



Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

Volume 16, Number 1 Winter 2012

An Extraordinary Life: Dr. Sharadkumar Dicksheet

On November 14, 2011, the plastic surgery discipline lost one of its finest physicians, as unsung hero Dr. Sharadkumar Dicksheet passed away at age 80. Throughout his life, Dr. Dicksheet worked tirelessly, performing corrective facial deformities to over 200,000 children in India, all for free. And he did so despite his own physical challenges.

In 1978, a serious car accident led to Dr. Dicksheet's right side being paralyzed.



In 1982, he was diagnosed with stage 4 cancer of the larynx. And in 1994, Dr. Dicksheet suffered a severe heart attack, which necessitated a triple bypass surgery. Given these challenges and wheelchair bound, many urged Dr. Dicksheet to quit, but he resisted, saying "As long as I have head, eyes and hands coordinated, I'm okay."

Continued on Page 20

Aesthetic Surgery Journal now indexed with Thomson Reuters (ISI)

We are proud to announce that *Aesthetic Surgery Journal* has been accepted by Thomson Reuters for inclusion in their Science Citation Information Expanded (SCIE) and Journal Citation Report (JCR) editions, beginning with the 2009 issues. This listing is commonly referred to as ISI (or Institute for Scientific Information) indexing and is the service that assigns journals an impact factor. The ISI maintains a list of over 14,000 journals in both the sciences and humanities.

Applicant journals must meet a rigorous list of criteria that include timely publication, high-quality

Continued on Page 20

The Aesthetic Meeting 2012: Vancouver, B.C., May 3–8

By Jack Fisher, MD



On behalf of The Aesthetic Society's Education Commission and Scientific Program Committee, we are proud to announce that Registration is now open for The Aesthetic

Meeting 2012—Focusing on the Future: The Changing Landscape of Aesthetic Plastic Surgery.



It has long been the goal of The Aesthetic Society, as well as the Aesthetic Surgery Education and Research Foundation (ASERF), to bring you the highest level of aesthetic education possible, and we've worked diligently to deliver sessions that are more exciting, interactive, and inspiring

than ever, helping you to both build your practice and enhance your technique.

In Vancouver, you'll meet the experts you trust, armed with the knowledge you need. Thought and Opinion Leaders from around the world will share their knowledge via panels, papers, special

Continued on Page 14

Presorted
First-Class Mail
US Postage
PAID
Carol Stream, IL
Permit # 1096

THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC.
11262 Monarch Street
Garden Grove, CA 92841

INSIDE THIS ISSUE:



News from the
Marketing Task Force
See Page 6



Online Reputation
Management
See Page 16



My Checklist Manifesto
See Page 21



Aesthetic Society News

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

President

Jeffrey M. Kenkel, MD

Editor

Charles H. Thorne, MD

Associate Editor

Julius W. Few, MD

Communications Commissioner

Daniel C. Mills, II, MD

Director of Marketing and Public Education

John O'Leary

Products and Services Marketing Manager

Kegan Edwards-Stout

Director of Public Relations

Adeena Babbitt

Communications Manager

Jian Sun

Marketing Assistant

Janet Cottrell

Design

Via Media Graphic Design

Statements and opinions expressed in articles, editorials and communications published in ASN are those of the authors and do not necessarily reflect the views of ASAPS or ASERF. Publishing of advertisements in ASN is not a guarantee, warrant or endorsement of any products and services advertised.

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



The American Society for
Aesthetic Plastic Surgery



The Aesthetic Surgery Education
and Research Foundation

© 2012 The American Society for Aesthetic Plastic Surgery

ASAPS Members Forum: www.surgery.org/members

ASAPS Website: www.surgery.org

ASERF Website: www.aserf.org

March 7–8, 2012

15th Annual Dallas Cosmetic Surgery Symposium

Dallas, TX

Contact: Veronica Mason

Tel: 214-648-2154

veronica.mason@utsouthwestern.edu

<http://dallascosmeticsymposium.com/announcements>

March 9–11, 2012

29th Annual Dallas Rhinoplasty Symposium

Contact: Veronica Mason

Tel: 214-648-2154

Email: veronica.mason@utsouthwestern.edu

<http://dallascosmeticsymposium.com/announcements>

April 20–21, 2012

42nd Aesthetic Plastic Surgery Symposium

Toronto, ON, Canada

Contact: Dr. Jamil Ahmad

905-278-7077

jamilahmadprs@yahoo.com

www.torontoaestheticmeeting.ca



May 1–5, 2012

Skin Care 2012

Society of Plastic Surgical Skin Care

Specialists 17th Annual Meeting

Vancouver, BC, Canada

Contact: SPSSCS

Tel: 562-799-0466

Email: info@spsscs.org

www.spsscs.org



May 3–8, 2012

The Aesthetic Meeting 2012

Vancouver, BC, Canada

Contact: ASAPS

Tel: 562-799-2356

Email: asaps@surgery.org

www.surgery.org/meeting2012

May 3, 2012

The 17th Annual Meeting of The Rhinoplasty Society

Vancouver, BC, Canada

Contact: Rhinoplasty Society

Tel: 904-786-1377

www.rhinoplastysociety.org

August 22–25, 2012

The Breast & Body Contouring Symposium

Santa Fe Convention Center

Santa Fe, New Mexico

Contact: ASPS

Tel: 800-766-4955

www.registration@plasticsurgery.org



Update Your Passport and "Meet me in Vancouver"

Perhaps you've seen the messages from the Aesthetic Society asking you to "Update your passport and meet me in Vancouver," the site of the Aesthetic Meeting 2012. Many members of our Education Commission and leadership have given excellent reasons for attending this year's meeting, from the innovative educational offerings to the excitement and fun of the city. However, in this issue of ASN, we have asked several members to give us their personal reasons for attending the Meeting. Among them are:

Robert Whitfield, MD

"As a smaller Society, I feel that it is easier to attend the meeting and interact with the Speakers if I am so inclined. The interaction with colleagues is the most rewarding part of physically attending the meeting, and I always learn something at the Aesthetic meeting that I incorporate into my practice."

Julius Few, MD

"At The Aesthetic Meeting I value the state of the art exposure to aesthetic plastic surgery topics, and enjoy meeting with respected friends and colleagues. I also enjoy the exposure to exhibitors with new technology to offer."

Laurie A. Casas, MD

"The energy from the educators, my colleagues, and the thoughtful interchange of ideas has been incredibly valuable. The Teaching Courses have always been one of the most educational experiences of the annual meeting. Learning through evidence-based medicine and exchanging ideas is critical for both me to stay competitive and for our specialties' advancement."

So please, join us in Vancouver May 3-8. But don't think it's all work and no play. This year, the presidential dinner dance is open to all members and our theme is 70s disco. For anyone who remembers Rufus, Chaka Khan, and Donna Summer (or wishes they did) this should be a fun party. Go to the back of your closet and dust off those platforms, gold chains, and polywear. Suzanne and I will be in full 70s regalia. If you'd like to join the fun, here's a link to a costume shop in Vancouver that can have you the next Bianca Jagger or Rick James: www.surgery.org/microsite/meeting2012/generalinfo-dinnerdance.php. This can be found on our meeting site /general info—dinner dance.

Introducing the Anzu Reader

The Aesthetic Society has entered into an arrangement with a company that many of us feel will change the way Society members reference educational material, read our scholarly publication *ASJ* and change the way we save and index information for clinical use. Called the Anzu Reader, this software is much more than a simple tablet reading device. Now, using your iPad, you can form your own virtual bookshelf, saving articles, videos, webinars, and a host of other information available through the Society. The Anzu Reader will let you make notes, save video, annotate with text, annotate with audio, annotate with video, annotate with image and a host of other options. All you need is an iPad—the service is a benefit of dues to all ASAPS members. The editorial direction for this new and exciting project is led by William P. Adams Jr., MD with colleagues John Gross, MD; J. Peter Rubin, MD; Joe Gryskiewicz, MD; Christine Hamori, MD and me. To quote Dr. Adams: "The

possibilities are endless... it can clearly replace all standard (available) educational platforms." Watch for this innovative new platform to be launched at The Aesthetic Meeting 2012 in Vancouver.

Update on the Marketing Task Force

Help in marketing your practice and showing the value of your ASAPS membership has been discussed with me more than any other issue in my time as Aesthetic Society President. During our Executive Retreat last summer, a group was appointed to look at all aspects of marketing, practice development and help in an extremely competitive landscape. Headed by our Vice Chair of the Communications Commission Sanjay Grover, MD, a select group of members have been looking at these vital issues, making recommendations for the immediate future and implementing changes that can influence your practice today. I urge you to read his progress report in this issue of ASN.

A Safe Place to Seek Clinical Advice and Share Mistakes

To help physicians learn from each other, check out Wimed.org/asaps, a confidential, Federally-protected space for sharing highly-sensitive "near miss" information. As other plastic surgery-related bulletin boards such as surgery.org and plasticsurgery.org are not federally protected, with all posts being discoverable and admissible in Court, ASAPS members should use wimed.org/asaps to post about a problem that has the capacity for patient harm—whether the problem reached the patient or not. There is also a Wiki feature, where you can invite colleagues and team members to a private, completely

Continued on Page 23

Members to Vote on Slate of Candidates

Active members of the American Society for Aesthetic Plastic Surgery (ASAPS) will hear reports on Society business, vote on proposed amendments to the Bylaws and elect new officers for 2012-2013 during the ASAPS/ASERF Annual Business Luncheon. All active members are invited to attend on Sunday, May 6, 2012.



President Leo R. McCafferty, MD

Pittsburg, PA
Automatically ascends to
President



President-Elect Jack Fisher, MD

Nashville, TN
Private Practice
Current Board Position: Vice President
ASAPS Committee Work: Education Commission (current Commissioner), Program Committee (current Chair), Finance and Investment Committee
National Affiliations: AMA, ASPS, ACS, ISAPS
Training: George Washington University Medical Center Washington, DC; General Surgery, Emory University; Plastic Surgery
ABPS certification: 1981



Vice President Michael C. Edwards, MD

Las Vegas, NV
Private Practice
Current Board Position: Member at Large
ASAPS Committee Work: Finance and Investment Committee (current Chair), Leadership Development Committee, Publications Committee, Fellowship Review Committee, Medical Student Committee, Industry Policy Committee
National Affiliations: ASAPS, ASPS, ASERF
Training: David Grant Medical Center, Travis AFB, CA; General Surgery, Wilford Hall Medical Center, San Antonio, Plastic Surgery
ABPS certification: 1998



Treasurer James C. Grotting, MD

Birmingham, AL
Private Practice
Current Board Position: Treasurer (one year term)
ASAPS Committee Work: Education Commission (current Vice Chair), ASAPS/ASPS Co-Sponsored Symposium Committee, Perioperative Task Force, Program Committee (current Vice Chair), Symposium Committee, Leadership Development Committee.

