



Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

Volume 11, Number 3 Summer 2007

The Aesthetic Meeting 2007

More than 2,300 board-certified plastic surgeons attend seminal educational event in New York

By Jeffrey Kenkel, MD

From April 19 to 24, 2007, New York City was the scene for one of the best attended educational events in the 40 year history of the Aesthetic Society. "The Aesthetic Meeting 2007, Be a Part of It!" attracted more than 2300 plastic surgeons, including 629 international plastic surgeons; in addition exhibitors, guests and allied health professionals associated with the specialty brought our total attendance to over 5,000. On behalf of the Education Commission, I would like to thank ASAPS

President Dr. Foad Nahai for his insightful and strong leadership in developing our outstanding educational venue. The most popular sessions at the Meeting included:

Optional Sessions S13, Hot Topics, a perennial favorite attracting 195 attendees this year, 613, Breast Augmentation with 121 attendees, S11, Gel Breast Implants with 119 attendees, S7, Fillers Course with 113 attendees, and 421, Macs Lift with 113 attendees. A special thanks to all these

Continued on Page 14

Managed Care for the Aesthetic Surgery Practice?

Thirty years ago it seemed like a good idea. Try to stem the tsunami of rising healthcare costs by providing individuals with a menu of healthcare services and a limited number of providers through a per member per month program, an alternative to their existing fee for service insurance plans. Make coverage cheaper. Promise providers from hospitals to pharmacies an inroad to hundreds of thousands of patients (for a discounted fee, of course). Identify the top catastrophic diseases and create standards of care to treat them. Try to eliminate the most fragile and highest acuity members through implementation of pre-existing condition clauses and adverse selection.

The result? An industry that took healthcare decisions out of physician's



hands and into the hands of bureaucratic administrators. A healthcare system that, according to the ACRQ: "spends a larger share of its gross domestic product (GDP) on health care than any other

Continued on Page 6

Plastic Surgeon Awarded Cancellation Fee

By Bob Aicher, Esq.

The Problem

When your patient cancels, you still want to be paid. If there's enough notice, you can get your money by rebooking, but if it's on short notice, you can only charge if you include a Cancellation and Refund Policy in your contract. **If you don't like legal background and are really in a hurry, skip to "It Gets Better" 4 paragraphs down, because one of our members sued—and won!**

Legalese

Cancellation clauses are either an unenforceable penalty or valid liquidated damages, and the first test is whether the policy is clearly stated. Don't bury the clause inside another paragraph, never use print smaller than the rest of your document, and the closer the clause to your patient's signature, the better.

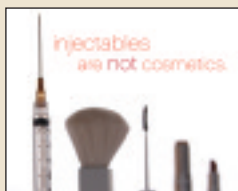
The second test is whether the amount of the liquidated damages is a reasonable approximation of your anticipated losses. Lost patient income is always difficult to calculate, so liquidated damages are often used to enforce non-compete clauses when you buy or sell your practice.

If the amount is small enough, then all of us pay liquidated damages without a fight, such as when we switch cell phone providers before our contract is up.

The final test to determine whether the policy constitutes a *penalty* or *liquidated* damages is whether the parties understand and intend that liquidated damages will be triggered by a breach. For instance, parents often find themselves liable for their child's entire year's tuition when they cancel beyond a clearly stated written deadline (AR

Continued on Page 7

INSIDE THIS ISSUE:



Physicians Coalition for Injectable Safety

See page 4



Candidate's Corner Primer on Media Relations

See page 12



News from the Aesthetic Surgery Journal

See page 16



Aesthetic Society News

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

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The American Society for
Aesthetic Plastic Surgery



The Aesthetic Surgery Education
and Research Foundation

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ASAPS Members Forum: www.surgery.org/members

ASAPS Website: www.surgery.org

ASERF Website: www.aserf.org

August 22-25, 2007

22nd Annual Breast Surgery and Body Contouring Symposium

El Dorado Hotel
Santa Fe, NM
Co-sponsored by ASAPS/ASPS/PSEF
Contact: PSEF 800-766-4955

September 7-8, 2007

Cosmetic Medicine: The Bottom Line

New York Hilton
New York, NY
Co-sponsored by
ASAPS/ASERF/ASPS/PSEF
Contact: PSEF 800-766-4955

September 27-28, 2007

BAAPS 2007 Annual Meeting

London, UK
Contact: info@baaps.org.uk

October 27, 2007

Surgical and Non-surgical Facial Rejuvenation Symposium

Baltimore, MD
Co-sponsored by ASAPS/ASPS/PSEF
Contact: PSEF 800-766-4955

November 14-17, 2007

Aesthetic Surgery of the Aging Face

Waldorf Astoria, New York, NY
Contact: Francine Leinhardt
212-702-7728

November 30-December 2, 2007

QMP Third Aesthetic Surgery Symposium

Hyatt Regency, Chicago, IL
Endorsed by ASAPS
Contact: Andrew Berger
314-878-7808
aberger@qmp.com

January 18-20, 2008

24th Annual Breast Surgery Symposium

Endorsed by ASAPS
Atlanta, GA
Contact: Susan Russell
678-773-3224
srussell@gunnerlive.com

January 25-27, 2008

12th Annual New Horizons in Cosmetic Surgery Symposium

Co-Sponsored by
ASAPS/ASERF/ASPS/PSEF
Rancho Las Palmas Resort & Spa
Rancho Mirage, CA
Contact: PSEF: 800-766-4955

February 7-9, 2008

42nd Baker Gordon Symposium on Cosmetic Surgery

Endorsed by ASAPS
Hyatt Regency Miami, Miami, FL
Contact: Mary Felpeto at
305-859-8250

February 10-13, 2008

19th Congress of ISAPS

Foad Nahai, MD
Renato Saltz, MD
Endorsed by ASAPS
Melbourne, Australia
Contact: Catherine B. Foss at
603-643-2325
Email: isaps@sover.net



Strength, Disclosure and Collaboration

Becoming President of an organization like the Aesthetic Society is more than a great honor. To me, it is an exciting and challenging opportunity that I approach with much pride and enthusiasm.

