

Facial Plastic TIMES

AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY, INC.

BACK IN CHICAGO: ADVANCES IN RHINOPLASTY COURSE

Join your colleagues for *Advances in Rhinoplasty*, May 4-7, 2011, in Chicago. Co-chairs Stephen W. Perkins, MD; Stephen S. Park, MD; and Minas Constantinides, MD, have organized a program featuring diversified and highly qualified faculty from across specialties. You will not want to miss the panel discussions, video learning center, cadaver dissection lab, and of course, the chance to experience the wonderful city of Chicago.

Ted A. Cook, MD, will be presenting the keynote address, *The Case for Tactile and Artistic Sensitivity in Rhinoplasty, Lessons from 35 Years of Nasal Surgery*. Attendees will have the opportunity to hear and benefit from Dr. Cook's life-long dedication to rhinoplasty.

Each day of the course will emphasize a specific subject within rhinoplasty. Wednesday, May 4, the focus will be on fundamentals in the morning and the dorsum in the afternoon. Tom D. Wang, MD, will be moderating the panel, *Controlling the Dorsum*, with panelists Shan R. Baker, MD; Russell W.H. Kridel, MD; Roxana Cobo, MD; and J. Reagan Thomas, MD. There will also be a panel, *My Op Note (Plus What is not Dictated)*, moderated by Dr. Constantinides. Several issues and solutions will be presented by



the experts, with a Q&A wrap-up.

On Thursday, sessions will concentrate on the tip in the morning and function in the afternoon. *Functional Challenges and Controversies* will be discussed with Simon Robinson, MD; Ira D. Papel, MD; Dr. Thomas, and Dr. Constantinides as panelists. Peter A. Hilger, MD, will moderate. Dr. Kridel will moderate, *Controversies in Ethnic Rhinoplasty*, with panelists Dr. Wang; Monte O. Harris, MD; Hong Ryul Jin, MD; and Dr. Cobo.

Bones and nuances will be the subject Friday morning; reconstruction will be discussed in the afternoon. There will be three panel discussions: *Nasal Reconstruction - from Small to All*, See New DVDs, page 4

BRAND NEW: MACS-LIFT WITH FAT GRAFTING

A brand new DVD, *MACS-Lift and Facial Fat Grafting*, will be launched at the *Rejuvenation of the Aging Face* course this January. Belgian plastic surgeon Patrick L. Tonnard, MD, performs the procedure on a female patient.

The MACS-lift a full facelift that can be performed with local anesthesia and light sedation and on an outpatient basis. The surgery can be completed within two to three hours and most patients return to normal activity within two weeks. The minimal surgery time makes it safe and practical to combine with other procedures.

"In this video, we demonstrate what we consider a contemporary facial rejuvenation. It is not a cookie cutter technique but customized to the needs of every individual patient," says Dr. Tonnard. The short scar MACS-lift technique is performed. This produces a natural antigravitational rejuvenation of the lower third of the face. Other techniques shown include: short scar temporal lift, volume preserving eyelid surgery, fat grafting of the malar and chin areas, upper eyelids, and intradermal fat grafting of the perioral region. The DVD also shows postoperative photos from one week and six weeks out.

To order this new DVD, which was filmed and edited by Tom Szymarek of Integrated Media, complete the form on page 3. ■

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PRESIDENT'S MESSAGE:

In the 46 years since being organized in 1964, the American Academy of Facial Plastic Surgery has been committed to the highest quality educational programs designed to teach excellence to its members. The information taught has been the methods and surgical techniques of our experienced mentors. They have been our "experts," and their observations and teachings have been our evidence.

The use of anecdotal experience to mold knowledge and influence decision making is common practice in medicine. Physicians want to use medicines and surgical techniques that are both safe and efficacious. We decide on which drugs to use and procedures to perform from the expert opinions of experienced teachers. However, there is a new order placed on the practice of medicine. This new practice paradigm will demand that physicians conduct research and provide peer-reviewed evidence demonstrating the efficacy of a given treatment or intervention. Patients will also ask how a given practitioner's results compare to published benchmarks. As a result, practitioners will have to look beyond anecdotal experience, and provide scientifically based evidence to support treatment decisions and recommendations.

For many years, facial plastic surgeons have performed techniques based on intuition, rather than science. Even though the intentions of surgeons are the best outcomes in the safest manner, our surgical results are rarely looked at with much scientific rigor. Most plastic surgeons have practiced with the attitude: "I'm successful, my patients are happy, that is all the evidence I need!" The future of medicine, however, will clearly challenge this philosophy.

The field of evidence-based medicine (EBM) was first introduced by British epidemiologist Archie Cochran. In 1979, he stressed the importance of understanding various levels of evidence and using high levels of evidence to influence clinical decision making. The term EBM did not gain widespread acceptance until 1992, when the Evidence-Based Medicine Working Group was started and noted in the *Journal of the American Medical Association*. As EBM has evolved, the field has transformed into a combination of the best scientific evidence, efficient review and analysis of the existing literature, and patient perceptions of treatment outcomes.

Is it possible to transform the specialty of facial plastic surgery to emphasize science, rather than intuition? The answer lies in whether the members have the desire and motivation to change. In order to accomplish this change, we must develop a concerted strategy to infuse EBM into our residencies, fellowships, courses, and journals. All facial plastic surgeons need a basic understanding of the rationale and science of EBM. Our members should be educated in order to: 1) understand what constitutes various levels of evidence; 2) formulate specific answerable questions; 3) design and implement appropriate clinical studies; and 4) analyze literature to identify gaps in existing knowledge.