National Affiliations: ASAPS, ASPS, ACS (Fellow)

Training: University of Washington Affiliated Hospitals, General Surgery, University of California, San Francisco, Plastic Surgery

ABMS Certification: 1987



Secretary Daniel C. Mills, II, MD

Laguna Beach, CA
Private Practice
Current Board Position: Member-at-Large
ASAPS Committee Work: Communications Commission (current Chair), Project Beauty Task Force (ad hoc) (current Chair), Patient Safety Committee, Aesthetic Training Task Force, Marketing Task Force (ad hoc), *ASJ* Technology Editor, Finance & Investment Committee
National Affiliations: ASAPS, ASPS, ACS
Training: Wright State University, General Surgery, Medical College of Ohio, Plastic Surgery
ABMS Certification: 1990

Continued on Page 5

Members to vote on Slate of Candidates

Continued from Page 4

Members at Large



John E. Gross, MD

Pasadena, CA
(3-year term)



Sanjay Grover, MD

Newport Beach, CA
(3-year term)



Herluf G. Lund, MD

St. Louis, MO
(3-year term)

Those continuing in positions:



William P. Adams, Jr., MD

Dallas, TX
(3-year term)



Al Aly, MD

Orange, CA
(3-year term)



W. Grant Stevens, MD

Marina del Rey, CA
(2-year term)



Richard J. Warren, MD

Vancouver, BC, CA
(3-year term)

Society members will also vote on the following candidates for office:

TRUSTEE (3-year term)

Robert Singer, MD

La Jolla, CA

APPLICATION REVIEW COMMITTEE: (3-year terms)

Midwest

Dennis Hammond, MD

Grand Rapids, MI

Northeast

Gary Brownstein, MD

Cherry Hill, NJ

Far West

Margaret Skiles, MD

Yuba City, CA

Canada

Wayne W. Carman, MD

Toronto, ON

Continuing their terms:

Southeast

Onelio Garcia, Jr., MD

Miami, FL

New York City

Lawrence S. Reed, MD

New York, NY

South Central

William D. Leighton, MD

Scottsdale, AZ

News from the Marketing Task Force

By Sanjay Grover, MD



Since our group was formed last summer, the Marketing Task Force has been hard at work producing tools and opportunities to improve your practice marketing and bring even more value to your Aesthetic Society membership. The following is a brief synopsis of our progress to date:

New arrangements to increase the reach of surgery.org and expose your practice to more patients

The Task Force, with approval of the ASAPS Board of Directors, has entered into several agreements to increase the eyeballs seeing surgery.org content and our “Ask a Surgeon” and “Find a Surgeon” features. They include:

A partnership with EmpowHER, the Award-winning Social Health Company for Women with more than 1.5 million viewers per week

This partnership, a non-compensatory agreement, highlights an exchange of content, including relevant articles, videos and user-generated pieces on both EmpowHER.com and ASAPS’ sites: surgery.org and projectbeauty.com.

The site is also replicating the “find a Surgeon” function on their website,

increasing the reach and audience for your practice. “Ask a Surgeon” questions are routed to our site surgery.org with answers being posted on both properties. “The Aesthetic Society works hard to provide clinically-approved, accurate, and relevant content to our audience enabling them to make the most informed decisions around plastic surgery options,” says Jeffrey M. Kenkel, MD, President of ASAPS. “Partnering with a leading, credible company like EmpowHER helps us not only extend our reach to EmpowHER’s over 18M women that visit their site annually, but further spreads the message about plastic surgery in a safe, and legitimate environment. It is the perfect, high-quality, complementary platform for our educational content to a highly influential community of decision-making women.”

A Revised and expanded agreement with RealSelf.com

Many Society members are familiar with the RealSelf, and its founder and CEO Tom Seery. RealSelf has emerged as one of the leading social media properties in aesthetics with over 2 million visitors per month. We have enjoyed a long-standing relationship with RealSelf, which only invites participation from Board-certified, core group physicians.

Over 1,000 ASAPS members are answering questions on plastic surgery and cosmetic medicine topics and many surgeons see RealSelf as a tool for reputation management. They recommend RealSelf to patients as an ethical place to post reviews and opinions.

Our new agreement leverages Tom’s considerable knowledge and expertise in all aspects of social media to specifically:

- Serve as editor of a social media monograph and offer suggestions on content as well as expert commentary. This Tool Kit will be introduced at The Aesthetic Meeting 2012.

- Provide promotional space for ASAPS brand marketing campaigns in 2012
- Collaborate with Project Beauty on stories and social media outlets

Cooperative efforts with the Plastic Surgery Channel

This video site produces high quality information on a wide range of plastic surgery and cosmetic medicine topics. We are partnering with them on video sharing, link building and social media efforts.

Enhancements to surgery.org to increase your referrals and leverage our content

Under the expert guidance of Etna Interactives’ President, Ryan Miller, a number of improvements have been made to our main site surgery.org. These include:

- **Local Locator Pages:** Now, your listing on the find a surgeon function can be searched at the local level
Say a potential patient is looking for a board-certified plastic surgeon in Missouri. New back-end enhancements to surgery.org now allow visitors to our site to drill down to the local level as illustrated on the screen shot at right. This means that your listing on surgery.org can now be recognized by the Google “spiders,” allowing your listing to appear on a local Google search.
- **Activity Tracking**
Surgery.org is now capable of tracking the following web site activities and metrics; find a surgeon impressions, profile views, phone number requests and website click throughs. These metrics are available to all purchasers of an Enhanced Profile Page.

Continued on Page 7

Recent traffic increases

As a result of these new, behind the scenes enhancements, surgery.org has experienced a 25% increase in overall traffic and a 38% increase in new visitors since December of 2011. Surgery.org has had a 100% increase in traffic since January of 2011.

New Branding, new consumer outreach, a new consumer-facing site for Aesthetic Society members

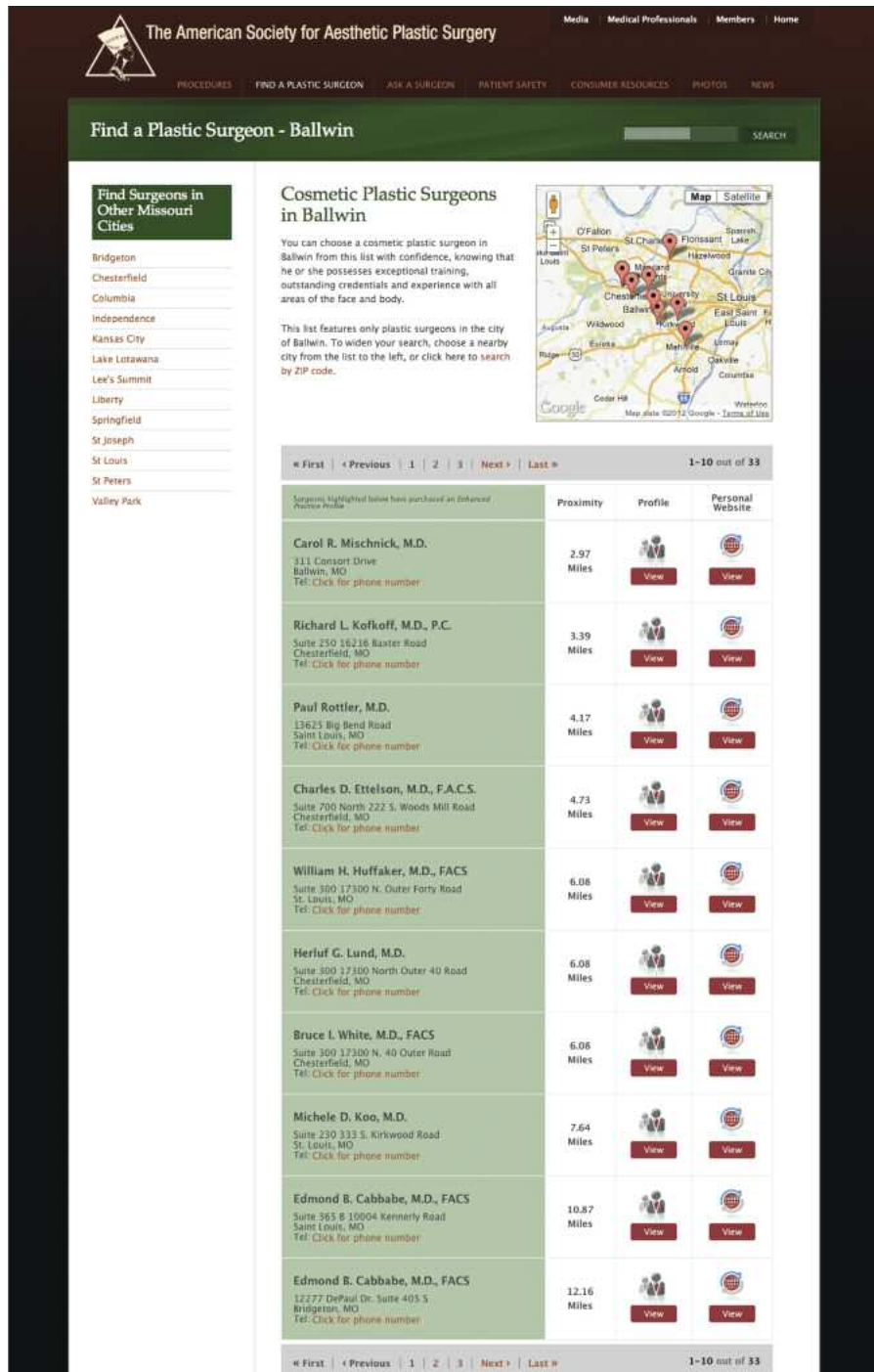
The Task Force, under the expert tutelage of branding firm Noe & Company, has been working on developing new tag lines, value propositions and a consumer-facing brand for the Aesthetic Society. To date, we have engaged in the following activities:

- A full day branding session with Task Force members and leadership to get to the essence of what it means to be an ASAPS member
- Testing of these hypotheses among consumers in our target group
- Discussing an additional site to our existing brands surgery.org and projectbeauty.com that would become the “consumer face” of the Society and eliminate any information that is not germane to consumers
- Creation of a consumer campaign to spread the word about ASAPS and its members training and expertise in aesthetic plastic surgery.