Our Society is currently in a position of financial health and stability; it is the powerhouse organization for Aesthetic Surgery Education and positioned as one of the most honorable and transparent societies in organized medicine.

We have all our past leaders to thank for this enviable position. However, I would like to call special attention to our Immediate Past President James M. Stuzin, MD. Jimmy is not only one of the foremost educators in plastic surgery today but is also a tireless advocate for the specialty and for advancing the safety and innovation of the work we do every day.

Education, of both members and the public, has always been the cornerstone of the Aesthetic Society and that tradition continues today.

On the member education front, we recently enjoyed, through our Annual Meeting in New York, one of the best attended programs ever with more than 2300 plastic surgeons participating. I would like to publicly acknowledge the fine and dedicated work of our Education Commission, now headed by Jeffrey Kenkel, MD and Jack Fisher, MD. Jeff, Jack, and their Committee are already hard at work for our 2008 meeting in San Diego which I'm sure will bear their unique stamp and develop into a thought provoking and stimulating event.

Of course educational opportunities are not limited to the Annual Meeting. Our platform of co-sponsored, endorsed and other meetings covers subjects ranging from surgery after massive weight loss to developing your own medi-spa. Some of

the educational opportunities available to ASAPS members over the coming months includes: the 23rd Annual Breast and Body Symposium in Santa Fe August 22–25, Cosmetic Medicine: The Bottom Line, September 7–8, the Surgical and Nonsurgical Facial Rejuvenation Symposium in Baltimore, October 27.

On the public education front, patient choice and safety continue to be the bedrock of all consumer and patient outreach efforts. Over the past several months we have issued patient advisories on injection lipolysis, fat grafting of the breast, and on fat melting treatments such as Smart Lipo.[®]

Another patient safety initiative that is a unique one for our Society is the Physician's Coalition for Injectable Safety; www.injectablesafety.org. This group, of which the Aesthetic Society is a lead organization, was formed for two reasons: to inform the public and physicians of the dangers and legal pitfalls of obtaining off-shore, non-approved FDA products and the need to educate the public that injections should be performed by qualified providers in appropriate settings. This is the first time we have collaborated with colleagues from other specialty groups; The American Academy of Facial Plastic and Reconstructive Surgery and The American Society of Ophthalmic Plastic and Reconstructive Surgery. Watch for new data and press coverage on this important safety topic.

I can't think of a harder working volunteer organization than the Aesthetic Society. All members who serve on committees or are voted into leadership positions do so for two reasons: love of the specialty and the development of new educational, practice management and research tools for our members.

This tradition of philanthropy is particularly important as the landscape changes. The public's apparently insatiable appetite for plastic surgery news, regardless of the source, new competitors to our specialty coming from all directions and unscrupulous individuals promoting themselves as "expert" all point to the need for us to maintain our position as the gold standard of care.

There is no better way to prove this than through complete disclosure and transparency of all ASAPS leader's relationships. All members of the Executive Committee, Board of Directors, Committee Chairs, and Journal Editors are now required to disclose any real or perceived conflicts that could affect the way we serve the Society.

Our standards for membership are very high and applicants undergo a rigorous evaluation process which includes a review of their website and advertising to ensure that they are within our standards and comply with our code of ethics. I believe that our members should be held to those same standards. In that spirit I have asked past President Dr. Dan Morello, and he has graciously accepted, to chair a subcommittee to regularly review our members' websites for compliance and to remind those who may have relaxed those standards since becoming members. The committee has a huge task ahead to review as many as 1100 websites and to that end Dr. Morello is looking for volunteers for this project. He can be reached at niptuck@earthlink.net.

Speaking of the good of our specialty, I would like to update you on the Cosmetic Surgery Alliance and some of the collaborative activities with our sister society, ASPS.

Continued on Page 7

Focus on: The Physicians Coalition for Injectable Safety

By Mark L. Jewell, MD

Last year at this time, disturbing reports were appearing in the national press concerning unqualified cosmetic injectors using substances ranging from the dangerous, such as product purchased from off-shore sources, thus lacking FDA approval, to the macabre, such as women being injected with cooking oil and liquid silicone. The Aesthetic Society immediately issued patient advisories, press releases and member advisories warning of these issues and advising patients on how to locate and choose a qualified provider. Since the more extreme cases were targeting immigrant communities and non-English speakers, we produced a Spanish Video News Release and ensured that information in Spanish

was provided on the Society website to help consumers make informed choices.

We quickly found that more action was needed and self-funding these efforts would be prohibitive for the Society. We also found that colleagues in other specialties were facing the same safety issues and had an interest in collaborating with us on disseminating important safety messages through a wide range of mediums and ensuring that the public and their memberships had the most factual and useful information on injectables available.

With the above concerns in mind, the Physicians Coalition for Injectable Safety was born. Funded through unrestricted grants from Allergan Medical, Artes

Medical, BioForm Medical and Medicis Pharmaceutical Company, our program was launched with a press event at the ASAPS Annual Meeting in April. Inaugural members of the Coalition included The American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS), The American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS) and the American Society for Dermatologic Surgeons (who have since resigned from the program). Representing the Aesthetic Society are Renato Saltz, MD, Julius Few, MD, Felmont Eaves III, MD, Mark Codner, MD and myself.

