. The recipient need not be a member of The Society.



Traveling Professor

M. Bradley Calobrace, MD

Not Pictured:

Traveling Professor

Leo R. McCafferty, MD

Traveling Professor

Holly Wall, MD

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THE AESTHETIC MEETING

Highlights of the 2022 Aesthetic Society Member Business Meeting

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The 2021–2022 Executive Committee congratulates Dr. Walden on her Presidency. L–R: Drs. Bill Adams, Mindy Haws, Jennifer Walden, Tracy Pfeifer, Kiya Movassaghi and Steven Sigalove.



Dr. Walden presents the Presidential Plaque to Dr. Adams, thanking him for his service to The Aesthetic Society.



Tiffany Award
Best Scientific Presentation from the 2021 Aesthetic Meeting: *A Practical Guide to Managing Patients With Systemic Symptoms and Breast Implants*
Drs. Patricia McGuire and Caroline Glicksman.



Simon Fredricks Award
Best Panelist at the 2021 Aesthetic Meeting awarded to Dr. Steven Teitelbaum for his role in the panel, “Rapid Fire Video Solutions to Revision Breast Augmentation.”



Aesthetic Society President, William P. Adams Jr., MD (center), poses with Aesthetic Society staff members Sue M. Dykema, and Debi Toombs, who both received Special Awards.

Special Award
Sue Dykema, CAE
Leading The Aesthetic Society with Skill and Elegance for 25 Years.

Special Award
Debi Toombs
Always Prioritizing the “Why” of The Aesthetic Society and Keeping Our Education Full Throttle.

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- Immediate Past President**
Herluf G. Lund, MD
- ASERF President**
Louis L. Strock, MD

ASJ and ASJ Open Forum Winners from Publications in 2021

ASJ

BEST US PAPER

A Practical Guide to Managing Patients With Systemic Symptoms and Breast Implants

Patricia McGuire, MD; Daniel J. Clauw, MD; Jason Hammer, MD; Melinda Haws, MD; William P. Adams, Jr., MD
Aesthetic Surgery Journal, Volume 42, Issue 4, April 2022, Pages 397–407,
 Published online: October 23, 2021



William P. Adams Jr., MD; Melinda Haws, MD

BEST RESEARCH PAPER

Safety Considerations of Fat Grafting in Buttock Augmentation

Rebecca C. O'Neill, MD; Summer E. Hanson, MD, PhD, FACS; Edward Reece, MD, MBA, FACS; Sebastian Winocour, MD, MSc, FACS
Aesthetic Surgery Journal, Volume 41, Issue Supplement_1, June 2021, Pages S25–S30,
 Published online: May 18, 2021

BEST INTERNATIONAL PAPER

Aspiration Before Tissue Filler—An Exercise in Futility and Unsafe Practice

Greg J. Goodman, MBBS, FACD, GradDipClinEpi, MD; Mark R. Magnusson, MBBS, FRACS; Peter Callan, MBBS, FRACS, MBA; Stefania Roberts, MA, MBBS, FRACP; Sarah Hart, MBChB, NZSCM; Frank Lin, MBBS, FRACS; Eqram Rahman, MBBS, MS, PhD; Cara B. McDonald, MBBS, FACD; Steven Liew, MBBS, FRACS; Cath Porter, MBBS; Niamh Corduff, FRACS; Michael Clague, BSc
Aesthetic Surgery Journal, Volume 42, Issue 1, January 2022, Pages 89–101,
 Published online: January 29, 2021



William P. Adams Jr., MD; Niamh Corduff, FRACS; Mark R. Magnusson, MBBS, FRACS

ASJ OPEN FORUM

BEST DOMESTIC/US-BASED PAPER

Breast Implant Illness: An Expert-Panel Discussion on Current Research

Jeffrey M. Kenkel, MD, FACS; Caroline Glicksman, MD, MSJ; Patricia McGuire, MD; Luis Rios, MD; William P. Adams, Jr., MD
Aesthetic Surgery Journal Open Forum, Volume 3, Issue 3, September 2021, ojab027,
 Published online: June 23, 2021

BEST INTERNATIONAL PAPER

The Usefulness of Magnetic Resonance Angiography to Analyze the Variable Arterial Facial Anatomy in an Effort to Reduce Filler-Associated Blindness: Anatomical Study and Visualization Through an Augmented Reality Application

Marc Mespreuve, MD, PhD; Karl Waked, MD; Barbara Collard, MD; Joris De Ranter, MD; Francis Vanneste, MD; Benoit Hendrickx, MD, PhD
Aesthetic Surgery Journal Open Forum, Volume 3, Issue 3, September 2021, ojab018,
 Published online: May 11, 2021

BEST RESEARCH PAPER

The Combined Effect of Intravenous and Topical Tranexamic Acid in Liposuction: A Randomized Double-Blinded Controlled Trial

Nicolas M. Abboud, MD; Ayush K. Kapila, MBBS, MD, MRCS; Sofie Abboud; Elie Yaacoub, MD; Marwan H. Abboud, MD
Aesthetic Surgery Journal Open Forum, Volume 3, Issue 1, January 2021, ojab002,
 Published online: January 12, 2021



Thank you and
 congratulations to
 all of our award winners!

PREMIER INDUSTRY PARTNERS RECOGNIZED

Thank you, Premier Partners! **INDUSTRY LEADERS WHO SHAPE AESTHETICS**



The Aesthetic Society values our Industry Partners and the ongoing support they provide to The Society and our members. In recognition of this support Dr. Tracy Pfeifer, Industry Relations Chair, and William P. Adams Jr., President, presented each esteemed Premier Partner with the 2022 Industry Partner Award at The Aesthetic Meeting 2022 in San Diego.

Allergan Aesthetics
an AbbVie company

PREMIER PARTNER 10 YEARS



Edrice Simmons
SVP, US Marketing



PREMIER PARTNER 5 YEARS



Jeff Duchemin
VP/GM, US Sales and Commercial Excellence



PREMIER PARTNER 4 YEARS



Stephanie Wenstrup
Executive Director



PREMIER PARTNER 7 YEARS



Erick Brenner
Vice President & General Manager, US Aesthetics

PREMIER INDUSTRY PARTNERS RECOGNIZED

Thank you, Premier Partners! **INDUSTRY LEADERS WHO SHAPE AESTHETICS**

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PREMIER PARTNER 5 YEARS



Lori Tierney
Worldwide President



PREMIER PARTNER 10 YEARS



Keith Martinez
Medical Science Liaison

The partnerships between The Aesthetic Society and industry help support The Society's mission 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. We are deeply appreciative of their support.



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President and Chief Executive Officer

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Thank You to Our Aesthetic Marketplace Vendors

The Aesthetic Meeting 2022 attracted 187 vendors who exhibited in our Aesthetic Marketplace, including 33 first time exhibitors. Many shared that they were very happy to be at a face-to-face meeting. They shared that they felt safe and were impressed with our safety protocols.

We are very appreciative to have such wonderful industry support! Our vendors have helped the specialty grow, improved patient care, and helped our members better strengthen their practices. We look forward to seeing you again at The Aesthetic Meeting 2023 in Miami Beach, FL.

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www.clarius.com

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CosmetiSuite a Division of Meditab Software, Inc.
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Continued on Page 17

Thank You to Our Aesthetic Marketplace Vendors

Continued from Page 16

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Continued on Page 19



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PatientFi, LLC

www.patientfi.com

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Plastic and Reconstructive Surgery

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Senté, Inc.

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www.skinuva.com

Societe Francaise des Chirurgiens Esthetiques Plasticiens

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Sofwave

www.sofwave.com

Solta Medical, a division of Bausch Health US, LLC

www.valeant.com

Stille Surgical, Inc.

www.stille.se

Stratpharma Inc.

www.stratpharma.com

Suneva Medical

www.sunevamedical.com

Surgical Innovation Associates, Inc. (SIA)

www.sia.health



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Terason

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The Aesthetic Guide

www.theaestheticchannel.com

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U.SK Under Skin

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Utah Medical Products, Inc.

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Venus Concept (formerly Neograft)

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EXPERIENCED INSIGHTS IN BREAST AND BODY CONTOURING

September 8–10, 2022

Hotel Crescent Court
Dallas, TX

Chair: Caroline Glicksman, MD, MSJ
Vice Chairs: Patricia McGuire, MD
and David Sieber, MD

CME Available

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Experienced Insights in Breast and Body Contouring—A Hybrid Symposium

Chair: Caroline Glicksman, MD, MSJ • Vice Chairs: Patricia McGuire, MD and David Sieber, MD

Fresh off the heels of The Aesthetic Meeting 2022 is your next opportunity for aesthetic excellence: Experienced Insights in Breast and Body Contouring.

Returning by popular demand are last year's symposium chairs, Caroline Glicksman, MD, MSJ and Patricia McGuire, MD and newly added Vice Chair David Sieber, MD. Their

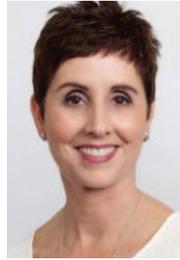
masterfully curated faculty are sure to leave you with insights to immediately implement in your practice.

Join us live in Dallas, Texas at the Hotel Crescent Court. This interactive, intimate symposium is the perfect setting to get your questions answered and interact with your peers.

THIS YEAR'S EXPERT FACULTY



Chair
Caroline Glicksman,
MD, MSJ



Vice Chair
Patricia McGuire, MD



Vice Chair
David Sieber, MD



William P.
Adams Jr., MD



Jamil Ahmad, MD



Al Aly, MD



Ashley Gordon, MD



Kristi Hustak, MD



Nolan Karp, MD



Danielle LeBlanc, MD



Steve Sigalove, MD



Louis Strock, MD



Jennifer Walden, MD

SYMPOSIUM SPOTLIGHT

This year we are excited to offer a hands-on High Resolution Ultrasound course granting a certificate of course completion!* HRUS implementation is rapidly becoming the 'new normal' in aesthetic surgery. The Florida Medical Board recently mandated surgeons use ultrasound technology when performing BBLs to avoid injecting fat into the muscle. This course is the perfect way to hone your expertise in the technology, and the certificate offered will provide proof of your heightened training to your patients!

After participating in this session, attendees should be able to:

- Identify intact or ruptured silicone gel implants, textured vs. smooth shells, multi-lumen implants and saline implants.
- Recognize late seromas, hematomas and double capsules
- Illustrate how to identify the pocket location, soft-tissue coverage, other implant shells, and capsule issues such as double capsules and folds.
- Evaluate seromas/hematomas in abdominoplasty, body contouring, and breast reconstruction.
- Analyze HRUS intra-operative applications such as:
 - TAP blocks
 - Intraoperative pain management
 - Fat transfer safety
 - Location of deflated saline implants
- Identify previous applications of facial fillers, neurotoxin injections, and submandibular gland identification.
- Implement the informed consent process for HRUS to include data collection and sharing, and billing options.

*Certificate of completion available to in-person attendees only.

**SEE FULL PROGRAM
ON NEXT PAGE**

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Experienced Insights in Breast and Body Contouring—Program

Continued from Page 21

Thursday September 8

4:00pm–8:30pm

[Registration Open](#)

4:30pm–5:30pm

[Meet & Greet Reception](#)

5:30pm–5:35pm

Welcome and Introduction

Caroline Glicksman, MD, MSJ

5:35pm–7:00pm

SURGERY LOUNGE DISCUSSIONS

Moderators: Patricia McGuire, MD and David Sieber, MD

FDA Update on the Breast Implant Check List

Patricia McGuire, MD

Aesthetic One App: Benefits for Your Practice—Why Now?

Caroline Glicksman, MD, MSJ

The ASERF Research Consortium: Can You Fund Your Study and Publish Your Ideas?

Louis Strock, MD

Topic TBD

Jennifer Walden, MD

7:00pm–8:00pm

Look-Live Surgery: Augmentation-Mastopexy

Presenter: William P. Adams Jr., MD

Contributors: Steve Sigalove, MD; Melinda Haws, MD and William P. Adams Jr., MD

Panel: William P. Adams Jr., MD; Louis Strock, MD; Patricia McGuire, MD and Steve Sigalove, MD

Audience Moderators: Danielle Le Blanc, MD and David Sieber, MD

Friday September 9

7:00am–8:00am

[Breakfast with Exhibitors](#)

8:00am–9:20am

Panel: Managing the Explantation Patient—The Good, the Bad, and the Ugly

Experienced Insight: Ashley Gordon, MD

Pundit: Jennifer Walden, MD

Analyst: Caroline Glicksman, MD, MSJ

Panel: Ashley Gordon, MD; Caroline Glicksman, MD, MSJ; David Sieber, MD; Louis Strock, MD and Jennifer Walden, MD

Audience Moderators: Kristi Hustak, MD and Patricia McGuire, MD

9:20am–10:40am

Panel: Transgender Augmentation—Beating the Learning Curve

Experienced Insight: Patricia McGuire, MD

Pundit: Nolan Karp, MD

Analyst: Kristi Hustak, MD

Panel: Patricia McGuire, MD; Kristi Hustak, MD; David Sieber, MD and Danielle LeBlanc, MD

Audience Moderators: Jamil Ahmad, MD and Nolan Karp, MD

10:40am–11:10am

[Break with Exhibitors](#)

11:10am–12:30pm

Panel: Advanced Lipoabdominoplasty

Experienced Insight: Kristi Hustak, MD

Pundit: Al Aly, MD—Seroma Management

Analyst: Jamil Ahmad, MD

Panel: Patricia McGuire, MD; Kristi Hustak, MD; Jamil Ahmad, MD; Al Aly, MD and David Sieber, MD

Audience Moderators: Caroline Glicksman, MD, MSJ and Jennifer Walden, MD

12:30pm–1:30pm

[Lunch with Exhibitors](#)

1:30pm–3:30pm

High Resolution Ultrasound for the Plastic Surgeon

Instructors: Patricia McGuire, MD; William P. Adams Jr., MD; Nolan Karp, MD; Caroline Glicksman, MD, MSJ

Surgeons who complete this two-hour hands-on course (in-person ONLY), including pre and post evaluations, will receive a HRUS Training Certificate of Completion.

3:30pm–4:00pm

[Beer Break with Exhibitors](#)

4:00pm–5:00pm

Panel: Mastopexy—Augmentation Soft Tissue Support?

Experienced Insight: Steve Sigalove, MD

Pundit: Ashley Gordon, MD

Analyst: Louis Strock, MD

Panel: Steve Sigalove, MD; Jennifer Walden, MD; Ashley Gordon, MD and Nolan Karp, MD

Audience Moderators: Patricia McGuire, MD and Kristi Hustak, MD

5:00pm–6:30pm

Panel: Revision Reconstruction—Conversion of Sub-Pectoral to Pre-Pectoral Breast Reconstruction

Experienced Insight: Danielle Le Blanc, MD

Pundit: Nolan Karp, MD—Aesthetic Flat Closure—An Option in Conversion

Analyst: Steve Sigalove, MD

Panel: Danielle Le Blanc, MD; Nolan Karp, MD and Steve Sigalove, MD

Audience Moderators: Kristi Hustak, MD and Caroline Glicksman, MD, MSJ

Saturday September 10

7:00am–8:00 am

[Breakfast with the Exhibitors](#)

8:00am–9:00am

Panel: Breast Augmentation—Back to Basics (Honoring John Tebbetts, MD)

Experienced Insight: William P. Adams Jr., MD

Pundit: Jamil Ahmad, MD

Analyst: Caroline Glicksman, MD, MSJ

Panel: William P. Adams Jr., MD; Jamil Ahmad, MD; Patricia McGuire, MD and Caroline Glicksman, MD, MSJ

Audience Moderators: David Sieber, MD and Danielle Le Blanc, MD

9:00am–10:30am

Panel: BI—Results of the ASERF Research Study Parts I–III

Speakers: Caroline Glicksman, MD, MSJ and Patricia McGuire, MD

Pundit/Analyst: William P. Adams Jr., MD

Panel: Nolan Karp, MD; Louis Strock, MD; William P. Adams Jr., MD; Patricia McGuire, MD and Caroline Glicksman, MD, MSJ

Audience Moderators: David Sieber, MD and Jamil Ahmad, MD

10:30am–11:00am

[Break with the Exhibitors](#)

11:00am–11:15am

The Aesthetic Society: Presidential Update

Jennifer Walden, MD

11:15am–12:20pm

Panel: Considerations to Enhance Aesthetic Results and Safety of Buttock Augmentation:

Experienced Insight: Jamil Ahmad, MD

Pundit: Ashley Gordon, MD

Analyst: Al Aly, MD

Panel: Kristi Hustak, MD; Al Aly, MD; David Sieber, MD and Jennifer Walden, MD

Audience Moderators: Patricia McGuire, MD and Louis Strock, MD

12:20pm–1:20pm

[Lunch with the Exhibitors](#)

1:20pm–2:20pm

Panel: High-Def Liposuction—Creating Long Term Outcomes, Preventing Complications

Experienced Insight: David Sieber, MD

Pundit: Al Aly, MD

Analyst: Louis Strock, MD

Panel: David Sieber, MD; Al Aly, MD; Louis Strock, MD and Kristi Hustak, MD

Audience Moderators: Patricia McGuire, MD and Steve Sigalove, MD

2:20pm–3:00pm

[Break with Exhibitors](#)

3:00pm–4:00pm

Panel: Hot Topics in Cellulite Treatment—What's New/What Works/What Doesn't

David Sieber, MD

Al Aly, MD

Ashley Gordon, MD

Jennifer Walden, MD

Panel: Ashley Gordon, MD, Jennifer Walden MD, David Sieber, MD, and Al Aly, MD

Audience Moderators: Caroline Glicksman, MD, MSJ and Patricia McGuire, MD

[Adjourn](#)



NUANCES IN INJECTABLES: THE NEXT BEAUTY FRONTIER

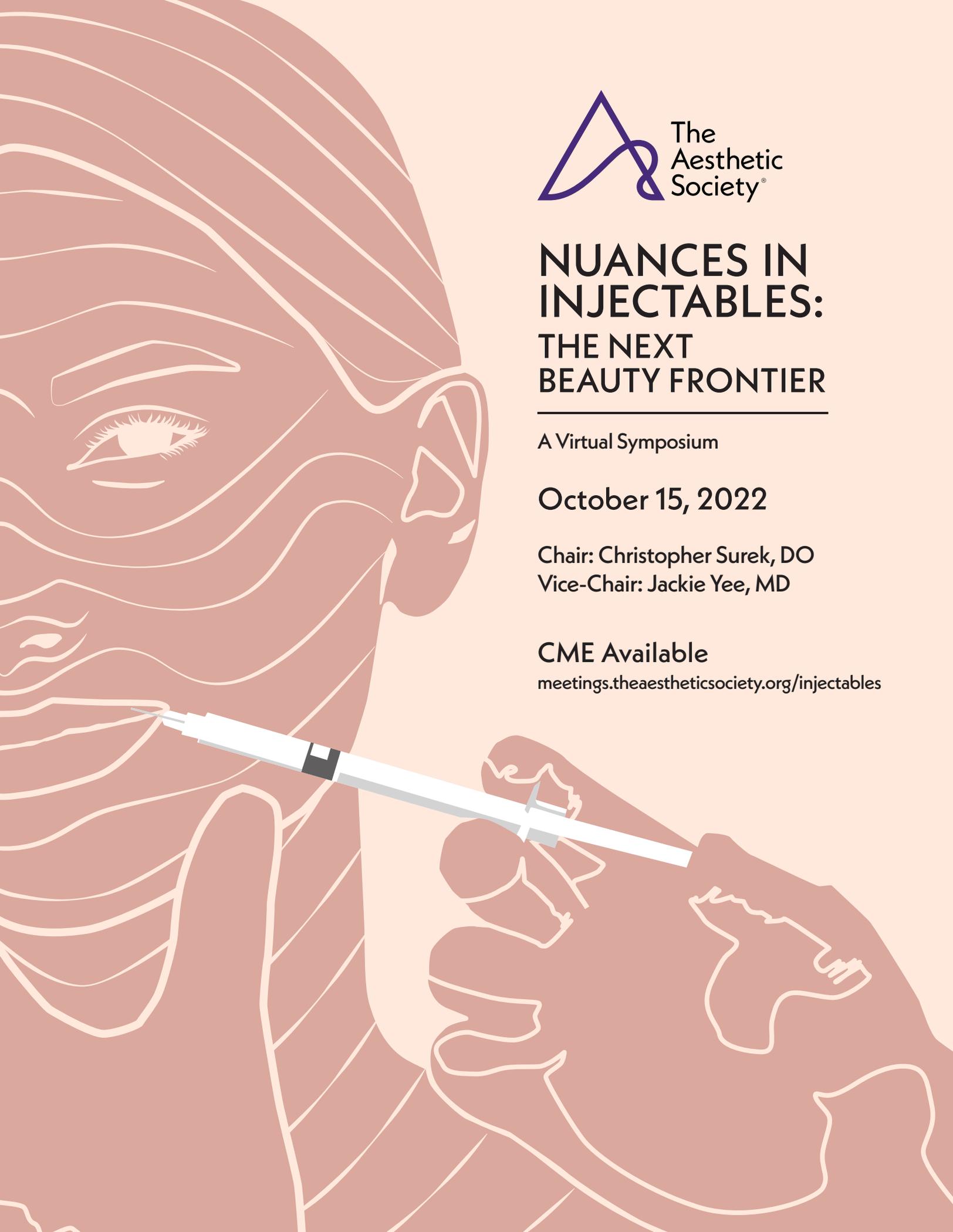
A Virtual Symposium

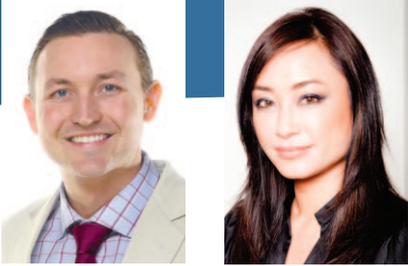
October 15, 2022

Chair: Christopher Surek, DO
Vice-Chair: Jackie Yee, MD

CME Available

meetings.theaestheticsociety.org/injectables





Nuances in Injectables: The Next Beauty Frontier

Co-Chairs: Chris Surek, DO and Jackie Yee, MD

Save the date! Another excellent opportunity for unparalleled Aesthetic Society education is set for October 15, 2022. Chris Surek, DO, and Jackie Yee, MD return to again chair Nuances in Injectables: The Next Beauty Frontier. This virtual symposium features an outstanding faculty gathered together, instructing and demonstrating live from Dallas, TX.

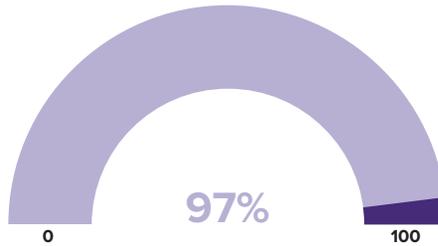
Last year, over 5,500,000 toxin and filler procedures were performed, far outstripping all other aesthetic procedure categories. That's a 41% increase over 2020¹. The education offered at this symposium could help position you as an expert in these highly sought-after procedures.

Do you think this education would be perfect for your staff? We do too! Registration is open to your Aesthetic Care Team. The skills taught might be just the injection your practice needs!

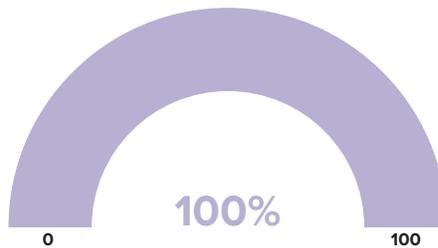
The feedback from last year speaks for itself—this highly condensed, veteran-level symposium is indispensable for both surgeons and staff!

Reference:

1. Aesthetic Plastic Surgery National Database 2021. theaestheticsociety.org/statistics.



PARTICIPANTS WHO REPORTED EITHER 'SATISFIED' OR 'VERY SATISFIED' WITH THE OVERALL EDUCATIONAL CONTENT: 97%



PARTICIPANTS WHO REPORTED EITHER 'SATISFIED' OR 'VERY SATISFIED' WITH THE VIRTUAL PLATFORM: 100%

“I think the virtual platform was great for this highly-focused topic, because it allowed for concentrated learning. The symposium was filled with detailed, advanced information for experienced injectors, with excellent faculty, in an efficient format.”
—Bonnie Baldwin, MD

Leading the Way in Aesthetic Plastic Surgery



The 2020–2021 Aesthetic Plastic Surgery Databank Statistics are now available for review, and feature data derived from ANN.

ANN is available to power your practice with data while contributing to future statistical reports. Visit ann.theaestheticsociety.org to get started.

ANN is a complimentary and exclusive benefit available to Active Aesthetic Society members in the US.