Member tool kits

You have told us loud and clear that unbiased information on social media, media relations and Search Engine Optimization would be very beneficial to your practice marketing efforts. Launching at The Aesthetic Meeting 2012, these three new documents will provide insights and practical tools for these vital communications mediums.

We are also in the final stages of producing a monthly Online Practice Marketing Resource. Are you wondering how to take videos, news articles and hot topics about plastic surgery and create engaging content on your newsletters, blogs or Facebook page? Let ASAPS make it easier for you. Every month we'll be



New back-end enhancements to surgery.org now allow visitors to our site to drill down to the local level as illustrated on this screen shot.

sending you print, video and Twitter and Facebook-ready media from the Aesthetic Society's extensive library that you can use for your own social media efforts immediately.

These are just some of the efforts we've been working on since the Marketing Task Force was formed last summer. I would like to sincerely thank my colleagues on this initiative: Gary Brownstein, MD; Alan Gold, MD; Kent Hasen, MD; Herluf G. Lund, MD; Dan Mills, MD; Brian Reagan, MD;

Renato Saltz, MD; Robert Singer, MD; W. Grant Stevens, MD; and Robert Whitfield, MD. We will be regularly reporting on our progress in ASN and roll out new initiatives as they are completed.

Sanjay Grover, MD is an aesthetic surgeon practicing in Newport Beach, CA. He is Vice-Commissioner of the Communications Commission and Chair of the Marketing Task Force.

Dr. Kaveh Alizadeh on “Mission: Restore” and Volunteering

There is never a more apparent need for medical care than those crucial moments following a natural disaster, like the earthquake in Haiti, or during wartime in countries like Iraq and Afghanistan. Dr. Kaveh Alizadeh, who is Chairman of global medical charitable organization, Mission: Restore, recognized this need after multiple trips to areas suffering the effects of war, poverty and/or natural disasters.

After returning from a volunteer trip to Kabul in November 2011, he reported that there were only two self-trained plastic surgeons in a country of 29 million. Dr. Alizadeh said to ABC, “These doctors have stayed in Kabul even when the Taliban took over the city. There have been multiple threats and they have been asked to leave, but they decided to stick it out. We want to help the local doctors who want to stay and help their people, but they just don’t have the resources, education or infrastructure.”

His organization, Mission: Restore founded in 2010 focuses their efforts on building the future. Along with providing immediate relief by sending medical missions to areas of need, their goal is to set up long-term, sustainable aid through clinical and educational support. They provide lectures in medical and education centers, gather studies and reports on the latest



Dr. Alizadeh, H.E. Dr. Suraya Dalil, Afghanistan Minister of Public Health, Dr. Rick Perry, Director, Cure International Hospital, Kabul

innovations to apply them in areas of need and promotes volunteerism in medical schools and residency programs in this country.

Mission: Restore worked on cases screened by the Cure Hospital in Kabul ranging from congenital face and body defects and malformations to burn and trauma injuries due to war. They also provided a training curriculum for the Afghan fellows and began research on relevant topics, such as sexual trauma, war related deformities and acid burns.

Sending medical help and providing education is just a start to building a foundation in countries unequipped to handle the demand. Alizadeh explains, “In Afghanistan, even though you have such a large country, there’s a massive migration of people that need help coming to very few health centers. Part of the conversation was connecting with the Health Minister to see if we can provide curriculums and programs for major cities like Herat in the Western province, so we can create

long-term [solutions] for the Afghans to eventually take care of themselves and be independent.”

Alizadeh himself was born in Tehran, Iran and fled the country right before the November 4th, 1979 hostage crisis. He returned to his country of birth for the first time on a volunteer trip during medical school.

“Initially, I had a scholarship to study psychiatry at Cornell,” Alizadeh told the *Iran Times*. “While I was there, I did a public health project looking into organizations like Doctors Without Borders and the Red Cross. There, I connected with a plastic surgeon who became my mentor and turned me onto post-reconstructive surgery.”

The impact from that trip and his exposure to volunteer work has motivated Alizadeh to continue charitable work throughout his career. He explains, “Over the past 18 years that I’ve been doing volunteer work, I’ve been interested in

Continued on Page 9

Mission: Restore

Continued from Page 8

sustainable projects. So we established Mission: Restore to provide clinical care, education and research to change the lives of a lot of people in war torn areas and to trauma victims in remote villages—many of whom are female subjects of self mutilation and trauma. Some women are forced into marriage at a young age and engage in self-mutilation by burning. [Among many things,] Mission: Restore hopes to gather volunteers to help do post reconstructive work on these women.”

Volunteers are key to all missions, whether it's to offer medical assistance, language translation or logistical help. “When I worked in Haiti after the earthquake, volunteer students were a big help with organizing our efforts, matching up patients with doctors,” explains Alizadeh.

Connecting with patients victimized by the war is something Dr. Alizadeh does here in the US as well. In May 2008, Waad Burkan, a 7 year-old boy from Iraq was walking home from school and kicked a bomb disguised as a bottle meant for US troops, and ended up destroying the right side of his face, eye, leg and arm. The nearby US soldiers saved his life by bringing him to a hospital and then to the US through the non-profit charity, Global Medical Relief Fund (GMRF).

He first arrived at Shriner's Hospital in Philadelphia where he received prosthetic limbs. Then, in New York City, an ocular

prosthetics group, Kirsztrot Prosthetic, provided a new eye. Finally, he came to North Shore-LIJ Hospital in Manhasset, NY where Dr. Alizadeh rebuilt Waad's face. He is now back in Iraq with a new lease on life.

Dr. Alizadeh finds hope in these moments and believes that there is a duty to help not only our own soldiers but also the victims of war.

“On one end, we've been there for so long. It's the longest war in US history. There's been a lot of resources in terms of troops, funds and time that has been spent, but I'm sad to say that the primary perception of America is not of a people that are there to bring goodwill, but more in the context of war. We would like to change that message,” he says.

Many ASAPS members like Dr. Alizadeh promote the message of goodwill by working through charitable organizations and donating their time, money and medical expertise. To get involved in Mission: Restore visit their website at MissionRestore.org.

Dr. Kaveh Alizadeh is an Aesthetic Surgeon practicing in Garden City, NY. He has traveled abroad for volunteer missions every year since 1998 and acts as Chairman for Mission: Restore, a charity organization he helped found.

New Jersey Repeals Cosmetic Tax

In a move that finally stops the discrimination against plastic surgeons and the patients who seek their services, New Jersey Governor Chris Christie recently signed legislation calling for the elimination of the state's six percent tax on cosmetic surgery procedures, which was enacted in 2004. Assembly Bill 3646/ Senate Bill 1988 requires the tax to be reduced to 4 percent in the first quarter of this year; to 2 percent on July 1; and rescinded completely on July 1, 2013.

The eight-year old tax nets the state \$10.8 million in revenues per year, but its critics argued that it inequitably burdened patients undergoing surgery, the medical practices that had to collect the extra fees, and the state revenue officials charged with enforcing the tax.

Dr. Christopher Godek, president of the New Jersey Society of Plastic Surgeons, is optimistic that if the repeal legislation passes and lands on the desk of Gov. Chris Christie, he will agree with the physicians' position that the tax is bad economic policy. Christie, “is very pro-business so my guess is that he will support” the repeal, Godek said.



Dr. Alizadeh with Afghan men at Cure Hospital



Headline News: The Aesthetic Society and the Media

As many of you are aware, the ASAPS Media Relations Committee, working together with the Society's Communications Staff has encouraged extensive media coverage about our specialty through broadcast, print and online publications. In 2011, The Society, ASAPS members, *ASJ* and ASAPS' statistics were featured nationally and internationally thousands of times. The Committee and the ASAPS Communications Office confirmed media placements reaching an audience of over 950 million consumers.

As Chairman of the Media Relations Committee, I am proud to highlight the accomplishments of the Society and its spokespersons that have been sourced multiple times in several of the nations most circulated publications such as: The Wall Street Journal, ABC News, Allure

Magazine, CBS News, The New York Times, Cosmopolitan Magazine, Forbes, Fox Business, Los Angeles Times, Newsweek Magazine, The Miami Herald, The Doctors, The Dr. Oz Show, and USA Today.

ASAPS is determined to respond to inaccurate and irresponsible articles and broadcasts about plastic surgery. Many of you read and commented on the Letter-to-the Editor written by the Society's President Jeffrey M. Kenkel, MD, in response to an Op-Ed published in the Los Angeles Time suggesting a ban on cosmetic surgery after the recent French PIP implant scandal.

The Society and our members have appeared on many TV shows this past year, in November, I was featured on the nationally syndicated show "The Doctors;" and in December, Peter J. Rubin, MD was a special guest on "The Dr. Oz Show" with

Susan Somers discussing a revolutionary surgery to rebuild her breast after her battle with cancer.

In other news, The Aesthetic Society was ranked as the number one plastic surgery social media influencer according to Klout analytics, a social media analytics company based in San Francisco. ASAPS had the highest Klout Score among plastic surgery social media influencers. ASAPS now has almost 5,000 followers on Twitter and over 3,500 "Likes" on Facebook.

In 2012, the Media Relations Committee is determined to reach more consumers through all news outlets and social media, and continue to promote patient safety and the importance of a board-certified plastic surgeon.

Dr. W. Grant Stevens is an aesthetic plastic surgeon practicing in Marina Del Rey, CA.