To date, we are pleased to have accomplished a great deal in a short period of time. The first of these accomplishments is the coming together of specialties that traditionally have been competitive; however, the common goal of patient safety is strong glue and has enabled us to develop the following patient and physician tools:

- A comprehensive website: www.injectablesafety.org, that is building to become the “go to source” for patient information,
- A Memorandum of Understanding, stating the principles and mission for the group,
- The beginnings of an injectable curriculum that can be considered for inclusion in the educational meetings and for training of supervised clinical injectors,
- Information for members via a member survey that will pinpoint your issues with injectables and where you feel public and member education is needed,
- A comprehensive media program, informing the public on critical safety and capability issues.

I would like to thank my ASAPS colleagues as well as AAFRPS President Ira Papel, MD and ASOPRS Immediate Past President Roger Daily for their hard work and collaborative spirit on this important initiative. Look for future developments on the program in upcoming issues of *ASN*

Mark L. Jewell, MD is an aesthetic surgeon in private practice in Eugene Oregon, and was president of the Aesthetic Society for the 2005-2006 term.

injectables
are not cosmetics.

Like your favorite cosmetics, injectable treatments can improve your appearance, but they're firmer medicine that belongs in the hands of a qualified doctor.
DON'T TAKE RISKS.

Choose only a board-certified plastic surgeon, facial plastic surgeon or dermatologist with the training and experience to keep your safety first.

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Physicians Coalition for Injectable Safety | www.injectablesafety.org

MADE POSSIBLE THROUGH AN UNRESTRICTED EDUCATIONAL GRANT BY ALLOGRAN MEDICAL, ARTES MEDICAL, BIOFORM MEDICAL AND MEDICIS PHARMACEUTICAL COMPANY



Richard D'Amico, MD



Renato Saltz, MD

Update from the Cosmetic Medicine Task Force

Cosmetic Medicine is a moniker well known to everyone involved in Aesthetic Surgery. What members might not know about is the Cosmetic Medicine Task Force, a joint effort of the Aesthetic Society and the ASPS. The group, Co-chaired by Drs. Richard D'Amico and Renato Saltz, is charged with digging deep into the so-called "new care paradigm" to see what vision it suggests for plastic surgery and what actions the group can suggest to members wishing to enter the arena. Below is a brief synopsis on the Task Force's findings and planned actions:

Richard D'Amico, MD on the Current Landscape:

Cosmetic medicine can be defined as medical and surgical treatments or procedures which enhance or restore appearance. With that broad definition, what is the state of the art of cosmetic medicine and where does it fit in to the practice of plastic surgery and aesthetic skin care?

The industry growing around cosmetic medicine is already a multi-billion dollar entity. The Cosmetic Surgery Alliance, which brings together the leadership of the American Society for Aesthetic Plastic Surgery and the American Society of Plastic Surgeons, has convened a special Task force on Cosmetic Medicine in January of this year.

A scan of the industry reveals that it is expected to grow by at least 9% per year over the next decade. Non-surgical procedures account for 82% of all cosmetic procedures with the most rapidly growing areas in laser and light therapy, injection of toxins and fillers and non-ablative skin rejuvenation. Medical spas also represent a rapidly growing segment of this industry with approximately 2500 facilities across the country. This alone is a one billion dollar market. The industry, however, is in

its infancy and is relatively unproven in terms of revenue. This presents a significant set of challenges to plastic surgeons and their staffs. In this regard, two teaching courses will be offered this year on the subject of medi-spas; the first in Los Angeles held during the first week of June and the second scheduled for September 7 and 8, 2007 at the New York Hilton

While cosmetic surgical procedures will always be at the heart of cosmetic medicine, the significant growth of non-invasive procedures has caused a rush of both core and "non-core" medical specialties into this area. Core specialties such as dermatology and facial plastic surgery have long been involved but the so-called non-core specialties, such as gynecology and family practice, are clamoring to participate as well. There has been intense industry marketing and many companies will market to any physician regardless of training. This should be of great concern to plastic surgeons who represent the highest level of training in this area. There has also been industry lobbying against scope of practice limitations, which is also disturbing for those of us concerned about patient safety and outcomes.

The plastic surgery profession is passionate about patient safety and quality outcomes and implementing best practices. We are determined to set the standards and set them high. The task force has engaged a consulting firm to help us to reach out to both our plastic surgeon members and to the public. We believe it is important for the public to be reminded that plastic surgeons are the only physicians who have the core training to provide all cosmetic medical and surgical procedures. We will also be the entry portal at any age of life and we will generate the data to substantiate outcomes and provide for patient safety. Plastic surgeons will become the "go-to" resource for information, referrals and

decision making tools. Our regulatory and legislative outreach will emphasize patient safety and quality outcomes.

Through the efforts of the task force and the profession, we will keep plastic surgery and related skin care services at the core of cosmetic medicine and remain a driving force providing patients with unmatched expertise, safety and value.

Renato Saltz, MD: The Cosmetic Medicine Action Plan

Dr. D'Amico and I are very fortunate to have a "who's who" lineup of some of the brightest minds in plastic surgery working with us on this Task Force. Members of the group include Drs. Robert Singer, Brian Kenney, Rod Rohrich, Monte Eaves, Phil Haeck, Mark Jewell and Alan Gold. We thank them for their insights and sage advice.