Access the latest report at theaestheticsociety.org/statistics





FACIAL AND RHINOPLASTY SYMPOSIUM

January 12–14, 2023

Virgin Hotels Las Vegas
Las Vegas, NV

Co-Chairs: Christopher Surek, DO
and Jason Roostaeian, MD

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Patient and Physician Wellness: A Holistic Approach

By Emily Hartmann, MD



In my third year of practice, I experienced one of those pivotal cases that change you forever; a dramatic wake up call. She was a seemingly routine labiaplasty whose goals and needs were normal by all accounts. Two days post operation, she was in my office in tears and presenting with suicidal ideation. I admitted her to inpatient treatment, only to reveal that she had experienced sexual trauma as a child, and this trauma was triggered by her surgery. As concerned as I was for her safety, I was also absolutely floored that something I had done- not only didn't help her- it HURT her. Where did I fail her? I was determined to create a system that might help avoid this scenario in my future practice.

In training I was reminded often of the "do no harm" section of the Hippocratic Oath. My mentors taught me that the most difficult decision to learn is when not to operate, especially within the context of psychiatric disorders, homelessness, or the very sick. I found in the practice of aesthetic surgery, this topic was much more nuanced. How could I prevent the outcome I had experienced with my labiaplasty patient?

Early in my practice, I began to notice a subset of patients who had more vague requests and it was difficult to sort out what they were looking for; we all deal with them and maybe the best way to categorize them is the "what do you think I need" patient. Once we explored options and found a plan for them, they would undergo surgery and often have a muted response to their results. Where I saw a nice result and successful surgery, they were either ho-hum or unhappy. I assumed it was because I had not appropriately laid out expectations for them, but my gut, was telling me that there was more the story that they did not divulge. What underlying issue had I failed to perceive? I didn't think the patients were deceiving me, but it certainly seems that many people don't want to burden their surgeon or found it

irrelevant. I found this to be especially true in the realm of cosmetic surgery, where patients are paying large sums of money, and medicine feels much more transactional. If we are to honor our Hippocratic Oath, I feel we must delve deeper into the "why" and uncover a more whole and complete understanding of our patients. What I am suggesting here, is that we take a holistic approach which would include the mind, body and soul with a focus on approaching the deeper issues at play, such as, unresolved traumas. Rather than a band aid over a wound, this would help us heal our patients in more profound ways. We all know that aesthetic cases can be transformative when performed under the best circumstances; how do we help cultivate those circumstances for every patient? How could I develop a trauma informed system to

In training I was reminded often of the "do no harm" section of the Hippocratic Oath. My mentors taught me that the most difficult decision to learn is when not to operate, especially within the context of psychiatric disorders, homelessness, or the very sick.

Continued on Page 29

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Exhibits: April 21–23
meetings.theaestheticsociety.org

Patient and Physician Wellness: A Holistic Approach

Continued from Page 27

stratify patients into categories of surgical preparedness? I knew the questions that I wanted to answer, and I allowed them to form the foundation from which I built my new practice.

Fast forward 3 years, I now have the practice of my dreams. Adjacent to my office is a brick-and-mortar wellness center where patients are referred for surgical optimization. On the day of their consultation, they are placed into one of two categories: 1) Ready to schedule surgery, or 2) Not ready to schedule surgery. Group one is placed in the traditional preoperative pathway in addition to modalities at the wellness center focused on stress and anxiety reduction, anti-inflammatory herbal supplements to minimize narcotic use, and nutrition support to optimize healing. Patients in the second group are evaluated by an integrative, allopathic trained and trauma informed, Nurse Practitioner who determines if they need three-, six-, or twelve-month optimization based on their individualized needs. This is a dynamic process with the goal of whole health analysis which include mind, body, spiritual, and environmental support.

While the system is young in production, I am inspired by the results thus far. My dream is to help patients walk through this life with grace, using the momentum they have taken to walk through my door. I want to make a profound impact on people, and perhaps, this will involve doing surgery on them, if it is in alignment with their goals and needs... or perhaps they will realize surgery is not something they needed after all. Then and only then will I have truly served them.

Emily Hartmann, MD is in solo private practice, providing aesthetic and reconstructive surgery in Chico, CA. She is the mother of three children and is the founder of Beauty Eternal Plastic Surgery + Medspa as well as Eternal Wellness Spa. She has been a member of The Aesthetic Society since 2019. Prioritizing the wellbeing of the patient is integrated into every aspect of what Dr. Hartmann does in her business, and she has found success in integrating the wellness aspect to her spa. If you are interested more in Dr. Hartmann's unique wellness program for her spa, please contact her at emilyhartmann@mac.com.



A Related Note from The Aesthetic Society President

By Jennifer L. Walden, MD, FACS • President, The Aesthetic Society



She created a full wellness center at her practice after sensing patients needed more than 'just the aesthetic surgery' and knowing of course that physicians fundamentally benefit when our patients are happy and made whole, mind and body.

I asked Dr. Emily Hartmann to write an article on patient, staff, and physician wellness recently with burnout being a common issue for physicians and nurses, especially since Covid has placed so much strain on our healthcare system. With a unique take on the traditional medical spa blueprint, Dr. Hartmann has created a wellness spa for her patients with the mission to provide her community with data-driven holistic services. Being a medspa junkie myself, I found this fascinating. She created a full wellness center at her practice after sensing patients needed more than 'just the aesthetic surgery' and knowing of course that physicians fundamentally benefit when our patients are happy and made whole, mind and body. Equally as important, just recognizing when NOT to operate, and the warning signs for disgruntled or perpetually unhappy patients with deeper issues than just the external perceived area of their concern.

Since the time I initially asked Dr. Hartmann to write about this topic for ASN, we have unfortunately experienced horrific gun violence in both Uvalde, Texas and Tulsa, Oklahoma. To me, this magnified the need to always be aware of our surroundings as well as look for warning signs and red flags of this disgruntled patient, and to be aware of signs and symptoms of physician burnout and how to address them.

The unspeakable tragedy that took place in Tulsa, Oklahoma recently was indeed a reminder of the threats and pressure placed

upon physicians, nurses, and the entire health care team. The surgical community is closely knit, and a tragic loss of a fellow physician impacts us all. Small measures can make a big difference in disaster or violence preparedness. In my office, for example we have in place security and safety response protocols as per AAAASF to protect our patients, nurses, physicians, and office personnel. This includes security camera and alarm systems (with apps on my iPhone for all locations), and strong relationships with the property management and neighborhood law enforcement. We hold mock drills at least annually with heightened awareness of how to deal with an unruly or violent intruder. We hope to never have to implement these strategies, but at least we stay on the same page about how to protect our staff and patients if we were challenged.

As a medical community, it's important to prioritize the safety and wellness of physicians and our health care team. In that effort, the following resources and statements are available to you:

Scan or click the QR code to view resources on workplace safety and burnout.



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A Tribute to Dr. John Tebbetts

By William P. Adams Jr. MD

John Beryl Tebbetts (aka JBT, JB, Bro and Bubba) embodied true greatness in plastic surgery. He was very driven and focused on his passions. When asked less than a year before his untimely passing, “After you’re gone, what lessons would you like people remember about you?” JBT answered:

“F--- them. Yep, f--- them. Get it right for you. Get it right for you and nothing else matters.”

That was the essence of John Tebbetts, a truly unique individual, who lived a Full Throttle life. Much of it unsuited for being detailed in this venue! His motto was *‘work hard, play hard’* and he, no doubt, did that with multiple hobbies including fishing, general contracting, photography, metal sculpting/design, drones, guns, and riding dirt bikes in Moab, Utah.

He worked closely with others in industry including Dan Carlise, with whom he designed form-stable, anatomic breast implants. The design changed the paradigm for breast surgery forever—education/planning and execution—and this was a huge positive for patients.

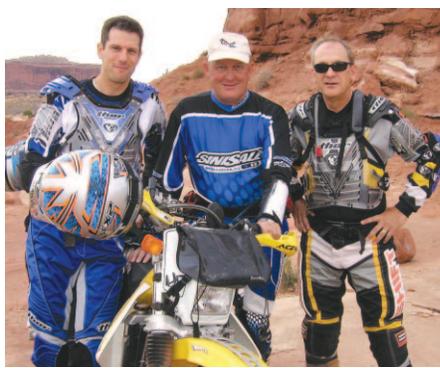
He lived life with a big heart but didn’t have time for politics. He saw everything, including people, for what they were, and was not shy to voice his opinion; he was insightful and usually spot-on. He could be a tough guy to work with, for which he made no apologies. JBT was famous for his “life lesson” quotes that always got to the point succinctly and accurately, including an all-time favorite:

“If you’re floating around in a toilet bowl full of turds, you can delude all you want, but at the end of the day, you’re just a slimy turd. Better to not fall (or stroll) into the toilet bowl in the first place.”

Despite his very black and white perspectives, he made huge contributions to the field of plastic surgery in breast and rhinoplasty. For those who jumped on his wagon, he provided a unique education and perspective that has now been carried forward and advanced by subsequent generations. As a long time Aesthetic Society member, he contributed during many educational events. He was my #1 mentor for breast surgery and during the many evenings, weekends, and trips to Moab, we broke down all of the subjects, debated topics, and formulated publications. It was a true PhD experience, unique in many ways, that resulted in a very close, life-long bond and friendship.



The greatest thing about Bubba was all the non-plastic surgery stuff. He was tons of fun to hang out with and the LAST thing he would want anybody doing was reading an overly baroque obituary about him.



The greatest thing about Bubba was all the non-plastic surgery stuff. He was tons of fun to hang out with and the LAST thing he would want anybody doing was reading an overly baroque obituary about him. If you want to really understand him—don’t even try—you can read his many papers and begin to understand what he stood for. He looked at life very simply but also with a scientific approach. Another of his famous quotes:

“You are dead right. What you need to do is shove a Trackdot up your backside. Then you would at least have a chance of knowing

WHERE YOU ARE. But that’s only a start. Then you would have to decide where IN THE HELL you want to go.”

He believed intensely in purpose and accountability, and believed this to be the most important lesson to pass on to children and colleagues. Nevertheless, the last thing he would want is for people to lament in his departure. Instead, he would rather you have a “big ass Crown and 7” and toast his life and accomplishments.

Cheers, brother. We miss you!

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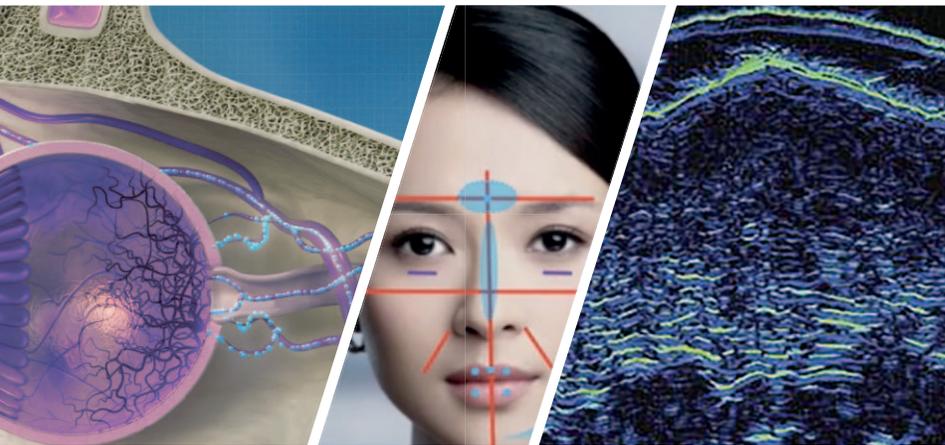
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ASJ and ASJ Open Forum

The June issue of ASJ is live here: <https://bit.ly/3MLnYeo>

ASJ & ASJ OPEN FORUM EVENTS IN SAN DIEGO AT THE AESTHETIC SOCIETY MEETING 2022

We all thoroughly enjoyed reconnecting in person during our society's annual meeting. We held our annual editorial board meeting, the 5th Annual ASJ-Galatea Surgical Champagne Toast, and the ASJ Book Giveaway.



Immediate Past President Dr. Bill Adams and Dr. Jennifer Jordan pose with Dr. Bruce Van Natta, Dr. Steven Sigalove, Dr. Jason Roostaiean, Dr. Tracy Pfeifer, Dr. Mindy Haws, Dr. Christian Chartier, Phaedra Cress, Abby Pugh, Laura Simson, and Anastasia Cyzewski.



ASJ and ASJ Open Forum staff pose with winners of the ASJ Book Giveaway in San Diego. Congratulations to all the winners and special thanks to all the authors who generously donated copies of their books for this event.



The 5th Annual ASJ-Galatea Surgical Champagne Toast was a huge success with standing room only inside the booth. VP/GM BD Interventional Surgery Jeff Duchemin raised a glass with Editor in Chief Dr. Foad Nahai to kick off the event.



Team ASJ at Dr. Walden's country-themed party (Abby Pugh, Anastasia Cyzewski, Laura Simson, and Phaedra Cress).



Dr. Nicolas A. Abboud, winner of the Best Research Paper for ASJ Open Forum with EIC Dr. Foad Nahai.

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on PatientFi savings



Did you know saving on processing fees with PatientFi can help offset your annual Aesthetic Society membership dues?

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ASJ and ASJ Open Forum

Continued from Page 33

ASJ OPEN FORUM

We are now accepting applications for Editor in Chief of *ASJ Open Forum*. Applicants may apply here: www.theaestheticsociety.org/eicapply and will begin in January 2024. We encourage interested members of our society to review the responsibilities and qualifications and to apply to work with an excellent editorial team on an award-winning journal. The deadline to apply is August 1.

INTERNATIONAL TRAVEL AND PARTNERSHIPS

We encourage you to join us at upcoming international meetings. Phaedra Cress recently attended the XII Spring Academy VDAEPC Association of German Aesthetic Plastic Surgeons meeting in Berlin and she and Dr. Foad Nahai were present at the IMCAS meeting in Paris. We look forward to connecting with you and discussing new partnerships to expand the reach of our journals and access by international plastic surgeons. If you are involved with international plastic surgery societies and would like to recommend a partnership with ASJ, please contact phaedra@theaestheticsociety.org.

ASJ JOURNAL CLUB AND ASJ GEMS UPDATE

Thanks to all who've participated in these webinars as discussants, authors, experts, and attendees. We're changing the frequency from monthly to bi-monthly beginning this month. Please continue to join us and email anastasia@theaestheticsociety.org to register.

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Did you know you can receive daily, weekly, and monthly updates on new articles published in our family of journals? You can customize what you'd like and how often you'd like to receive it here, to ensure you don't miss important content.

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Laura Simson and Anastasia Cyzewski in the ASJ & ASJ Open Forum booth in San Diego.

A lovely boat cruise in Berlin, Germany with Dr. Jamil Ahmad, Dr. Rajat Gupta, Dr. Dominik von Lukowicz, Phaedra Cress, Dr. Frank Muggenthaler, and Julian Gütermann.



Dr. Steven Sigalove presents on behalf of The Aesthetic Society on the treatment of multi-recurrent capsular contracture in aesthetic breast surgery in Berlin, Germany.



Phaedra Cress meets with ASJ Open Forum author Dr. Jens Altmann from Lindau, Germany.



The annual meeting of the ASJ and ASJ Open Forum Editorial Boards was well attended this year in San Diego.

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Thank You, Bob Aicher

Bob Aicher, General Counsel to The Aesthetic Society for 33 years, retired following The Aesthetic Meeting 2022 in San Diego. His expertise and guidance were an invaluable resource to The Society's leadership, staff and members. Beyond that, his camaraderie, friendship, and sense of humor are gifts that will be treasured in the minds and hearts of all those he served.

If you would like to reach out to Bob with a personal note of thanks, he may be reached at 212 Glen Summer Road, Pasadena, CA 91105.



Wherever Bob goes, laughter isn't far behind.

“Serving as The Aesthetic Society’s General Counsel has been my dream job. Thank you all for your trust in me and for the many good times, which I treasure.”

Bob didn't have the weight of the whole world on his shoulders—just the aesthetic surgical world!



Bob with his wife Jill, who is often seen at his side.



Beloved by many, his retirement party certainly drew a crowd of fans and wellwishers!

Welcome New Members

ACTIVE MEMBERS—UNITED STATES AND CANADA



John S. Aker, MD
Carmel, IN



Joyce K. Aycock, MD
Denver, CO



Erica L. Bartlett, MD
Houston, TX



Christopher M. Bates, MD
Ponte Vedra Beach, FL



Martin A. Benjamin, MD
Scottsdale, AZ



Justin H. Booth, MD
Austin, TX



Jonathan P. Brower, MD
Providence, RI



Daniel R. Butz, MD
Mequon, WI



Carey F. Campbell, MD
Memphis, TN



Catherine Chang, MD
Los Angeles, CA



Steven A. Clark, MD
McKinney, TX



Amy S. Colwell, MD
Boston, MA



James Conkright, MD
Evansville, IN



Bryan J. Correa, MD
The Woodlands, TX



Lily Daniali, MD
Denver, CO



Mark A. Daniels, MD
Fort Worth, TX



Jared M. Davis, MD
Canton, MS



Oliver A. Deigni, MD
Houston, TX



Matthew Delmauro, MD
New York, NY



Paul D. Durand, MD
Coral Gables, FL



Steven A. Earle, MD
Miami, FL



Bradley S. Eisemann, MD
Houston, TX



Courtney J. El-Zokm, MD
Houston, TX



Benjamin D. Eskra, MD
Kinston, NC



Stephanie E. Farber, MD
Atlanta, GA



Peter A. Felice, MD
Greenville, SC



Joseph A. Franklin, MD
Cary, NC



Daniel J. Gould, MD
Marina del Rey, CA



Meegan M. Gruber, MD
Sarasota, FL



Vinay S. Gundlapalli, MD
Mullica Hill, NJ

Continued on Page 39

Welcome New Members

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Kristopher B. Hamwi, MD
Sarasota, FL



Eugene C. Hsiao, MD
Indianapolis, IN



Duncan B. Hughes, MD
Raleigh, NC



Carmen M. Kavali, MD
Atlanta, GA



Danielle Le Blanc, MD
Fort Worth, TX



David T. Lee, MD
Chelmsford, MA



Richard K. Lee, MD
Roseville, CA



David Light, MD
Lloyd Harbor, NY



Victor K. Liu, MD
Burlingame, CA



Maria M. LoTempio, MD
New York, NY



Milorad Marjanovic, MD
Hummelstown, PA



David W. Mathes, MD
Aurora, CO



Elise Marie May, MD
Amarillo, TX



Bernardino M. Mendez, MD
Lombard, IL



Farid Mozaffari, MD
San Diego, CA



Gregory P. Mueller, MD
Beverly Hills, CA



Daniel Murariu, MD
Pittsburgh, PA



Narayanan M. Nair, MD
Beverly Hills, CA



Jared Nimitz, MD
Lexington, KY



Fadi Nukta, MD
Ashburn, VA



Stanley Ogu, MD
Sugar Land, TX



Barbara Persons, MD
Lafayette, CA



John M. Pierce, MD
Scottsdale, AZ



Benson Pulikkottil, MD
Denver, CO



William J. Rahal, MD
Beverly Hills, CA



Scott M. Reis, MD
Houston, TX



Pedro Rodriguez, MD
Rockford, IL



Paul H. Rosenberg, MD
Fort Lee, NJ



Konrad Sarosiek, MD
Brentwood, TN



Nirav B. Savalia, MD
Newport Beach, CA

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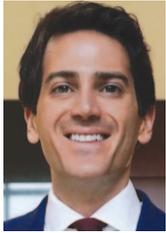
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Welcome New Members

Continued from Page 39



Ira L. Savetsky, MD
Plano, TX



Darren Michael Smith, MD
New York, NY



Victor E. Stams, MD
Champaign, IL



Ashley J. Steinberg, MD
Houston, TX



Lukasz Swistun, MD
La Jolla, CA



Derek D. Ulvila, MD
San Francisco, CA



Genaro F. Valladolid, MD
Phoenix, AZ



Lambros Viennas, MD
Norfolk, VA



Marc Walker, MD
Jackson, MS



Denton Watumull, MD
Richardson, TX



Anthony Joseph Wilson, MD
Portsmouth, NH

NEW MEMBERS—INTERNATIONAL



Haldun O. Kamburoglu, MD
Ankara, Turkey



Jae In Kim, MD
Jeju-si, South Korea



Gustavo Jimenez Munoz
Ledo, MD
Guadalajara, Mexico



Patrick Mallucci, MD
South Kensington,
United Kingdom



Ewa A. Siolo, MD
Johannesburg, South Africa



Nashielli Torres
Espinosa, MD
Jalisco, Mexico

Thank you for becoming a member of The Aesthetic Society!
We're proud that you've joined our ranks as one
of the most advanced aesthetic plastic
surgeons in the world.

We can't wait to see how you and your practice
Go Beyond in the coming years!

Taking cost conversations with patients from “hate” to “great.”

Aesthetic plastic surgery professionals in all roles admit they dread discussing money with patients. And yet, thoughtful cost-of-care conversations can actually help build trust with patients, reinforce the value of your expertise, and strengthen your practice.



Start from your patients' point of view.

It's easier to have a comfortable conversation of any kind when you understand the other person's concerns, and that's

especially true for cost conversations. Consider that patients may be looking at significant out-of-pocket costs for the procedure they want so cost can be a real concern. In fact, consumers spend more time researching payment information than the actual provider(s), specifically cost or fees.¹ And 89% say they want to know their payment responsibility up front.²

Letting patients know you empathize with their questions about cost can lead to a discussion about the value of the look they want or need.

Show patients the way to “here's how.”

As patients consider the best choice for their financial circumstances, they may be relieved to hear about financing options that allow them to make monthly payments over 6 months or more. The conversation can be even more effective when you include visuals to help patients see what to expect. When you accept CareCredit at your practice, you can use the **Payment Calculator** to show them what their estimated monthly payments would be with the CareCredit

credit card. It's a great way for them to see how to fit the procedure they want into their budget with no need to delay. This can be an exciting realization that leads to a discussion about moving forward and scheduling their procedure.

Help patients see what's possible.

Great conversations can change lives.

“I am so thankful for CareCredit. Because of you, I was blessed to be able to have skin removal surgery after large weight loss...I would never have been able to do this on my own without being able to finance part of my surgeries.”

— Glenda K., cardholder



Give patients a way to learn more and apply on their own.

Consumers want to know all their options, and many have come to rely on the convenience of contactless payments.

With a **CareCredit custom link**, your patients can simply click to learn about financing, see if they prequalify (no impact to their credit bureau score), and apply for the CareCredit credit card, all from their own smart device. If approved, they can use their account to pay right away. It's a quick, easy solution and can be the ideal experience for patients who want to access financing privately and pay over time* for the procedure and skin care products you recommend.

Find more details at [carecredit.com/mycustomlink](https://www.carecredit.com/mycustomlink).

47% of cardholders say they would have postponed or decreased their procedure's scope if CareCredit was not available.³



Resources to help your team feel prepared.

One of the best ways to overcome apprehension about financial conversations is to start with clear guidance and real-world examples. That’s why CareCredit provides free training tools for enrolled providers.

The “Patient Financial Conversations for Cosmetic Surgery Practices” guide features tips and scripts with examples of how to handle cost conversations and address patient concerns about financing. It’s a great way to help your team prepare, practice and feel confident as they sit down to help patients manage the cost of their procedure.

TIP

Get the conversation started.

Let patients know up front there’s a way to manage the cost of the procedure they want.

Display a CareCredit window cling at your front door; have patient brochures on hand at the reception desk; place tent cards in waiting areas; or print and display your custom QR code in consultation rooms.

98% of cardholders say CareCredit meets or exceeds their expectations.³

Join the CareCredit network today.
Visit carecredit.com/asn or call 855-860-9001.

Already enrolled?
Visit carecredit.com/providercenter to access exclusive tools and resources.



¹CareCredit Path to Care, Cosmetic, 2021.

²InstaMed, Trends in Healthcare Payments Tenth Annual Report: 2019, Apr. 2020.

³Cardholder Engagement Study Q3 2020.

*Subject to credit approval. See carecredit.com for details.

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

Aesthetic Society members,

we invite you to submit a photo of

your **original art** to hello@theaestheticsociety.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!



Have You Mistakenly Unsubscribed from Aesthetic Society Emails?

The 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 hello@theaestheticsociety.org, and ask to be re-subscribed to our communications list. We value your support of The Aesthetic Society. Thank you!

Members, We Need Your Help!



Join the AMA
so we can regain our
seat (voice) at the table!

www.ama-assn.org

Why? The Aesthetic Society needs to regain our seat (voice) at the AMA House of Delegates, so we have input into the decisions that impact us and our patients.

How do we regain our seat?

At least 20% of our membership must also be members of the AMA. We are currently 70 members short of meeting the criteria to regain our seat.

How does this affect me?

When politicians debate legislation impacting the practice of medicine, they seek input from a trusted source—typically the AMA. Since we no longer have representation at the AMA House of Delegates, we no longer have a voice. If we aren’t present to advocate for our patients or specialty when legislation is being debated, we lose, and our patients lose.

This is important! How can I help?

Sign up NOW so that The Aesthetic Society will regain our seat—and voice! Dues start at just \$60.

These companies GO BEYOND with us...