Media Notes and Quotes

A sampling of current media coverage on The Aesthetic Society

According to a study by the **American Society for Aesthetic Plastic Surgery (ASAPS)**, adults between the ages of 31 and 45 accounted for 43% of all cosmetic procedures in 2010, while baby boomers (ages of 51 and 64), made up just 28%. Dr. Leo McCafferty, president elect of the ASAPS, says the trend can be attributed to more readily available information about products and cosmetic surgery. Dr. Jeffrey Kenkel, says "I think the desire to look better for both personal and professional reasons is more prominent for Generation X. "But I do see baby boomers who had to go look for jobs and wanted to do something they thought would help make them more competitive in the workplace." Those seeking either invasive or non-invasive procedures should consult their local county medical society, or an organization like the ASAPS to check a doctor's credentials beforehand

Generation X Leads Boomers In Cosmetic Surgery Procedures

Fox Business

November 21, 2011

The new therapy that Suzanne Somers underwent is a minimally invasive method of restoring breast volume using fat moved from another part of the body, says Dr. J. Peter Rubin, Chair of the ASAPS/ASPS Joint Task Force on Stem Cell/Fat Grafting. The biggest problem encountered with fat grafting is that fat can lose volume or be absorbed by the body over time, leaving less of an affect from the original treatment. The first concern is whether the stem cells that are used to enhance the fat grafting will stimulate the growth of breast cancer cells. An important question to answer is about the timing of this treatment relative to the breast cancer surgery. How long must we wait before administering this therapy to confirm that patients are free of disease? Another concern is whether this therapy will interfere with breast cancer screenings.

Stem-Cell Breast Reconstruction: Understanding the Issues

The Dr. Oz Show

December 16, 2011

The Aesthetic Society Ranked #1 of Top 10 Plastic Surgery Social Media Influencers

Klout, a social media analytics company based in San Francisco, recently release their top 10 plastic surgery rankings for the past 90 days. ASAPs was ranked at #1. According to the analytics company, "The American Society for Aesthetic Plastic Surgery—The official Twitter account for the American Society for Aesthetic Plastic Surgery post regularly on topics from its own website, as well as news outlets around the world. The Society appears to also heavily "retweet" its surgeons and their comments about the industry."

The Society is in good company, according to the reports. Rounding out the top ten "social media influencers" are:

- The American Society of Plastic Surgeons
- The Journal of Plastic and Reconstructive Surgery
- Jeffrey Kenkel, MD
- Jennifer Walden, MD
- J. Vicente Poblete, MD
- Project Beauty
- Jeffrey Roth
- RealSelf
- Elizabeth S. Lee, MD

The Klout Score is determined based on the ability to drive traffic, engage and influence others. The firm uses data from social networks in order to measure Reach, Amplification and Network Impact.

Klout does have its detractors who argue that results don't match up with the offline reality of one's influence. However, according to the website techcrunch.com, "Klout continues to roll with the punches because our online identities are fragmented across different services. These different sites rank their own users, of course, but typically

only factor inputs tied down within their own gardens. The main forces, Facebook, Twitter, LinkedIn, certainly weigh their own users' activity for various reasons, but Klout has built one single, unified score based on its own independent algorithm across these services."

We think the numbers speak for themselves. With over 4700 followers on Twitter and 3500 likes on Facebook and increasing everyday, ASAPs is a major social media influencer in the specialty of plastic surgery.

Want to check out your own Klout score? More information is available at their website klout.com

The screenshot shows the Klout website interface for the 'Plastic Surgery' topic. At the top, there's a navigation bar with 'HOME', 'UNDERSTANDING KLOUT', and a user profile for 'ASHLEY'. The main content area is titled 'Plastic Surgery' and includes a 'TOP INFLUENCERS' sidebar on the left. The main list of influencers is as follows:

Rank	Influencer	Score	Followers	Recent Activity
1.	Aesthetic Society	44	7	90-day +K
2.	ASPS	41	2	90-day +K
3.	PRS	31	1	90-day +K
4.	Jeffrey Kenkel, MD	21	-	90-day +K
5.	DrJenWalden	20	-	90-day +K
6.	J. Vicente Poblete	17	-	90-day +K
7.	Project Beauty	14	2	90-day +K

CDT Files FTC Complaint Against Medical Justice

by Justin Brookman

The Center for Democracy and Technology (CDT) recently filed a formal complaint with the Federal Trade Commission and various state Attorneys General alleging that the company Medical Justice has committed deceptive and unfair business practices in violation of the FTC Act. We've written about Medical Justice before—they sell a suite of “reputation defender” services to doctors and dentists across the nation.

One way that they claim to protect their clients' reputation is by distributing form contracts for patients to sign that either prohibit patients from commenting online or posting reviews about the doctor, or assign a copyright interest in any online reviews to the doctor, so the doctor can get them removed from the web at his or her discretion.

As a result, doctors can ban patients from warning others about problems they might have had, or have an unchecked veto power to remove reviews they think are unfair or inappropriate. If a patient doesn't want to sign the contract, the doctor can refuse to give medical treatment. (For more information and analysis of Medical Justice's contracts, check out DoctoredReviews.com, an excellent site run by law professors Eric Goldman of Santa Clara and Jason Schultz of Cal dedicated to calling out these bad practices.)

In our complaint, we allege that these practices aren't just bad and unethical—they're also illegal. Medical Justice's prior restraints on patients' speech are unconscionable and unenforceable under contract law—typically, you can only contractually bind someone not to speak freely if there's a trade secret or other confidential information at stake. However, Medical Justice markets its

contracts as an effective solution for combating slanderous and fraudulent reviews, including by ex-spouses and competitor doctors (who never would have signed the unenforceable contracts in the first place). Medical Justice also claims that their contracts offer extra “privacy protections” for the patients that sign them—a fact that has no grounding in reality.

We allege that the contracts are “unfair” under FTC law as well. They harm current patients by threatening their free speech rights and future patients from getting valuable information about the doctors to whom they're considering entrusting their medical care. Patients can't reasonably avoid this harm—after you've taken off two hours from work to see a doctor about that blinding toothache, are you really likely to leave to try to find another dentist who'll see you next week over a review that you don't know you want to write yet?

And finally, there's no countervailing benefit to these contracts—doctors who think they're being defamed already have remedies under the law, and can sue to unmask (and receive damages from) commenters who make libelous statements. Medical Justice contracts are merely intended to short-circuit the established legal process for combating unwanted anonymous speech, and instead give doctors the chance to fraudulently curate their online reputation by pruning away inconvenient statements.

In addition, we have asked the FTC to investigate claims that Medical Justice is also deceptive by seeding consumer review sites with misleading positive reviews about doctors. Both RateMDs and Yelp have discovered uniformly positive reviews

being uploaded about doctors from Medical Justice web servers. The FTC has already done excellent work in this area of online “astroturfing” with its updated Endorsement Guidelines, but there is still a lot of gray area for companies, especially as social media has dramatically expanded in importance even since the guidelines came out two years ago. Can doctors pick and choose among the reviews they solicit from patients to put on their website? Can they upload them to Yelp under assumed names? Can doctors require patients to “Like” them on Facebook before providing medical treatment, or for a discount? How does all this need to be disclosed?

Based on what we can see, we believe that Medical Justice's tactics cross the line, but this case presents a great opportunity for the FTC to craft strong injunctive relief to give companies more clarity on to promote themselves through social media without deceiving consumers.

Online reputation management is going to be an increasingly important issue for doctors, companies, and even individuals in the coming years. But managing your public image should not be achieved through trickery and abusive behavior. Regulators need to stop bad actors from gaming the robust reputation-based ecosystem that we have come to rely on everyday. We will all be much worse off if review sites become polluted by shill endorsements and deprived of honest criticism.

For tech policy updates, follow us on Twitter at [@CenDemTech](https://twitter.com/CenDemTech).

Justin Brookman is currently the Director of Consumer Privacy at the Center for Democracy and Technology. You can visit the website www.cdt.org for more information.

Expert Legal Advice.



Absolutely Free.

Who Else Can Offer That?

Exclusively for Members of The Aesthetic Society. With rich legal experience in the medical field, Bob Aicher, Esq., is uniquely qualified to provide free Member consultations in the areas of practice management, insurance, malpractice, scope of practice, ethics, and defamation.

To contact Bob Aicher, Esq., please email aicher@sbcglobal.net or call via phone at (707) 321-6945.

This service is not intended to replace legal counsel.



THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC.

For More Information

Toll-Free 800.364.2147 or 562.799.2356

www.surgery.org

presentations, courses and seminars. Not only are some of your favorites returning, such as “Global Hot Topics,” which has been redesigned to make it even more dynamic and fast-paced, but we have some exciting new courses, each designed to deliver the latest in education from the experts you trust.

“Cosmetic Medicine 2012” has been revised, with the morning session devoted to Light and Energy-Based Technology, and the afternoon session focusing on Injectables. These sessions have also been redesigned, offering more opportunities for interaction with the instructors, to ask questions, and better viewing of the procedures. Attend one session, or register for both for added savings.

Make sure to attend Tuesday’s session, devoted to the Business Side of Aesthetic Plastic Surgery. This event is free to the staff of Aesthetic Society Members and Candidates. At this dynamic session, you’ll learn a variety of ways to ensure that your practice is operating to its maximum potential, and is not to be missed.

At The Aesthetic Meeting 2012, we will have over 200 technical and scientific exhibits, hands-on cadaver workshops, and live demonstrations. Also, this year you have the opportunity to earn up to 47.75 AMA PRA Category credits™. Attend the entire 2012 Scientific Session to receive 8 patient safety CME credits, and up to 10.5 patient safety CME credits by attending select Optional courses.

The Aesthetic Society’s Education Commission and Scientific Program Committee is committed to bringing you the best in higher education, bar none, and this year’s Aesthetic Meeting in Vancouver is shaping up to be one of our best yet. We appreciate your feedback, and look forward to meeting you in Vancouver.

To register, or for more information, please go to www.surgery.org/meeting2012. Take advantage of Early Bird Registration pricing, now through February 22nd, including special *Four or More Course* package savings.

Dr. Jack Fisher is an aesthetic plastic surgeon practicing in Nashville, TN, and serves as Vice President of The Aesthetic Society and chair of the Education Commission.

THE AESTHETIC MEETING 2012

Meet Us in Vancouver!