Before proceeding on an action plan for cosmetic medicine, the group thought it was vitally important to gather as much data as possible. In July of this year, a comprehensive survey of consumers was conducted through our consultant, Reingold Communications. Data points include: who a preferred provider is for cosmetic injectables, what key points patients look for in choosing a provider, what qualities make for an optimal patient experience, and what sources to patients and potential patients most trust in seeking invasive and non-invasive treatments. We are in the final stages of tabulating these results: look for updates in future issues of ASN.

We also needed to know your experiences in this area. Reingold is in the process of completing member surveys and interviews to ascertain your needs in this area and your interest in making cosmetic medicine part of your practice.

Continued on Page 18

Managed Care for the Aesthetic Surgery Practice?

Continued from Cover



major industrialized country. Expenditures for health care represent nearly one-seventh of the Nation's GDP, and they continue to be one of the fastest growing components of the Federal budget. In 1960, for example, health care expenditures accounted for about 5 percent of the GDP; by 2000, that figure had grown to more than 13 percent.

For physicians, the results have changed the very paradigm of what it means to provide quality patient care, as reimbursement levels shrink, patient platforms grow, and second guessing of care and treatment plans by non-clinical persons is the norm rather than the exception.

Now, the threat of "managed care" or medical commoditizing, is knocking at the plastic surgeon's door. Here, are some reasons not to answer:

1. Medical decisions should not be price-based.

Entering into a Preferred Provider Organization for aesthetic surgery procedures certainly has an appeal, particularly for those just starting in practice. However,

before signing up, consider a few realities of our profession:

Aesthetic procedures are not medical necessities. The majority of our patients are seeking our services for self improvement, to bolster self-esteem or for other personal reasons that are far removed from disease treatments or medical prevention.

Because of this, the pool of aesthetic patients is miniscule compared to people seeking treatment for diabetes or heart disease, for example. Putting your name into a managed care pool will position your practice on price, not on quality, qualifications or outcomes.

2. What are the contingencies if complications arise?

Today, patients are personally responsible for aftercare if surgical complications occur. Would that be the case if the patient books a consultation from a managed care pool? What exactly would your liability be, and what would the reimbursement be for treatment of complications? Most purely aesthetic practices do not have the burden of seeking third party reimbursement; could your business handle the additional administrative and financial burdens associated with it?

3. How is the reimbursement level determined?

As we all know, the time it takes to perform a lipoplasty versus a body contouring after massive weight loss varies considerably. How is the managed care plan determining reimbursement for individual procedures? If income doesn't cover costs, will you have to be "up-selling" other procedures or services in order to make a living? Facility fees, office expenses, staff salaries and benefits, and malpractice insurance will all still be necessary. It is unlikely to impossible that a discounted fee structure will allow you to maintain the quality standards and customer service your fee for service patients have come to expect.

4. What will being part of a PPO do to your current patient platform?

Everyone loves a bargain, even those patients you've nurtured through minimally invasive procedures or skincare to their first facelift or other surgical procedure. These patients return to your practice because you offer a particular value proposition; for example, exemplary results, broad-ranged cosmetic medicine and surgical options, and an interactive and strong doctor-patient relationship. In the tight confines of aesthetic surgery, it will not be long before all your patients find that you are providing discounts. This is usually not a good strategy for the long run and may actually alienate your existing patient base who are paying your usual and customary prices.

5. What we practice is a science, but it's an art, too.

Surgical procedures in general are techniques learned in the operating room, not through bench science or classroom learning. This is particularly true of aesthetic surgery and the main reason the Aesthetic Society was created 40 years ago. Managed care, by definition, manages the medical process both clinically and administratively in order to get the maximum number of procedures for the lowest cost. This so called "cook book medicine" does not take into account the countless number of hours we have spent perfecting and refining our craft.

In conclusion, Preferred Provider Organizations are not the answer for increasing census or loyalty in the aesthetic surgeon's practice.

Plastic Surgeon Awarded Cancellation Fee

Continued from Cover

When your patient cancels, you still want to be paid. If there's enough notice, you can get your money by rebooking, but if it's on short notice, you can only charge if you include a Cancellation and Refund Policy in your contract.

1955 \$1770, NY 1969 \$1100, OH 1993 \$6440, CT 1993 \$4000). Similarly, lawyers often find themselves liable under an expert's written policy when they cancel a doctor's deposition at the last minute (DE 1999 \$1200, OH 2001 \$600 [1 hour], IL 2001 \$1200 [2 hours], AZ 1999 \$1400 [2 hours]).

It gets better. Thanks to our own ASAPS member, Kenneth L. Arsham, MD, we now have a reported appellate decision, <http://www.sconet.state.oh.us/rod/newpdf/8/2007/2007-ohio-1715.pdf> where a plastic surgeon was awarded his cancellation fee against a patient (a lawyer,

Cancellation clauses are either an unenforceable penalty, or valid liquidated damages, and the first test is whether the policy is clearly stated. Don't bury the clause inside another paragraph, never use print smaller than the rest of your document, and the closer the clause to your patient's signature, the better.

no less, and Dr. Arsham represented himself) who rescheduled less than two weeks prior to surgery.

Dr. Arsham included in his patient contract a Cancellation and Refund Policy directly above the patient's signature which

required her to prepay the surgical fee of \$3250; if she cancelled between 7 and 14 days in advance, she would be assessed one-half the fee, or \$1625, and if she cancelled less than one week in advance, she would be assessed the full fee. She cancelled 8 days prior, so Dr. Arsham kept \$1625, and she sued for a refund.