The practice of EBM mandates that the practitioner understand the hierarchy of rating evidence and utilize the best evidence available. The five tiers of clinical evidence rated from more scientific (less biased) to less scientific (more biased) are: 1) randomized controlled trials (RCTs); 2) RCTs (with inadequate power) or prospective cohort study; 3) retrospective cohort study, case-controlled study, or non-randomized clinical study; 4) case series; and 5) expert opinion or case report.

Although RCTs represent the highest level of evidence, this form of

EVIDENCE BASED MEDICINE, CHANGING OUR CULTURE

study design may not be appropriate in many clinical circumstances. For instance, when attempting to demonstrate the relative effectiveness of one surgical technique (deep plane facelift) versus another (shortflap SMAS plication), it may not be possible to randomize patients because of feasibility (convincing patients to perform a different technique on each side of the face) issues. Other clinical questions may preclude the use of RCTs for ethical or financial reasons.

Understanding the tiers of levels of evidence will allow each of us to better evaluate literature and to more intelligently listen to and analyze lectures. It should not suggest that level four or five evidence is without value; rather, the practice of EBM involves using the best available evidence and this will vary with the clinical question that is asked. More importantly, this understanding will enable members to formulate studies to answer specific clinical questions.

If you can't explain it simply, you don't understand it well enough.

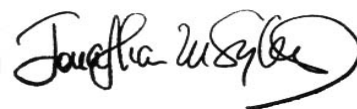
Albert Einstein

A goal of mine is to integrate EBM into all aspects of facial plastic surgery and the AAFPRS. Educating our members will require time ("a marathon, not a sprint") and effort. However, this transformation is essential to improve patient outcomes and safety. The process will start in our residencies and fellowships, and must pervade our literature and courses. The importance of integrating EBM into plastic surgery specialties was highlighted by the recent multispecialty symposium in Colorado Springs, August 2010, *Evidenced-Based Plastic Surgery: Transforming the Specialty*. It was comprised of leadership from the AAFPRS, ASAPS, ASDS, and ASOPRS. This conference outlined the importance of EBM, and highlighted the obstacles to implementation of its principles.

In order to help infuse EBM into the AAFPRS, I have started a new EBM Committee, chaired by Peter Hilger, MD. This committee has members from the CME and Research Committees, and representation from the ABFPRS and the *Archives of Facial Plastic Surgery*. The charge of this group is to suggest strategies to educate our members on the importance of EBM and to incorporate EBM into the culture of facial plastic surgery. Within the next year, I am hopeful that we will have online educational opportunities in EBM for our members. Our Fall Meeting in San Francisco, chaired by Steven J. Pearlman, MD, and Richard E. Davis, MD, will feature a plenary session panel on the practical application of EBM and instructional courses on the topic. Additionally, Mohit Bhandari, MD, from McMaster University, will

deliver a compelling message about EBM.

Evidence based medicine is here to stay. We must learn its language and importance. We should learn to embrace EBM as a necessary component to making informed health care decisions with our patients, improving both patient outcomes and safety. The philosopher Karl Popper (1902-1994) noted: "There is no way to know when our observations about complex events in nature are complete. Our knowledge is finite, but our ignorance is infinite. In medicine, we can never be certain about the consequences of our interventions, we can only narrow the area of uncertainty." Albert Einstein stated, "A man should look for what is, and not what he thinks should be." As such, facial plastic surgeons should be diligent in asking appropriate questions and recognizing the answers.



Jonathan M. Sykes, MD

NEW DVD ORDER FORM -- MACS LIFT

() I would like to order the new DVD, *MACS-Lift and Facial Fat Grafting* by Patrick Tonnard, MD (R/T 1:30:00, Cat. No. 349).

() Enclosed is my payment of \$ _____
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NEW DVDS

From cover story, page 1

moderated by Shan R. Baker, MD; *Ask the Experts* - Audience Case Presentations, moderated by Peter A. Adamson, MD; and *What I Used to Preach, but no Longer do Myself*, also moderated by Dr. Adamson.

The last day of the course, Saturday, will feature revision sessions in the morning. The hands-on cadaver dissection lab—not to be missed—will be in the afternoon. Dean M. Toriumi, MD, will moderate *My Proudest Case, and Why*. Hear from panelists Dr. Kridel; Dr. Perkins; Dr. Simons; Dr. Adamson; Pietro Palma, MD; Dr. Wang; Vito C. Quatela, MD; Norman J. Pastorek, MD; Baham Guyuron, MD; and Wayne F. Larrabee, Jr., MD.

The Video Learning Center will be available throughout the meeting and will feature two new rhinoplasty DVDs. Additionally, the surgeon for each scheduled video presentation will be available following the showing for questions and answers. This interaction is an exceptional way to enhance the learning experience for participants.

The exhibitors are an integral part of this program and value the interaction from the attendees. Check out the various companies representing publishers, surgical instrumentation, bioimplants, computer imaging, and cosmetology products.

The meeting will be held at the Sheraton Chicago Hotel and Towers, just off Michigan Avenue and a short walk to the Navy Pier, Millennium Park, and the "Loop" business district. The hotel offers six distinctive restaurants and lounges, including the acclaimed Shula's Steak House. The views of Lake Michigan and the city skyline are spectacular. Extend your stay to experience the cultural activity, vibrant neighborhoods, museums, and award-winning theater.