The Aesthetic Society asked just a few of our esteemed Members what value they gain from attendance at The Aesthetic Meeting and their thoughts on the upcoming Aesthetic Meeting 2012 in Vancouver, B.C., May 3-8. Registration is open now, with Early Bird Savings available only through February 22, 2012, at www.surgery.org/meeting2012.



“I am a proud Member of the Society, as it provides me with a wealth of educational opportunities that

I simply can’t get anywhere else. I am incredibly excited about The Aesthetic Meeting 2012, as attending a meeting allows me to ask questions directly to the experts. It facilitates interaction with my peers about important things in my practice, and I love learning, discussing, and socializing with my colleagues in person.”

—Jeffrey M. Kenkel, MD



“The energy from the educators, my colleagues, and the thoughtful interchange of ideas has been incredibly valuable.

The Teaching Courses have always been one of the most educational experiences of the annual meeting. Learning through evidence-based medicine and exchanging ideas is critical for both me to stay competitive and for our specialties advancement.”

—Laurie A. Casas, MD



“The Aesthetic Meeting is a fabulous educational and collegial experience, year in and year out.

The educational content is formidable and there is a cutting edge approach to the meeting that makes it worth coming back every year.”

—Richard A. D’Amico, MD



“This year, I am most looking forward to The Aesthetic Meeting’s ongoing emphasis on bringing evidence (EBM) to

aesthetic surgery. We are targeted by relentless advertising from vendors and hear wild claims throughout the year. What is real? What really works? ASAPS helps me figure that out so I know how to grow and change my practice in the best way. It is often the discussions with my colleagues or with speakers in the hallway that really bring points of clarity to me and helps me make sense of where a technique, procedure, or concept fits into my practice.”

—Felmont F. Eaves, III, MD

Continued on Page 15

The Aesthetic Meeting 2012

Continued from Page 14



"Although there is tremendous benefit to online and DVD-based educational programs, there is no replacement for gathering with

fellow plastic surgeons to listen and learn about what the thought leaders are saying. I always enjoy catching up with friends to see where they are with their families and practices and to pick up practice pearls from them. I am really looking forward to our annual meeting in Vancouver. It is a beautiful city and it should be a tremendous meeting."

—Michael C. Edwards, MD



"At The Aesthetic Meeting I value the state of the art exposure to aesthetic plastic surgery topics, and enjoy meeting

with respected friends and colleagues. I also enjoy the exposure to exhibitors with new technology to offer."

—Julius Few, MD



"The Aesthetic Meeting focuses on aesthetic surgery presented by board certified plastic surgeons, and we enjoy

hanging out with old friends and making new ones. At both the Hot Topics Symposium and the Research and Technology Luncheon, the energy is palpable and helps me to separate the new technology hype from reality, giving me opportunities to discuss new modalities for enhancing my patient care. And at the ASERF Research Luncheon, I can see firsthand how our research dollars are being spent."

—Joe M. Gyskiewicz, MD



"I joined The Aesthetic Society to improve my aesthetic surgery practice by learning from The Aesthetic Meeting. I value my

interaction with colleagues, as well as the courses and exhibits."

—Elizabeth Hall-Findlay, MD



"What I value most about The Aesthetic Meeting is the interaction with other physicians, nurses, and fellow professional which

occurs at the meeting. These could occur during a session, in a hallway, or in an exhibit hall, and that in-person experience is one which no webcast or DVD can replace. The experience of 'being there' is invaluable."

—Leo McCafferty, MD



"I recall Foad Nahai once telling me that becoming an ASAPS Member was one of his most memorable accomplishments

and I certainly feel the same way."

—M. Mark Mofid, MD



"I remain an ASAPS member because of the value that membership in ASAPS brings to me. Beyond the educational

opportunities, I have made some wonderful friends and have had the opportunity to meet colleagues from all over the world. I am moderating a panel on the role of volume in lower eyelids and my goal is to bring out the latest in the treatment of this area."

—Foad Nahai, MD



"In my opinion, no webinar, DVD, stream surgery, nor any other virtual technology can replace either the learning gained

through personal participation, nor the interaction I enjoy with my colleagues and their staff."

—Renato Saltz, MD



"The Aesthetic Meeting has terrific scientific information, with the latest updates on what is being done and new trends."

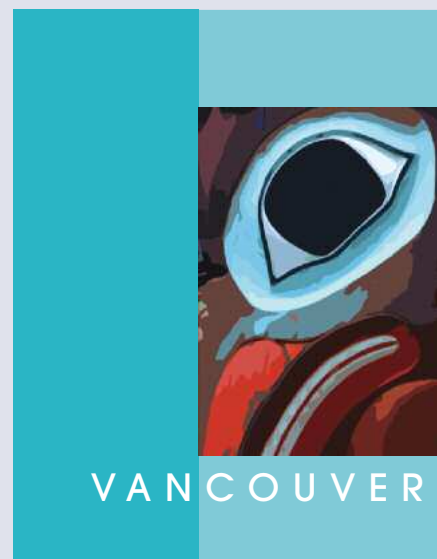
—Lina Triana, MD



"As a smaller Society, I feel that it is easier to attend the meeting and interact with the Speakers if I am so inclined. The

interaction with colleagues is the most rewarding part of physically attending the meeting, and I always learn something at the Aesthetic meeting that I incorporate into my practice."

—Robert Whitfield, MD





Online Reputation Management For ASAPS Members

Steve Laverson, MD

Because of vast and growing internet reach and influence, online reputation is increasingly important in defining your professional identity and growing your business. What others say about you increasingly matters. Online reviews influence purchase decisions. Web technology is moving toward a numerical reputation score for businesses, and possibly individuals.

Offensive Steps

Become PROACTIVE and CONSISTENT. Solicit favorable reviews from satisfied and articulate patients. Establish a system to accomplish this. Your staff should be able to email a user friendly interface to patients allowing them to quickly and easily post an online review. Incorporate this into their daily routine. Regularly check the system, and verify that favorable reviews are actually being posted. Consider motivating and rewarding staff for achievements with your online ratings. Enlist vendors and business partners to support your credibility and professional reputation online for using their products and services. Review sites include Google, Bing, Yahoo, Yelp, Realself, Healthgrades, Vitals, RateMD, Wellness, Angie's List, and many others.

Build and maintain the highest quality professional character, integrity, and customer service. Underpromising and overdelivering is important. You must fulfill every one of your promises and claims. Excellent patient care and communication with patients is critical. Treat patients with respect and aggressively serve the dissatisfied patient to correct distasteful situations. Avoid confrontations and adversarial interactions with patients. Be on their side!

Video testimonials should be posted throughout your web presence, including

your blog, your website, YouTube, and social networking sites. These videos can be posted instantly to Facebook from the Facebook application on your mobile device, and to multiple sites from applications such as UStream.

Engaging your patients and getting them to participate in your practice's social network is important. Having your patients endorse your practice to their social network is powerful marketing.

Post educational material online. Press releases, publications, and an active original blog increase your web visibility and online positive presence.

Defensive Steps

Monitor your online reputation to quickly discover a negative review. Google Alerts and sites such as reputation managementconsultants.com, reputation.com, and others police the internet for mentions of your name and add content about you that pushes down unfavorable reviews. Medical Justice, Inc. also offers to help physicians with their online reputations.

Never should a patient post an online review while still in your office. Never criticize another surgeon's work to a patient. If that patient posts a negative review quoting your words, retaliation is incentivized.

Improve the customer experience in your office, including courtesy of front office staff, attentiveness to patient needs, parking, duration of waiting, cleanliness, and billing process.

Diligent risk management. Avoid operating on patients who spend their last dime on their cosmetic procedure, or heavily finance with no reserve. If they need a revision and cannot afford it, they're likely to criticize you online as an easy route of expressing their frustration. Listen carefully to patients for signs of

instability, unrealistic expectations, dissatisfaction with other surgeons, disagreement with your treatment plan, poor understanding of risks, vindictiveness, and avoid those you believe have a greater chance of their vision being unfulfilled, or of difficult complications. Avoid patients you just don't have a good feeling about.

Keep good company online, be professional, and NEVER disclose private patient information. Increasingly, your online activity and associations will be followed.

Steve Laverson, MD, is a plastic surgeon practicing in Encinitas, CA, and is a Member of the ASAPS Product Development and Market Research Committee.

References:

Leonardo, Jim: Don't be a sitting target when your reputation comes under fire online. Plastic Surgery News, ASPS, December 2011.

Finn, Holly: How Google & Co. will rule your rep. Wall Street Journal, 14 Jan 2012.

Kruse, Kathi: Why you can't automate your online reputation. <http://www.krusecontrolinc.com>. 5 December 2011.

Burling, Stacey: Doctor's feel helpless over patients' online slams. Philadelphia Inquirer, Jan 6, 2012

THE AESTHETIC MEETING 2012

FOCUSING ON THE FUTURE—
The Changing Landscape of Aesthetic Plastic Surgery



VANCOUVER



MAY 3–8, 2012

Vancouver Convention & Exhibition Centre



THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC.

Annual Meeting of



AESTHETIC SURGERY EDUCATION
AND RESEARCH FOUNDATION

Register Today

- Interactive and Informative, with the Latest in Evidence-Based Medicine
- Global Perspectives, Dynamic Panels, Thought-Provoking Papers
- Hot Topics: Compelling and Controversial

www.surgery.org/meeting2012

Asset Protection: A Matter Of Degree

David B. Mandell, JD, MBA

As co-authors of “For Doctors Only: A Guide to Working Less & Building More” and advisors to physicians throughout the country, we are often asked to help doctors to protect assets against future lawsuits. From this experience, we often learn what misconceptions physicians have regarding how to protect their assets from potential lawsuits. In this article, we hope to dispel some of the incorrect assumptions that you may have, and shed some new light on opportunities for further asset protection.

Personal vs. Practice Protection

The first misconception that most physicians have is that they should only protect their personal assets from potential lawsuits. Nothing could be further from the truth. In fact, the practice’s important assets are the most vulnerable to lawsuits, especially in a group practice. That is because any malpractice claim or employee claim (sexual harassment, wrongful termination, etc.) against any of the doctors threatens all of the assets of the practice. In other words, if you are in a group practice, you are underwriting all of the acts and omissions of all of your partners, to the extent of your practice assets.

What are the most important practice assets?