The Aesthetic Society's Industry Partnership Program



**Allergan
Aesthetics**
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GALDERMA
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MERZ AESTHETICS™



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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.

Media Notes and Quotes

THE NEW YORK TIMES

And Now, the \$200,000 Face-Lift

Excerpt: While inflationary pressures, including the cost of medical supplies and support-staff salaries, and a jump in demand—what the industry has christened the “Zoom boom”—have led many doctors to raise their rates, the average cost of a face-lift in the United States has increased only marginally to \$9,127 in 2021, up 3 percent since 2020, according to the Aesthetic Society, an association of board-certified plastic surgeons.

The doctors touting their “designer” face-lifts insist that their advanced technique, elevated aesthetic sensibilities and experience allow them to charge these rates. Dr. Lara Devgan, a plastic surgeon in Manhattan, likened what she does to “commissioning an artist to make a very beautiful painting for you.” Dr. Devgan, whose Instagram account has 690,000 followers, charges up to \$200,000 for a face-lift.

“At first blush, it may seem like a big number, but I think of this as a question of value, not of cost,” Dr. Devgan said. “Your face is your job, it’s your love life, it’s your identity.”

Dr. Julius Few, a plastic surgeon in Chicago and Los Angeles, charges \$50,000 for a “basic face-lift,” he said, and “well into the six figures” for more extensive procedures. In an interview, he spoke about his love of painting and photography and 22 years of focusing on faces.

CRAIN'S BUSINESS

A Botox boom for back-to-work

Excerpt: Cosmetic work has skyrocketed across the country as laptops have been transformed into digital double-sided mirrors and workers spend an inordinate amount of time looking at themselves. Facial filtering technology, which revamps features into smoother versions, have mushroomed beyond apps such as TikTok and Snapchat to Zoom. And now, users are accustomed to the pristine rendering of themselves.

Nationally, treatments using toxins such as Botox and fillers increased by 41% from 2020 to 2021, with more than 5.5 million procedures conducted, according to research from the Aesthetic Society, an organization that tracks procedures.

NEWBEAUTY

This Was the Top Cosmetic Surgery Procedure in 2021

Excerpt: The Aesthetic Society recently released its annual Aesthetic Plastic Surgery Statistics. The new data gives us fresh insight into the trends of the past year. As people emerged from their homes and offices reopened, many people sought to improve their appearance. The data from the Aesthetic Society shows a notable increase in both face and body procedures in 2021, with some surgeries being clear favorites.

According to the data, facial procedures shot up by 54 percent last year, while aesthetic body procedures increased by 63 percent from 2020 to 2021. This spike in procedures led to a revenue boost for aesthetic procedures totaling 63 percent, with Americans spending more than 14.6 billion dollars on these procedures.



Meet the Staff: Abby Pugh

Hello, Aesthetic Society Members! My name is Abby Pugh, and I am the managing editor of *Aesthetic Surgery Journal*. I am from South Mississippi and am an identical triplet. I graduated from North Carolina State

University with a degree in Language, Writing, and Rhetoric, and I currently live in Sanford, NC with my husband, John; my one-year-old son, Jack; and my beloved black lab, Luke. I have been with ASJ for nearly two years and feel incredibly fortunate to not only enjoy my job, but to also work with some of the most hardworking, dedicated people I have ever had the pleasure of knowing. I am a voracious reader, an avid women’s soccer fan, and am slowly but surely learning to sail. If you ever have any questions about the Journal or would just like to chat, don’t hesitate to reach out!

Catch up on all episodes of our docuseries

BEYOND THE BEFORE & AFTER

featuring your patients!



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The Aesthetic Society®

Premier Partners

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.

Allergan Aesthetics

an AbbVie company

At Allergan Aesthetics, an AbbVie company, we develop, manufacture, and market a portfolio of leading aesthetics brands and products. Our aesthetics portfolio includes facial injectables, body contouring, plastics, skin care, and more. With our own research and development function focused on driving innovation in aesthetics, we're committed to providing the most comprehensive science-based product offering available. For more information, visit www.AllerganAesthetics.com.



Real Strength Starts from Within.™ We are thrilled to announce that Galatea Surgical is now part of the BD family, following more than 10 years of collaboration. Our collection of GalaFLEX™ surgical scaffolds, constructed from the biologically derived P4HB™ polymer, provides BD with an innovative platform to transform soft tissue repair, reconstruction, and regeneration in plastic and reconstructive surgery procedures.

All GalaFLEX scaffolds are indicated to support, repair, and reinforce soft tissue in plastic and reconstructive surgery.

Because no two patients are alike, the collection of GalaFLEX scaffolds now includes a lightweight, low-profile P4HB scaffold, adding more options to complement your technique and your patients. GalaFLEX LITE™ is designed to enhance anatomical compliance while providing predictable, restorative strength.

Visit www.GalateaSurgical.com for more information on Galatea scaffolds as well as indications for use, safety considerations and reference documents.



Endo Aesthetics is pushing the boundaries of aesthetic artistry by designing bold solutions that address unmet needs—starting with Qwo® (collagenase clostridium histolyticum-aes) the first and only FDA-approved injectable for the treatment of moderate to severe cellulite in buttocks of adult women. 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 to sign up for updates.

GALDERMA

EST. 1981

Galderma is the world's largest independent dermatology company, present in approximately 100 countries. Since our inception in 1981, we have been driven by a complete dedication to dermatology. We deliver an innovative, science-based portfolio of sophisticated brands and services across Aesthetics, Consumer Care and Prescription Medicine. Focused on the needs of consumers and patients, we work in partnership with healthcare professionals to ensure superior outcomes. Because we understand that the skin we're in shapes our life stories, we are advancing dermatology for every skin story. For more information: www.galderma.com/us



For more than 30 years, Mentor has been trusted and respected by surgeons and their patients, with over seven million women worldwide choosing Mentor® Breast Implants for their breast augmentation and breast reconstruction journeys. Introducing the latest innovation in the MENTOR® MemoryGel® Breast Implant Portfolio! MENTOR® MemoryGel BOOST™ Breast Implant provides the natural feel patients desire with increased form stability to shape the breast.

For information on the products and services offered by industry, please contact the companies directly, and let them know you are an Aesthetic Society member!

MERZ AESTHETICS™

At Merz Aesthetics, we are family-owned since 1908 and treat customers, patients and employees like family. It drives our unique connection with healthcare professionals, and it's what makes their success our success. For us it's personal—listening, advising, supporting and celebrating them as we pursue a shared vision to help the world look better, feel better and live better.

We are a leading, global aesthetics company, and our award-winning portfolio of injectables, devices and skincare products helps health care professionals fuel confidence through aesthetic medicine.



New Premier Partner

Establishment Labs is a global medical technology company dedicated to improving women's health through FemTech solutions, with an initial focus on breast health, reconstruction & wellness. The company offers a number of technologies marketed under its Motiva® brand. Over 2 million Motiva Implants® have been delivered to market in more than 80 countries since 2010. The company recently released two-year interim data from its Motiva Core pivotal study, an ongoing US clinical trial of investigational medical devices under an FDA-approved Investigational Device Exemption (IDE). While no conclusions should be drawn based on interim data, preliminary clinical results are encouraging.



New Products to Check Out!

Special Offers for
Aesthetic Society Members



MTF Biologics is a global nonprofit organization that saves and heals lives by honoring donated gifts, serving patients and advancing science. For over 30 years, we have been dedicated to advancing patient outcomes by focusing on innovative, biologic solutions that support and enhance tissue healing. Today, we offer a comprehensive portfolio of aesthetic medicine solutions for providers and patients worldwide including FlexHD Acellular Dermal Matrix, Renuva Allograft Adipose Matrix, LipoGraft Fat Transfer System, Profile Costal Cartilage and MESO BioMatrix Acellular Peritoneum Matrix. These represent surgical and nonsurgical solutions for soft tissue support, rhinoplasty, and volume restoration treatments for patients seeking a healthy and youthful lifestyle.

NEWBEAUTY®

New Premier Partner

NewBeauty is the authority on beauty and the trusted resource for the most affluent and influential beauty consumer. The only magazine dedicated 100% to beauty with more than 5x the beauty editorial of any other magazine, NewBeauty dives deep to provide valuable information, founded in research and vetted by experts, empowering women to make better beauty decisions.

With almost 20 years as the leaders in the aesthetics industry, NewBeauty provides board-certified plastic surgeons with the ability to reach their ideal, treatment-seeking patients through a proven 360-degree marketing platform of print, digital, social media and press opportunities. Visit newbeauty.com.

sientra.

Sientra offers leading transformative treatments and technologies focused on progressing the art of plastic surgery and making a difference in patients' lives. With unrivaled safety, state-of-the-art science and exceptional service; paired with unparalleled partnerships with plastic surgeons, the Sientra portfolio of proprietary innovations radically advances how plastic surgeons think, work and care for their patients. The company's core breast products segment includes its state-of-the-art Sientra breast implants and its ground-breaking dual-port breast tissue expander, AlloX2®. In addition, the Sientra portfolio also includes BIOCORNEUM® the #1 performing, preferred and recommended scar gel of plastic surgeons (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.

A special thank you to
Founding Premier Partner,
Sientra.



The Aesthetic Society®

Alliance Partners



Applied Medico-Legal Solutions Risk Retention Group, Inc (AMS RRG), a medical liability company, has recently been assigned a rating of A- (Excellent) by AM Best. AMS RRG's financial strength, operations, business profile and risk management all played significant roles in the rating. For more information about AMS RRG please contact Christopher Edge 609-737-1154 ext 301.



The CareCredit health, wellness and beauty credit card dedicated to helping millions of patients get the care they want or need by offering promotional financing options. Now accepted at more than 250,000 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 or skin care products you provide.* CareCredit also gives reconstructive patients a way to pay for deductibles, co-pays and other fees not covered by insurance. Learn more about CareCredit by visiting carecredit.com/asaps or call 855-860-9001.

*Subject to credit approval. Minimum monthly payments required.



CosmetAssure is a proud Alliance Partner of the Aesthetic Society, and our coverage is an exclusive benefit to member surgeons. Developed in 2003, to help patients reduce or eliminate out-of-pocket medical expenses related to treating a complication following aesthetic surgery. Our coverage converts consults into clients and is an excellent way to distinguish your practice from competitors.

To learn more or become a participating surgeon, contact us today at 855.874.1230 or info@cosmetassure.com.



The MyEllevate® innovation is a minimally invasive facial rejuvenation solution that offers natural and long-lasting results. It can be used as a standalone procedure or combined with energy-based skin tightening technologies. The MyEllevate® technique utilizes the ICLED® Suturod® the first and only patented light-guided technology for facial cosmetic procedures, to accurately place sutures without incisions. It takes approximately one hour to perform with a one-time use disposable system. The MyEllevate® solution offers fast recovery and restores a youthful appearance with long-lasting results. For more information, please visit www.cynosure.com/myellevate.



New Alliance Partner



PatientFi is the friendly way to pay over time for aesthetic procedures and treatments. By removing the cost barrier, patients can pay for procedures on a friendly monthly plan. PatientFi offers zero-interest promotional financing and fixed-rate options with APRs as low as 6.99%. Recently, PatientFi announced its Alliance Partnership with The Aesthetic Society to help more patients afford the treatments they desire and in turn, help providers grow their case volume and pass on savings to plastic surgeons and practice owners through discounted processing fees. To learn more visit patientfi.com or call 949-441-5484.



3M is one global team deploying differentiated technologies into effective solutions that deliver improved health care outcomes with better economics. 3M is proud to showcase 3M™ Prevena™ Therapy, which is the FIRST medical device shown to aid in reducing the incidence of seroma, and in high risk patients, aids in reducing the incidence of superficial surgical site infections in Class I and Class II wounds. For limitations and safety information regarding Prevena Therapy, please refer to 3M.com.

We are pleased to offer you complimentary e-book: *Spear's Surgery of the Breast Principles and Art*. https://engage.3m.com/Spears_Breast_Surgery



Abbott Nutrition is making an everlasting impact on human health as one of the world's leading authorities in science-based nutrition nourishing every stage of life. As your lifelong nutrition partner and advocate, we invite you to learn more about Juven, our therapeutic nutritional powder for wound and surgical incision healing. Visit Juven.com to learn how Juven can help your patients. Juven.com provides product information, clinical research, delicious recipes and more. *Learn more about Juven and Abbott Nutrition today.*

For information on the products and services offered by industry, please contact the companies directly, and let them know you are an Aesthetic Society member!



◆ 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 Opul™ Relational Commerce Platform.

Senté

◆ Senté developed the first and only skincare line that includes patented Heparan Sulfate Analog (HSA). This breakthrough technology targets the underlying causes of chronic inflammation and helps improve the appearance of redness, wrinkles and discoloration. In addition to daily use, Dermal Repair Cream and Dermal Repair Ultra-Nourish are both proven safe and effective after non-ablative laser and microneedling treatments.

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 created our Affiliate Program to support product sales, enabling you to sell Senté to your patients to keep them engaged between visits, while your practice earns commission on every sale.

Register now to take advantage of the exclusive members offer. Email affiliate@sentelabs.com to register today!

SKINUVA®

New Alliance Partner

◆ Skinuva® is a physician-developed and clinically tested line of formulations that was developed to provide physicians the most advanced products for scars (Skinuva Scar) and hyperpigmentation (Skinuva Brite) for their patients. Skinuva is evolving skincare's gold standards by introducing solutions-driven and science-backed formulations. Skinuva products are currently sold in physician's offices across the US and globally, and are recommended as their #1 scar product and skin brightening product. Skinuva Scar's and Skinuva Brite's patented formulations use highly selective synthetic Growth Factor technology and are backed by several published clinical studies, providing our doctors and patients safe and effective products. For more information, please visit www.skinuva.com.



Since its creation by a plastic surgeon with an adjoining medical spa, Symplast EHR has focused on mobile technology that changes the way providers present their services and the way that patients manage their health care. Using cutting-edge cloud technology, Symplast's tools are available on computers, tablets, and smartphones, creating a necessary work-life balance for doctors as they access the clinical, financial, and operational data of their business at any time, from any place. We support clients by presenting them with their data, enabling their practice to make informed decisions and provide smarter care. Empowering both practice and patient to know, manage, and engage with one another, Symplast is disrupting the aesthetic industry and transforming the way healthcare is delivered. Our mission is to continue to provide intuitive and innovative tools and solutions that will adapt to meet the ever-changing landscape of healthcare and the needs of today's aesthetic patient. Symplast knows that your workflows become their patient experience.

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

Contact

Jackie Nunn at jackie@theaestheticsociety.org

for more information
about partnership
opportunities.



New Products to Check Out!
Special Offers for
Aesthetic Society Members

RADAR resource



The Aesthetic Society's medical education platform.



Accessible via smartphone, tablet and web browser!

WITH RADAR YOU CAN

theaestheticsociety.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

Industry Partners Support The Aesthetic Society's Mission

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 aesthetic medicine among qualified plastic surgeons.

"The Aesthetic Society's ongoing partnership with industry is vital to the advancement of aesthetic plastic surgery. The Aesthetic Society especially acknowledges industry's support during the very trying time of COVID. Ultimately, industry support helps The Aesthetic Society unleash the power of science and education to advance outcomes and safety for our patients." —Dr. Tracy Pfeifer, Industry Relations Chair.

We'd like to thank and acknowledge Premier Partner BD and our newest Premier Partner, Motiva for their support.

The Aesthetic Society values our industry partners and we thank all our partners for their meaningful contributions.

are on the cutting edge of biomaterials development and tissue science.

This year, we are excited to celebrate the impressive milestone of supporting 4 million patients with P4HB. With this milestone, we are honoring both patients' and surgeons' choice of strength and beauty inside and out. We hope to inspire you with real stories of soft tissue repair triumphs and empower your patients to live more self-fulfilling and productive lives.

Our unwavering devotion to our customers gives us a significant advantage in future advances in soft tissue repair. This foundation will establish BD in plastic and reconstructive surgery for years to come. Here's to celebrating the first 4 million patients and preparing for 4 million more!

Visit www.GalateaSurgical.com for more information on Galatea Surgical scaffolds as well as indications for use, safety considerations and reference documents.

*Preclinical data on file, results may not correlate to humans.

or treatment, and by removing this barrier with our unique financing platform, as well as leveraging our co-marketing partnerships, we are bringing friendly monthly payment plans and promotional financing options for cosmetic procedures to the forefront."

In response to this partnership, Dr. Daniel Gould, Plastic Surgeon in Beverly Hills, CA said, "The financing discount offered by PatientFi allows Aesthetic Society members to pay their yearly dues in just a handful of financed cases. PatientFi has helped add financial value to the membership and now it's a no-brainer as membership pays for itself if you use PatientFi in your practice."

PatientFi offers flexible payment options that fit the unique needs of the patient, including promotional zero interest plans, if paid in full during the promotion, as well as fixed-rate plans with friendly APRs, starting as low as 6.99%. In addition to making services more affordable, PatientFi is committed to helping providers market their most popular procedures and treatments on a budget-friendly monthly plan.

PatientFi recently launched its new revolving product, creating a frictionless transaction process for healthcare providers and a friendly way for patients to pay for recurring out-of-pocket healthcare expenses.

To learn more about PatientFi visit PatientFi.com or contact a sales representative at: sales@patientfi.com or 949-441-5484. Make sure to mention you are an Aesthetic Society member!

About PatientFi

PatientFi is a point-of-sale platform used by healthcare providers to seamlessly offer their patients a financing alternative to pay for out-of-pocket healthcare expenses. As a proven leader in patient financing, PatientFi replaces cost barriers with a friendly way to pay. The Company's mission is to make life-changing procedures and treatments more accessible to more patients, and bring friendly, easy, and flexible financing to the forefront of healthcare practices. Today, PatientFi serves a broad national network of healthcare providers across plastic surgery, dermatology, dentistry, fertility, audiology and ophthalmology. For more information, visit www.PatientFi.com and follow PatientFi on Instagram and LinkedIn.



Celebrating the First 4 Million Patients

At the heart of our values is our patient-first mindset. That's why Galatea Surgical is proud to now be a part of BD, a premier global medical technology company.

Galatea Surgical is a leading developer of a proprietary absorbable polymer technology, P4HB. The GalaFLEX Scaffold portfolio, made from poly-4-hydroxybutyrate [P4HB TM], provides the ability to restore and strengthen the soft tissue repair site to 2–4 times stronger than native tissue.

This merger galvanizes the synergy between these two companies to allow patients and surgeons to experience the lasting support* from P4HB. BD continues to invest in product innovation and robust clinical evidence to enhance patients' options for predictable surgical solutions and meet surgeons' needs for soft tissue support. As one company, we



PatientFi

New Alliance Partner

Meet PatientFi—The Fresh, Friendly Alternative in Patient Financing

PatientFi removes cost barriers and replaces them with a friendly financing solution, helping more patients afford the treatments and procedures they want, and in turn, helping providers grow their case volume. As part of its Alliance Partnership, PatientFi has made available special pricing exclusively for members of The Aesthetic Society.

"We are honored to be an Alliance Partnership with The Aesthetic Society and offering exclusive membership pricing to its providers," said Scott Jorgensen, PatientFi Co-Founder and President. "We know that cost is the number one reason why patients do not move forward with an elective procedure

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



Membership FAQs

What 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@theaestheticsociety.org and you'll get an answer to your question!

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.

HOW LONG WILL IT TAKE FOR MY APPLICATION TO BE REVIEWED?

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.

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 theaestheticsociety.org/membership.

For additional information/questions, please contact our Senior Membership Manager, Marissa Simpson via email membership@theaestheticsociety.org or at 562.799.2356.

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.

Membership Myth-Busters

Myth: One must attend an Aesthetic Society meeting to become a member.

Fact: This used to be the case. However, in order to streamline the application process, this requirement was recently removed!

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 organization in order to become an Aesthetic Society member. As long as you meet our requirements, you can apply for membership today!

Myth: One must document a minimum count of aesthetic cases to apply.

Fact: While applicants are asked to complete a case log questionnaire, there is no case minimum. Many applicants also perform reconstructive surgery. One's practice does not need to be 100% aesthetic to apply and be accepted into membership.

ONLINE APPLICATION

Complete your application from start to finish 100% online
theaestheticsociety.org/membership

Injectable + Proven

The Future of Cellulite Treatment Is QWO

QWO
collagenase clostridium
histolyticum-aes injection
0.92mg

Rewrite the story of how you treat cellulite in your practice with QWO, the first and only FDA-approved injectable for moderate to severe cellulite in the buttocks of adult women.

Adding QWO to your practice may have a positive impact by bringing value and new patients, while delivering a treatment that appropriate patients have been looking for.¹²



Nonsurgical treatment with visible results, 28 days after third treatment (21 days apart).^{1*}



Thought to address three factors associated with cellulite.³⁻⁶ The exact mechanism for the treatment of moderate to severe cellulite is unknown.



In clinical trials, no post-treatment downtime was required.⁷

*Individual results may vary.



1,800 patients participated in the overall clinical trial program for QWO.⁸

Most comprehensively studied treatment for cellulite.⁸

INDICATION

Qwo® is indicated for the treatment of moderate to severe cellulite in the buttocks of adult women.

IMPORTANT SAFETY INFORMATION FOR QWO CONTRAINDICATIONS

QWO is contraindicated in patients with a history of hypersensitivity to collagenase or to any of the excipients or the presence of infection at the injection sites.

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions

Serious hypersensitivity reactions including anaphylaxis have been reported with the use of collagenase clostridium histolyticum. If such a reaction occurs, further injection of QWO should be discontinued and appropriate medical therapy immediately instituted. Advise patients to seek immediate medical attention if they experience any symptoms of serious hypersensitivity reactions.

WARNINGS AND PRECAUTIONS (cont)

Injection Site Bruising

In clinical trials, 84% of subjects treated with QWO experienced injection site bruising. Subjects with coagulation disorders or using anticoagulant or antiplatelet medications (except those taking ≤ 150 mg aspirin daily) were excluded from participating in Trials 1 and 2.

QWO should be used with caution in patients with bleeding abnormalities or who are currently being treated with antiplatelet (except those taking ≤ 150 mg aspirin daily) or anticoagulant therapy.

Substitution of Collagenase Products

QWO must not be substituted with other injectable collagenase products. QWO is not intended for the treatment of Peyronie's Disease or Dupuytren's Contracture.

ADVERSE REACTIONS

In clinical trials, the most commonly reported adverse reactions in patients treated with QWO with an incidence $\geq 10\%$ were at the injection site: bruising, pain, nodule and pruritus.

Please see Brief Summary of Full Prescribing Information on the following page.

Visit QWO-HCP.com to learn more!

References: **1.** QWO [prescribing information], Malvern, PA: Endo Aesthetics LLC. **2.** Data on File. EA-EA-05052. Endo Aesthetics LLC. **3.** Data on File. EA-QW-05073. Endo Aesthetics LLC. **4.** Piérard GE, Nizet JL, Pierard-Franchimont C. Cellulite: from standing fat herniation to hypodermal stretch marks. *Am J Dermatopathol.* 2000;22(1):34-37. **5.** Nürnberger F, Müller G. So-called cellulite: an invented disease. *J Dermatol Surg Oncol.* 1978;4(3):221-229. **6.** Rudolph C, Hladik C, Hamade H, et al. Structural gender dimorphism and the biomechanics of the gluteal subcutaneous tissue: implications for the pathophysiology of cellulite. *Plast Reconstr Surg.* 2019;143(4):1077-1086. **7.** Data on File. EA-QW-05087. Endo Aesthetics LLC. **8.** Data on File. EA-QW-05105. Endo Aesthetics LLC.



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EA-QW-05500/May 2021 www.qwo.com

QWO™ (collagenase clostridium histolyticum-aaes) for injection, for subcutaneous use

Brief Summary

For complete information, see the full Prescribing Information

INDICATIONS AND USAGE

QWO is indicated for the treatment of moderate to severe cellulite in the buttocks of adult women.

CONTRAINDICATIONS

QWO is contraindicated in:

- patients with a history of hypersensitivity to collagenase or to any of the excipients [see *Warnings and Precautions*].
- the presence of infection at the injection sites.

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions

Serious hypersensitivity reactions including anaphylaxis have been reported with the use of collagenase clostridium histolyticum. If such a reaction occurs, further injection of QWO should be discontinued and appropriate medical therapy immediately instituted.

Injection Site Bruising

In clinical trials, 84% of subjects treated with QWO experienced injection site bruising [see *Adverse Reactions*]. Subjects with coagulation disorders or using anticoagulant or antiplatelet medications (except those taking ≤ 150 mg aspirin daily) were excluded from participating in Trials 1 and 2.

QWO should be used with caution in patients with bleeding abnormalities or who are currently being treated with antiplatelet (except those taking ≤ 150 mg aspirin daily) or anticoagulant therapy.

Substitution of Collagenase Products

QWO must not be substituted with other injectable collagenase products. QWO is not intended for the treatment of Peyronie's Disease or Dupuytren's Contracture

ADVERSE REACTIONS

The following adverse reactions to QWO for injection are discussed in greater detail in other sections of the labeling:

- Hypersensitivity [see *Contraindications and Warnings and Precautions*].
- Injection Site Bruising [see *Warnings and Precautions*].

Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, the adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.

In two double-blind, placebo-controlled clinical trials (Trials 1 and 2) of identical design, 424 female subjects with cellulite in the buttocks received QWO and 419 female subjects with cellulite received placebo. Enrolled subjects were adults age 18 to 78 years with moderate to severe cellulite (graded as 3 or 4 on a 0 to 4 scale) and without excessive skin laxity. The majority were White (78%) or African American (18%). Subjects completed up to 3 treatment visits separated by 21 days and were followed for up to 6 months after the last treatment visit in a separate open-label extension trial (Trial 3).

The following table shows the incidence of adverse reactions that were reported in $\geq 1\%$ of subjects who received QWO and at a frequency greater than subjects who received placebo in Trials 1 and 2 through Day 71. Generally, adverse reactions had a duration of less than 21 days.

Adverse Reactions Occurring in $\geq 1\%$ of Subjects in Trials 1 and 2 Through Day 71

Adverse Reactions at Injection Site	QWO N=424 %	Placebo N=419 %
Bruising	84	21
Pain	48	10
Nodule	33	1
Pruritus	15	1
Erythema	9	5
Discoloration	8	1
Swelling	8	1
Warmth	3	0

Pooled terms:

- Bruising - injection site bruising, injection site hematoma, and injection site hemorrhage (refers to verbatim term injection site ecchymosis)
- Pain - injection site pain, injection site discomfort, and injection site dysesthesia
- Swelling - injection site swelling, injection site edema, injection site induration
- Discoloration - injection site discoloration
- Nodule - injection site mass and injection site nodule

Four hundred seventy-nine (479) subjects from Trials 1 and 2 completed a 6-month observation phase in the ongoing open-label safety extension (Trial 3). No long-term safety signals have been identified.

Immunogenicity

As with all therapeutic proteins, there is potential for immunogenicity. The detection of antibody formation is highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody (including neutralizing antibody) positivity in an assay may be influenced by several factors including assay methodology, sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies in the studies described below with the incidence of antibodies in other studies or to other products, including other collagenase clostridium histolyticum products, may be misleading. By Day 22, approximately 53% (203/383) and 26% (101/383) of subjects who completed the first treatment visit of QWO at the recommended dose in Trials 1 and 2 developed anti-AUX-I and anti-AUX-II antibodies, respectively. The majority ($> 96\%$) of subjects developed antibodies for AUX-I and AUX-II after second and third treatment visits. Antibody titers suggested that antibodies were retained for up to 360 days after receiving the first recommended dose. By Day 71, approximately 68% and 83% of subjects developed antibodies to AUX-I and AUX-II which were classified as neutralizing, respectively.

Antibodies to AUX-I and AUX-II including those classified as neutralizing were not associated with changes in clinical response or adverse reactions at injection site.

Postmarketing Experience

Because adverse reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure. The following adverse reaction was reported during post approval use of a collagenase product:

Immune system disorders: serious hypersensitivity reactions including anaphylaxis [see *Warnings and Precautions*].

USE IN SPECIFIC POPULATIONS

Pregnancy

Risk Summary

There are no available data on collagenase clostridium histolyticum use in pregnant women to evaluate for a drug-associated risk of major birth defects, miscarriage or adverse maternal or fetal outcomes. Following subcutaneous injection, the systemic concentrations for QWO were below the bioanalytical assay limit of quantification [see *Clinical Pharmacology in the full Prescribing Information*].

In animal reproduction studies, intravenous administration of collagenase clostridium histolyticum to pregnant rats during organogenesis at doses up to 0.13 mg/rat ($43 \times$ human equivalent dose [HED] on a mg/kg basis) revealed no evidence of harm to the fetus.

The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the US general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2-4% and 15-20%, respectively.

Lactation

Risk Summary

There are no data on the presence of collagenase clostridium histolyticum in human milk, the effects of collagenase clostridium histolyticum on the breastfed child or on milk production. Following subcutaneous injection, the systemic concentrations for QWO were below the bioanalytical assay limit of quantification [see *Clinical Pharmacology in the full Prescribing Information*]. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for collagenase clostridium histolyticum and any potential adverse effects on the breastfed child from collagenase clostridium histolyticum, or from the underlying maternal condition.

Pediatric Use

The safety and effectiveness of QWO have not been established in pediatric patients.

Geriatric Use

In two double-blind, placebo-controlled, clinical trials in subjects with cellulite (Trials 1 and 2), 24 (5.7%) of the 424 subjects who received QWO were 65 years of age or older. No overall differences in safety of QWO were observed between these patients and younger patients.

PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Patient Information).

Hypersensitivity

Advise patients to seek immediate medical attention if they experience any symptoms of serious hypersensitivity reactions [see *Warnings and Precautions*].

Injection Site Bruising

Advise patients that injection site bruising may occur with administration of QWO [see *Warnings and Precautions*].

Manufactured by: Endo Global Aesthetics Limited Dublin, Ireland
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Based on the Prescribing Information revised 07/2020.

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EA-QW-05002/August 2020



Update on ASERF

By Bruce W. Van Natta, MD



The Aesthetic Surgery
Education and
Research Foundation

My term as President of ASERF is just beginning, and I feel like we have already hit the ground running to keep our existing projects and fundraising efforts moving forward and see new projects come to fruition in the coming months.

I am proud to announce that a second landmark paper resulting from Drs. Caroline Glicksman and Patricia McGuire's ASERF funded study, "Systemic Symptoms: Biospecimen Analysis Study" has been published in *Aesthetic Surgery Journal*, bringing real science to the subject of Breast Implant Illness (BII). The first paper published in *ASJ* revealed that the type of capsulectomy (partial, complete, or en bloc) had no impact on the resolution of symptoms—said differently, the patients reported the same degree of improvement regardless of the type of capsulectomy. In this second paper, the authors show that despite claims on social media of implants releasing toxic levels of

heavy metals, this was not the case. The researchers looked at tissue levels of a variety of heavy metals in 3 groups of patients: patients claiming to have symptoms caused by their implants (BII), patients who were having their implants removed or replaced and had no symptoms they attributed to their implants, and a control group of mastopexy patients who never had implants. None of the groups had any tissue or blood levels of heavy metals that exceeded EPA maximum acceptable internal exposure levels. Arsenic was a little higher in the BII cohort and the mastopexy group—in fact it was highest in the control group, but still nowhere near toxic levels. Interestingly the BII and mastopexy groups both had a high number of tattoos which can be a source of heavy metal exposure. This is good news for patients! We finally have some real science to help them make important decisions. I am proud to say that this study was funded by ASERF, and this is why it is so

important that Society members support ASERF with their donations to assure that we can continue to fund important research. The Aesthetic Society and ASERF members who spearheaded these important studies, Drs. Caroline Glicksman, Patricia McGuire, Melinda Haws, and Marisa Lawrence are to be commended for their efforts. We all appreciate their hard work and commitment to patients through good science.

Both articles can be found on the *ASJ* website:

- Impact of Capsulectomy Type on Post-Explantation Systemic Symptom Improvement: Findings From the ASERF Systemic Symptoms in Women-Biospecimen Analysis Study: Part 1 <https://tinyurl.com/4jnnxvnx>

Continued on Page 59

COMING SOON

SETA



The Aesthetic Surgery
Education and
Research Foundation

In 2022, ASERF Will Introduce SETA, A New Electronic Data Capture (EDC) System

- Empowers ASERF member surgeons, clinical researchers, and industry partners to extract prospective and retrospective data from The Aesthetic Society's technology platforms, ANN and Aesthetic One.
- Captures data points directly from research participants.
- Offers a fully configurable design portal meeting the exact needs of the study, trial, clinician, or end user.
- Enables ASERF to develop and maintain multiple clinical studies and expand its research efforts, including offering CRO services to industry.
- Profits from the CRO offerings will be used to support ASERF's mission: identify and pursue those issues relevant to advancing the safety and effectiveness of aesthetic medicine through independent, unbiased, directed research, and groundbreaking education.

Powered by AnzuMedical

Survey
Extraction
Transformation
Analysis

SETA (*say-tuh*)

Interested in learning more?
Email contact@aserf.org
for more information.

The SETA platform is supported by



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 by Susan & 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 issues.

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.

The Aesthetic Society and ASERF member surgeons who have patients eligible for a Mollenkopf Fund grant, please view all details and download the grant request form at aserf.org/Mollenkopf.

For Additional Information on the Fund, Please Contact Ivan Rodriguez at:
562.799.2356 or ivan@theaestheticsociety.org



The Aesthetic Surgery Education
and Research Foundation

Update on ASERF

Continued from Page 57

- Heavy Metals in Breast Implant Capsules and Breast Tissue: Findings from the Systemic Symptoms in Women-Biospecimen Analysis Study: Part 2
<https://tinyurl.com/4jnxvnx>

SETA development continues to progress with Drs. Dave Turer and Bill Adams working closely with the Anzu team in preparation of launching their study, "A Prospective Study of Systemic Symptoms after Breast Augmentation," utilizing the platform. We have engaged with a contract research organization (CRO) as well to ensure that the study workflow, processes, and patient follow up are designed appropriately and effectively. Updates on our first study to utilize SETA will be forthcoming during the next year. The potential future importance of SETA to ASERF and the Aesthetic Society cannot be overstated.

Our Externship Task Force is in full swing preparing the structure for the Externship Program. Members of the Task Force and staff, led by Dr. Camille Cash, had a roundtable discussion in April with medical students interested in pursuing plastic surgery. I thoroughly enjoyed taking part in this discussion as the enthusiasm of the students was palpable, and their insights have already helped to further refine our offerings. Their feedback will help us determine the time of year when externships will work best for students, what gaps we need to fill in terms of content, and what would appeal to them at our annual Aesthetic Meetings.

The Aesthetic Research Community (ARC) launched at The Aesthetic Meeting in San Diego. ASERF Immediate Past President, Dr. Louis Strock, and I share the same goal with this initial launch of ARC to see if the program will bring more researchers to ASERF for funding and in turn, more quality research articles for *ASJ*. If you are looking for guidance or collaboration for a research idea you have, visit aserf.org and click on the ARC "EXPLORE HERE" button from the home page.

For more information about how your ASERF dues and donations are put to work and our fundraising efforts, see page 61 of this issue. I look forward to serving our members in the year ahead!

Bruce W. Van Natta, MD is an aesthetic plastic surgeon practicing in Indianapolis, Indiana, and serves as President of ASERF.

ASERF Recognizes Nashville Plastic Surgeon as Newest ASERF President's Circle Member



Daniel A. Hatef, MD

The Aesthetic Surgery Education and Research Foundation (ASERF) graciously recognizes Dan Hatef, MD of Nashville, a 5-year member of The Aesthetic Society, for his \$50,000 pledged gift and welcomes him to the ASERF President's Circle.

Dr. Hatef, who trained as the Anatomical Research Fellow at UT Southwestern from 2005 to 2008 recognizes and understands the importance of research. As such, he can draw a straight line from unbiased clinical research conducted by his peers and supported by ASERF, directly to the operating room.

"Two ASERF-funded studies that have altered the course of aesthetic surgery and my practice include, *In Search of Safety: Lidocaine Disposition in Large Volume Liposuction*" and the *Retrospective Study on Pulmonary Embolism*." He continued, "Prior to being studied, these surgeries carried significant patient risk; however, improved surgical practices identified through research have made it possible to offer these procedures with reduced patient risk.

"Like most plastic surgeons with a full-time aesthetic practice, I strive to be the best I can be at rhinoplasty, face, breast, body, injectables, all while serving as CEO of what is essentially a micro-hospital. As such, I rely on the expertise of those who have dedicated their entire career to these 'super-subspecialties' helping me take my game to the next level.

"With a growing practice, I don't have time to devote to research; however, I do want to give back, especially to my profession. I learn so much from The

Society and my colleagues that I was inspired to follow in the footsteps of my mentors, Joe Gryskiewicz and Bahman Guyuron.

"Supporting ASERF directly impacts each of us individually. That's why, I believe it is imperative to give back. Not only because it is the right thing to do, but out of self-interest," said Hatef.

Dr. Hatef's \$50,000 donation was made through ASERF's newest major giving program, "ASERF President's Pledge for Research" and he is recognized in the inaugural pledge class along with Louis L. Strock, MD; William P. Adams Jr., MD; Caroline A. Glicksman, MD, MSJ; and Patricia A. McGuire, MD. Pledge payments can be made with a donation of equities, through donor-advised funds, credit cards, checks, or cash. Regardless of payment type, donors can pay their pledge in full, or select a payment plan up to 60 months, like Dr. Hatef.

"I have a young family and growing practice, and ASERF's option to pay the pledge over time has made it possible for me to expedite a gift I would have had to wait years to make. This option, however, allows me to see my gift make an impact now, as opposed to when my career is ending."



The Aesthetic Surgery Education and Research Foundation

FOUNDATION NEWS

ASERF President's Circle

THESE MEMBERS HAVE DONATED \$50,000 OR MADE A \$100,000 PLANNED GIFT TO ASERF



William P.
Adams Jr., MD



Mark T. Boschert, MD



M. Bradley
Calobrace, MD



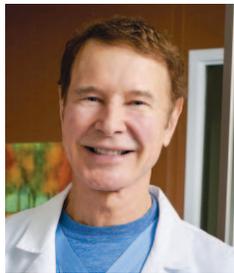
Sepehr Egrari, MD



Dr. and Mrs.
Julio Luis Garcia



Caroline A.
Glicksman, MD, MSJ



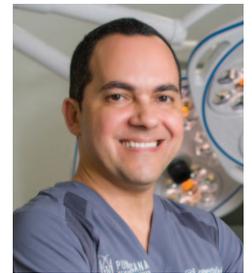
Dr. and Mrs.
Joe Gyskiewicz



Daniel A. Hatef, MD



Dr. and Mrs.
Jeffrey M. Kenkel



Luis López Tallaj, MD



Patricia A. McGuire, MD



Dr. and Mrs.
Daniel C. Mills II



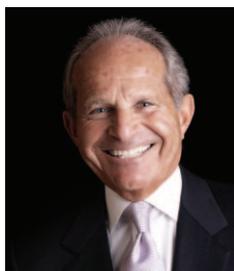
Susan and Steve
Mollenkopf



Dr. and Mrs.
James Payne



Dr. and Mrs.
Luis M. Rios Jr.



Dr. and Mrs.
Robert Singer



Dr. and Mrs.
Louis L. Strock

Will You
Be Our Next
President's
Circle Member?

Contact Tom Purcell, CAE
tom@aserf.org for more information.

More ASERF News

ASERF TO ISSUE 30-YEAR IMPACT REPORT

In March, the ASERF Board of Directors approved a retrospective review of the grants it has awarded through the ASERF Research Grant Program, since inception. While the overall purpose of the review is to learn which studies have impacted members' practices the most, it will also provide the foundation and its donors with specific information it hasn't considered in the past: number of grants awarded, total amount awarded, average award amount, which surgical procedure or anatomical area has been awarded the most money, as well as which area has received the least.

ASERF Past-President, former six-time Chair of the ASERF Scientific Research Committee, and major donor/member of the ASERF President's Circle, Joe Gyskiewicz, MD will lead the project. "Just pulling together the list of more than 200 funded studies was a monumental task," said Dr. Joe. "This is a great idea and opportunity. For nearly 30 years, ASERF has required grant recipients to submit research reports to the committee, manuscripts to *Aesthetic Surgery Journal*, and present at ASERF's Spotlight on Research during The Aesthetic Meeting. However, this retrospective review and Impact Report will be the first time ASERF will detail the role it plays in aesthetic plastic surgery."

"This is an exciting time to be the President of ASERF," said Bruce Van Natta, MD. "In the last few years, ASERF has funded some notable research projects. Most recently, member-surgeons Caroline Glicksman, MD, MSJ and Pat McGuire, MD were awarded one the largest research grants ASERF has ever provided for their Breast Implant Illness study. Two papers have already been published in *ASJ*, and it is planned that a third and fourth paper will result from their research."

"From a fund development standpoint, the retrospective review and impact report are important for the long-term financial health of The Foundation," noted ASERF Director of Development, Tom Purcell, CAE. "Fund development is a process and donors expect to be kept in the loop on an organization's progress. They want to know their dues and donations are making a difference. The 30-Year Impact Report is expected to provide

a wealth of information and provide ASERF's donors with a clear picture of its fiscal responsibility and how it supports aesthetic plastic surgery."

The ASERF 30-Year Impact Report will be published and made available in time for the organizations 30th anniversary in 2023.

ASERF LAUNCHES NEW PROGRAM TO INCREASE MEMBERSHIP IN THE PRESIDENT'S CIRCLE

Under the direction of Immediate ASERF Past-President, Louis L. Strock, MD, The Foundation launched ASERF's President's Pledge for Research with the specific goal of increasing donations of \$50,000 cash, or \$100,000 through a planned gift.

While ASERF has long had a major gifts program it was passive in nature. However, with the hiring of a full-time employee, whose job it is to increase donations to support ASERF's mission, the organization took the opportunity to launch a new program focusing on top tier donors. Understanding the impact major gifts can make on an organization's mission, Dr. Strock was the first to step up and make a gift alongside William P. Adams, Jr, MD. Shortly thereafter members Dan Hatef, MD, Caroline Glicksman, MD, MSJ and Patricia McGuire, MD also made \$50,000 pledges.

All major gifts start with an intention to give. Regardless of the size or amount, ASERF works with each donor to ensure their giving goals can be met.

Donors are asked to complete two forms, both of which provide ASERF with a sense of the donor's wishes, opening the door to deeper conversations, including payment options and discussing the recognition program.

The inaugural pledge class, and newest members of the prestigious ASERF's Presidents Circle utilized various methods to honor their pledge: both cash and equities were made to honor pledges, with most opting for a single payment, one chose the option to pay over time.

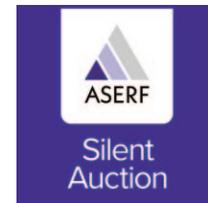
"It is quite simple when it comes to fund raising; if you don't ask, you don't receive," said ASERF Director of Development, Tom Purcell, CAE. "While ASERF had amassed more than 10 major donors over the last 15

years, the program was passive. Therefore, major donors were recognized only when a new President's Circle donor was recognized. The purpose of creating this program, which is led by The Foundation President, brings attention to the major gift opportunities. The addition of Pledge Classes allows ASERF to expand the recognition it provides its largest donors as individuals. As a group, the inaugural Pledge Classes raised \$250,000 for the ASERF mission. That is the single largest number of major donors in any single year prior to 2022. Moving forward, the goal will be to increase donors and donations, ensuring ASERF can continue to expand its research endeavors."

Louis L. Strock, MD indicated ASERF's strategy was to acquire two President's Circle Donors, "I'd say we hit it out of the ballpark with 5!"

Additional programs are expected to be launched to increase major gifts from the \$5,000 to \$25,000 in the coming year.

Thank you to all of the President's Circle Members shown at left.



ASERF'S SILENT AUCTION

San Diego was the site for ASERF's 9th Annual Silent Auction which raised more than \$150,000. Silent Auction Champions,

Barry DiBernardo, MD, and Johnny Franco, MD, personally called industry representatives requesting donations and medical equipment for the auction, while Director of Exhibits, Erika Ortiz-Ramos also requested donations and managed the fundraiser.

Both onsite and virtual attendees had the opportunity to bid on products, services, art as well as the opportunity to train with some of the best surgeons in the business.

ASERF would like to thank all those companies and individuals that have donated products or services, as well as those who bid. Your support greatly helps The Foundation implement its mission.

Continued on Page 63

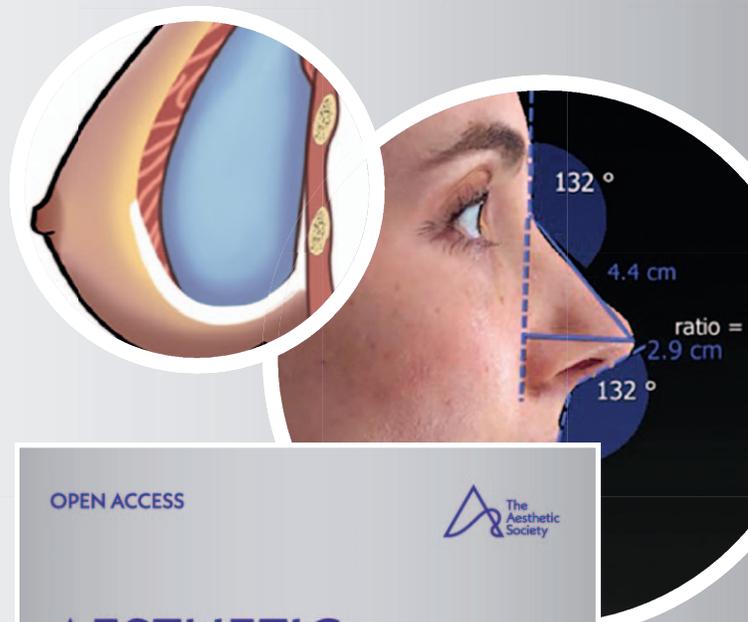
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Publish your work in the premier open access journal in plastic surgery.

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More ASERF News

Continued from Page 61

SENTÉ® RAISES \$5,000 FOR ASERF

Senté

For the 3rd year, SENTÉ® has flipped the switch when it comes to raising money for ASERF. SENTÉ® COO, Zubin Meshginpoosh, wanted to utilize his marketing dollars differently to increase booth traffic. As opposed to supplying a basket of product for the ASERF Silent Auction, he offered to make a \$100 donation to ASERF for every medical professional who stopped by to be scanned.

His resourceful thinking raised \$5,000 for ASERF, and netted SENTÉ® with far more than 50 leads. Prior to the meeting, ASERF and SENTÉ® placed a ceiling on the amount of the donation to be given. Had there been 25 leads, SENTÉ® would have donated \$2,500. The max donation exists to ensure he would not exceed his budget.

ASERF hopes to expand this program, Raising Cash for Research, next year as it is an easy way for exhibitors to support aesthetic surgery research, and manage their budgets.

Thank you SENTÉ®!

ASERF LAUNCHES NEW PROGRAM TO MATCH SURGEONS WITH



Aesthetic
Research
Community

SIMILAR RESEARCH IDEAS

Aesthetic Society Past President, Robert Bernard, MD met with the ASERF Board to discuss the idea of matching prospective researchers with Society members who may be able to assist with research projects. After several months of discussions, ASERF launched the Aesthetic Research Community (ARC) during The Aesthetic Meeting 2022.

Specifically, ARC will act as a matching program. If a member has an idea for research and needs assistance, or is interested in expanding the project, ARC will help facilitate with the process.

ARC will also act as a repository for Society members. If ASERF notices similar issues, pain

points, or concerns among its members, it can quickly issue a call for applications and fund directed research.

If you have a research idea and want to know more, visit aserf.org.

ASERF'S PRESENCE WAS SEEN AND FELT AT THE AESTHETIC MEETING 2022

ASERF, the research arm of The Aesthetic Society, has its strongest presence ever, while in San Diego.

- **ASERF's Premier Global Hot Topics**—Year after year, this standing room only program is a regarded as a "must see."
- **ASERF's Spotlight on Research**—Member surgeons who are awarded ASERF Research Grants provided updates on their studies. This is one of three milestones a grantee must agree to before receiving any funding.
- **ASERF's Annual Member Business Meeting**—Did you catch the passing of the gavel, learn about ASERF's activities, or see the newest President's Circle Members receive recognition for supporting the mission?
- **ASERF's Career Achievement Award** was presented to Sherrell Aston, MD for his dedication and achievements in aesthetic surgery.
- **ASERF's Travel Scholarship Program**—ASERF Residents and Fellows Travel Scholarships were awarded to 25 individuals who participated in various educational programs while in San Diego.
- **The ASERF Lounge and Aesthetic Research Community (ARC)**—were conveniently located inside The Aesthetic Society booth with staff assisting members with questions.