The full program is enclosed for your review. ■

THE FACE BOOK IS NOW ON AMAZON AND IBOOKSTORE

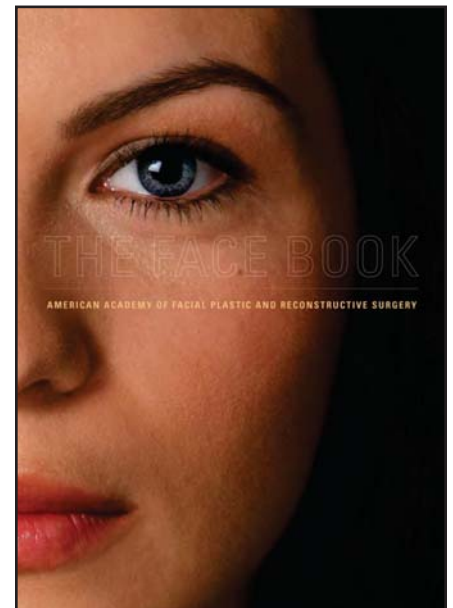
By Stuart H. Bentkover, MD, Multimedia Committee Chair



Three years ago, the AAFPRS Board directed the Multimedia Committee to publish a third edition of *The Face Book, A Consumers Guide to Facial Plastic Surgery*. Following on the success of the 1988 and 1998 editions, it was time to significantly update and expand the content of the book. Under the direction of task force chair Sam Lam, MD, and Publications Committee chair, J. Randall Jordan, MD, new chapters were added, old chapters rewritten, full-page color photos added, and a new format and size adopted. The task force also included Terry Donat, MD; Carlo Honrado, MD; Grant Hamilton, MD; and myself. The look and feel of the new book was widely

acclaimed at its launch at the Fall Meeting in 2009.

During this project, we all were very aware of the rapidly changing book market. We knew that to be successful, we would need to publish a book that could be available digitally for maximum possible distribution and to be able to be revised and updated easily in our ever changing specialty. I am pleased to announce that, with the help and persistence of the Academy's public relations firm, Green Room PR, *The Face Book* is now available for download in color for the Kindle on Amazon.com and for the iPad at the iBookstore. Green Room PR has big plans to promote the book even further, now that it is digital.



The price for a downloaded copy is \$9.99 on-line. Printed copies will remain available on the Academy's Web site at www.aafprs.org and volume discounts are available. The printed version is great for your waiting and consultation rooms, or as part of your consultation packet. It will also make a nice gift to your frequent patients and friends considering facial plastic surgery. ■

THREE PRACTICE OPPORTUNITIES

1) Seeking a physician for a Plastic Surgery Office in Bellevue. Please call (425) 990-3223.

2) Busy metro Seattle area—facial plastic surgeon wants associate to take over practice. Very desirable area.

3) Facial plastic surgeon needed to take over practice in the south metro area of Denver with in-office operating room and well designed office space. Candidate must be fellowship trained and board certified in facial plastic surgery and otolaryngology with strong surgical experience.

Interested parties for the latter two may e-mail Rita Chua Magness at rcmagness@aafprs.org.

Ad in printed copy

MESSAGE FROM THE MEDICAL EDITOR

STEM CELLS IN FACIAL PLASTIC SURGERY: THE FACELIFT OF THE FUTURE?

By David Reiter, MD,
DMD, Medical Editor,
Facial Plastic Times



On September 13, 2010, the *Los Angeles Times* published an article by Chris Woolston entitled, "Stem cell facelifts on unproven ground." Mr. Woolston summarizes his message in two simple sentences: "Demand is booming for the cosmetic procedure that uses a person's own stem cells. Though surgeons claim their patients note younger skin, scientists say there's no evidence of any such thing." And I must agree with him. I've been unable to find any comparative, scientific evidence of superiority to any other method in either quality or longevity of results. But my annual holiday search of Internet marketing in facial plastic surgery turns up a major wave of practices and patient discussions focused on stem cells in facial plastic surgery. So we all need to familiarize ourselves with the facts, rumors, and beliefs surrounding this topic both to answer patients' questions wisely and to explore ways of evaluating actual and potential results from this controversial and as yet unproven methodology.

Despite a lack of strong evidence supporting it, the so-called stem cell facelift seems to be in great and growing demand. Driving that demand is the combination of strong marketing and the promise of results equal to or better than those of traditional rhytidectomy without incisions and the requisite healing process. Some surgeons who endorse the procedure claim that stem cell facelifts require no incisions at all in the face. Instead, liposuction is used to

collect fat from the patient, and that fat is then processed in one or more different ways that are said to extract, concentrate, and/or stimulate the stem cells within it. The stem cell-enriched fat is then injected into "strategic" locations on the patient's face, where it is claimed to cause rejuvenative remodeling of skin, as well as restoration of lost supporting tissue. Others who endorse the concept perform traditional procedures in conjunction with injection of what they believe to be stem-cell-rich autologous fat. One strong proponent told Mr. Woolston that he sees excellent results within two weeks. Some users purport to activate the stem cells with chemical, thermal, or optical stimuli.

Outside the United States, some surgeons may be processing extracted fat with a commercial process and device called Celution that is widely described as "a fully automated device for stem cell extraction," although this is not approved by the FDA for marketing in the U.S. The same company does have 510K clearance from the FDA for a device called PureGraft that is approved as a "suction lipoplasty system." However, no mention of stem cells is made in the FDA clearance letter, which states only that the PureGraft is "...substantially equivalent [to other lipoplasty systems such as the Cytori AFT System (K072587), the Shippert Medical Tissu-Trans (K050797), and the Lipose Fat Transfer System (K08 1848)] with respect to their indications for use, as they are all indicated for the same surgical procedures of harvesting, filtering, and transferring of autologous fat tissue for reinjecting back into the same patient." Some surgeons suggest on their Web sites and in their

patient information material that centrifuging and other manipulations of suction-extracted adipose tissue will increase stem cell content and/or activity before reinjection despite the lack of evidence that this both occurs and is associated with better outcomes.