Certainly, your cash flow and income is most important. The good news is that the tools that protect your cash flow also typically help you save on income taxes and build retirement wealth. These include qualified retirements plans (including defined benefit plans to 401(k)s to combination plans and more), non-qualified plans, fringe benefit plans, captive insurance arrangements and more. While we have written extensively on these topics, we drill down on them a bit later in the article.

Beyond your cash flow, the practice’s accounts receivable (AR) are typically an important asset. Your AR is what you, in fact, work for. What most physicians don’t realize is that a lawsuit against the practice itself, created by a wrongful act of any of the partners, threatens all of the AR in a typical practice setup. Certainly, there have been cases where physicians had to work for free for a number of months because of the lawsuit judgment resulting from the act of one physician created a loss of the AR for the entire practice. Don’t let this be you.

Other important practice assets include the practice real estate, if any, and valuable equipment. If your practice has valuable real estate or equipment, it must separate these assets from the main practice. While the details of advanced strategies go beyond the scope of this article, suffice it to say here that there are a number of tactics we can use to protect real estate and valuable equipment from potential lawsuits against any of the physicians or the practice itself.

Personal Protection: A Matter of Degree

The most common asset protection misconception that physicians have regards their personal asset protection—shielding their personal assets from potential lawsuits. In this endeavor, asset protection attorneys approach a challenge much in the way a physician approaches being a patient. Like physicians, we asset protection professionals first will try to get a client to avoid “bad habits.” For a medical patient, bad habits might mean smoking, drinking too much or a poor diet. For a client of ours, bad habits might include



owning property in their own name, owning it jointly with a spouse, or operating any medical practice with business assets exposed (see above).

In fact, we use an asset protection rating system for a client’s overall situation: from -5 (totally vulnerable) to +5 (superior protection). Exposing business assets, owning property in your own name, etc... these are examples of -5 situation.

In this way, before we implement any sophisticated asset protection planning, we want to move the client from a -5 to at least a low negative or neutral number. This means eliminating any of the “bad habits” named above, and others. If you see yourself as a physician who has business assets exposed and owns personal assets in your name or jointly with a spouse, you should talk to an asset protection advisor immediately. You don’t want to linger too long in the -5 category, as it’s only a matter of time until you get “sick.”

Basic Asset Protection

Again, using the sick patient analogy, if you see a patient with a particular condition/disease, you try to treat it. For us, we try to treat physicians to solve their lawsuit vulnerability. In this endeavor, we use particular structures to protect a physician’s assets.

If you are in such a situation, where you want good basic asset protection, but do not want to pay more advanced tools,

Continued on Page 19

then basic asset protection tools like family limited partnerships (FLPs) and limited liability companies (LLCs) should be used. Essentially, these tools will provide good asset protection against future lawsuits, allow for maintenance of control by you (the client), and can provide income and estate tax benefits in certain situations.

Specifically, these tools generally will keep a creditor outside the structure through “charging order” protections. These protections typically allow a physician to create enough of a hurdle against creditors to negotiate a favorable settlement. For these reasons, we often call FLPs and LLCs the “building blocks” of a basic asset protection plan. We may also layer in domestic irrevocable trusts, such as life insurance trusts or charitable remainder trusts.

In essence, these tools will provide adequate asset protection relating to an asset protection score of +2. Obviously, their asset protection benefits are reliant upon proper drafting of the documentation, proper maintenance and respect for formalities, and proper ownership arrangements. If all these are in place, the physician can enjoy basic asset protection for a relatively low cost.

Ultimate Asset Protection: Advanced Strategies

For many physicians, a basic asset protection plan, which has some potential vulnerability, is not good enough. A +2 on their asset protection score is not enough to give them the psychological comfort that they want. Other clients realize that the best protection comes from tools that actually can help clients create wealth. For this reason, these clients use advanced structures to put themselves at a +4 or +5, the ultimate asset protection score. Like a physician giving the ultimate medicine or most effective surgical procedure, asset protection consultants rely on a number of tools to provide ultimate asset protection. These include:

A. Qualified Retirement Plans:

The term “qualified” retirement plan means that the retirement plan complies with certain Department of Labor and Internal Revenue Service rules. You might

“We often call FLPs and LLCs the ‘building blocks’ of a basic asset protection plan. We may also layer in domestic irrevocable trusts, such as life insurance trusts or charitable remainder trusts.”

know such plans by their specific type, including pension plans, profit sharing plan, money purchase plans, 401(k)s, or 403(b)s. Under federal bankruptcy law, and nearly every state law, these plans are totally protected against lawsuits and creditor claims—enjoying +5 protection status.

B. Non-qualified and fringe benefit plans. Non-qualified plans and fringe benefit plans allow a physician to put funds away at the practice level and enjoy them in retirement. Also, these types of plans can be used in addition to qualified plans. In many states, these can be funded by exempt (+5) asset classes. Even in the states where there is no (+5) exemption, a (+2) LLC can typically be used to provide a solid level of protection.

C. Captive Insurance Companies (CICs): In this technique, the owners of a medical practice actually create their own properly-licensed insurance company—to insure all types of risks of the practice. These can be economic risks (that reimbursements drop), business risks (that electronic medical records are destroyed), litigation risks (coverage for defense of harassment claims or HCFA audits) and even medical malpractice (keeping some risk in the captive and reinsuring the rest). To maximize the protection of the CIC, many physicians establish trusts to own the CIC.

Funding of exempt assets: Each state law has assets that are absolutely exempt from creditor claims, thereby achieving a +5 status. Many states provide unlimited exemptions for cash within life insurance policies, annuities, and primary homes. Make sure you seek an expert on this to find out the exemptions in your state.

Conclusion

Asset protection planning, like any sophisticated multi-disciplinary effort, is a matter of degree. Nothing in life is 100% certain (except perhaps death and taxes—subjects of other articles). For asset protection planning, this adage holds true. In your asset protection plan, make sure you understand the cost and benefits of the various tools you employ. It will help you not only protect the wealth you have already built, but may assist you in building greater after tax wealth for your retirement and beyond.

Special Offer: For a free (plus \$5 S&H) copy of “For Doctors Only: A Guide to Working Less and Building More,” please call (877) 656-4362.

David Mandell, JD, MBA is a principal of the financial consulting firm OJM Group. He can be reached at 877-656-4362.

Disclosure: OJM Group, LLC. (“OJM”) is an SEC registered investment adviser with its principal place of business in the State of Ohio. OJM and its representatives are in compliance with the current notice filing and registration requirements imposed upon registered investment advisers by those states in which OJM maintains clients. OJM may only transact business in those states in which it is registered, or qualifies for an exemption or exclusion from registration requirements. For information pertaining to the registration status of OJM, please contact OJM or refer to the Investment Adviser Public Disclosure web site (www.adviserinfo.sec.gov).

For additional information about OJM, including fees and services, send for our disclosure brochure as set forth on Form ADV using the contact information herein. Please read the disclosure statement carefully before you invest or send money.

This article contains general information that is not suitable for everyone. The information contained herein should not be construed as personalized legal or tax advice. There is no guarantee that the views and opinions expressed in this article will be appropriate for your particular circumstances. Tax law changes frequently, accordingly information presented herein is subject to change without notice. You should seek professional tax and legal advice before implementing any strategy discussed herein.

of the journal's editorial content, international diversity of the journal's authors and board members, and the journal's overall contributions to the subspecialty. According to the Thomson Reuters website, the company's editorial staff reviews over 2,000 journal titles each year, but selects only 10-12% for inclusion in the database. Indexing with this service is a great honor for *Aesthetic Surgery Journal*—one that builds upon our previous achievement of PubMed/MEDLINE indexing in 2008.

Perhaps most importantly, indexing with Thomson Reuters' ISI and inclusion in the SCIE and JCR databases will eventually provide *Aesthetic Surgery Journal* with an impact factor. As described by Thomson Reuters, "The annual Journal Citation Reports impact factor is a ratio between citations and recent citable items published. A journal's impact factor is calculated by dividing the number of current year citations to the source items published in that journal during the previous two years." It is basically a measure of the frequency with which the average article in a journal has been cited in a particular year or period and it reflects the influence of a journal's contributions on the "state of the science" in a particular subspecialty. While *ASJ* will not have an official impact factor until at least 2014, early research has shown that it will be competitive with other ISI-indexed journals in the field of aesthetic surgery.

This designation reflects our commitment to continuous improvement in publishing quality articles that provide a perspective on the research, science, and clinical practice of aesthetic surgery. We are honored to be a part of Thomson Reuters' annual listings and hopeful that the increased visibility brought by this designation will help us publish ever-stronger articles for the benefit of our readership.

As always, we invite you to submit your manuscripts to *Aesthetic Surgery Journal*, where they will receive a timely and thorough peer review. Particularly with our newly-approved inclusion in the Thomson Reuters databases, you can trust that any article you publish with *ASJ* will reach a wide audience of cosmetic surgeons and practitioners.

Each year, he traveled through Maharashtra, Tamil Nadu, Gujarat, Chattisgarh, Madhya Pradesh, Delhi, Uttar Pradesh, Karnataka and Rajasthan to perform the surgeries. He performed surgeries so quickly and accurately that medical students would record them and play them back, zooming in and study them in slow motion, in order to learn from his techniques. Speed and efficiency were his two mantras and he performed 100-150 surgeries a day.

With precise moves and extremely neat sutures, it would take him less than 30 minutes to perform a cleft lip surgery on a one-month old child. "In 30 minutes, he corrected my son's cleft lip and did not charge anything for it," said a grateful mother, Banitha Venkatagiri.

Sashi Munoth, Dr. Dicksheet's coordinator, noted that "He preferred small children as well as young men and women of marriageable age for surgeries, as he does not want them to live with the ignominy of a disfigured face." He never turned a child down.

In 2001, Dr. Dicksheet was honored with both the Kellogg's Hannah Neil "World of Children Award" and the World Congress of Cosmetic Surgery's "Lifetime Achievement Award in Aesthetic and Restorative Surgery," given his dedication to children, his ethics, and his lifetime of sustainable work. He was also honored to receive a Padma Shri award, which is the fourth highest civilian award in the Republic of India. Plastic Surgery News noted that "Dr. Dicksheet was reportedly nominated five times for the Nobel Peace Prize for his work with India's indigent. During his 1998 nominating speech in the U.S. House, his Nobel sponsor, then-U.S. Representative Michael Bilirakis (R-Fla.), called Dr. Dicksheet 'the essence of humanitarianism.'"