The Ohio Eighth Appellate District Court began with the general rule, supported by the tuition cases, that parties are free to enter into, and must bear responsibility for, contracts which apportion damages in case of default. Since Dr. Arsham provided a variety of services, damages from a cancelled appointment would be difficult to determine, as would be filling the slot with another patient with less than two weeks' notice. The Court found charging the patient one-half of the anticipated income was thus reasonable.

Looking to the format of the contract, the Court stated:

"Groedel is an attorney with over fourteen years of experience. The agreement is legible, written in plain English, and is composed of a single page with the cancellation and refund provision printed in the same print size as the other clauses. Furthermore, there is no evidence to demonstrate that Groedel was pressured into signing an agreement, the terms of which she could not see or easily understand."

Not mentioned by the Court, but nevertheless good practice, is that Dr. Arsham's clause contained the heading, Cancellation and Refund Policy in underlined, bold-faced type, thus further alerting the patient to the policy.

Cancellation Policy Practice Tip:

- Make your policy legible, plain, a single page, and obvious;
- Keep your liquidated damages calculations reasonable; and
- Call Dr. Arsham and thank him; this is great precedent.

President's Report

Continued from Page 3

ASPS and Aesthetic Society leadership came together three years ago with the goal of establishing a new spirit of collaboration designed to strengthen the Specialty and eliminate redundancies. Since that seminal meeting, the CSA has been able to work on important issues such as fighting cosmetic surgery taxation, working together on the approval of silicone breast implants, and providing our members with new practice tools and advocacy efforts. Today, we are working on the Cosmetic Medicine Task Force, Co-chaired by Drs. Renato Saltz and Rick D'Amico. This initiative will not only define this new burgeoning field but will also establish us at the center of the extensive array of cosmetic treatments.

With new surgical techniques, the respect of the public and the medical establishment and a burgeoning new field to claim, this is an exciting time to be an aesthetic surgeon. I thank you for the trust and confidence you have placed in me and welcome any comments or suggestions on our Society or our specialty. Please feel free to contact me at DrNahai@surgery.org

Medical News from the Wire Services

Note: First Call is the press service used by the investment community

Product Approvals:

(First Call News service)

Thermage(R), Inc. today announced that the Food & Drug Administration (FDA) provided a first-time-ever 510 (k) clearance for the non-invasive treatment of periorbital wrinkles and rhytids, including upper and lower eyelids. Thermage's proprietary ThermoCool(R) system, utilizing customized ThermoTip(TM) treatment tips, is the only medical device in the non-invasive skin tightening category with this clearance.



ASAPS recognizes Allergan Medical

as an ASAPS Sapphire Triangle Sponsor 2007

for contributing over \$150,000 from
May 2006-April 2007



Allergan Medical, Vice President Facial Aesthetics, Bob Rhatigan receives the ASAPS Sapphire Triangle Award from ASAPS Immediate Past President, James M. Stuzin, MD. (right) and Corporate Sponsorship Chair, Lawrence Reed, MD, (left).

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



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as an ASAPS Platinum Triangle Sponsor 2007

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May 2006-April 2007



Mentor Corporation, Vice President of Sales, Jason O'Hearn receives the ASAPS Platinum Triangle Award from ASAPS Immediate Past President, James M. Stuzin, MD. (right) and Corporate Sponsorship Chair, Lawrence Reed, MD, (left).

ASAPS thanks Mentor Corporation for its continued support and provision of resources to fulfill the Society's important educational and research mission.



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**NexTech, Inc., President, Kamal Majeed, PE, PhD
receives the ASAPS Platinum Triangle Award from
ASAPS Immediate Past President, James M. Stuzin, MD. (right)
and Corporate Sponsorship Chair, Lawrence Reed, MD, (left).**

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

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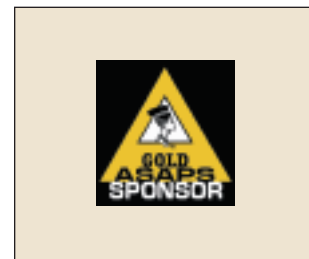
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Artes Medical
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BioForm Medical
Steven Basta
Chief Executive Officer



Dermik Laboratories
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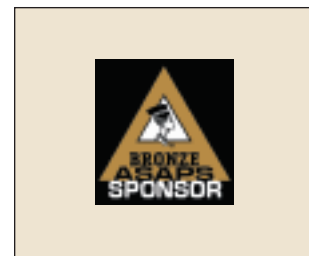
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Ethicon, Inc.
**Allison London-
Brown**
US Group Product
Director



**Merck
& Company, Inc.**
Photo Not Available



Primer on Media Relations

When I matched into an integrated plastic surgery residency back in 1998 I knew that I wanted to be a surgeon, I enjoyed the visible results, and I liked the sense of accomplishment at the end of the day after helping people improve upon their appearance whether it was for reconstruction or cosmetics. That said, when I matched into an integrated plastic surgery residency, I had no idea that the specialty that I was joining would become such a source of entertainment, media inquiry, and human interest in pop culture as it is today.

I was asked to give input on dealing with the media as a plastic surgeon who is relatively new in practice. The other day I Googled "Plastic Surgery." On this search engine alone there are 42,500,000 listings. Among some of the more interesting ones are: awfulplasticsurgery.com, celebrityplasticsurgerypics.com, and myfreeimplants.com... did you know that there is a site called myfreeimplants.com? Via an online community men can donate money to women who have signed up to help fund their breast augmentation procedures. The women participate by chatting online, sending personal messages or gifts, and providing pre- and post-operative photos (kind of like eHarmony for the breast augmentation patient if you will).