ASERF CONTINUES TO IMPLEMENT ITS STRATEGIC PLAN

In the coming year, ASERF hopes to launch several new programs and fundraising opportunities to fulfill its mission in alignment with the strategic plan. New programs, services, and fundraisers in progress:

ASERF's VIPs—A major giving program

- Increase the number of annual major donations in the \$5,000 to \$25,000 range.
- Fund ongoing research needs
- Expand research opportunities

The Aesthetic Society President's Appeal for Research

- Increase an interest in research among members as well as residents and fellows
- Ensure future plastic surgeons understand the basics of research
- Support research that utilizes Society and Foundation assets: ANN, Aesthetic One, SETA

ASERF Externship Program

- Expand interest and opportunities to medical students whose medical schools are not affiliated with residency programs
- Ensure an ongoing pipeline of students into residency programs and eventually membership

ASERF's Impact—A 30-Year Retrospective Study

- Update donors on ASERF's overall effectiveness and mission implementation
- Identify area for potential research
- Increase financial support for ASERF programs and services

ASJ Research Roundtable Discussions

- Increase awareness of ASERF funded research published in ASJ
- Highlight the relationship between The Aesthetic Society and ASERF

Highlights included the passing of the gavel, an update on ASERF's strategic plan and program implementation, as well as the induction of the newest members to the President's Circle

Highlights of the 2022 ASERF Member Business Meeting

ASERF held their annual Member Business Meeting at The Aesthetic Meeting 2022 in San Diego, CA. A quorum was present and updates on the state of The Foundation were presented, including:



- ASERF President, Louis L. Strock, MD, passed the presidential gavel to Bruce W. Van Natta, MD.
- Official launch of ASERF's Aesthetic Research Community (ARC) as a source for aesthetic surgery research guidance and mentorship.
- The 2022-2023 Slate of Candidates from ASERF were presented to the membership. Voting occurred during the meeting, and the Slate of Candidates from ASERF passed. The Member Business Meeting Minutes from July 21, 2021 were approved.

Congratulations to those voted in to serve on the Board of Directors and Committees of ASERF! Your dedicated service will ensure that our organizations and membership will continue to thrive.

AWARDS PRESENTED



ASERF Career Achievement Award
Sherrell J. Aston, MD, FACS (center) with Drs. Strock, Walden, Steinbrech, and Adams



ASERF Special Research Award
Caroline A. Glicksman, MD, MSJ
Patricia A. McGuire, MD

In appreciation for the landmark research into the issues that relate to the diagnosis, treatment, and improved understanding of "breast implant illness", and your service to ASERF and our specialty.



**ASERF President's Circle
Inaugural Pledge Class 2021-2022**

William P. Adams Jr., MD
Caroline A. Glicksman, MD, MSJ
Daniel A. Hatef, MD (*not pictured*)
Patricia A. McGuire, MD
Louis L. Strock, MD

Recognition of Presidential Pledge for Research-donations of \$50,000



Special Award
Courtney Muehlebach
In Appreciation of a Great Attitude and Dedication to ASERF.

THE 2021-2022 ASERF BOARD OF DIRECTORS

President

Louis L. Strock, MD

President-Elect

Bruce W. Van Natta, MD

Treasurer

Onelio Garcia Jr., MD

Secretary

Caroline A. Glicksman, MD, MSJ

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Ivona Percec, MD

Lee Q. Pu, MD

David A. Sieber, MD



The 2021-2022 ASERF Board of Directors, clockwise from the back left: William P. Adams Jr., MD; Patricia A. McGuire, MD; Ivona Percec, MD; Melinda J. Haws, MD; Jennifer L. Walden, MD; Gabriele C. Miotto, MD; Nolan S. Karp, MD; Onelio Garcia Jr., MD; Louis L. Strock, MD; Caroline A. Glicksman, MD, MSJ; and Bruce Van Natta, MD.

ASERF Silent Auction Raises \$154,264!

A special thank you to our wonderful participating vendors, physicians, and bidders. Due to your contributions and bids, ASERF raised \$153,619! in donations, which will assist ASERF in continuing our important aesthetic surgery research.

William P. Adams, Jr., MD
Train with an Expert

ALASTIN Skincare
ALASTIN Skincare Treatment
Enhancing Skincare

Allergan Aesthetics, an AbbVie Company
Three Pairs of Natrelle INSPIRA
Gel Breast Implants

CoolSculpting® Treatment Cards
(24 Cycles)

Two Units of REVOLVE Advanced
Adipose System

Alpha Aesthetics
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Colorado

Cynosure, LLC
MyEllevate® ICLED® Light-guided
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DefenAge PRO Exclusive
Skincare Line

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Sue M. Dykema, CAE
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Medical Media Marketing

Caroline Glicksman, MD MSJ
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Implantech Associates, Inc.
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Apple Series 7

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Firm Body Shaper—Diagonal
hook-and-Eye
Two Men's Firm Compression Post-
Surgical Shaper Vest
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LightStim for Wrinkles

Liposales
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Breast Implants

Merz Aesthetics
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PAL Lipoplasty Device

Kiya Movassaghi, MD, DMD
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Foad Nahai, MD, FACS
Problems in Periorbital Surgery: A
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National Strategic Group
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Oculo-Plastik, Inc.
Black Durette® II Plastic Externals
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Train with an Expert
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Blepharoplasty Set Basic
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Thank you to those who donated during Battle of the Bands for your \$1,700 in donations to ASERF!

Your continued support and contributions to ASERF are so appreciated and make a difference for our members and their patients.

ASERF Resident Travel Scholarship—2022 Recipients



The Aesthetic Surgery Education and Research Foundation

ASERF established the Resident Travel Scholarship to benefit residents and fellows by providing financial support for travel expenses associated with attending The Aesthetic Meeting. The recipients share their experiences of attending The Aesthetic Meeting 2022 below.



HUSAIN ALQATTAN, MD

I grew up in Kuwait until high school when I was sent to Ireland to complete my education and medical school. My journey then took me to the University

of Miami to complete General surgery followed by Plastic surgery at the University of Texas San Antonio. Along the way, I have been blessed with mentors that are superb educators, empathetic humans, and above all excellent clinician scientists.

Aesthetic surgery is a privilege for us as Plastic surgeons to practice. Without the pillars of reconstruction and an artistic vision then aesthetic surgery would be difficult if not impossible to do well. This has become a self-fulfilling prophecy for me as my original interest in Plastic surgery stemmed from facial reconstruction that has now matured into aesthetic surgery, especially of the face and rhinoplasty.

During my earlier years in residency, I found it challenging to understand the scope of aesthetic surgery. This was mainly due to its vast variety, and difficulty in obtaining exposure as most aesthetic surgery is not done at a University teaching hospital and naturally, the sensitivity of these operations limits the hands-on learning a resident can have. What has greatly helped me has been the resources the Aesthetic Society provides. Namely, free access to the meetings (in-person and virtual), RADAR, the journal, and virtual grand rounds.

Most recently I had the pleasure of attending the Aesthetic Society meeting in San Diego in person. This was truly an extraordinary experience. I heavily focused on facial aesthetics and rhinoplasty. The combination of panels, lectures, and short

courses on the whole spectrum of aesthetic surgery made me truly have the feeling of a kid at a candy store. I had a hard time picking where to be and wished I could split myself to attend lectures in parallel.

The real gems and the best treat were meeting the grandmasters of these disciplines and talking to them in person to gain insight into their philosophies and approach to tackling different aesthetic dilemmas. These role models have really solidified my vision of how I want to be “when I grow up.” I strive to one day inspire the next generation as they have done to me, push the envelope and give back to our discipline and society. Thank you for giving me this opportunity and I look forward to future meetings.



ZACHARY M. BORAB, MD

The Aesthetic Meeting, hosted by the American Society for Aesthetic Plastic Surgery, is the premier aesthetic plastic surgery meeting each year.

The 2022 meeting was held in charming San Diego, California. It was well attended and had an amazing lineup of speakers. Each panel was chaired by true experts in the field.

This was highlighted by “Eyelids: Which Procedure for Whom?” which was a main session panel moderated by Dr. Rohrich with discussants including Dr. Godek and Dr. Thorne. The panelists included leaders in the blepharoplasty field including Dr. Miotto, Dr. Lee, Dr. Alghoul, and Dr. Sullivan. Learning from their personal journey through the many approaches to eyelid surgery was both humbling and inspirational. As a young surgeon, I learned that I need to continue to reflect on my results and continue to evolve in a systematic and safe manner in order to provide the highest level of care for my patients. I have already started incorporating things I learned from this session into care for my patients.

In addition, this year’s meeting was well balanced. Specifically, there were many presentations with videos showing “how I do it” but more importantly, there was discussion on complications, pitfalls, and avoiding poor outcomes. This was exemplified by Dr. Karp and Dr. Sigalove’s Aesthetic Arena Panel titled “Margaritaville: My 10 Consecutive Cases”. The

panelists included Dr. Bucky, Dr. Roostaeian, and Dr. Sieber, who all were tasked with showing pre and post-ops of 10 consecutive cases. These cases were high yield for resident level education because we got to experience 10 real-life cases from excellent and well-respected plastic surgeons. The honesty of the presentations and realistic unfiltered results were a pleasant contrast to the often out of this world results that we see on social media.

Overall, I thought the meeting was well structured and of the highest quality. I feel very fortunate to have had the opportunity to spend time in San Diego and learn from the best of the best in the Aesthetic community. I would like to thank the Aesthetic Surgery Education & Research Foundation (ASERF) for their generosity.



JOURDAN A. CARBO, MD

The opportunity to attend The Aesthetic Meeting 2022 was an immense learning and networking opportunity I greatly appreciate. To

describe the single best learning experience is a challenging task, as the meeting was full of many highly valuable educational opportunities.

I was able to attend the rhinoplasty symposium and multiple symposia on surgical facial rejuvenation, all of which highlighted so many pertinent points and nuances in the many ways to improve facial harmony. There was a multitude of different techniques discussed, in rhinoplasty, facelift, eye, brow, and neck rejuvenation that significantly expanded my knowledge on the topics and highlighted the sheer number of different ways to approach these procedures. One of the biggest takeaways is that there is truly no one single correct way to surgically manage rhinoplasty and facial rejuvenation but more importantly it seems to be that as a surgeon, one needs to be open to new ideas and become extremely comfortable in a variety of techniques to optimize one's own outcomes. It is overwhelming to consider the many nuances that go into these surgeries, but it is also exciting that there are so many variations and so much to learn. It is also enlightening

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ASERF Resident Travel Scholarship—2022 Recipients

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that many of the experts do not perform these in a single way but have found methods to obtain optimal outcomes with their hands and that this is ultimately what one should strive for.

In addition to the educational forums, this was a wonderful opportunity to network with my peers, with aesthetic fellows and meet attending surgeons. I was able to ask about fellowship opportunities, discuss experiences with current aesthetic fellows and receive advice on how to proceed with fellowship applications and interviews. First accounts of fellowship opportunities and experiences are truly the only way to learn about these programs and this served as an incredible source of information.

The conference was a wonderful learning and networking opportunity and I am extremely grateful for the experience.



DAVID CHI, MD

Attending The Aesthetic Meeting 2022 in beautiful San Diego was a crucially important experience for me this year. Not only was I able to meet key leaders in the field of aesthetic surgery, but I learned so much about core procedures in aesthetic surgery that we sometimes do not get much exposure to in training. Early on in residency, our operative volume can be extremely heavy in general reconstruction, hand, and microsurgery cases. Especially helpful was observing and participating in the real-time feedback to the live surgeries after the key points were previously discussed. Books and videos are of course essential but observing the back-and-forth between legendary experts in the field really hammered the key points home of rhinoplasty and blepharoplasty.

Interestingly, I come away with a healthy combination of confidence and insecurity. If even surgeons with decades of experience performing these aesthetic procedures are debating various techniques with often no final consensus, who am I to make these decisions independently? Simultaneously, if they are able to obtain excellent results with divergent techniques, it demonstrates that it is the foundational principles that are crucial to

treating our patients and ultimately determine a good result.

Attending the first large Aesthetic Society meeting after the COVID pandemic was an immense success, and it was terrific to meet new mentors and catch up with old friends after far too long. I especially enjoyed meeting plastic surgeons from private practices around the country. Early on in residency, it is easy to have tunnel vision and focus only on our time in academic medical centers, but the total landscape of plastic surgery incorporates all practice patterns. Plastic surgery truly is the most collaborative and innovative field and receiving this generous scholarship will spur me to be active in the Aesthetic Society and ASERF in the future.



MICHAEL V. CHIODO, MD

It was a great pleasure to have the opportunity to attend The Aesthetic Society meeting in San Diego this year. It was my first time attending the meeting in four years. Our week started with attending The Rhinoplasty Society meeting run by President Dr. Laurence Berkowitz. It was a day long, action packed forum of a variety of lectures but most notably was the debate of preservation versus structural precision rhinoplasty. The following day we heard a wonderful discussion on the utility of incorporating laser into a practice, the aesthetic applications, but also the business aspect of having a laser in a practice. The second day also included the fellow research forum where my co-fellow, Jeff Lisiecki won the best abstract award for his presentation on the anatomy and significance of Pitanguy's ligament. Highlights from the following days included an amazing small group session on the utility of ultrasound for breast implant screening. This is a developing technology that seems to be increasing in its application and will very likely be commonplace in many plastic surgeons' offices in the future. Important breast augmentation lectures included the emergence of subfascial breast augmentation and the incorporation of mesh

scaffolds both in primary augmentation and in augmentation mastopexy. Eyelid surgical panels discussed that skin muscle flaps are falling out of favor with the majority of panelists no longer performing them. A new concept in brow lifting, the sliding brow lift, seems to be gaining quite a bit of traction. The concept of simply skin undermining of the lateral forehead with short-term percutaneous quilting sutures to lock the brow in a lifted position. It was a great time seeing colleagues and learning from the masters in the beautiful city of San Diego.



ANTHONY F. COLON, MD

My experience at the annual meeting for the Aesthetic Society in San Diego was nothing but enjoyable, informative, and life changing. The program for the Resident and Fellow session, as well as the main portion of the meeting was filled with learning opportunities in all facets of Aesthetic Surgery. From sessions to negotiating your first contract, to the intricacies of the facelift and gluteal augmentation, I was exposed to a broad spectrum of knowledge that opened avenues of discussion and synthesis that I didn't know was possible.

The Resident and Fellow Forum led by Drs. Higdon and Cohn was a wonderful introduction to what it means to be part of the Aesthetic Society. In addition to the educational component, I was able to connect with current Aesthetic Surgery fellows, as well as those like myself who hope to apply this Fall. It was a great experience to be able to connect with each other and make lifelong connections and friendships.

Another great learning opportunity came from the Aesthetic Arena. Giants in the field presented, discussed, and debated various topics in Aesthetic Surgery. At any time during the conference, I would be able to sit in and learn from the masters. I cannot wait to attend the Aesthetic Society meeting in 2023 in Miami. Thank you again for the opportunity to attend, it was a memorable experience.

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NISHANT GANESH KUMAR, MD

I am grateful for the support of the ASERF Travel Scholarship Award to be able to attend The Aesthetic Meeting 2022 in San Diego. It was an

immensely educational and extremely valuable experience. Each day of the conference was filled with educational sessions starting from the Sunrise Sessions to the Main Sessions and Aesthetic Arena Sessions. In addition, the focused 2-hour courses were particularly helpful to further understand some key techniques and concepts.

Although every session had learning points, it was particularly helpful to hear the panel discussions and Main Arena Sessions on rhinoplasty and peri-orbital surgeries. I enjoyed the discussions on browlifting and lower lid blepharoplasties especially learning the personal algorithms of experts. For instance, during the browlift session it was useful to learn about a newer technique and experience of the panelists on Gliding Browlifts. The other session I learned most from related to the focused educational session on Structural Rhinoplasty as rhinoplasty is an area of particular interest to me. It was useful to hear an expert talk about how to analyze and identify specific problems and then watch technical videos on how to execute key maneuvers. I also learned a lot from the educational session on Breast Implant Fatigue which tied in well with the main sessions on Breast Implants and Augmentation Mastopexies. After watching the technical videos I had an opportunity to ask the educators and panelists questions and they spent time answering them. It was a combination of watching videos and having discussions with the experts that I learned the most from and was the highlight of the meeting for me.

In addition, getting the opportunity to meet Fellowship program directors and current, past, and future fellows was an informative experience. I had the opportunity to learn about how fellowship experiences would enhance and build upon my residency training. Both program directors and fellows informed me on what questions to ask and what elements to think about in picking the right place for a fellowship. Furthermore, I'm grateful for receiving the mentorship of

various faculty at the meeting, who were ready and willing to provide their perspectives on aesthetic training and what I can do to achieve my career goals.

I once again thank ASERF for making it possible for me to attend the meeting. I look forward to future Meetings and continuing to remain involved with the Aesthetic Society.



AARON J. GILSON, MD

Twenty-twenty was a year that saw countless lives affected with a vast ripple effect involving many aspects not directly apparent at the time.

Education was one such aspect that was thrown into turmoil. While valiant efforts were made to transition to online education modules and presentations, nearly 50% of my plastic surgery education was up-ended through the loss of cases, in-person educational rounds, research interruptions, and especially in-person educational conferences. It was a wonderful opportunity to return to the high-quality educational conference of the Aesthetic meeting.

The meeting was full of great courses and educational experiences on a variety of topics that I know will prove useful throughout my career. Perhaps one of the best educational sessions was the fellows meeting where I was able to hear firsthand from other fellows regarding their contributions to research in our field. I was astounded to learn what so many were able to accomplish in the short few months between starting their fellowship and the abstract due date. While short presentations, each was packed with assessable real-world research carried out mostly in small private practice settings.

On the other end of the spectrum, it was amazing to listen to world experts speak about their lifetime of experience and expertise on a variety of surgical topics. The ability to sit in a small lecture room and interact with the giants of aesthetic surgery was invaluable. Many speakers shared practice changing tips in addition to highly effective explanations of the larger picture. It was this approachability and practicality that made each of these learning opportunities so enriching.



HILLARY E. JENNY, MD

This was my first visit to The Aesthetic Meeting, and it was an unparalleled learning experience. Residency provides limited exposure to aesthetic

surgery, so spending four days immersed in learning about aesthetic surgery techniques for the face and body was a novel privilege. This meeting allowed me to meet in person leaders in the field, including colleagues whom I had previously met only through zoom during the pandemic. As a 4th year resident applying to aesthetic fellowship this fall, being able to meet this community in person was wonderful, and I'm so grateful to the Aesthetic Society for their support of my attendance.

Although every experience I had—from the resident panel, to the main sessions and smaller breakout rooms—had educational value, I was particularly impacted by sessions that focused on the potential pitfalls of certain procedures rather than just the pearls, and how to manage the unenviable but unavoidable occurrence of a complication. Sessions like "Management of Suboptimal Facelifts" involved expert surgeons not cherry picking their best results but leaning into their worst. From wound healing issues to facial nerve palsies, panelists bore their complications with the grace and humility integral to being a thoughtful surgeon striving for continual improvement. Certainly, this was a lesson in facelift technique, but it was also a lesson in patient care ("you will want to see these patients less, but you can't push them away—see them more!") and fostering a trusting and fruitful patient-surgeon working relationship ("get your patient through this and they will trust you enough to refer their family to you in the future"). We can learn the most from our worst cases, and the willingness to openly discuss and learn from complications is a skill I hope to develop and continue throughout my career. I thank the Aesthetic Society for their support, and I look forward to future conferences and learning opportunities with the Society.

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PALLAVI A. KUMBLA, MD

The Aesthetic Meeting of 2022 had several instrumental learning lessons for me as an aesthetic fellow about to start my future practice.

While all of the sessions were educational, what I found to be an important lesson were the panels. This was because I was able to hear different surgeons from around the world speak on their different approaches to the same surgical procedure. This was especially true of the panels on breast and body contouring.

Another important lesson from this year's meeting was the keynote lectures by Dr. Nahai and Dr. Calobrace. Being able to listen to their years of experience in facial and breast aesthetic surgery and how they adapted their current techniques through years of operating allowed me to not only learn helpful pearls of wisdom for when I start my practice next year but also allowed me to see how my practice will evolve through my future years. Similarly, listening to Dr. Afroz's talk on his exceptional management of a patient with a facelift complication during his first years of practice was insightful to me as I start my first year of practice next year.

Finally, as an aesthetic fellow, one of the most important lessons I learned during this meeting was during the Fellows Forum. I was able to network with fellows from around the country and share experiences with them from our fellowship year as well as plans for the future. These will be my future colleagues and so sharing knowledge between all of us not only allows us to become better aesthetic plastic surgeons but also allows us to advance the field of aesthetic plastic surgery in the future.

Overall, the Aesthetic Meeting of 2022 was an amazing experience. Being surrounded by aesthetic plastic surgeons from around the world with varying years of experience and being able to learn new techniques and share knowledge was extremely powerful for me as I complete my fellowship year and begin my journey as an aesthetic plastic surgeon.



GREG I. LEE, MD

The Aesthetic Meeting 2022 was a healthy balance of education and entertainment. As a first-time attendee, I was pleasantly surprised at how much I enjoyed not only

the content but the atmosphere of the meeting. Having gone to a few other meetings throughout residency, the Aesthetic Meeting was one of the most welcoming and friendly. Unlike the normal masses/cliques from different academic institutions that were only interested in interacting with their own "crew," the Aesthetic Meeting had not only participation by academic institutions, but also many private and independent practices that seemed eager and open to creating new friendships. This sentiment continued into the amazing lectures, with speakers showing profound respect for one another despite their differences in opinion. I could not count how many times the phrase "I agree with what he/she said, but in my hands, this works better for me" was made. The sense of mutual admiration between the speakers made learning more enjoyable and interesting. Regarding education, it never seemed to stop. Starting with the live injection demonstrations, to hearing how veteran and newly minted plastic surgeons managed their facelift complications, to tips and tricks for butt lifts and body contouring; every one of the lecturers seemed very eager and open to sharing their techniques, mistakes they made throughout the years, and more importantly, their solutions so that those in the audience could benefit. It was incredible to meet, hear, and be able to ask questions to the experts that you know of only because you constantly refer to their papers when preparing for a case. This created a few "fanboy" moments for me. Despite their prominence in the aesthetics community, all the answers were genuine and helpful. Another amazing aspect of the meeting was also having the opportunity to hear from speakers who you may not know as readily, but who are quickly creating a name for themselves in this community. When asked "what was the one most important learning experience for me," I honestly would not be able to answer. I gained so much from all the different lecturers, participants, as well as industry that were present. This meeting was a

healthy balance of learning from the experts, making new friendships, and learning about new technology. I am very appreciative and thankful for the opportunity to attend this meeting with the help of the ASERF scholarship. I hope to attend more in the future.



HEATHER A. LEVITES, MD

The more you know the more you know you don't know- this has been the story of my life up until this point. The Aesthetic Meeting this year has

meant more to me than any other meeting. As a current aesthetic fellow, I'm finally starting to understand what I don't know, as I now have context for more of the concepts. The ability to do cases on my own during fellowship motivated me even more to soak up and absorb every word that each master surgeon was speaking.

Even more important potentially was the opportunity to network with my colleagues from around the country—other aesthetic fellows, mentors (past, present, and future), and members of industry. Having the chance to present my research and receive feedback from some of the greatest minds in our field is a privilege I would have had nowhere else other than at The Aesthetic Meeting. I sincerely look forward to next year's conference and the opportunity to stay involved in the Aesthetic Society throughout my career.



ELIZABETH A. LUCICH, MD

I feel so honored to have received the ASERF Travel Scholarship to be able to attend the Aesthetic Meeting in person this year in San

Diego. It was an excellent learning experience. I am coming back with many pages of notes on topics from face and neck lifts, body contouring, rhinoplasty, use of nonsurgical adjuncts, and even cyber security.

It is difficult to write about only one of the learning experiences. However, attendance at the Aesthetic Meeting allowed me to significantly increase my understanding of preservation rhinoplasties. As a young surgeon,

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the ability to listen to experts' presentations, see results, and listen to discussion amongst extremely experienced surgeons, who may do things differently, was invaluable. I have not yet had much exposure to preservation rhinoplasties so hearing different opinions I am able to gather information to take back to my institution. In addition to the surgical techniques and outcomes, I learned more about the use of TXA as an adjunct to facial aesthetic surgery as well as body contouring surgery. The preliminary results of TXA in many areas of plastic surgery are encouraging. It was great to be able to see all the uses, benefits, and safety profile of TXA.



VANESSA E. MOLINAR, MD

The Aesthetic Meeting 2022 is one for the books! I attended the meeting as a resident, and while I was able to learn an incredible amount of information, I did not really have any context for the material that was being presented. Attending the meeting as an aesthetic fellow was an incredibly valuable experience, due to the fact that now, after doing about 1000 in fellowship thus far, I "know what I don't know." Three quarters of the way into fellowship, I went into the meeting with a prepared list of talks I would be attending based on concepts I needed to further understand and solidify. Attending the meeting from an educational standpoint was definitely an invaluable experience, which I was able to bring back to my fellowship and incorporate the teaching pearls that were discussed in the various panels.

ASERF was generous to give our practice a grant, that allowed us to investigate the pharmacokinetic analysis of tranexamic acid when added to wetting solution for liposuction. This project was selected for a podium presentation, which was another highlight of the meeting. Being able to present our work, and educate others on the safety of tranexamic acid, was an incredible experience. Through this presentation, we were able to network and are planning on collaborating on a multicenter clinical trial to ultimately, make best practice recommendations based on thorough research and investigation.

I am very grateful that I was able to receive the ASERF Travel Scholarship, and had the experiences that I did at The Aesthetic Meeting 2022.



ZOE PAPANATOU, MD

When asked to write a small article about my most important learning experience attending The Aesthetic Meeting 2022 in beautiful San Diego my mind went running

immediately to the feeling of awe upon entering the main hall full of people, exhibitors, physicians, and staff. It was huge!