Dr. Dicksheet would spend half of the year in New York, where he lived, with the rest of the year traveling in India, performing surgeries for cleft lips, squint eyes, facial scars, ptosis, and birthmark removal. "My troubles are nothing when compared to the problems of children who come in for surgeries and the stigma they face in life because of their disfigurement.

My sole aim in life is to give them a better life," said Dr. Dicksheet.

Through his impressive legacy and reconstructive skills, thousands are now living free from pain and ridicule. Dr. Sharadkumar Dicksheet will be greatly missed, and our field owes him a debt of gratitude for his generous spirit and dedication to others.

For donations in his memory, please make checks out to "Dr. Dicksheet's India Project," which can be sent to Dr. Dicksheet's India Project 135 Ocean Parkway, 17-C Brooklyn, NY 11218. A documentary film telling Dr. Dicksheet's amazing story is available for online viewing at <http://vimeo.com/32189802>.

An Aesthetic Society Member Remembers Dr. Dicksheet

Aesthetic Society Member, Larry Weinstein, MD, first met Dr. Sharadkumar Dicksheet at New York's Kings County Medical Center. At the time, Dr. Dicksheet was an instructor and Dr. Weinstein was completing his residency, and Dr. Weinstein was impressed by Dr. Dicksheet's perseverance despite debilities of complete Laryngectomy, back problems that kept him in a wheelchair, and cardiac problems. Dr. Raj Lalla, Dr. Barry Citron and Dr. Weinstein all appreciated his tenacity, technical skill, and humanistic approach to medicine. Dr. Weinstein considered Dr. Dicksheet a mentor and father figure.

Preparing for his boards, with the stress and strain that entails, the young Dr. Weinstein sought out Dr. Dicksheet's advice on the best way to tackle his boards. Dr. Dicksheet encouraged him to join in a trip to India, to both refocus himself and prepare himself mentally. Thus began an ongoing commitment, inherited through Dr. Dicksheet, from Dr. Weinstein to the people of India.

Dr. Weinstein has now made seven missions to India, most recently just following Dr. Dicksheet's death. At the

Sancheti Hospital in Pune, India, Dr. Weinstein was expecting to find 100 people needing help, but was instead met by a crowd of over 500 people, suffering from a variety of deformities, including severely cleft palates, congenital ear deformities, cleft noses, eyelid deformities, ptosis, macrostomias, double lips, and many scar deformities. He both began and closed his time there with ceremonies honoring his mentor.

At the time of his very first trip, Dr. Weinstein's then-young son couldn't understand why he was not able to travel with his father. Recently, his son, having now graduated film school, traveled with Dr. Weinstein to India and was able to follow and film Dr. Dicksheet for many months, resulting in the documentary, *Flying on One Engine*, which celebrates the life and efforts of Dr. Dicksheet to help those in need.

As Dr. Weinstein notes, Dr. Dicksheet was a "like a father" to him, and he is grateful for their connection and the impact it has had on his life. Despite Dr. Dicksheet's passing, there is comfort in knowing that his work lives on, both in people like Dr. Weinstein, who carry on this legacy of compassion, and in his son's film, which forever captures an extraordinary man and his efforts to better the people of India. Together, these allow others to bear witness to Dr. Dicksheet's legacy, for which we are all grateful.

Dr. Larry Weinstein is an aesthetic surgeon at Weinstein Plastic Surgery Center, located in Chester, New Jersey.



My Checklist Manifesto

With the recent introduction of the secure, web-based forum called Wimed.org, we as Aesthetic Society members are truly witnessing a revolution in information sharing. Compared to the unilateral, inherently "belated" print journals, this endeavor represents a very powerful harnessing of all that the web is and should become. Where else can we air our surgical challenges and exchange reparative solutions...this close to as it happens? It is for this reason that I am penning these words as a "call to arms" to our membership to embrace this very real revolution. As plastic surgeons this should come easily: it is in our DNA, after all, to forever strive for "better".

I have forged my own journey in this regard by persistently not accepting the status quo, whether it be my own or our profession's. That is, in order to get better, one has to be willing to question everything; particularly those things that do not go as well as we would like...such as our surgery.

One path that I have taken has been the inception, constant nurturing and now, proselytizing, of a surgical checklist. Its beginnings were both humble and humbling: 3-M sticky notes placed on the patient's chart. They read: "Do not forget to inject Marcaine before closing the wound" (in a submuscular breast augmentation); "Don't forget to conduct abdominal scar revision" (at time of facelift); "Do not forget to call patient's husband during surgery" (to inform that all is well). I say humbling, because the seminal event which ignited my checklist passion was all too avoidable and potentially fatal (and might I add, forever memorable even 15 years later!). After a six hour bilateral breast reconstruction, I wearily pulled the drapes off the patient only to find that the sequential pumps had mistakenly not been placed on the patient's legs! After writing my post op operative orders, a formal checklist became my next writing assignment. And from then on the checklist has continued to grow in clarity and efficiency both in its application and efficacy. That is, a day does not pass that both my operating room staff and myself comment on the checklist's power at preventing the "silent" errors of omission. Please pause for a moment and consider both utilizing and contributing to the Wimed.org initiative as well as your own Checklist Manifesto!

Dr. Loren Rosenfield is an aesthetic surgeon practicing in Burlingame, CA. and a member of the ASAPS Patient Safety Committee

ASAPS ENDORSED MEMBER SERVICES

ASAPS Is Excited To Bring To You The Endorsed Member Services Program (EMS)

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

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

**THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY**
The Mark of Distinction in Cosmetic Plastic Surgery®

www.surgery.org/ems



**Keane
Insurance
Group, Inc.**
MEDMAL SPECIALISTS

With over 5,000 physician clients and a dedicated staff of more than 60 experienced employees, the KEANE INSURANCE GROUP is uniquely qualified

to secure the most cost effective solutions for our clients nationwide. Our Professional Liability Consultants are experts in malpractice insurance with more than 200 years of cumulative insurance industry experience. They are supported by a dedicated team of Account Managers and Client Service Representatives who provide superior day-to-day service and knowledgeable back-up support.

Since 1995, our clients and their employees have relied on the Keane Insurance Group to meet their insurance and asset protection needs. We invite you to contact us for a review of your options and competitive bids to your current coverage.

We are available by: telephone (800) 966-7731;
www.keanegroup.com; Facebook; WordPress; and Twitter.



MEDELITA offers
high-performance

medelita®
LAB COATS • PERFORMANCE SCRUBS • CLOGS

lab coats and scrubs, specifically styled for male and female surgeons. The very best quality, comfort and fit of any medical apparel company, hands down. Medelita lab coats and scrubs exude professionalism, prestige and aptitude – a message that is essential for Plastic Surgeons to convey to their patients and colleagues, alike.

Special Member Benefit = Free ASAPS Logo

Please call Medelita at (977) 987-7979 for personalized concierge service. Discover a new found level of quality in lab coats and scrubs.

telephone (877) 987-7979 www.medelita.com

TouchMD

Built by Doctors for Doctors

TouchMD is a leading software developer with over 12 years of experience.

TouchMD has created a patented patient education and recording software specific to patient consultations. This valuable tool allows patients to visualize procedures, diagnosis and even their solutions. The revolutionary tool also makes it possible for patients to relive the incredible experience they had at the office at home directly through the surgeons website.

telephone (435) 867-0077 www.touchmd.com

President's Message

Continued from Page 3

confidential online conversation about any sensitive topic for which you prefer confidentiality and freedom from possible discovery.

Aesthetic fellowship endorsement

I would like to introduce you to our new Endorsed Fellowship Program. The purpose of the fellowship is to promulgate the importance of training in aesthetic plastic surgery among younger surgeons and trainees. We would like to offer you assistance in academically strengthening your existing fellowship and in your offering of uniformity in advanced aesthetic surgery training to your postgraduate trainees.

The Aesthetic Society's Fellowship Curriculum is available through the central office: please contact Debi Toombs, Director of Education at debi@surgery.org to obtain a copy. You can also obtain our Checklist which will provide the necessary steps for your program to qualify for ASAPS endorsement.

We have created a Fellowship Oversight Committee which will periodically visit your office and will review log date and research experiences. There are no program directors on the Oversight Committee and we feel that the input they offer will be a mutually beneficial relationship for you and your staff.

On behalf of your Executive Committee, thank you for being an Aesthetic Society member. We are working hard to bring you not only the best educational experiences available in the specialty but to help you market and grow your practice as well.

Aesthetic Society Endorses ExpertInjector™ Program from New Beauty Magazine

The Aesthetic Society's Board of Directors has recently approved the signing of an agreement with New Beauty magazine to become the anchor endorser of a new ExpertInjector™ program slated to launch in the spring issue of the magazine and at the Aesthetic Meeting in Vancouver. We feel that this is an excellent opportunity for ASAPS member surgeons to position their expertise in the burgeoning injectables through a national ad campaign.

The program consists of advertising in New Beauty, a free listing on the publications website for all ASAPS members (you will have the ability to opt out of the program if you prefer not to utilize it) and the opportunity to purchase an enhanced listing at additional cost.

The ExpertInjector™ program is designed as a consumer education program, enforcing the training and expertise of "core" specialty injectors as being the most qualified to administer the produces due to advanced training and extensive knowledge of facial anatomy.

New Beauty has been consistent in its policies of encouraging consumers to seek the services of board certified plastic surgeons for plastic surgery of the face and body. Its editorial board includes Robert Singer, MD (Chair); Julius Few, MD; Jason Posner, MD; and Renato Saltz, MD. The magazine is sold at more than 42,000 newsstands across the country and has a total circulation estimated at 500,000.



LOOK FOR THIS SEAL FOR A QUALIFIED INJECTOR

Did you know:
Over 1.2 million doctors are legally allowed to perform injectables in the United States...
LESS THAN 7% QUALIFY TO BE AN EXPERT INJECTOR.

GO TO expertinjector.org
TO FIND AN EXPERT INJECTOR NEAR YOU.



ExpertInjector™
Safe Beauty. Sound Mind.