Fortunately, there is a growing chorus of reasonable voices reflecting the need for deliberate, cautious evaluation of the potential of stem cells to enhance outcomes in facial plastic surgery. J. Peter Rubin, MD, chair of the joint ASAPS/ASPS committee on stem cells in plastic surgery, states in the *Los Angeles Times* article, "Such results have never been proved in humans...and the long-term effects of the procedures are an open question." A few sound scientific studies investigating real and potential effects and uses of stem cells have been published in our own *Archives of Facial Plastic Surgery*, and further investigation is clearly warranted. But long before clinical benefit can reasonably be promised to patients, we will have to learn far more than is currently known about the nature and controllability of the effects of stem cells on native skin, fat, muscle, and fascia.

Translational stem cell research appears to be an excellent subject for large scale, collaborative study among the specialties encompassing any part of the spectrum of plastic and reconstructive surgery. A New Year's resolution with great potential value to all of us and our patients would be to avoid unsupported marketing of "stem cell facelifts" and to work closely with our colleagues to develop sufficient evidence-based knowledge and experience to support and offer factual, useful public information. ■

Ad in printed copy

The AAFPRS is calling all AAFPRS artists to submit their creations for an Art Exhibition and Auction to be held at the next Fall Meeting in San Francisco. The exhibition will be in the exhibit hall throughout the meeting.

To enter, you must be an AAFPRS member. A completed entry form describing each item you wish to exhibit and donate to the AAFPRS Foundation must be received by the AAFPRS Foundation no later than Friday, July 15, 2011.

The exhibit hall setup will be on Wednesday, September 7, from 8:30 a.m. to 4:30 p.m.; the exhibition days are September 8-10, 2011. The hall will be secured at all times.

You may donate up to four pieces including paintings, sculpture, glass, ceramic, photography, and other works of art. All items must be hand carried to the exhibition. Artists are responsible for getting all items to San Francisco and auction winners will be responsible for taking their purchases with them. All proceeds will go to the AAFPRS Foundation.

This will be a wonderful way for you to support the AAFPRS Foundation as well as share your artistic talents! ■

According to the Association of American Publishers (AAP), U.S. electronic book (e-book) sales have increased 257 percent in the past year alone. Sales in 2009-2010 rose from 46.5 million to almost 118 million.

Now, *The Face Book* is one of them. The third edition is available electronically for Amazon Kindle and Apple iBook users.

The Academy's Multimedia Committee decided it was important to offer *The Face Book* in a digital format to allow readers to quickly and easily access accurate information on the latest trends and procedures in the field of facial plastic surgery.

As part of the Academy PR efforts, Green Room Public Relations distributed a press release announcing the e-book's availability and pitched trade and consumer outlets to secure media coverage around this new resource.

Green Room PR continues to conduct nationwide media campaigns to position the Academy as the leading expert in the field of facial plastic and reconstructive surgery.

Recent media coverage secured includes a television segment on KCRA in Sacramento to compliment Oprah's talk show

guest, Michael Jackson's mother. The reporter asked about plastic surgery addiction and other related topics. Other television and radio placements were also secured in Sacramento and Atlanta, as well as to a nationally broadcast health radio show. *Pharmawire*, a print trade publication, and the *Sacramento Business Journal* have also tapped into the Academy's expertise resulting in two additional print placements.

Green Room also conducted a concentrated media outreach around the newly appointed AAFPRS president, Jonathan M. Sykes, MD. As a result, *PSP: Plastic Surgery Practice* conducted an interview with Dr. Sykes and is planning to run a two-part series. The first article will focus on the Academy, a history and overview. The second part will highlight non-invasive procedures and will be printed in March.

Don't forget, the PR on-line toolkit is on the Academy's Web site. It has been updated to include more press releases. It will behoove you to take advantage of these resources in your own PR efforts.

As always, Green Room PR is open to your feedback and story ideas. ■

EXHIBITION AND AUCTION

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NOMINATIONS FOR ACADEMY AWARDS DUE FEBRUARY 28

The AAFPRS Foundation offers a number of awards for which members can apply; the nomination deadline is February 28, 2011.

Two *Residency Travel Awards* may be given each year for two outstanding research papers in facial plastic and reconstructive surgery primarily authored by a resident or medical student in training. A \$500 cash award is given to each recipient.

The *Ben Shuster Memorial Award* is presented for the most outstanding research paper by a resident or fellow in training on any clinical work or research in facial plastic and reconstructive surgery. A \$1,000 cash award is given to the recipient.

The *Ira Tresley Research Award* recognizes the best original research in facial plastic

surgery by an AAFPRS member who has been board certified for at least three years.

The *William K. Wright Award* may be presented each year to an AAFPRS member who has made outstanding contributions to facial plastic and reconstructive surgery.

The *F. Mark Rafaty Memorial Award* may be presented each year to any AAFPRS member who has made outstanding contributions to facial plastic and reconstructive surgery.

The *Community Service Award* may be presented each year to an AAFPRS member who has distinguished himself or herself by providing or making possible free medical service to the poor in his or her community.