With the onslaught of websites like these and television programs such as *Nip/Tuck*, *Dr. 90210*, *MTV's I Want a Famous Face*, and *Extreme Makeover*, our specialty is confronted with widespread exposure, scrutiny, and misrepresentation. While it is not something we traditionally learn in residency, knowing how to field questions from the media is becoming an increasingly important tool. I have put together a list of points that may be of use to the plastic surgeon building a practice and establishing a reputation.

1. Avoid self-promotion.

Speak mainly for the specialty of plastic surgery as a whole, and avoid making statements in the first person. Speak in generalities. If someone were to ask about the pros and cons of teenage plastic surgery, you might say, "Otoplasty and rhinoplasty are procedures that are known to benefit certain young men and women with specific anatomical problems." Sentences that begin with the word, "I," tend towards self-promotion. For example, "I am an artist and sculptor of the human body," and, "I am the one who developed and perfected this technique," most likely are inaccurate and are in violation of ASPS/ASAPS ethical standards. As a matter of fact, the beauty editor of one of the most popular and well-respected women's publications once told me that when she receives emails from doctors or their publicists touting the surgeon as sculptor, genius, or above all others, they promptly get deleted.

2. Do your homework on what the interviewer will ask about the topic.

Avoid pieces that could ultimately cast you (or the specialty) in a negative light. Try to get an idea on the spin the interviewer has on the topic ahead of time and where they got their information. Think of all of the questions—good or bad—that might arise. If you get a gut feeling that things may not go the way you want them to, cancel the interview with ample time for the interviewer to find someone else—it's not worth the negative publicity this early in your practice. If you have questions about a particular topic regarding plastic surgery that is generating buzz in the news, the ASAPS press releases on our website (www.surgery.org) are a good source of general information that are

relevant, timely, and often mirror what is going on in the media regarding cosmetic surgery. Also, the ASAPS Communications Office is always available to help with any interview or public relations matter.

3. Contact the Aesthetic Society Communications Department.

Experts in all aspects of media relations are here to help: 800-814-7148; Adeena Babbitt; adeena@surgery.org or John O'Leary at the Central Office 800-364-2147; John@surgery.org.

4. Educate the public.

If you have the opportunity to educate the public on issues such as the safety of silicone gel implants, the importance of board-certification of your plastic surgeon, or using caution when consulting with doctors or paramedical professionals performing cosmetic procedures outside of the scope of their practice, then do so.

5. Don't overdo it.

Only participate in tasteful pieces or segments. Contributing to every event, lead, or story that comes your way is personally exhausting and doesn't necessarily reflect well on you. Are you really the expert on all of the techniques and procedures you are speaking about? Make sure you don't blow it up when you are doing well in your practice and trying to establish a reputation.

6. Review all material submitted to the media.

Review any material that someone else submits to the media on your behalf whether it is your office manager, secretary or a publicist. Their perception of what sounds promising to say about you or the topic may be different from your own.

Continued on Page 13

7. Do not speak negatively of another doctor or medical profession.

Avoid doing stories on other doctors' problems. Plenty of gossip news shows want to do stories on "botched plastic surgery." I recently saw a press release sent out by a local publicist whose client was a plastic surgeon. The headline referenced a malpractice suit filed against another doctor in the community. The release urged the recipients of the email to contact the publicist so that the doctor could comment on the suit and describe how his techniques were superior. This is an extreme case, but standing to gain from another surgeon's problems or misfortunes is not only unbelievably distasteful but is also unethical.

8. Offer disclosures or biases.

Stating, "I am not a consultant for the manufacturer of this product, but I use it and here's how it works," is an objective way of telling about your experience with a product.

9. Offer objective facts.

With new products, skin care lines, and injectables, try to offer objective facts about the product and any well-controlled research. Otherwise you may end up just sounding like salesman.

10. Follow the ASPS/ASAPS Code of Ethics

Do not set yourself apart from other similarly trained and qualified doctors based on gender or other attributes; again, a direct violation of the ASAPS Code of Ethics. Saying that you have a unique perspective on things because you are a female plastic surgeon is misleading. Avoid saying you are the best in your community unless you are able to back it up; with outcome data or other statistical evidence.

11. Be careful with pieces that feature you and your personal life to the public.

As soon as you do this, you and your family's lives are exposed for anyone and everyone to comment on, whether positively

or negatively. Leave a little to mystery! Focus on the practice of plastic surgery, technical aspects, and issues within the specialty; philanthropic efforts are nice to discuss if you are asked about any other endeavors of interest.

12. Respect your patient's privacy.

If a member of the press wants to contact a patient and include them in their segment, call the patient ahead of time, get their written permission, and reassure them that if they are uncomfortable with the situation they don't have to participate (or they could change their name to protect their anonymity).

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The Aesthetic Meeting 2007

Continued from Cover



Attendees fill the room for one of the Scientific Sessions held at the recent Annual Meeting.

course presenters for their hard work in developing outstanding and popular programs.

The April meeting also provided an opportunity for members to vote on a new slate of leadership, recognize those who gave outstanding clinical presentations at last year's meeting and honor several members for their philanthropic service.