FOUNDING PARTNER
THE AMERICAN SOCIETY FOR AESTHETIC PLASTIC SURGERY



ASAPS Members Make Planned Gifts to Secure the Future of Plastic Surgery Research

The Aesthetic Surgery Education and Research Foundation (ASERF) works diligently to select the best grant applications and research projects to advance the subspecialty of aesthetic plastic surgery.

With the help of our donors and some conservative spending and fiscal responsibility, ASERF has amassed over \$1.8 million in cash reserve. However, as surgeons and researchers ourselves, we know how expensive research is and how

overwhelming the emerging developments in our field are to our practice and patients. We have to stay ahead of the curve to make sure our commitment to science and patient safety remains paramount.

While every donation is appreciated, it is my proud honor to announce three new members to the President's Circle, a distinguished group of individuals who are planning either a \$50,000 cash or

\$100,000 or more planned gift to the foundation.

These members are an example of hardwork, dedication and understand the need of supporting the important research. If you have the same desires and would like more information or have already made a provision in your estate, please contact Director of Development, Tom Purcell at tom@surgery.org or by calling 562-799-2356.

Luis Rios, Jr., MD

Edinburg, Texas



Dr. Luis Rios, Jr. has pledged a \$50,000 cash gift to ASERF for the preservation of the field of plastic surgery.

Aesthetic surgery has been very important to the well being of my practice and family. I have received countless benefits, so a cash gift that can have immediate benefits is the least I can do to give back to my specialty.

As a board-certified plastic surgeon and ASAPS member, patients come to me seeking answers about new technologies and looking to receive effective treatments. ASAPS has been a reliable resource for me to acquire the knowledge my patients need to help them achieve their goals.

Research is the cornerstone for developing and analyzing these treatments and technologies. I am very proud to be part of an organization that emphasizes evidence-based medicine. Right now, I'm doing research on the effect of the SIP (Surgical Infection Prevention) protocols in my office and comparing my culture results before and after implementing the protocol. I hope to have the analysis completed for the Texas Society of Plastic Surgeon's meeting in the fall of 2012.

Evidence-based medicine distinguishes us from other specialties and it puts the focus of research on patient safety. It allows us to distinguish treatments that are driven by marketing versus those that are reliable and effective. ASAPS and ASERF are true beacons of light in a world where marketing seems to be more important than the search for truth and knowledge.

The burden for funding of this research is on us. How will our specialty move forward without the generosity of its membership? If one takes a step back and considers the question: How did I find myself as an Aesthetic Surgeon? It was through previous research, funding and hard work from previous generations. In order to sustain our specialty, it is incumbent on the current and future generations to give back to the specialty.



THE AESTHETIC SURGERY EDUCATION AND RESEARCH FOUNDATION

Sepehr Egrari, MD

Bellevue, WA



Dr. Egrari celebrates ASERF's role in his development as an aesthetic plastic surgeon through a \$100,000 planned gift.

Throughout the years I became keenly aware of ASERF's commitment to research and its vital role in our specialty. Since aesthetic surgery is the primary focus of my practice and what I do, it's impossible not to have been affected by research sponsored through ASERF. From the use of antibiotics or effects of lidocaine to the impregnated mesh for capsular contracture, we have all seen the benefits and results of independent, science-based research.

ASERF embodies the academic and research infusion that our specialty needs. My planned donation is meant to celebrate the role of ASERF in providing that key element and its importance to our specialty. Being involved in multiple clinical trials on

body contouring and keeping up-to-date on research has always been a priority.

A planned gift allows me to be effective and put money aside for research and plastic surgery education. It's vital to give back to the Aesthetic community. I first became involved with the Maliniac Program at PSF and now giving to ASERF completes the circle of our great specialty: plastic surgery.

James R. Payne, MD and Diane Payne, RN

Modesto, CA



Dr. and Mrs. Payne made a planned gift to show their appreciation to the specialty of plastic surgery with a \$250,000.

What began as a review of my estate and desire to see to it that it was managed proactively while I was still healthy, became a donation that I had always intended to make to ASERF.

We chose a planned gift because I'm relatively young and still in practice. My estate will continue to grow. I am not in a position to write a check for the full amount now but am willing to consider early gifting to ASERF when I am older depending on my financial needs at that time. The method we chose gives us maximum flexibility without draining us financially now especially in these uncertain times.

My wife, Diane is an RN and directs our Spirit Laser and Skin Care Medispa. She partnered with me in this effort and has done most of the research required on our end to establish this gift.

Plastic surgery has provided me with a profession and life experience that I could

have never imagined as a young man beginning a new career. I could never repay the people and institutions that have supported me every step of the way. No amount of money could ever equal the life I have lived because I was able to become a plastic surgeon.

There are so many important areas of plastic surgery research that need further or ongoing support to help improve our specialty. Between post-incision scar developments, cellulite, stem cell applications, fillers and lasers, there is a wealth of topics that require more investigation and research.

I am so proud to be able to live and work surrounded by so many smart, hard working, talented, resourceful, caring and ethical people who make up the plastic surgery world. I get up every day and go to work thanking my lucky stars for the privilege of being a plastic surgeon.

Could Your Staff Benefit from Unbiased Plastic Surgical Skin Care Education?



Go for the Gold in Vancouver

SCIENCE, TECHNOLOGY AND SKIN CARE

MAY 1—4, 2012

Hyatt Regency Vancouver
Vancouver, BC, Canada



SOCIETY OF
PLASTIC SURGICAL
SKIN CARE SPECIALISTS

18TH ANNUAL MEETING

“My medical skin care practice is a major driver to my surgical practice. I always make sure at least one of our master aestheticians attends the SPSSCS annual skin care meeting. It’s the best ‘must attend’ event for any practice in the cosmetic medicine world.”

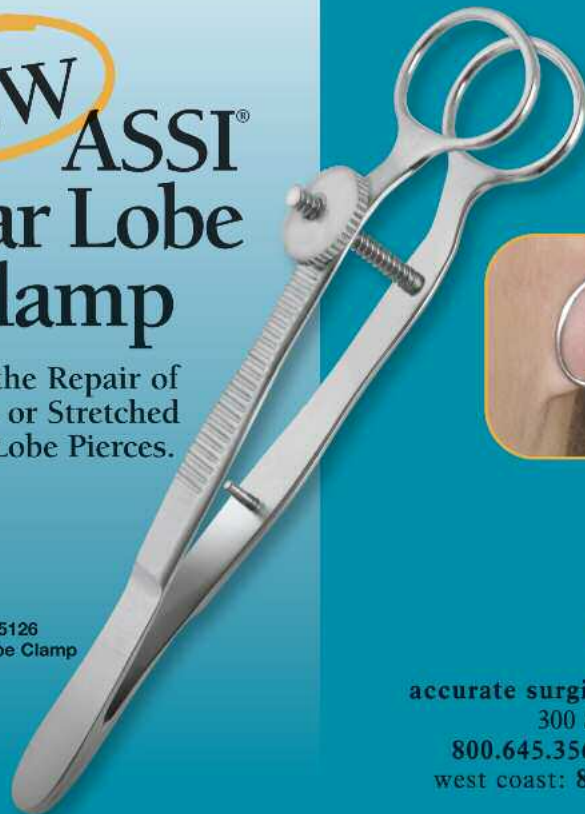
Renato Saltz, MD
Salt Lake City, UT

www.spsscs.org

NEW ASSI® Ear Lobe Clamp

For the Repair of
Torn or Stretched
Ear Lobe Pierces.

ASSI•25126
Ear Lobe Clamp
9cm



assi®

ACCURATE SURGICAL & SCIENTIFIC INSTRUMENTS®

For diamond perfect performance®

accurate surgical & scientific instruments corporation

300 Shames Drive, Westbury, NY 11590

800.645.3569 516.333.2570 fax: 516.997.4948

west coast: 800.255.9378 www accuratesurgical.com

©2011 ASSI®

The ASERF Nominating Committee recommends the following slate of candidates to be elected for 2012-2013:



President Joseph M. Gryskiewicz, MD

Edina, MN
Private Practice

Automatically Ascends to President



President-Elect (one-year term)

William P. Adams, Jr., MD

Dallas, TX
Private Practice Associate Clinical Professor
of Plastic Surgery at UT Southwestern
Medical Center, Dallas, TX

Current ASERF Board Position:

Vice President

National Affiliations: ASAPS, ASERF,
ASPS

Training: Integrated General and Plastic
Surgery; 1991-1996 University of Texas
Southwestern Medical Center, Dallas, TX



Vice President (one-year term)

Al Aly, MD

Orange, CA
Clinical Professor, Surgery, School of
Medicine

University of California, Irvine

Current ASERF Board Position:

Treasurer

National Affiliations: ASAPS, ACS,
ASERF, ASPS

Training: General Surgery: Vanderbilt
University, Facial Plastic Fellowship:
University of California Irvine Plastic
Surgery: University of Miami.



Treasurer (two-year term)

Steven Teitelbaum, MD

Santa Monica, CA
Private Practice
Assistant Clinical Professor of Plastic
Surgery, David Geffen School of Medicine
at UCLA

Current ASERF Board Position: Director

National Affiliations: ASAPS, ASERF,
ASPS, ACS, ISAPS

Training: General Surgery: Harvard/Beth
Israel Hospital, Boston, MA
Plastic Surgery: University of Southern
California

Directors (2-year terms)

Scott Barttelbort, MD

La Jolla, CA

Barry DiBernardo, MD

Montclair, NJ

Michael Cedars, MD

Oakland, CA

Bahman Guyuron, MD

Cleveland, OH

INNOVATION
KNOWLEDGE

At the intersection of Innovation Avenue and Knowledge Road relationships are built through the ASAPS Partnership program.

The Premier Industry Partnership Program matches your professional goals and the strength of the ASAPS organization, with the innovation of our industry partners. Together, we are advancing the science, art, and safe practice of aesthetic plastic surgery among qualified plastic surgeons.

Be the first to step out and introduce yourself to our partners.



sientra.
SIMPLICITY IS BEAUTY

DERMIK®
A business of sanofi-aventis U.S. LLC



MERZ AESTHETICS™

Founding Partners: Dermik, Medicis and Sientra



ASAPS Partners—It is more than just business to us.