The *John Dickinson Teacher Award* honors an AAFPRS fellow member for sharing knowledge

about facial plastic surgery with the effective use of audiovisuals in any one year. The Awards Committee seeks nominations from the Electronic Media Committee.

For a complete description and qualifications, please visit www.aafprs.org, physician navigation, awards and grants. Complete the nomination form and fax it to the AAFPRS office at (703) 299-8898. If you have any questions, please e-mail Michelle Busey at mbusey@aafprs.org.

The AAFPRS wishes to thank PCA SKIN for their generous grant to support the AAFPRS awards program in 2011. ■





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World-renowned Key Note Speaker- Maria Siemionow, M.D., Ph.D., DSc., Department of Plastic Surgery, Cleveland Clinic, Performed the First Full Facial Transplant, Lecture- "Facial Transplantation: Opening Pandora's Box"

FACULTY (IN FORMATION): Drs. William P. Adams, Al Aly, Richard L. Anderson, Tom Biggs, Fred Brandt, Eric R. Braverman, Cheryl M. Burgess, Sydney Coleman, Joseph Eviatar, Steven Fagien, Vincent G. Giampapa, David J. Goldberg, Robert Grant, Miles Graivier, Joe Gryskiewicz, Yaron Har-Shai, David Hidalgo, Nolan Karp, Jeffrey M. Kenkel, Brian M. Kinney, Z. Paul Lorenc, Alan Matarasso, Gary D. Monheit, Lawrence Reed, David Rosenberg, Peter J. Rubin, Neil Sadick, Renato Saltz, Anthony Sciafani, Maria Siemionow, Henry M. Spinelli, Arthur Swift, Carlos Uebel, Danny Vleggaar, Roger Wixtrom

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The symposium has been approved for **AMA PRA Category I Credit™**.

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IN BRIEF: NEW BOOK, JERUSALEM MEETING... TWO SUCCESSES

Peter A. Adamson, MD of Toronto, ON, authored a recently published book entitled, *Fabulous Faces: From Motivation to Transformation Through Facial Plastic Surgery*. The book provides a much different view of plastic surgery and those who decide to go through with it. It dispels myths and maps the transformative self-journey of plastic surgery patients. *Fabulous Faces* allows those contemplating cosmetic surgery to fully understand the journey that they themselves may embark upon.



James R. Shire, MD of Chattanooga, Tenn., and **S. Randolph Waldman, MD** of Lexington, Ky., put together a successful meeting in Jerusalem last November.

What was an idea six years ago, at last, became a reality. For the first time ever, U.S. and Israeli multi-specialty groups joined forces for a conference on facial cosmetic surgery in The Promised Land. Faces of Jerusalem 2010, proved to be not only a unique, successful, and unforgettable meeting between the Multi-Specialty Foundation for Aesthetic Surgical Excellence (F.A.S.E.) and the Israeli Society of Plastic Surgery (ISPS), but was historic in many aspects.

The accolades and praises have been coming in since the week-long meeting ended but it took a lot of determination on the part of a few people in both countries. What began as a very small two or three day meeting became a historic, major scientific experience that rivaled any "multi-specialty" conference in the world with more than 300 registrants from 13 countries including 71 from the U.S. In fact, this was the first multi-specialty meeting ever held outside the United States. But getting there was not easy.

The concept for the meeting

came from an informal conversation between Dr. Shire and Dr. Waldman. "So many of our colleagues had never been to Israel but have always wanted to make the trip," says Dr. Shire.

The early planning stages often seemed more challenging than a Middle East peace treaty, and there were many times that both doctors thought that it may never happen. The turning point came when they found an ally in Yehuda Ullmann, MD, the chair of Plastic Surgery at Rambam Medical Center in Haifa, Israel, and the newly-elected president of the Israeli Society of Plastic Surgery. "We got a lot of resistance until Dr. Ullmann got involved," says Dr. Waldman, who as president and founder of the Multi-Specialty Foundation, has organized and chaired over 30 meetings.

Dr. Ullmann and his Israeli colleagues fought for this idea and showed their foreign counterparts that they were the perfect hosts. The schedule was optimized to give everyone the perfect experience. The mornings were filled with cutting edge presentations on facial cosmetic surgery, but dignitaries from Israel were also booked so that the attendees would get an inside look at Israel's government, commerce, and economy.

In the afternoons, guided tours of Israel, detailing the history, politics, religions, and sights of this remarkable and dynamic country were offered to the attendees and their families.

In addition to Dr. Shire and Dr. Waldman, other Academy members who participated on the faculty

SEEN HERE ARE THE CHAIRS OF THE MEETING (FROM LEFT TO RIGHT): S. RANDOLPH WALDMAN, MD; YEHUDA ULLMANN, MD; AND JAMES R. SHIRE, MD.

included Peter A. Adamson, MD; Ben Bassichis, MD; Andrew C. Campbell, MD; Steven Dayan, MD; Fred G. Fedok, MD; Oren Friedman, MD; Andrew A. Jacono, MD; Devinder S. Mangat, MD; Harry Mittelman, MD; Ira D. Papel, MD; Daniel E. Rousso, MD; William E. Silver, MD; Robert L. Simons, MD; Jonathan M. Sykes, MD; and Seth Yellin, MD.

The conference was topped off by an elegant and lively gala, which included a live sand artist and popular Israeli singer and entertainer, Einat Saruf, who managed to get everyone on the dance floor arm in arm doing the Hora. It was, no doubt, a moving and gratifying site for the chairs. ■

Editor's Note: The Jerusalem piece above was written by James R. Shire, MD.