I had been aware of the magnitude of this meeting and although not a new participant to the concept this superseded my expectations on all levels.

The program was intensely organized in regards to subjects and according to interest with brilliant presenters, speakers and panels making my selection very difficult. I wanted to be in all courses and absorb all the knowledge that was given out so abundantly. My personal interest in facial contouring and procedures drew me to attend the periorbital and perioral rejuvenation courses as well as forehead lift and facelift symposia of the meeting and my personal schedule was completely booked to attend both body contouring symposia as well. Besides presenting at the endorsed fellow forum with highly accomplished plastic surgeons, I was determined to take advantage of every single minute.

Be that in the courses, in the symposia, in the exhibit hall firing questions to learn the latest technology and what I would want to offer my patients or with colleagues discussing further plans and ambitions or simply drinking a cocktail and enjoying the beautiful port and breeze by the sea. I was lucky to have met such interesting people with broad knowledge, overwhelming experience with years of mastering and improving techniques and outcomes yet so candidly accepting and presenting their own pitfalls and mistakes and giving guidance to younger and eager to learn and excel colleagues.

This meeting was more than an experience. More than one experience. It generates a way of thinking, a notion of excellence...a yearning for knowledge. I truly do believe it molds the new generation of plastic surgeons and I am honored to be a fellow of the American Society of Aesthetic Plastic Surgeons.



ALANNAH PHELAN, MD

The opportunity to attend The Aesthetic Meeting this year was foundational as I prepare to begin aesthetic fellowship at Manhattan

Eye, Ear & Throat Hospital in 2023. Residency training, extensive as it may be, provides but a limited window into the scope of techniques used by private practice aesthetic surgeons. The Aesthetic Meeting provides fantastic breadth and depth of high-quality clinical educational content, with global leaders in aesthetic surgery discussing, critiquing, and detailing their own best practices. The meeting is so packed with innovations and ideas it is often difficult to select between contemporaneous sessions, each of which would have direct practice benefits. Of particular value are the panel sessions, moderated by a global expert with discussants from around the country, often directly comparing opposing viewpoints and practices. A few noteworthy highlights:

- "Management of Sub-Optimal Facelifts," a panel moderated by Dr. Sherrell Aston providing real-world experiences of talented surgeons as they navigate a challenging complication.
- "Browlifting 2022: When to Do Which Approach," a panel moderated by Dr. Charles Thorne discussing browlift indications and techniques.
- Rhinoplasty Symposium: a half-day session, chaired by Drs. Jay Calvert and Jamil Ahmad, dedicated to all facets and nuances of rhinoplasty
- Residents and Fellows Forum: A high-yield afternoon combining resident and fellow podium presentations with level-specific advice on launching a practice, negotiating a contract, navigating practice hurdles, and the role of aesthetic fellowship.
- "Augmentation Mastopexy: Beyond the Basics" and "Live look surgery: Augmentation Mastopexy": A panel reviewing surgical techniques and pearls to optimize outcomes in single stage mastopexy-augmentation, including a live surgery performed by Dr. William Adams. Of particular interest is the widespread use of

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P4HB mesh in both revision and primary mastopexy-augmentation.

- The appointment of Dr. Jennifer Walden as the first female president of The Aesthetic Society.

Ultimately, the most critical learning experience of the meeting is that in the world of aesthetic surgery, innovations occur quickly. It is essential to embrace collaborative educational experiences like The Aesthetic Meeting as resources for continued learning throughout practice. The environment of the meeting encourages new and sometimes contradictory ideas, thoughtful discussion, and an opportunity for engagement for surgeons in all types of practices. Thank you to ASERF for the opportunity to attend The Aesthetic Meeting! I look forward to attending the meeting in future years.



**SALOMON
PUYANA, MD**

It was a privilege to receive the ASERF Travel Scholarship to attend The Aesthetic Meeting in San Diego. The meeting had multiple learning opportunities taking place in various settings, including the main sessions, specialized intensive courses, live procedure demonstrations, and even a vast industry trade show. It was excellent to be back to an in-person meeting, networking with other colleagues in the field at such a well-organized event.

One of the most important learning experiences was during the ISAPS mini symposium, which included lectures on innovative techniques in body contouring and facial surgery from leaders in the field. Other outstanding sessions included the “Colombian MOB (Mommy Overhauling Body)” and the “Dynamic Definition Lipoplasty” by Dr. Alfredo Hoyos, as well as the “Lift and Fill Facelift” by Dr. Rod Rohrich.

Another key learning experience was at the cosmetic medicine pre-conference symposium which included a variety of nonsurgical techniques with live injectable demonstrations for face and body rejuvenation. It was eye opening to see different techniques to achieve similar goals. As I continue into my chief year and run the fellow aesthetic clinic, attending this meeting will complement the learning at my home program to provide the

most up-to-date care to my patients.

While at the meeting, I also had the opportunity to attend and present my research on “The Impact of Smoking on Aesthetic Reconstruction: An Analysis of 927 Face Flaps” at the resident’s forum. It was a terrific pre-conference event with relevant research presentations and crucial business and practice management lectures particularly geared towards graduating plastic surgery residents. There was a strong emphasis on social media, and on how to use the different platforms to grow a practice.

Overall, the Aesthetic Meeting is the premier aesthetic plastic surgery conference that brings together world leaders into a long-weekend educational event. I would like to thank ASERF and the Aesthetic Society for their generosity and making this grant possible.



AMY Q. QUAN, MD

It was exhilarating, the first day of The Aesthetic Meeting. I was learning from experts not just from the United States but surgeons from across the world. The diverse selection of topics and the extensive experience of the presenters were astounding, and I found myself wanting to attend multiple sessions during the same hour. My notebook was filled with illustrations of novel techniques and concepts, with asterisks next to ones I especially wanted to bring back to Baltimore. This was my first national meeting since COVID started, and I was starstruck seeing the meeting leaders and speakers in person.

It was simultaneously daunting. I did not know many of the meeting participants personally and often found myself mustering the courage to introduce myself to people whose names I have only seen in print. Until my coresident introduced me to one of her mentors. This surgeon immediately took us under her wing and introduced us to everyone she knew, and it seemed she knew everyone. Without missing a beat, she invited us to dinners and receptions, and we traveled via pedicabs from restaurants to rooftop hangouts.

Via this surgeon, I met potential fellowship directors and perhaps even partners in practice. They shared their journeys and imparted advice without reservation. Later that night on said rooftop, I realized I found a new

community, one who tells me to “just call” if I have questions or need anything. And it’s all thanks to this one surgeon, whose openness of spirit and generosity of time, is a model for mentorship.

As I look forward to fellowships and job prospects, I am encouraged by my heartwarming experience at The Aesthetic Meeting. The future looks exhilarating.



**NELSON A.
RODRIGUEZ-UNDA,
MD**

Overall it was a great experience! I was impressed by the depth and thoughtfulness of the talks.

Focusing, not only on the technical aspects but to inspire the audience on a commitment of lifelong learning. This was illustrated by an expert talk about facelift complications, despite Dr. Bucky’s excellent results, he suggested to be critical with your cases, always striving to improve, evaluate pre/post op photos, what you did right, what could have been better, never stagnant.

Another highlight of the meeting was Dr. Gould’s talk: Role of Social Media in Your Practice. As a neophyte on the topic, the most frequent advice is: “to be your own and post authentic content,” this can lead to examples of dancing, lip-syncing or other unprofessional behavior. Dr. Gould’s insight emphasized that first and foremost we are doctors, our patients trust us with their lives. And by sharing a public social media account we all represent the face of plastic surgery to the world. Having one can enhance your visibility with your community and other physicians, it can become a window to your practice and the way you take care of patients.

He pointed out that if you are dancing in a video, your patients will expect you to dance during the consultation. Therefore, we should live and demonstrate integrity and quality of our work. We want to have a future where plastic surgeons are seen as leaders of thought, innovation, and patient safety.

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ASERF Resident Travel Scholarship—2022 Recipients

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PAULINE JOY F. SANTOS, MD

This year's Aesthetic Meeting provided me with a breadth of exposure. The years of experience that surgeons shared was impactful. One of the most notable points of the lecture series was Dr. Marten's focus on the concept of an attractive brow. He posed the question, "What's more important, eyebrow shape or eyebrow height?" Questions like these are what I love most about aesthetic plastic surgery. We as plastic surgeons notice not only the details of what is attractive, but also why. I believe knowing the why is the foundation for designing operations to achieve an aesthetic result and perfect our craft. Dr. Nahai shared his journey in facelifting, highlighting small details that have a significant impact on the end result. His advice on how to avoid the tell-tale signs of a facelift were paramount. The panelist discussion during the Management of Sub-Optimal Facelift Results was likely the most salient event of the conference. Surgeons shared their experiences with unexpected complications that devastate both the patient and the surgeon. Their advice on how to manage both patient and surgeon disappointment, fear, and anxiety was powerful. We were reminded that as plastic surgeons, we are above all else people, and no reputation or skillset will supersede compassion and kindness. I am so thankful to have attended the Aesthetic Meeting in person and to meet my future Aesthetics Fellowship Director, Dr. Foad Nahai. I look forward to attending future Aesthetic Society meetings and learning from experienced surgeons.



AMY L. STRONG, MD

The Aesthetic Meeting 2022 in San Diego was a phenomenal learning experience. I am grateful to ASERF for providing me with the opportunity to attend this year's meeting and to learn from and engage with the masters in the field of aesthetic surgery.

The meeting was filled with hot topics, debates on current and traditional techniques, review of relevant anatomy, and sharing of knowledge and pearls from countless giants in

the field. Although all the sessions I attended were incredibly educational, several sessions stood out to me in particular. The special presentation presented by Dr. Singer on his experience in facial rejuvenation techniques was particularly insightful as he discussed his successes and challenges developing and mastering his approach over the last 45 years. The confidence yet humility that he spoke with was not only captivating but motivational to say the least. What also stood out to me, that was rather evident, was his mentorship of other surgeons over the years as he received a standing ovation from not only colleagues but also mentees and friends. This demonstration showed the mentorship, scholarship, and camaraderie that embodies the society. This was further reinforced multiple times when I reflect on the many discussions regarding various techniques. The surgeons differed vastly in their surgical approaches, but their discussions were frank, professional, and educational. I could not have asked for a better learning environment and better educators to learn from. Lastly, my experience was further enriched by meeting and interacting with leaders in the field of aesthetic plastic surgery and the warm and welcoming response I received.

Many thanks to ASERF for their generosity in providing me with the opportunity to attend the meeting this year. The meeting has made a lasting impact on me and has certainly furthered my interest in aesthetic surgery by exposing me to topics that are not regularly discussed in most plastic surgery residency programs. The meeting also demonstrated the collaboration, innovation, and scholarship among the aesthetic plastic surgery community, which I found truly inspiring. I am sincerely grateful for this opportunity.



SAMI P. TARABISHY, MD

Thank you very much for this opportunity to attend the 2022 Aesthetic Meeting in sunny San Diego! This is by far the best conference I have ever attended for a multitude of reasons. The meeting was filled with educational sessions from intriguing resident/fellow abstracts to fascinating presentations on the latest techniques from the leaders of the field.

I really enjoyed some of the "alternative" type talks including social media directed talks, cybersecurity, and a resident/fellow focused laser course. The most important learning experience I had however was the talk on managing sub-optimal facelift results by Dr. Paul Afrooz. Dr. Afrooz, a recent graduate of an aesthetic fellowship, gave a humbling, candid talk on a facelift patient who suffered from a significant hemifacial nerve injury during surgery. This talk was so detailed, so honest, and so raw. I think all new plastic surgeons fear having dreaded complications like Dr. Afrooz had experienced, and his story gripped me. I felt his emotion through the presentation, as he described the patient's experience and showed videos of her postoperative deficit. In their conversations, you could tell the patient was becoming increasingly upset and at times feeling like all is lost. She never, however, blamed her surgeon. Dr. Afrooz did not shy away from his complication. He met it head on, took full responsibility, made himself fully transparent and available to the patient at all times, and was there for her every step of the recovery process. Thankfully, the patient was able to make a full recovery from her facial nerve injury and even went on to refer several friends to this doctor, a true testament to the strong patient-doctor relationship he had built. This story was really moving and inspiring. It emphasized the importance of above all, being a compassionate and caring human being, and running toward complications, not away from them. I am confident that I will always recall this story and as I progress to being in my own practice, hopefully I can be as empathetic, and compassionate as Dr. Afrooz was.

I left the meeting with a renewed sense of inspiration and determination to advance the field of plastic surgery and be the best surgeon that I can be. I cannot overstate how impactful this experience was from the educational components, to networking with leaders and colleagues, and the incredible star-studded rock show welcome party. Thank you again!

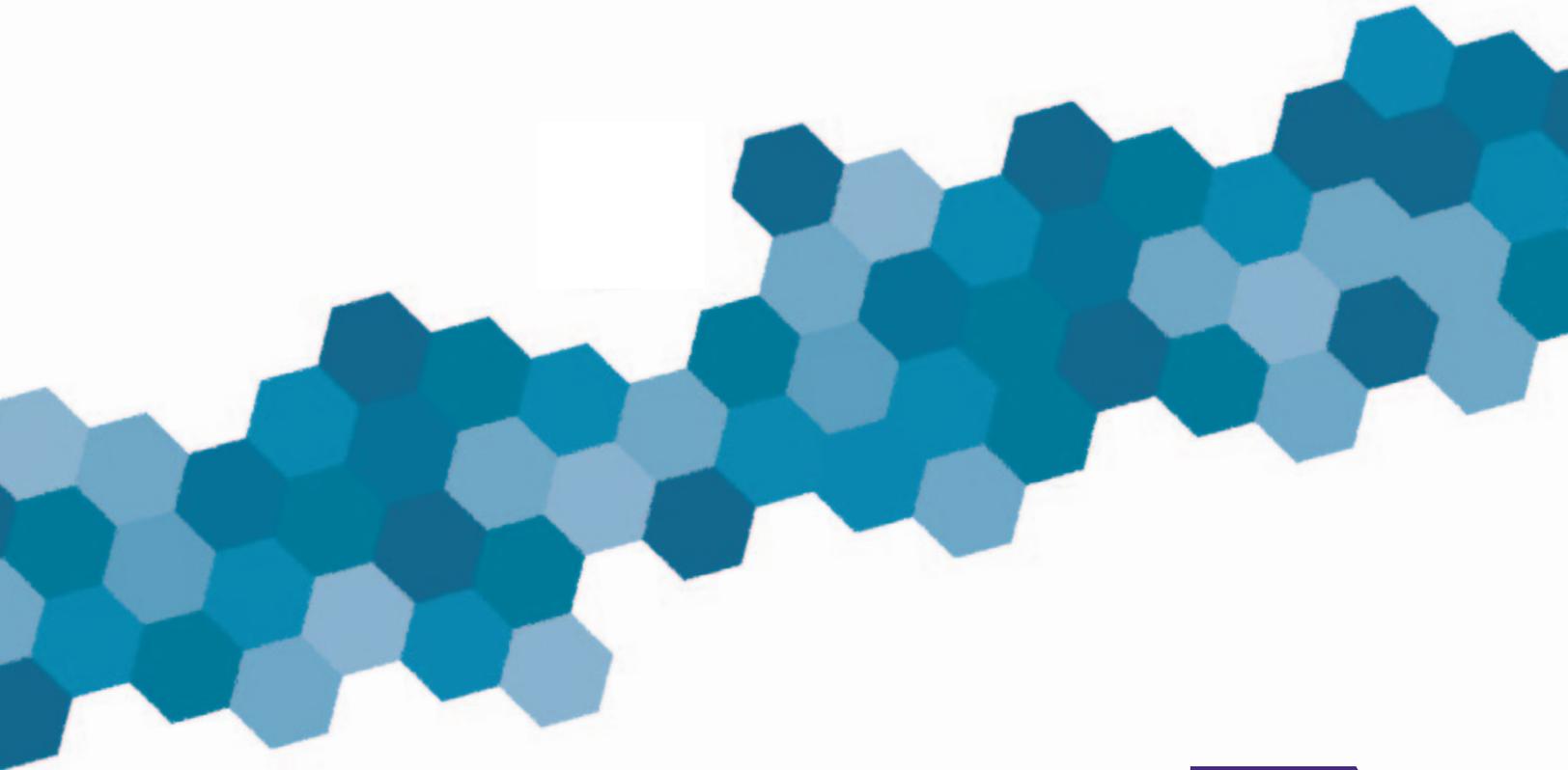
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ASERF Resident Travel Scholarship—2022 Recipients

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KRYSTLE R. TUANO, MD

I am very grateful to ASERF and The Residents and Fellows Forum Workgroup in allowing me to have the privilege to attend The Aesthetic

Meeting 2022.

In recent years, unanticipated events and changes have led face-to-face interactions to be replaced by virtual or “hybrid” versions. As a result of this, conferences and meetings have accommodated and adapted to the travel and gathering restrictions, accordingly. Lectures have become widely available for download, and attendance is no longer limited by time zones. As such, this has created a unique opportunity for learning, interacting, and networking. All these changes and adjustments have perhaps given us the ability to interact with a greater number of individuals—sometimes even allowing us to attend multiple lectures or meetings simultaneously. However, obviously, we are missing a component of that “human interaction” that was previously an inherent aspect of local, national, and international meetings. In time, novelty and convenience of virtually based relationships and interactions gave way to the desire for interactions and sentiment that can only be shared with in-person exchanges.

The most important learning experiences I was able to be a part of included topics that are completely essential to our practice but are often excluded from our formal training curriculum—patient interactions, dealing with our human fallibility, breaking bad news, and difficulties in practice management. The Aesthetic Meeting creates a unique environment of hands-on learning, exposure to expert opinions and pearls, evidence-based guidelines, and perspectives from the first year of practice to a lifetime career of practice.

The relatability of these harrowing experiences being shared by experts in the field, which were incredibly personal and emotional, was profoundly impactful. It made these thoughts and concerns tangible, but more importantly, survivable. Each lecture was not only given by thoughtful and passionate speakers, but each was also made personal, with clinical experiences, and the desire to impart wisdom (which can sometimes be a

cruel teacher) on an audience with varying levels of experience.

The in-person Aesthetic Meeting gave me the opportunity to create new friendships, solidify old ones, and interact with mentors that I have met digitally (via Zoom!) throughout the pandemic. As I plan to pursue a career in academic medicine, I am sure that the relationships I have created and experiences I had will become part of a camaraderie that I hope to continue as a future member of the Plastic and Reconstructive Surgery community.



DANIELLA VEGA, MD

As a plastic surgery trainee, learning experiences such as The Aesthetic Meeting are invaluable. I always welcome the opportunity to attend such meetings

and am thankful for receiving the ASERF Travel Scholarship this year.

One of the sessions that stood out most to me during the meeting was the “Management of Sub-Optimal Facelift Results” panel. I believe this session provided me with the most important learning experiences of the meeting. I was able to take away technical pearls as well as advice on how to handle and support the unhappy patient. This session emphasized how essential it is that we remain humble and self-critical, while always striving for better. In addition, it served as a reminder that complications and suboptimal results will always happen and that what is most important is how we as surgeons navigate them, move forward, and grow from these experiences.

This field is full of lifelong learning and that is something I truly embrace. I’m appreciative of the opportunity to learn from experienced surgeons in our field and to be able to put those lessons to use into my own practice.



NEIL M. VRANIS, MD

Aesthetic Meeting Reflection: As I sit in the airport lounge ready to fly home, there is an immense sense of gratitude for the education, networking and fond memories gained at

The Aesthetic Society Meeting 2022 in San Diego. The meeting provided a comfortable platform to discuss current innovations in plastic surgery and the various challenges a novice or even an experienced plastic surgeon encounters on a day-to-day basis. Kicking off the meeting with the Residents’ and Fellows Forum was a great way to re-establish friendship with colleagues from the past and create new bonds with acquaintances which will be fruitful for many years to come. All the research presentations were carefully curated to create an efficient and high yield educational day. In-between the research presentation sessions, it was refreshing to hear experienced surgeons discuss relevant topics such as board collections protocols, the impact of social media on private practice plastic surgery and even the horror story of how to manage and maintain a practice after a technology hack.

One of my favorite aspects of the meeting was the comradery among aesthetic surgeons in our specialty. It was inspiring to witness surgeons with various levels of experience discuss plastic surgery inside and outside of the conference. Organizers of the conference did an amazing job selecting domestic and international leaders in their respective field—face, rhinoplasty, breast, abdominal contouring, etc.—to present cutting-edge procedures and show their results. Debates among expert panelist was educational and valuable. It often highlighted the pros, cons and limitation of various proposed procedures. I am excited to return to work equipped with new perspectives on how to diagnose and address certain aesthetic deformities. Ultimately, this meeting has affirmed my decision to pursue a fellowship in aesthetic plastic surgery—the future seems bright. I feel honored and privileged for the opportunity to attend this conference and already looking forward to next year’s meeting!



PRACTICE SOLUTIONS

How Practices Are Responding To High Consumer Demand

By Karen Zupko

Listening to patient care coordinators (PCCs) at the Annual Meeting in San Diego, it was apparent that more strategic and tactical management changes are being made than ever before because of rising consumer demand.

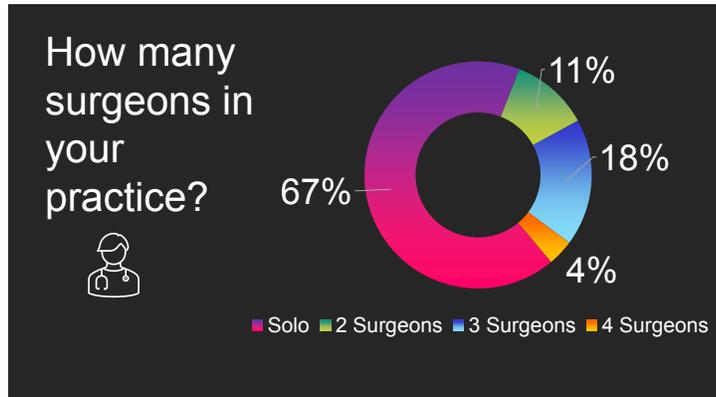
Prior to the day-long workshop in San Diego, participants completed a survey. The majority attending represented solo or small group practices from some 11 states. Surprising is one word that describes the results. Let's take a look.

85% will now quote fee ranges over the phone when patients inquire. "The just get 'em in they'll book something!" mentality has evaporated. Suddenly there is a new awareness about the value of the surgeon's and staff's time. Seeing patients in consultation who find your fees within their price range makes sense—hoping your prospective patient will win the lottery or scrap funds together doesn't.

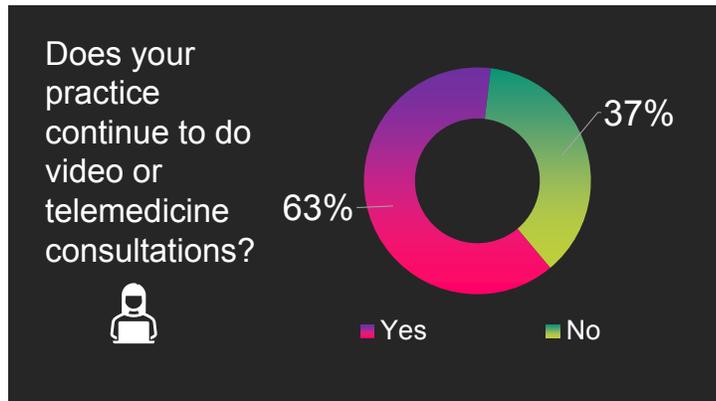
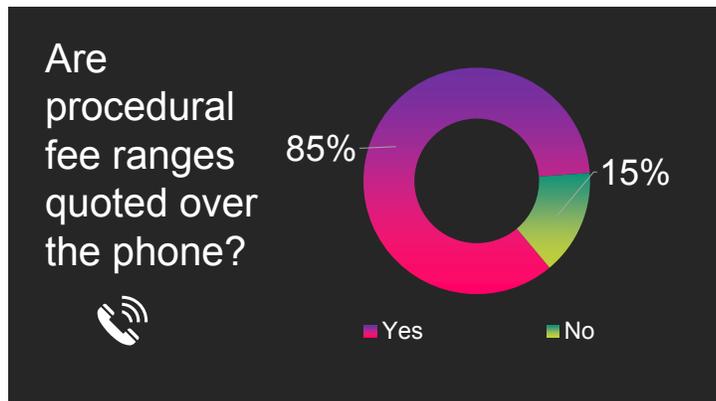
Many report that appointments are only made when the prospective patient has a procedural time frame in mind that the practice can accommodate. If someone wants an August surgery date and the practice is booked solidly until December—it doesn't make sense to schedule a consult. Plus, it creates ill will when someone pays for a consultation that doesn't bring them any satisfaction.