Among those voted into leadership positions this year include:

Executive Committee:

Foad Nahai, MD, President
Alan H. Gold, MD, President-Elect
Renato Saltz, MD, Vice President
Felmont F. Eaves, III, MD, Treasurer
Jeffery M. Kenkel, MD, Secretary

Member-at-Large:

Julius W. Few, MD
Charles H. Thorne, MD,
Paul D. Faringer, MD

Trustee:

Jeffery Lang, MD

Ethics Committee:

Claudio Delorenzi, MD—Canada and North
Brandon Kallman, MD—Southwest

Judicial Committee:

Lorne Rosenfield, MD—West

Membership Committee:

Richard Baxter, MD
Onelio Garcia, MD
Susan Downey, MD

Scientific Awards for presentations at the Meeting 2006 included:

The Walter Scott Brown Award
Jose Abel De La Pena, MD
BEST VIDEO, 2006 MEETING
Autologous & Prosthetic Gluteal Augmentation

Tiffany Award: Best Scientific Presentation
Leo J. McCafferty, MD
209 Consecutive Primary Breast Augmentations: Pearls to Reducing the Risks of Reoperation?

Simon Fredricks Award: Best Panelist
Felmont Eaves, III, MD
Patient Safety—What Can Go Wrong and How to Prevent It

Best Scientific Exhibit Award:
Peter B. Fodor, MD
Biochemical Changes in Adipocytes and Lipid Metabolism Secondary to the Use of High Intensity Focused Ultrasound for Non-Invasive Body Sculpting

Sherrell J. Aston Award: Best Presentation by a Candidate or Resident
Hisham Seify, MD

Quantification of Ptosis Repair with a Three-Step Technique—A Review of 144 Consecutive Aponeurotic Repair Procedures

This award is made possible through an ASERF grant from Shradakumar Dicksheet, MD

Raymond Vilain Award: Best Presentation by an International Physician

Arturo Ramirez-Montanana, MD
An Easy Way to Harvest Rib Cartilage to Restore Dorsum Nose and How to Avoid Curvature Deformities

Best Panel Moderator

Jack Fisher, MD
The Greatest Challenge—Primary & Secondary Augmentation Mastopexy
Award Funded through the generous contribution of Barbara and Dr. Peter Fodor.

Additionally:

In Chul Song Award: Philanthropic Service

Fernando Ortiz-Monasterio, MD
Made possible by an ASERF grant from Shradakumar Dicksheet, MD

Ted Lockwood Award: Excellence in Body Contouring
Peter B. Fodor, MD

Outstanding Volunteer of the Year
Kenneth E. Salyer, MD
Given in Great Appreciation of Your Tireless Work on the World Craniofacial Foundation

Planning is already underway for the Aesthetic Meeting 2008—Sailing into the Future of Aesthetic Surgery. The meeting will be held in San Diego, May 1–7. Scientific Sessions and Exhibits will be held May 3–7 with morning dual sessions on Sunday and Monday. Drs. Kenkel and Fisher serve as the Program Chairs. Teaching courses will be held May 1–6. We hope to see you there!



Sailing into the Future
ANNUAL MEETING OF ASAPS & ASERF
of Aesthetic Surgery



The Aesthetic Meeting 2008

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Call for Abstracts

Submit Your Abstracts on-line by
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www.surgery.org/abstracts

- Scientific Session including International Papers
- Residents & Fellows Forum (deadline January 11, 2008)

- Cadaver Labs on Thursday, May 1
- Optional Courses on Friday, May 2 – Monday, May 5
- Residents & Fellows Forum on Friday, May 2

Scientific Sessions & Exhibits on May 3 – 6

- Interactive Video Presentations
- Panel & Paper Presentations

Early Bird Registration Discounts Available

Register On-line at www.surgery.org/meeting2008 (beginning January 2008)

ASJ Announces New Board Members, New Editorial Initiatives



At the *Aesthetic Surgery Journal* Editorial Board Meeting, on April 23 in New York, Editor in Chief Stanley A. Klatsky, MD, announced the addition of ten new *ASJ* editors, bringing the total number to 38. "We are pleased to add a number of exceptionally qualified individuals to the Editorial Board," said Dr. Klatsky. "These physicians bring not only a wealth of clinical experience but also significant strength in terms of academic affiliations, which is important as our journal seeks to attract an even broader range of high quality articles."

The new additions to the Editorial Board are:

ASSOCIATE EDITOR

Foad Nahai, MD
Clinical Professor of Surgery
Emory University School of Medicine

SENIOR SCIENTIFIC EDITOR

Bahman Guyuron, MD
Kiehn-DesPrez Professor and Chief,
Division of Plastic Surgery
Case Western Reserve University and
University Hospitals Case Medical Center

CLINICAL EDITORS

Fritz E. Barton, Jr., MD
Clinical Professor of Plastic Surgery
University of Texas Southwestern
Medical Center

A. Jay Burns, MD
Assistant Professor of Plastic Surgery
University of Texas Southwestern
Medical Center

Dennis J. Hurwitz, MD
Clinical Professor of Surgery (Plastic)
University of Pittsburgh Medical Center

Jeffrey M. Kenkel, MD
Professor and Vice-Chairman,
Department of Plastic Surgery
University of Texas Southwestern
Medical Center

Berish Strauch, MD
Chairman
Department of Plastic and
Reconstructive Surgery
Albert Einstein College of Medicine

Luis Vasconez, MD
Professor and Director
Division of Plastic Surgery,
Department of Surgery
University of Alabama-Birmingham
School of Medicine

Michael J. Yaremchuk, MD
Professor of Surgery, Division of Plastic and
Reconstructive Surgery
Harvard Medical School

INTERSPECIALTY CONSULTING EDITOR

Seth Matarasso, MD
Clinical Professor
Department of Dermatology
University of California School of Medicine

ASJ Seeks Submission of Substantial Research and Review Articles

In preparation for submitting *ASJ* to the National Library of Medicine (NLM) for consideration of inclusion in the MEDLINE database, submissions of articles in several specific categories are being encouraged. "Our goal is to submit the journal to the NLM possibly as early as fall 2008," says Dr. Klatsky. "We are prepared to fast-track the peer-review process for articles that meet certain criteria identified as helpful to our journal's chances for acceptance by the National Library of Medicine."