FALL MEETING ANNOUNCEMENT

A *Call for Abstracts* for the AAFPRS Fall Meeting is enclosed in this issue of *Facial Plastic Times*. Please make sure you make the deadline of March 15, 2011.

All Academy and Foundation committees will meet in San Francisco, the day before the Fall Meeting. If you are a committee member, please plan to attend the committee meetings on Wednesday, September 7, 2011. Note: Some meetings are scheduled as early as 7:30 a.m. Check with your appropriate staff liaison regarding your schedule.



Ad in printed copy

A NEW YEAR OF RENEWED FRIENDSHIPS

As a new year begins, we look forward to AAFPRS' continued success in 2011. Our educational meetings, patient safety programs, FACE TO FACE, evidence-based medicine initiatives, and our Awards Program add to membership benefits at the AAFPRS.

The AAFPRS is fortunate to have committed board members and an active membership. We cannot forget our corporate friends; one in particular stands out, PCA SKIN®. PCA SKIN® has been a friend of the AAFPRS for more than 15 years.

Richard Linder, CEO of PCA SKIN®, is committed to educational excellence. His willingness to support the Foundation's various programs in 2011 is greatly appreciated. PCA SKIN® has sponsored a lecture/luncheon at the *Rejuvenation of the Aging Face* course in San Diego.

They will be at the Fall Meeting as the major underwriter of

the OFPSA Meeting, as well as planning an off-site event for our Young Physicians. Mr. Linder states, "PCA's overarching vision is to improve lives. Our mission is to provide the best education and products to professionals who care to improve the health of their patients' skin. We understand that OFPSA members play a large role in pursuing our vision and mission which makes donating to their organization, and supporting them in any way we can, an easy decision. Their knowledge and effort toward patient education, their daily ongoing support of patients, and their generous sharing of knowledge and experience does improve the health of patients. We want to meet and exceed the high expectations that OFPSA members have for our educational events."

Most importantly, PCA SKIN® is underwriting the AAFPRS' Awards program for yet another year (see page 9). Mr. Linder says, "By supporting AAFPRS through

educational activities, research sponsorship, and the daily support of their staff, we believe we can play a role in getting patients' their desired results. Basic science research is at the heart of all we do. PCA SKIN® is a healthcare company at its core. Our goal is to be an asset to AAFPRS members who are building skin health practices with the long term view toward educating their staff and their patients. Sponsorship of basic research is simply in line with our values and mission."

It is with gratitude that Patrick J. Bryne, MD, chair of the Awards Committee writes, "On behalf of the Awards Committee and so many members of the AAFPRS, I would like to thank PCA SKIN®. Their support is extremely meaningful to us. It provides a foundation for sustained growth of the specialty, and I look forward to us partnering with PCA SKIN® for years to come." ■

FACE TO FACE IN LINYI, CHINA

FACE TO FACE has a long established history with Linyi People's Hospital, and a team of surgeons were there in October of 2010. It was a chance to renew relationships, to share surgical techniques with Chinese local doctors, and to treat patients who have limited resources and access to facial plastic and reconstructive surgeons.

The team consisted of Harrison C. Putman, III, MD (Peoria, Ill.); Marcus Moody, MD (Little Rock, Ark.); J. Charlie Finn, MD (Chapel Hill, N.C.); Thomas S. Lee, MD (Syracuse, N.Y.); and was led by Scott A. Tatum, MD (Syracuse, N.Y.). Mr. Terry Crawford Jr., an American lawyer who is currently a Beijing resident, provided us with crucial translation service for the team.

The team screened approximately 20 candidates during their stay. The range of pathology the team faced included a huge parotid mass, pan-facial fractures, and cleft lip and palatal deformities requiring primary repairs and revisions. Several adult patients had trauma and burns from work-related accidents or motor vehicle accidents. Among pediatric patients, due to China's one child policy, it was quite easy to sense the urgency with the patients' family as they viewed our surgical intervention as their one chance to correct their children's deformities and provide them with a brighter future.

The team received a warm welcome from Chinese doctors



DR. PUTMAN WAS INVITED TO PARTICIPATE, AS AAFPRS REPRESENTATIVE, IN THE GROUNDBREAKING CEREMONY FOR THE NEW 3,000 BED LINYI PEOPLE'S HOSPITAL AND MEDICAL COMPLEX.

and surgical technicians who have worked with FACE TO FACE in the past. Some of the surgical highlights performed by the team include: Dr. Moody and Dr. Finn's repair of extensive bilateral pan-facial fractures requiring open reduction and internal fixations;

See Back in Two Years, page 14

FINANCIAL CORNER

ACHIEVING SUCCESS

Slow economic expansion and rapid changes are inevitable in the coming decade. Yet, many investment plans are unprepared for either, let alone both. To succeed moving forward, planning strategies must acknowledge the new pace of the financial world and anticipate the growth obstacles of the world at large.

New DNA of growth

During the last three decades, economic growth was led by consumer spending and fueled by debt. This leveraged growth was unsustainable—a fact the financial crisis made alarmingly clear.

Today, consumers are still reeling from a 33 percent average loss in home value and severe stock declines. In addition, confidence is dwindling as job market uncertainty looms. So it may take some time before historic consumer spending patterns return. This is causing the DNA of growth to change. Savings, exports, and corporate investments will be taking the driver's seat, which means the ride ahead will be slower, bumpier, and packed with hidden curves.

Expect the unexpected: rapid-fire change

Unremitting change and market extremes have become the new norm, with upswings feeling more like up-and-down-swings. Take, for example, this year's daily S&P fluctuations as the market slid from the expectation of a strong recovery toward the fear surrounding sovereign debt in Europe.