93% of respondents now charge a consultation fee. Devaluing office time is behind many successful surgeons who have found the courage to charge for their expertise. In fact, one can make the case that failing to charge may make the practice look "desperate" in the eyes of prospects calling several offices. "Why does everyone else charge except them?" Not charging may mean a surgeon doing lots of free second opinion consults.

Along with other luxury goods and services, consultation fees are rising. 26% now charge from \$151 to \$200 for aesthetic consultations. Another 26% have fees between \$101 and \$150 with yet another 26% charging between \$76 and \$100. By comparison, in 2021 only 16% of respondents charged between \$101 and \$200 for consultations.



Prior to the day-long workshop in San Diego, participants completed a survey. The majority attending represented solo or small group practices from some 11 states. Surprising is one word that describes the results. Let's take a look.



89% now ask for a credit card to guarantee consultation appointments and 86% charge the card in advance. We often joke that charging the credit card in advance is the best known cure for patient appointment amnesia. 15 years ago this policy was only seen among practices on the Upper East Side in NYC. Now it's common in Middle America.

Here's one surprising statistic: **63% of respondents continue to offer video consults of one sort or another. What's more surprising is that 67% report that patients schedule surgery at the same percentage as patients seen in person!** Others offer staff conducted video pre-consults to prepare patients for the realities of recovery, the need for a low BMI

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How Practices Are Responding To High Consumer Demand

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and of course the cost. They happily refund the consult fee if patient decides to cancel their in person visit after this conversation. Maximizing surgeon's consult time wisely and minimizing patient frustration is the name of the game in 2022.

Deducting the consultation fee if the patient schedules surgery in a defined period of time is customary among 74% of respondents.

74% still collect the balance of the surgical fee 14 days ahead of surgery at the Pre-op appointment. This is a decades old practice. What's different is that some 30% are asking for balances to be paid 21 days or more prior to the surgery date. This is especially true for cases scheduled for 4 hours or more. It's much harder to fill that time block on short notice.

With tens of thousands of dollars invested in marketing, you might think that post consult follow up would be major priority—not so.

Only 22% say they follow up, "if they have time" with another 19% leaving all follow up to the patients.

"We used to followup" several PCCs reported. "That was before we were scheduled six months in advance."

Following up, they said, typically resulted in disappointed—or worse yet—hostile patients angry that their desired surgery date was an impossibility. Several PCCs reported patients offering a "reward" for finding them an earlier surgery slot on the schedule! In 38 years of working in plastic surgery, this was a first for me.

So what's the point? If you didn't attend the meeting—maybe because you were too busy operating—there is strong current of belief that public perception of plastic surgery has changed. The specialty services, both operative and non-operative, are now considered a part of one's health and

wellness program. And, many practices are making important decisions about changing **"this is the way they've always done it."** Maybe you should too!

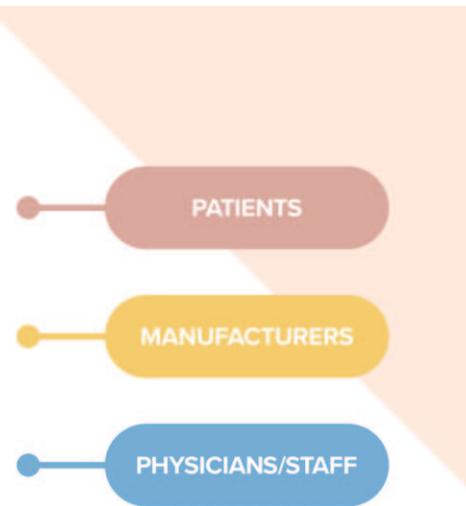
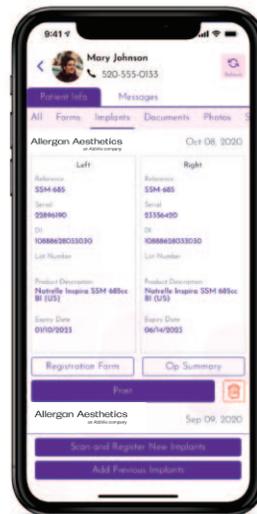
Karen Zupko is a regular contributor to ASN who participates in the annual meeting regularly. Her firm KZA offers training for PCCs and other staff, as well as operational consultations.

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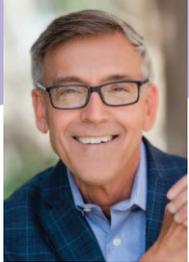
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Successful Marketing Strategies in a Privacy-First Landscape

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

With privacy taking the spotlight, there have been many changes and updates to the way we can target audiences on Google ads, Facebook, Instagram, and such. 2023 will be a big year for changes, particularly where privacy and data collection are concerned.

Because of this, companies and marketers will have to get used to a new normal in terms of privacy, cookies, and tracking conversions. And the best way to be ready for this change is by starting to prepare now.

WHY COMPANIES COLLECT DATA

Marketers collect data to gain insights about their users so that they can provide a more targeted ad experience. This can be accomplished in many different ways. For the past several years, third-party data (third-party cookies) has been a primary source used by companies worldwide.

Third-party data is collected from an outside source—or many sources—across the web. This data is then analyzed, segmented, and sold to companies to use for their own advertising and marketing campaigns.

However, third-party cookies will soon be a thing of the past. And for companies that rely on third-party data specifically, adjustments must be made sooner rather than later.

GETTING AWAY FROM THIRD-PARTY COOKIES

We've all seen third-party cookie pop-ups on our computers and devices, often several times a day. And once you accept them, they are on your device, tracking and analyzing the sites you visit, the purchases you make, and all other interactions.

While the information gathered from these cookies is beneficial to companies in terms of creating and providing contextually relevant advertising, they are not without their problems, particularly when it comes to privacy regulations.

This is where first-party data will step in.

ENTERING A NEW PHASE OF DATA COLLECTION

According to statistics provided by Google, only 10% of the population was covered by privacy regulations in 2020. This number is expected to rise to 65% by 2023. This increase will significantly impact how much of a user's internet activity can be tracked.

And because of this, third-party cookies will be phased out.

What will be left is first-party data, and Google strongly suggests planning a first-party data strategy now to have in place when these changes come into effect.

What Is First-Party Data?

Unlike third-party data that is collected and sold by outside sources, first-party data is collected directly by your company and owned by you.

First-party data is collected from all interactions between your company and your customer. These interactions can come from:

- Your website
- Phone calls
- Mobile apps
- In-store
- Emails and SMS
- Google analytics

This information can help you better understand your users:

- Demographics (including age range)
- Interests
- Purchase histories
- Visited websites
- Time spent on websites

By understanding this, you can better tailor your advertising for a more personalized experience.

What Are the Benefits of First-Party Data?

Because this data is collected by you from direct interactions, you own it.

This has many benefits.

First, it is cost-effective. First-party data is collected for free and stored through software systems also owned and controlled by you. Third-party data is something that you need to pay for.

Next, it is more transparent, making it significantly safer for privacy. First-party data is user-shared data. Your customers and users will need to provide consent, and because you are collecting this data yourself, you can feel assured that you are following all the required legal policies.

You will need to establish clear privacy policies that offer transparency and user control.

Finally, because the data is more specific and of a higher quality, you can create more personalized and relevant ads. All studies show that the more personalized an ad experience is to the user, the better it performs.

With this data, marketers and PPC experts can better ensure that the ads they provide are not only appropriate for their audience but what their audience wants.

First-party data allows you to get to know your audience better. By combining and integrating data from various sources (website, emails, loyalty programs, surveys, etc.), you can create a more defined profile of your customers.

THE BOTTOM LINE

The purpose of collecting data is for companies and marketers to better understand their audience so that they can create customized marketing strategies. No type of data collection does that as well—or as accurately—as first-party data. Combine that with better privacy and lower cost, and you have a winning combination.

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.

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Dos and Don'ts of Website Redesigns

By Keith C. Humes, CEO Rosemont Media, LLC

While a website rebuild can refer to a backend rework, a move to a different platform, or some combination of these, one thing is for sure—the process of transferring your website’s data must be handled with great care. In fact, the ordeal can feel almost like a gamble, as there is a fine line between a successful website relaunch and a failed one. Much like a physical move to a new city, such substantial changes to your website’s whereabouts can present amazing opportunities for improvement and growth; however, without the proper help and guidance, the relaunch of your website can end in the downfall of your site and depletion of past rankings.

Such redesign disasters almost always occur as a result of hastiness and poor planning. For this reason, it’s essential to have a strategy for relaunching your website. Thankfully, our team at Rosemont Media is well-versed in website transfers and strategy takeover. We’ve compiled this list of “dos and don’ts” to help you transfer your website smoothly and efficiently.

DO—MAKE SURE THE TIME IS RIGHT FOR A WEBSITE REDESIGN

As you can see, the decision to redesign isn’t always easy to make! If you’re less experienced in the marketing/SEO world, it might not even have been your idea. For example, you may have been advised to rebuild your website by your Internet marketing provider or marketing team, and they might have recommended you make the move while site traffic is low (which is often an opportune time to redesign). They may also have alerted you that your site’s performance is dropping, making it ideal to rebuild now.

You may be fully amenable to the change. On the other hand, you may think, “Why the hassle? My site is performing fine.” This is actually a common misconception which people tend to have about their websites. In reality, websites should be redesigned and rebuilt after a certain period of time to refresh rankings, performance, and speed. So even if your site is flourishing at the moment, we urge you to consider the possibility of rebuilding your site somewhere down the line.

DON’T—DELETE YOUR OLD SITE RIGHT AWAY

When it comes to taking down your original site, there’s no need to rush. Many first-time web designers prematurely delete their old



Websites should be redesigned and rebuilt after a certain period of time to refresh rankings, performance, and speed. So even if your site is flourishing at the moment, we urge you to consider the possibility of rebuilding your site somewhere down the line.

site and render themselves extra vulnerable in the event of a botched transfer to a newly designed website. It will take time to collect all of your data, back up your assets, and move everything to its new location, and it’s important to take advantage of this time. As such, we advise you only to delete your old site after your marketing team suggests you do so.

DO—TAKE STOCK OF EVERYTHING COMING WITH YOU

This part of the process can feel a lot like “packing,” as it entails taking inventory of your digital assets and specific parts of your site. It may be helpful to create a list of things that will need to be moved to the new domain. These tend to include:

- URLs
- Rankings and reports
- Meta descriptions
- Domain names
- Content
- Email addresses
- Associated accounts on Google or social media

Additionally, taking stock means making backups of the important data that’s going to be transferred. The precise amount of data that will need to be transferred will vary, but having backups of everything being moved can save you a lot of trouble in the end.

DON’T—JUMP THE GUN

Now that you’ve started the rebuild process, how do you know when it’s over? That is to say, how do you know when it’s time to launch your new and improved website?

Unfortunately, people who make their new site go live too soon often come to regret that decision. A solid marketing team will thoroughly preview the site, check to make sure everything matches where it should, and ensure that every necessary update has been made.

DO—CHOOSE A GREAT INTERNET MARKETING PROVIDER

Keep in mind that your website redesign may warrant the help of a new marketing team. In other words, it may be time for a strategy takeover, or a comprehensive reworking of your site from the inside out. A leading team with seasoned members can walk you through the entire process, helping you dodge common mistakes and make the most of your new online presence. In addition, another pair of eyes on your site, content, and digital assets can provide you with extra security during “the big move.”

Are you planning to rebuild your website soon? We encourage you to contact our team at info@rosemontmedia.com for unparalleled guidance through this often perilous journey!

Keith Humes is Founder/CEO of Rosemont Media, LLC, a San Diego-based digital marketing agency. As the founding Aesthetic Society Alliance Partner, 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.



PRACTICE SOLUTIONS

Proof That Bedside Manner is a Contributing Factor to a Successful Practice

By Wendy Lewis

In case you weren't convinced that plastic surgeons and their staff who show kindness, empathy, and caring to patients is a winning strategy, a recent study published in the *Aesthetic Surgery Journal* may convince you.

Researchers conducting this study—*The Makings of a Positive Patient Experience: A Comprehensive Analysis of Plastic Surgery Online Reviews*.¹

The authors concluded that, "While aesthetic outcome is an important predictor of satisfaction, other aspects of care, such as bedside manner and staff interaction, provide an important foundation of support. Excellent patient-surgeon communication and postoperative care may mitigate patient dissatisfaction and elicit high-satisfaction online patient reviews."

The researchers compared the top predictive factors driving patient satisfaction across the most popular plastic surgery procedures. They found that aesthetic outcomes are important, but not the ONLY predictors of satisfaction, as published in the *Aesthetic Surgery Journal* (April 13, 2022).

They analyzed 11,078 online reviews from RealSelf, Yelp and Google for the five highest-rated plastic surgeons in six metropolitan areas. Data from the reviews included physician ratings, patient-reported reasons for rating, procedure and complications. Not surprisingly, reconstructive procedures were rated significantly higher than cosmetic procedures, while aesthetic appearance was the strongest predictor of rating across all procedures.

It seems understandable that patients would hold surgeons who perform reconstructive surgery (notably breast reconstruction) in high regard. This can be a very different relationship in some ways.



"While aesthetic outcome is an important predictor of satisfaction, other aspects of care, such as bedside manner and staff interaction, provide an important foundation of support. Excellent patient-surgeon communication and postoperative care may mitigate patient dissatisfaction and elicit high-satisfaction online patient reviews."

Reconstructive surgeons are often thought of as heroes because they are able to restore a patient's image and thus, self-confidence.

I found this study to be consistent with what I believe are current consumers' views on aesthetic practitioners. In my opinion, negative views about plastic surgeons often stem from social media posts that cross a line, the constant coverage that consumers see on television and online, and the ongoing plethora of media coverage of disasters, celebrity mishaps and regrets. Every time consumers see a 'plastic surgeon' behaving badly, it contributes to a less than glorious

image of all 'plastic surgeons' in the public domain.

Regrettably, in many cases, these doctors are not really 'plastic surgeons' by your standards at all. The term has morphed into an umbrella phrase to describe anyone who yields a scalpel or a syringe. In its lowest form, tabloids make zero distinction for credentials at all, perhaps driven by the enhanced clicks and views they may get from using the term 'plastic surgeon.'

In 2022, it matters far too little to many consumers whether a doctor is 'board certified' and which board, or a member of this illustrious society or another one, or just an MD or DO who does some cosmetic procedures and is mistakenly referred to as a 'plastic surgeon' or 'cosmetic surgeon.' Despite the education that this organization does so well, it can be difficult for consumers and media, who are often driven to someone who calls himself 'a celebrity doctor' on Instagram, to make the distinction.

In my opinion, negative views about plastic surgeons often stem from social media posts that cross a line, the constant coverage that consumers see on television and online, and the ongoing plethora of media coverage of disasters, celebrity mishaps and regrets. Every time consumers see a 'plastic surgeon' behaving badly, it contributes to a less than glorious image of all 'plastic surgeons' in the public domain.

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Proof That Bedside Manner is a Contributing Factor to a Successful Practice

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It is even more tricky for media who do not regularly cover our world to understand that difference. Today, writers are paid far less than they deserve, and may be working on a dozen pieces at any given time on topics that can range from, 'Best Anti-Aging Skincare Influencers Can't Live Without' to 'Did Real Housewife of (fill in the blank) have a Nose Job; Experts Weigh In.' In addition, a lot of consumer media today is driven by affiliate links. So, if a product is not sold on Amazon, for example, even if it is THE best eye cream on the planet, it may never be covered by a significant number of online media outlets. For anyone unfamiliar with this phrase, it refers to the popular practice of when specific products are mentioned in an online outlet, the 'affiliate' or website, earns a commission for marketing that company's products.

I receive pitches from PR firms frequently touting 'board certified nurse' or "board certified physician" with no mention of what

board. These are being disseminated to media in general, including bloggers, influencers, etc., many or most of whom will not understand the meaning of these titles. They may also not have the knowledge to distinguish them from Aesthetic Society members.

In conclusion, the point I am trying to make is that I know how much this Society matters and all that you do to educate consumers and the media. It is very important to continue this education because despite your collective best efforts, there are numerous competing forces that are consistently undermining your message.

Wendy Lewis is the Founder & President of Wendy Lewis & Co Ltd, Global Aesthetics Consultancy since 1997, a marketing communications boutique in New York. An award-winning writer, she serves on the Editorial Board of Prime International Anti-

Ageing Journal, and contributes to Practical Dermatology, Modern Aesthetics, and many other publications.

Wendy is a frequent speaker, course instructor, and moderator at conferences in the US and internationally. Her first textbook, Aesthetic Clinic Marketing in the Digital Age (CRC Press) will launch a second edition in 2022. <http://Wendylewisco.com> [wl@wendylewisco.com](mailto:w@wendylewisco.com).

1. The Makings of a Positive Patient Experience: A Comprehensive Analysis of Plastic Surgery Online Reviews
Irene A Chang, BA; Michael W Wells, MEng; Ian A Chang, BS, MS; Connor P Arquette, MD; Cathy J Tang, MD, MS; James R Gatherwright, MD; Heather J Furnas, MD
Aesthetic Surgery Journal, sjac092, <https://doi.org/10.1093/asj/sjac092>

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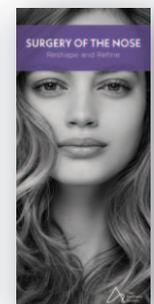


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Know Your Insurance Carrier's Financial Strength

Harry K. Moon, MD, FACS

The complexity and expense of managing an aesthetic surgery practice is ever increasing. What we once referred to as medical malpractice insurance has today become medical liability insurance. Clearly the courts today look increasingly at the degree of one's liability in caring for a patient as opposed to what was classically "malpractice."

The glossary of terms in liability insurance forms and their definitions are important for us to understand as we decide the scope and extent of our medical liability coverage.

What follows is the first in a series of short articles by Preferred Aesthetics to help you understand what can be a confusing and unfamiliar glossary of insurance terms ("Glossary of common legal and insurance terms," 1998):

- Malpractice—professional negligence
- Risk retention group (RRG)—A group of similarly situation persons or entities that are permitted under federal law to organize across state lines for the purpose of pooling their liability risk and self-insuring.

- Commercial carriers—For profit insurance companies, also known as traditional or traditional-line insurers. Commercial carriers are regulated by state laws and must qualify financially to do business in a state.
- Claims made insurance policy—An insurance policy that provides coverage for claims arising from incidents that both occur and are reported to the insurance company while the policy is in force.
- Occurrence Policy—A type of professional liability insurance policy in which the policy holder is covered for any incident that occurs during the term of the policy, regardless of when a claim arising from the incident is made.
- Limits of Liability—The maximum amount an insurer will pay out under the terms of a policy. Professional liability policies typically specify both a per-occurrence limit and an aggregate limit for all claims incurred during the term of the contract. Example: \$1 million (per occurrence)/\$3 million (aggregate).

- Endorsement—An addition to an insurance policy that changes the original policy in some manner
- Exclusion—a component of the insurance policy that sets forth the circumstances under which the physician will not be covered.

Reference: Glossary of common legal and insurance terms. (1998). In Medical Professional Liability Insurance: The Informed Physician's Guide to Coverage Decisions (pp. 137-143). Chicago, IL: American Medical Association.

Harry K. Moon, MD is Medical Director at AMS RRG, inc. For more information, please visit our website at www.amsrrg.com/solutions/preferred-programs where you can click on the "Request A Quote" link or please contact Christopher Edge at news submission@amsrrg.com.

Christopher Edge is Vice President of Preferred Programs and New Business Development at AMS Management Group.



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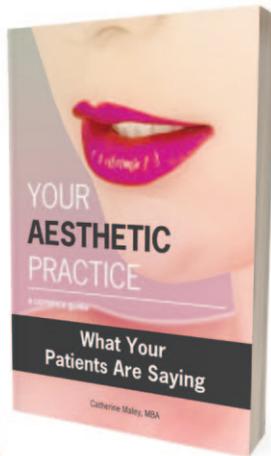
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This podcast was created almost 3 years ago to be a resource to **help surgeons understand the business and marketing side of plastic surgery.**

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Enjoy!

—Catherine



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If you would like to be a podcast guest, please let me know and we'll set it up –

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Using Influence to Convert More Consultations

By Catherine Maley, MBA

You don't "sell" anyone on plastic surgery, and you can't force consumers to choose you. You can only offer your services to consumers who want to look and feel better.

However, if you believe in yourself, it's your duty to do all you can to ethically help prospective patients make a good decision. That way, they get a good result and NOT regret going elsewhere for a cheaper price, only to get a "less than stellar" result that makes them feel worse about themselves.

Look at it this way, prospective patients are already interested in your services because they searched online, found you, called you and are now visiting you. You didn't pull them in off the street, right?

However, the more you understand human behavior, the more consultations you will convert, so here are ways to use the principles of influence to address patient concerns to help them choose you over your competitors:

GIVE YOURSELF CELEBRITY STATUS

Patients love status and authority. You can create that by pre-framing you as the best choice by using PR, videos and social media to create celebrity status for yourself.

Start with an excellent high-end website using professional photos and videos of you, your celebrity patients, and any media coverage you have gotten from TV or magazines you were seen in. Get involved in charity organizations and your medical societies who have PR staff who can get you exposure as a philanthropist, speaker, trainer, committee member and so on.

SOCIAL PROOF IS EVERYTHING

What others say about you is infinitely more important than what you say about you. That's why reviews, testimonials and before/after photos are so popular. Patients feel more

comfortable choosing you after they have seen real proof of how happy your other patients are, so this is a priority.

GIVE IT A NAME

The point is to NOT be like everyone else. You want to rise above the normal and one way to do that is to offer signature procedures. You can use your name, initials or come up with a creative consumer name that grabs interest. Then protect it with a trademark. Examples already taken are LifeStyle Lift® and ModelLift®.

RECIPROCITY

The Law of Reciprocity states that when people receive something, they feel compelled to return the favor in kind. For example, someone has surgery with you and you want them to experience your non-surgical treatments. A solution would be to offer them a *post-surgical gift card towards a procedure in your med spa. The patient, in turn, now feels compelled to use the gift card and that's a win-win for both of you.*

CREATE SCARCITY

Patients want what they can't have. So, creating a limiting constraint makes patients want it more than if it were abundantly available. For example, have your coordinator call all pending quotes to notify the prospective patients that you'll be going out of town and if they want surgery sooner rather than later, they need to complete it by a certain date. That could be just what the patient needed to take action.

CREATE URGENCY

Procrastination is the biggest enemy for a cosmetic patient to pull the trigger. They have most likely been thinking about this for years, so it's just plain easier for them to continue to

think about it than it is to actually do something about it.

To help get them off the fence and take action, your patient coordinator can present the quote and add, *"Karen, just so you know, Dr. Smith is booked out for the next 3 months; however, if you wanted in sooner, I do have one spot left on Day/Date, does that work for you or would you prefer to wait?"*

Using the word "wait" is strategic since most patients don't want to wait so they are more likely to take that one date left now, rather than wait for months.

GUARANTEE IT!

Fear is a huge barrier to someone who is deciding to have cosmetic surgery. They have doubt they will get a good result and be happy with their new look. Or, worse, they dread feeling the regret if things don't go well, so they stay stuck in indecision.

Offer the patient peace of mind with an "I want you happy" guarantee that your coordinator presents at the consultation. Professionally design a certificate with the rules outlined such as you will make a revision free of charge in your office if needed.

When you take the risk away, patients will say yes more often because you are handling their emotional fears and catering to their human behavior needs. You probably do this anyway so now you build it in to convert more consultations. It's something to consider.

Incorporating some or all of these strategies will help your patients get to a yes more easily. I guarantee it ;-)

Catherine Maley, MBA is a cosmetic practice consultant, speaker, trainer, and blogger. She also has a podcast called Beauty and the Biz and 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 or Instagram @catherinemaleymba.

Start with an excellent high-end website using professional photos and videos of you, your celebrity patients, and any media coverage you have gotten from TV or magazines you were seen in. Get involved in charity organizations and your medical societies who have PR staff who can get you exposure as a philanthropist, speaker, trainer, committee member and so on.



Is Your Financial Plan Flexible Enough? The Ability to Adjust to Five Key Factors is Essential

By David B. Mandell, JD, MBA and Robert Peelman, CFP®

Getting to one's long term financial goals is important to nearly every physician, within the aesthetic field and without. Most doctors realize that an important success factor in reaching these goals is to have a plan to get there. As Founding Father Benjamin Franklin is credited with saying: "If you fail to plan, you are planning to fail."

If a financial plan is a key ingredient in goal achievement, then flexibility within the plan is fundamental for weathering change, which is inevitable over years, and even decades. This article examines flexibility as a vital component of a successful retirement plan, especially as it relates to the following factors:

MARKET VOLATILITY

"Market," in this context, means more than the small sample of the stock market in the United States that is represented by the Dow Jones Industrial Average or even the S&P 500 index. There is volatility in all securities, commodities, real estate, and other asset marketplaces domestically and internationally. Values in all classes often go up, but they also come back down.

Savvy investors understand that portfolio diversification is key to reducing portfolio risk. Rather than staying within a specific area, such as securities or real estate, diversification must cross investment classes, especially in a volatile market. A balance of asset classes—international and domestic, traded and untraded, correlated to markets and noncorrelated—constitutes a flexible long-term approach.