Of particular interest to the journal at this time, says Dr. Klatsky, are substantial clinical research articles, basic science research articles and comprehensive review articles.

Dr. Klatsky emphasizes that *ASJ's* first priority remains to provide readers with timely information on clinical techniques and relevant science that has practical applicability to their aesthetic practices. But he adds, "We also need to make sure that we are adequately represented as a scientific and scholarly journal in order to better satisfy general indexing criteria established by the National Library of Medicine."

"*ASJ's* exclusion from MEDLINE has not hampered it from becoming the world's most widely read clinical journal of cosmetic surgery," says ASAPS President and *ASJ* Associate Editor Foad Nahai, MD. "*ASJ* articles are indexed in a number of other important databases and are soon to be searchable through Google." He adds, "The prestige of being indexed by MEDLINE is still a highly desirable goal, and it can only enhance the national and international reputation of our journal."

The Aesthetic Society Call for Nominations

ASJ Announces...

Continued from Page 16

ASAPS members, candidates and plastic surgery residents are invited to contact Dr. Klatsky (facesak@aol.com), Dr. Nahai (DrNahai@surgery.org) or Managing Editor Paul Bernstein (paul@surgery.org) with information on current research or ideas for manuscripts that could be considered for submission to *ASJ*, particularly within the next six months.

For easy online submission of manuscripts to *ASJ*, go to the journal website at www.aestheticsurgeryjournal.com. For assistance with online submission, contact the journal Editorial Office, journal@surgery.org.

ASJ Call for Manuscripts

Aesthetic Surgery Journal is seeking manuscripts in the following categories for fast-tracked peer-review and, if accepted, rapid publication:

- Substantial clinical research articles
- Basic science research articles
- Comprehensive review articles

Contact Editor in Chief Stanley Klatsky, MD (facesak@aol.com); Associate Editor Foad Nahai, MD (nahaimd@aol.com); or Managing Editor Paul Bernstein (paul@surgery.org).

Submit manuscripts online at www.aestheticsurgeryjournal.com.

The Aesthetic Society Nominating Committee needs your help.

Our organization has a plethora of young, talented and visionary members who are changing the course of our practices every day. We need your help in identifying and tapping this talent as we look to the future and strive to maintain the excellence and vitality of our organization.

We invite you to submit nominations for the following posts to be vacated in the 2008–2009 term. The leadership positions available are:

Vice President (one-year term)

Treasurer (one-year term)

Secretary (one-year term)

Members-at-Large (3-year terms)

Three positions will be available with 3-year terms. Members currently in these positions are also qualified to serve another three year term:

Dr. James A. Matas,
Current Member at Large

Dr. Brian Kinney,
Current Member at Large

Dr. Leo McCafferty,
Current Member at Large

3 Trustee (3-year term)

Ethics Committee (3-year term)

Northeast:

West:

Judicial Council (3-year term)

Central:

Northeast: Dr. Sumner Slavin. Dr. Slavin has only served a partial term. He is eligible for nomination.

Membership Committee (3-year terms)

South Central:

Southeast:

New York City:

All Active Members in the Aesthetic Society are encouraged to submit nominations no later than November 30, 2007. Please send your nominations, including position and a brief paragraph explaining your reason for choosing this member to:

Nominations@surgery.org

Nominations will be tallied and potential candidates will be contacted to ascertain their interest. Finalists will be asked to submit a CV, disclosures, and outline past ASAPS Committee involvement.

Thank you,

Rod Rohrich, MD
Chair

Send your nominations to:
nominations@surgery.org

Update from the Cosmetic Medicine Task Force

Continued from Page 5

The Task Force has an aggressive timeline. All research and analysis will be completed by the end of August: Reingold will be giving us strategic recommendations for public communications and potential member tools at approximately the same time. Our goal is to have strategies and tactics in place no later than November of this year.

As Dr. D'Amico mentions, plastic surgeons should be perceived as the 'go to' physicians on any matter concerning cosmetic enhancement. With that in mind, we need to decide what portions of this vast business are most complimentary to our practices and what segments are more desirable as continuum of care or ancillary services to be providing our members.

As Aesthetic Surgeons our first concerns are always patient safety and optimal outcomes. For these reasons, both Rick and I feel that the Cosmetic Medicine Taskforce has a charge that goes beyond financial or practice concerns to ones that are firmly rooted in the wellbeing and satisfaction of our patients. As our Group progresses will we supply you with regular updates on our findings and suggested vision for the future.

If any ASAPS members have questions about this project please email either Dr. D'Amico or me at taskforce@surgery.org



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CALL FOR VOLUNTEERS:

The Ethics Committee Member Website Sub-Committee

This committee is looking for volunteers to monitor member websites for breaches in our advertising and promotion code of ethics.

Estimated time required is about 2-3 hours monthly. The goal of this subcommittee's work is to review every member's website (as is done for candidates' websites already) at least every two years.

This is a vital undertaking for the Society. New scope of

practice issues, blatantly misleading advertising, and the increasing sensationalism surrounding our work calls for members to be particularly diligent in reviewing their own promotional efforts and calls for our organization to help any members whose standards might have inadvertently slipped.

Interested members please respond to Dan Morello at drmorello@drmorello.com



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