Investor hypersensitivity is only amplifying such shifts. And near-term policy changes, deflation concerns and the growing U.S. deficit threaten to exacerbate the situation. So how do you plan for success in this slow growth, fast change world? With a new mindset.

Nimble, real-time diversification

Asset classes and global markets are no longer performing according to traditional norms. Therefore, diversification strategies need to become more nimble and opportunistic.

While a long-term view of asset allocation remains at the heart of any plan, strategies must also anticipate and act on market swings. And they need to quickly identify market opportunities—and risks—across and within asset classes.

Intelligence trumps information

An overabundance of information and the erratic behavior of markets will require a greater level of market intelligence. Knowledge alone is not enough. Market insights—and the ability to evaluate and act on them—are key. So are due diligence and rigorous

See Investment Principles, page 16

MEMBERSHIP IN THE AAFPRS

By Stephen Goldstein, MD, Membership Committee Chair



Wikipedia defines a trade union as an organization of workers who have banded together to achieve common goals. Membership in a group or organization helps create a common identity to help express who you are, what you stand for, and what you hope to accomplish. In the health care arena, physicians spend many years training and developing skills to treat and help other people. There are many paths physicians can take to arrive at very similar places in terms of their expertise and skills. The fine line between specialties continues to become more and more blurry as qualified and talented physicians take on ever increasing demands and workloads within the current health care algorithm. Communication between physicians of different core specialties and backgrounds is becoming increasingly important, if not essential, to the maintenance of knowledge and emerging paradigms regarding facial plastic and reconstructive surgery and many other surgical specialties. The unique training and collaboration between the multiple specialties involved in facial plastic and reconstructive surgery can facilitate a more comprehensive expertise for participating physicians.

Membership in the AAFPRS is much more than a union. Membership within this society sets apart physicians who are acknowledged for their many years of training, surgical experience, outstanding patient care, and commitment to an expanding skill set. The AAFPRS allows physicians of different disciplines to come together and share their knowledge and experience. This collaboration allows for a "common language" that can be used to increase the database of evidence based medicine. The contribution and utilization of this database can and should be used to set the standard to which all physicians strive to meet in their practices.

There are many reasons, benefits, and awards that motivate physicians to join the AAFPRS. The connections among colleagues with similar interests, facing similar problems, and striving for similar goals are beneficial for everyone. The educational mission of this organization provides for cutting edge courses and many other resources intended to advance the knowledge of its members. Membership in the AAFPRS gives physicians access to a myriad of tools available to support and promote a physician's practice. These resources include an on-line public relations tool kit, an Academy Web link, registration within the Academy's Internet-based physician locator, and patient education materials. In certain circumstances, access to the AAFPRS's legal team is

See Choice to Participate, page 16

Message from the President

Tracy L. Drumm

From the weather to football game scores and Dow Jones' averages, we live in an age where we are obsessed with numbers. Our fast-paced world is often dictated by the number of patients scheduled for the week, number of e-mails to respond to, or the number of charts to dictate. Today, I encourage you and your staff to focus on a new number—one. One degree.

Journalists Sam Parker and Mac Anderson authored a book called, *212, The Extra Degree*. The book takes a mere 15 minutes to read and leaves an impression that will last a lifetime. Consider this: At 211 degrees water is extremely hot, but just one degree more and water actually boils. That one degree makes all the difference. With boiling water, the authors further elaborate, comes steam, a tool powerful enough to fuel a locomotive. One degree is the distinguishing factor between success and simply having hot water.

Small changes frequently warrant enough impact to create enormous advancements, especially when applied to the practice of aesthetic medicine. Encourage your receptionist to spend one extra minute on the phone with each new caller; motivate your patient coordinator to convert just one more case a month; or teach your entire team the gross potential for the practice if they bring in just one more neurotoxin patient a day. Illustrate to your staff that by simply adding one extra patient per clinic day, you can generate nearly \$40,000 in additional revenue a year, as the chart below depicts.

Encourage your office manager to spend one hour a week following up with patients you haven't seen in a year. Set aside one night a quarter to meet and discuss ways to increase office efficiency. Focusing on "one" will paradoxically allow you to create an enormous impact on your entire practice. By narrowing your focus to a new number that is perhaps not as ominous as larger goals often seem, you may inspire your staff to see that a mere one degree can transform your business.

As of this past December, I am honored to take over serving as president of the OFPSA. This is an organization that thrives through passionate members making small changes in their physician's practices that yield large returns. The OFPSA is promising a year ahead filled with tips, strategies, and ideas that will be easy to implement as well as solutions to help practices work smarter, not harder, in the months to come.

This organization has evolved immensely over the years and I am proud to be a part of this group. This pride stems from the "one degree" efforts put forth by past presidents, support from the AAFPRS, and most importantly by the energy and commitment of its members.

Although it is months away, the OFPSA officers are busy planning next year's annual meeting to be held September 8-11, 2011, in San Francisco. We are thrilled to announce that PCA SKIN® is sponsoring this year's OFPSA meeting and supporting our efforts to facilitate yet another great conference. Offering "smart skin solutions," PCA SKIN® has been a trusted partner for physicians for nearly two decades and offers gentle, yet highly effective professional treatments and daily care products.

To get what we've never had, we must do what we've never done. I look forward to foraging new paths for the OFPSA that will help each member and physician implement small changes that will hopefully generate enough steam to drive your practice to the next level.