CHANGES IN TAX RATES

Significant changes to the tax code in 2017 and 2018 (and changes possibly coming in the next 12 months) underscore the importance of flexibility in retirement planning. Taxes will continue to change, and tax rates may look very different in 3, 5, 10, 20, or 30 years. A "tax diversification" approach can help alleviate potential future issues. Many financial planners advocate diversification of asset classes among investments, but it is equally crucial to diversify the tax rate exposure to one's wealth.

When we look at investment plans from the perspective of tax diversification, we see that most investors have inadequate investments in asset classes or structures that will be immune to future increases in income or



Savvy investors understand that portfolio diversification is key to reducing portfolio risk. Rather than staying within a specific area, such as securities or real estate, diversification must cross investment classes, especially in a volatile market.

capital gains taxes. Assets such as cash-value life insurance, tax-free municipal bonds, Roth IRAs, and other vehicles should be part of any wealth-building plan.

The bottom line is that individuals need to have enough flexibility to be prepared for the possibility of tax rate changes, for better or worse, during their investment timelines.

INCOME AND CASH FLOW FLUCTUATIONS

Because few of us can accurately predict our future incomes in the near and long-term future, flexibility must be part of retirement planning. How can individuals incorporate income and cash flow in their planning? Living below one's means and prioritizing saving (each month, quarter, and year) is fundamental to weathering any temporary or even long-term hits to income and cash flow.

Another tactic is the implementation of a savings vehicle that allows uneven funding or investment from year to year. In the area of qualified retirement plans (QRPs), one example would be a defined contribution plan that allows flexibility in individual contributions each year. This is in contrast to defined benefit plans, which require a certain level of funding and can entail underfunding penalties. More relevant still are nonqualified plans, which allow much higher contributions than defined plans when an individual's income is high but can be skipped entirely during years in which income wanes.

Another asset class that allows flexibility is permanent life insurance—specifically, a policy that has the benefit of tax-deferred growth and asset protection. In universal life policies, funding can be flexible from year to year, unlike whole life policies, for which funding must occur each year.

LIABILITY THREATS

Any planning designed to shield wealth from a legal claimant, creditor, or even a soon-to-be-former spouse is typically not effective if it is implemented only when the threat becomes reasonably foreseeable. In other words, asset protection planning must be put into practice before there is a problem. The challenge is that the individual wants to maintain ownership of, control of, and access to his or her assets at times when there is no looming liability threat.

Fortunately, with a comprehensive asset protection plan, utilizing exempt assets, legal tools, insurances, and proper ownership forms, these goals can typically be accomplished. Individuals can generally build flexibility into financial plans using tools that protect wealth if and when there are liability threats but still allow ownership, control, and access to that wealth when the coast is clear.

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Is Your Financial Plan Flexible Enough?

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HEALTH CHALLENGES

Health is possibly the most variable factor affecting a retirement plan. At one extreme, being in good health is a blessing that allows individuals to be more productive, to create more wealth, and to enjoy it. At the other extreme, poor health can keep individuals from earning a living and even lead to pre-mature death, which can have a devastating economic impact on the surviving family. Because of this, it is imperative that a conservative wealth plan considers potential changes in health.

Both disability and life insurance are essential. Securing the proper insurances protects an individual's ability to earn, with options that provide a regular income stream in the event of disability and offer financial protection to heirs in the event of death. According to a 2013 U.S. Social Security Administration Fact Sheet, just over one-in-four of today's 20-year-olds will become disabled before they retire. The same Fact Sheet notes about 100 million American workers are without private disability income insurance. These statistics illustrate an obvious financial risk.

Life insurance coverage is needed not only if one has concerns about meeting individual financial goals, but also if these concerns apply to the financial welfare of one's family. There is a variety of life insurance products, including term, cash value, and private placement policies.

Whatever product is chosen, the expertise of an insurance expert is often required to make certain that adequate coverage is purchased considering the insured's income, debt, assets, family situation, tax rate, state of residency, and long-term goals.

CONCLUSION

No one can accurately predict the performance of the market, future tax rates, or one's income and health. For this reason, building flexibility into a financial plan can help the plan to weather changes in these key factors and achieve long-term success.

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David Mandell, JD, MBA, is an attorney and author of more than a dozen books for doctors, including Wealth Planning for the Modern Physician. He is a partner in the wealth management firm OJM Group (www.ojmgroupp.com), where Bob Peelman, CFP® is a partner and Director of Wealth Advisors. They can be reached at 877-656-4362 or mandell@ojmgroupp.com.

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How to Prevent Employee Turnover

By Terri Ross, Terri Ross Consulting

Preventing employee turnover is very important to the financial health of a plastic surgery practice due to the high turnover costs as well as a loss of knowledge when key personnel leave, potential interruption of services, and practice inefficiencies—which can all lead to patient service suffering.

THE 10 MOST COMMON REASONS EMPLOYEES LEAVE THEIR JOBS INCLUDE:

1. Lack of training and career development opportunities
2. Lack of culture and leadership
3. Unsatisfactory salary or pay
4. Stress or an unmanageable workload
5. Poor communication between management and staff members
6. Unclear job descriptions that do not clearly define responsibilities
7. Employer's values do not align with their own
8. Inadequate staffing levels to cover the workload
9. A lack of recognition by managers when their work is done well
10. An inability to provide feedback on performance issues

DEVELOPING AN EMPLOYEE RETENTION STRATEGY

So, what can you do to help prevent employee turnover? According to LinkedIn's 2019 Workforce Learning Report, 94 percent of employees say that they would stay at a company longer if the company invested in helping them learn and develop new skills. In addition, organizations with a strong onboarding process retain 91% of their first-year workers.

Here are six strategies to help combat employee turnover and increase your employee retention rates:

1. Make Sure Your Practice Has a New Employee Orientation in Place

New-hire orientation is a formal event to introduce the new employee to your practice's structure, vision, mission, and values; review the employee handbook and highlight major policies; complete required employee paperwork; review pertinent administrative procedures; and provide mandatory training. This process can be overwhelming to a new

employee, so it is best done over a week, even home study prior to them starting if possible. Your onboarding program should review your practice's culture, define their specific role and responsibilities, identify a mentor or who they can turn to for help and support, and provide a clear path for growth.

2. Have a 30/60/90 Day Plan

Possibly the most important element in your onboarding program is developing a 30/60/90-day plan. This is an overview of your new hire's three-month ramp up period, and what you expect of them as they get more familiar with your practice and their new role. Practice Managers can set most of the objectives along with the MD or Owner, but they should leave several areas open for the new hire to fill in based on where they're interested in growing. This plan will give employees and their managers a clear and measurable way of monitoring progress so they can easily adjust their course of action and track their progress.

3. Manager Check-ins

As part of the 30/60/90-day plan, you should have weekly or bi-weekly manager check-ins. These check-ins are recurring meetings where your managers and new hires can chat about how they're doing, understand what is working, what's not, ask any questions, and coach to where they need more training and support. These check-ins should be an ongoing part of your employee lifecycle, meaning they shouldn't stop after onboarding is complete. Employees should always be presented with an avenue for open door communication.

4. Stay Interviews

Stay Interviews are more formal check-ins. There are several benefits to developing and maintaining a "Stay Interview" program. Stay interviews build trust and employee loyalty. When employees see that their manager cares enough to have a periodic Stay Interview and seek ideas from them, it promotes trust of management and loyalty. Employees rarely leave employers they like and respect. These interviews also present an opportunity to see how you can help further develop their skills, provide additional training, or increase responsibilities.

5. Create Connections

Having friends at work does have benefits! Employees who have friends in the workplace and a positive, team culture tend to be less likely to be actively looking for other job opportunities; feel more connected with their co-workers; are more confident in what is expected of them and more likely to speak up and be more innovative; have a higher job satisfaction; and feel less stressed, worried, frustrated, or tired during the workday.

Encouraging employees to get to know each other is not only a great way for your team to find common ground, but one of the best ways to promote collaboration and friendship. Planning team building activities that are fun and engaging is a great way to cultivate a positive team culture.

6 Establish and Embrace an "Employee First" Leadership Philosophy

An "Employee First" Leadership Philosophy means your management style embraces active listening to get to the heart of any issue and make your team feel valued and heard. Empathy is very important. Make it a priority to show your team members you care about them. Support them with personal issues when possible. Don't gloss over issues because they are difficult. Address problems as they arise so you can resolve them. Hone your communication skills so that your team understands their roles and stays focused on the practice's long-term mission and goals. Provide educational opportunities to help your team members grow and develop so they feel they have a long-term career plan.

This was just a brief overview. APX Platform will be launching a new operations course that goes into comprehensive detail on best hiring practices, onboarding, employee retention and so much more. If this is an area you need help with, I invite you to schedule a discovery call to learn more: <https://apxplatform.com/discovery-call>

Terri Ross, an official partner and trainer for AmSpa, offers distinct programs to help you launch or grow your medical aesthetic or plastic surgery practice. She and her team bring a combined 30 years of experience achieving over 600% growth with clients in the most competitive markets in the world, in addition to launching over 40 new medical practices across the country.



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The Straight & Narrow

By Joe Gryskiewicz, MD

Question

Dr. Joe,

I was seeing a workman's compensation patient in my office as part of the follow-up of a nasal injury that I treated in the emergency room. During one of the follow-up visits,

they requested and received a filler injection for cosmetic facial rejuvenation. They paid out of pocket for this service. As the follow-up visit was otherwise part of the global period of the patient's initial injury, no other charge for the visit was filed.

Workman's compensation insurance typically requests office notes from treating physicians. The patient had signed a HIPAA release and we provided the notes to the insurance company. Well, the filler injection got the insurance company's attention!

The patient, understandably upset, called my office and stated that they didn't want their employer and insurance company to know about their cosmetic treatments.

This raises several issues: 1) how to manage a HIPAA release in patients who receive different types of treatment. 2) Can patients partially revoke part of their HIPAA release? 3) How best to appropriately document future medical visits that include both cosmetic and reconstructive aspects.

Thanks!

PS: We called the workman's compensation insurance company and explained the cosmetic part of the patient's visit. That part was easy.

Answer

I would simply keep a workman's comp medical record and keep a separate cosmetic/spa medical record. Two files, same patient.

It makes sense to keep either parallel medical records or to state right in the clinical notes that the aesthetic treatment was separately billed, thereby answering the question the insurance reviewer will undoubtedly raise. That said, since the patient wanted the cosmetic treatments kept a secret from the employer and workers compensation carrier, then two separate medical records would be the only solution.

I haven't ever heard of a partial HIPAA release. I'm not sure what "partially revoking a HIPAA release," even means. Besides, I have to assume the injection was done after the release. I suspect you do not realize that HIPAA applies only to the electronic transmission of protected health data for the purpose of obtaining or confirming insurance coverage or payment, i.e. insurance cases. Aesthetic cases aren't subject to HIPAA, though they still require our members to protect their patient's medical privacy. You seem to think your patients need to revoke part of their privacy protections when aesthetic procedures are segregated from insurance procedures, but the fact is all patients and their procedures must be given equal privacy protection, whether or not an insurance company is involved.

I'm also unsure what you mean by a "HIPAA release." The only time the release comes into play is when a patient's PHI is going to be

revealed to third parties, such as to an insurance company to get paid, to a researcher conducting a study, or on a website displaying before and after photos. The difference between a HIPAA release versus a non-HIPAA release is that the federal government requires the HIPAA release to be a bit more specific, identifying not just how the PHI will be used, but who can use it and for how long, i.e. an expiration date for the release. Since HIPAA provides the higher privacy standard, using a HIPAA-compliant release, such as The Aesthetic Society provides, is a good idea.

A final thought. If anything, protecting medical information regarding aesthetic procedures should be even safer than for insurance procedures, because all this aesthetic information stays in house. The PHI isn't being sent to billing companies, insurers, or adjusters. When our members get in trouble is when they send medical information for posting (most often photos) to webmasters, but they include patient identifiers. Therefore, when it comes to whether to remind our members that HIPAA might not apply, I would rather prefer members pretend there is a "cop behind every billboard." Better they drive scared and careful, because it's too easy to think patient info belongs to the doctor to do with as s/he sees fit. Hope this helps!

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.

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Cannabis Use: It's "High" Time to Consider the Perioperative Pitfalls

By James Fernau, MD, FACS



**CULTURE
OF SAFETY**

CANNABIS USE

It's "high" time to consider the perioperative pitfalls of cannabis!

In the past several years, there has been accelerated growth of legal and illegal cannabis use in the United States. Cannabis's rise in popularity is attributed to its growing acceptability in modern society. Compared to substances like painkillers, alcohol, and tobacco, cannabis has been widely accepted as being "less risky" and "less harmful," because there have been zero marijuana related overdoses ever reported in the US. This has led to a shift regarding the legalization of cannabis for therapeutic (medical) and recreational purposes. The legal status of cannabis varies both internationally and across the US. Cannabis (also called marijuana) is the third most commonly used psychoactive substance in the world after alcohol and tobacco. The federal government of the US classifies cannabis as a Schedule 1 substance which limits the research that is needed to determine how cannabis affects surgical procedures and the aspects of anesthesia needed.² Therefore, with cannabis use, it is "high time" to consider the perioperative pitfalls.

Both cannabis and anesthesia affect the central nervous system and this will affect how much anesthesia will be required for surgery. The form of cannabis that's used, how often it is used, and how much is used can all affect how one's body responds to anesthesia. Many patients may use cannabis for their anxiety, insomnia, chronic pain or addiction, and, before undergoing surgery, do not mention their use of cannabis. The riskiest time for patients to undergo anesthesia is within one-to-two hours after consuming cannabis. Doctors and anesthesiologists need to know



Cannabis's rise in popularity is attributed to its growing acceptability in modern society. Compared to substances like painkillers, alcohol, and tobacco, cannabis has been widely accepted as being "less risky" and "less harmful," because there have been zero marijuana related overdoses ever reported in the US. This has led to a shift regarding the legalization of cannabis for therapeutic (medical) and recreational purposes.

how much cannabis was used and when it was last used to determine how much anesthesia will be needed. Regular cannabis users may require higher anesthesia doses than non-users and this may potentially lead to an increased risk of complications such as decreased blood pressure, increased heart rate, delayed awakening from anesthesia or even breathing issues due to heightened airway sensitivity. This can lead to delay of or rescheduling of surgery or serious complications.

Although cannabis is used to decrease chronic pain, some cannabis users may have increased sensitivity to pain following surgery. This may require doctors to use multiple pain medications or more opioids than non-cannabis users.

With its well-known euphorogenic ("high"), sedative, and analgesic properties, cannabis effects are primarily due to one cannabinoid known as delta-9-tetrahydrocannabinol (THC). Medicinal cannabis contains over 120 naturally-occurring cannabinoids. Our body's endocannabinoid system (ECS) consists of fat-based neurotransmitters called endocannabinoids as well as cannabinoid receptors CB1 and CB2. When cannabinoids are ingested or used, they can increase or decrease our natural endocannabinoid levels that could play a role in a variety of bodily processes which include pain relief and perception, maintaining proper body temperature, modulating our immune system, and helping with nausea. CB1 receptors are primarily found in the central nervous system while CB2 receptors are found in various tissues throughout the body. Researchers have found both CB1 and CB2 receptors in plentiful numbers in the skin.

Two of the most well-known cannabinoids are known as Delta-9 tetrahydrocannabinol (THC) and cannabidiol (CBD). Let's review the difference between THC and CBD. THC mainly works by binding to the CB1 receptors that are in the brain to treat pain, nausea, and give its euphoric effect that is better known as

The form of cannabis that's used, how often it is used, and how much is used can all affect how one's body responds to anesthesia. Many patients may use cannabis for their anxiety, insomnia, chronic pain or addiction, and, before undergoing surgery, do not mention their use of cannabis. The riskiest time for patients to undergo anesthesia is within one-to-two hours after consuming cannabis. Doctors and anesthesiologists need to know how much cannabis was used and when it was last used to determine how much anesthesia will be needed.

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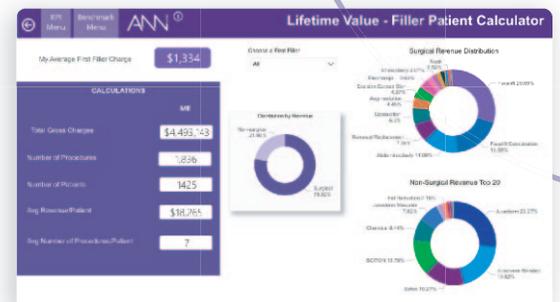
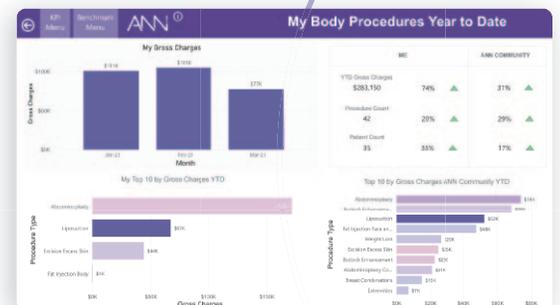
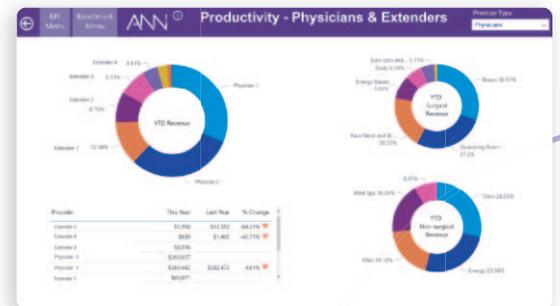
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Cannabis Use: It's "High" Time to Consider the Perioperative Pitfalls

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a "high" feeling. CBD acts by binding to the CB2 receptors which are located throughout the body to act as an anti-inflammatory agent, an antioxidant, and a calming agent to help relieve anxiety. One of the most important effects of CBD is to counteract the euphoric high of THC.

Another component of the cannabis plant are terpenes. They serve as the essential oils of the plant that are extracted to provide taste and smell to most of the products and they too have medicinal properties that can have a varying effect on our bodies and to varying degree. For example, a common terpene found in medicinal cannabis products is myrcene that can amplify the effects of THC. When patients come to a dispensary for medical marijuana, they are first counseled by a medical professional. Patients are advised to keep a journal because many of the effects are discovered through trial and error. Patients are advised to start using products at the lowest dose and to progress slowly until their effect is achieved. One way to counteract the "high" feeling that is produced by the THC is to add more CBD to the product than THC.

There are many side effects that are found when taking THC. Some of the side effects are increased anxiousness, paranoia, hallucinations, impaired judgment, vomiting, increased or decreased blood pressure, and increased or decreased heart rate. As products wear off, so too should these side effects. Patients need to seek medical attention when the side effects are potentially harmful. Some drug interactions to be aware of are blood thinning medications such as warfarin, and medications that work on the central nervous system (CNS); THC may enhance their effects. A popular and dangerous interaction is mixing THC and alcoholic beverages as well as with other

medications that affect the CNS such as pain killers and antidepressants. The THC concentration is primarily used to measure the potency of cannabis. Increased rates of cannabis-related adverse effects are due to the fact that the potency of cannabis has increased around the world in recent decades. Cannabis experts agree, 10 to 20% of the population in the United States has tried the product. In 2018, 15.9% or nearly 44,000,000 people of the United States population over the age of 12 years reported using cannabis, with the highest concentration seen in adults between the ages of 18 and 25. Of great concern is that active cannabis use disorder is associated with a meaningful increase in the risk of postoperative myocardial infarction.¹ In fact, in acute settings, vaporized cannabis's peak effect is approximately one hour post initiation, lasting 2 to 4 hours. Marijuana increases cardiac workload, myocardial infarction, and strokes in young, chronic users.³ In an impressive study of over 400,000 with cannabis use disorder, there was a statistically significant increased perioperative morbidity among spine surgery patients.⁴

As of March 20, 2022, medicinal marijuana has been legalized in 33 states including Washington DC.⁵ Additionally, recreational marijuana has been legalized in 10 states and Washington DC. As of 2017, one in seven people in the United States have used marijuana according to an article in the *Annals of Internal Medicine*. Although research on marijuana use and its effects during surgery is limited, we know that cannabis has a number of pharmacologic implications.⁶ (see *Table 1*)

Please note that smoking and/or vaping marijuana can definitely lead to all the above; however, the lungs are going to be affected more with airway obstruction and the tars in

TABLE 1

POTENTIAL PROBLEMS OF SMOKING AND OR VAPING MARIJUANA PRIOR TO SURGERY

1. Higher doses of sedatives required
2. Vasodilation causing blood pressure changes
3. Airway obstruction
4. Drowsiness
5. Increase risk of bleeding
6. Slow wound healing
7. Changes in blood sugar levels
8. Increased risk of myocardial infarction

the smoke will affect wound healing. The use of oral cannabis and the forms of pills, tinctures and or gummy bears are going to lead to higher doses of sedatives required to keep the patient under anesthesia, increased drowsiness after surgery, increased risk of bleeding and abnormal blood sugar levels. The studies on myocardial infarction were mostly related to the inhalation of marijuana in the form of either smoking and/or vaping.

Most recently I took care of a patient that admitted smoking heavily up until the time of surgery and had a complication of poor healing after undergoing a routine open rhinoplasty procedure (see *Figure 1*). I have performed well over 1,000 open rhinoplasties and this is my first complication of wound healing. Within the same week, I had a second patient (see *Figure 2*) admit to vaping medicinal marijuana up until the day of surgery. They also had a complication of wound healing after open rhinoplasty. Therefore, after having two consecutive patients present with wound healing complications after routine open rhinoplasty, I decided to write this important paper on

Of great concern is that active cannabis use disorder is associated with a meaningful increase in the risk of postoperative myocardial infarction. In fact, in acute settings, vaporized cannabis's peak effect is approximately one hour post initiation, lasting 2 to 4 hours. Marijuana increases cardiac workload, myocardial infarction, and strokes in young, chronic users. In an impressive study of over 400,000 with cannabis use disorder, there was a statistically significant increased perioperative morbidity among spine surgery patients.

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patient safety. We have always screened for smoking cigarettes and will continue to do so. Now it is our duty to specifically ask about smoking cannabis, vaping cannabis, ingesting cannabis in any possible form.

Once you look at the photographs I am sure you will agree with me. Furthermore, the patient in Figure 1 also had excessive bleeding during the open rhinoplasty. This is very unusual for me because of my use of tranexamic acid. During this case, I was forced to add DDAVP 0.3 µg per kilogram which helped control the bleeding during the case.

SUMMARY AND FINAL COMMENTS

I am not here to dispel the potential therapeutic applications of medicinal cannabis. It certainly can change people's lives for the better. However, with its increase use we must be aware of the potential pitfalls of both recreational and medicinal cannabis.

The inhalation effects of smoking recreational cannabinoids are potentially devastating. Furthermore, the vaping of medical marijuana may have similar devastating effects and more research is needed to determine potential devastating outcomes. CBD and its associated compounds show great potential for anti-inflammatory properties; however, the anti-inflammatory effect may cause excessive bleeding during surgery. We all know the devastating effects of bleeding during surgery. One of my primary goals as chair of the Patient Safety Committee is to decrease the risk of bleeding especially through my publications of tranexamic acid. Further research and current awareness is definitely needed at the present time.

Despite the increased use of cannabinoids, the known effects are incomplete. The data supporting perioperative problems is incomplete. Cannabinoid used for anxiety and pain shows extreme promise in some patients. However, its use for treating perioperative pain and nausea is poorly supported and requires further research.

CURRENT RECOMMENDATIONS FOR PLASTIC SURGEONS

Screen your patients for the use of both recreational, medicinal and synthetic cannabis. Remember, recreational cannabis is commonly smoked and these effects can be devastating due to cannabis users having the same risks of complications as smoking cigarettes, such as being on a ventilator longer, risk of



Figure 1



Figure 2

Most recently I took care of a patient that admitted smoking heavily up until the time of surgery and had a complication of poor healing after undergoing a routine open rhinoplasty procedure (see Figure 1). I have performed well over 1,000 open rhinoplasties and this is my first complication of wound healing. Within the same week, I had a second patient (see Figure 2) admit to vaping medicinal marijuana up until the day of surgery. They also had a complication of wound healing after open rhinoplasty.

developing pneumonia after surgery, greater scarring of incisions, an overactive airway that can lead to airway obstruction, increased mucus production, and the tars that may be found in some inhalation recreational cannabis products. Medicinal cannabis is commonly vaped and this can lead to devastating wound healing. Due to the potential, variable, unpredictable long lasting effects, other forms of cannabis use such as ingesting gummy bears, brownies, tinctures, and beverages, for example, could potentially lead to problems during surgery. The effects of the THC may require more anesthetic and make it difficult for the nurse anesthetist and or anesthesiologist during the case. These are just a few of the considerations and potential pitfalls we need to be aware of during the perioperative period. Patient safety must always be the primary consideration.

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