WE'LL BE BACK IN TWO YEARS

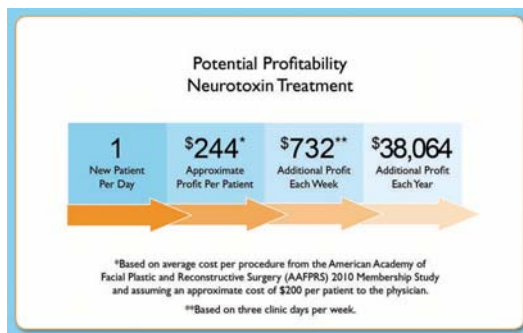
From *FACE TO FACE*, page 12 Dr. Putman's cleft lip revision on an adult male and V-Y palatoplasty to correct cleft palatal defect on a teenager; Dr. Tatum's cleft lip and palate cases in children ranging from five months to three years of age; and Dr. Finn's cleft lip deformity revision on a young female adult. Dr. Lee had a great experience assisting with several of these cases. All procedures went well with early results showing ideal outcomes.

In addition to performing surgeries, the *FACE TO FACE* team provided educational lectures at an international symposium over a two-day period with about 100 regional doctors in attendance. The audience showed much enthusiasm, and the lectures were well-received by the local professionals.

The 2010 trip by the *FACE TO FACE* team to Linyi was an overwhelming success with excellent surgical outcomes. The team strengthened relationships with local Chinese doctors and provided surgical care to Chinese patients who had limited access to facial plastic surgeons. It was a learning experience for the local Chinese doctors who had attended the symposium and also for the *FACE TO FACE* team who was embraced by the warm generosity of Linyi People's Hospital staff. We learned much about the Chinese people and their health care system through cultural exchange.

The team toured the site of the new Linyi People's Hospital with 3,000 beds capacity, which will be completed in two years. We will revisit Linyi in two years as an ongoing humanitarian outreach effort by the AAFPRS Foundation and would like to welcome any surgeons interested in future missions.

Editor's Note: This article was written by Thomas S. Lee, MD.



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INVESTMENT PRINCIPLES

From *Financial Corner*, page 13 oversight in order to ensure that investments remain true to their intent.

Not just "what" but "why"

Investors also need to consider why they own each investment and what its purpose is within an asset class. In fact, individual sub-asset classes can contribute to a portfolio in very different ways and must be assessed more closely.

Understanding an investment's role in offsetting or exploiting economic and market events can help a portfolio perform better in volatile markets while assuring alignment with specific investment goals.

Getting a handle on your portfolio

Know what you have, why you have it, and how it might impact other investment decisions. It seems simple, yet many investors have a tenuous grasp of the investments they hold.

As investment decisions grow in complexity, a complete, transparent portfolio view—involving all aspects of an investor's wealth—is a must.

Will your plan keep pace?

BNY Mellon's investment approach incorporates new invest-



FACIAL PLASTIC TIMES JANUARY/FEBRUARY 2011

2011

JANUARY 19-23

REJUVENATION OF THE AGING FACE
Co-chairs: Vito C. Quatela, MD; David W. Kim, MD; and Mary Lynn Moran, MD
San Diego, CA

MAY 4-7

ADVANCES IN RHINOPLASTY
Co-chairs: Stephen W. Perkins, MD; Stephen S. Park, MD; and Minas Constantinides, MD
Chicago, IL

Enclosed in this issue of *Facial Plastic Times* are:
Advances in Rhinoplasty brochure;
Fall Meeting Call for Abstracts;
and Annual Fund Envelope.
All ads in this issue are paid ads.

JUNE 18-19

ABFPRS EXAMINATION
Washington, DC

SEPTEMBER 8-11

FALL MEETING
Co-chairs: Steven J. Pearlman, MD and Richard E. Davis, MD
San Francisco, CA

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THE 7th INTERNATIONAL
MEETING IN FACIAL PLASTIC
SURGERY

MAY 9-12, 2012, Rome, Italy

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ment thinking—plus a foundation of proven investment principles—so that our clients can move forward, even when the engines of growth are slowing down. Does your plan do the same? We would be happy to help you find out. ■

Editor's Note: This article was provided by BNY Mellon.

YOUR CHOICE TO PARTICIPATE

From *Membership*, page 13

also available to members. Physicians dealing with credentialing issues, malpractice concerns, and scope of practice concerns can utilize experienced legal experts.

Membership in the AAFPRS may have a different meaning for each and every physician. Unlike our families, regardless if genetic, university, or culturally-based, membership reflects a conscious choice to participate. This choice is grounded in the dedication of surgeons who strive to contribute to and benefit from the experiences of every surgeon involved in facial plastic and reconstructive surgery. The success of any organization comes from the hard work and willingness of its members to participate. To me, membership in the AAFPRS is an honor, an obligation, and a privilege. ■

Otolaryngologist -- Hyannis Ear, Nose, and Throat Associates, Inc.

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We are a long established otolaryngology practice located on Cape Cod in Hyannis, MA. At Hyannis Ear, Nose, and Throat Associates we provide a wide range of services including ear, nose, and throat care, allergy care, audiology services, facial plastic surgery, treatment of sleep disorders, and diving medicine. We have an AAAHC and Medicare certified surgical suite. We are a team of professionals with a tradition of excellence in providing the ultimate in expertise, state-of-the-art technology, and a safe comfortable environment. Visit our Web site at www.vandemoer.com.

Please e-mail a letter of introduction and your CV in MS Word format to: jessorrick@orrickassoc.com