

Facial Plastic TIMES

AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY, INC.

DALLAS, TEXAS, HOSTS THE 12TH INTERNATIONAL SYMPOSIUM OF FACIAL PLASTIC SURGERY

OCTOBER 15 - 18, 2018 | DALLAS, TX | WWW.AAFPRS.ORG/INTERNATIONAL



12TH INTERNATIONAL SYMPOSIUM OF FACIAL PLASTIC SURGERY

Transform
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Every four years, the AAFPRS and the International Federation of Facial Plastic Surgery Societies (IFFPSS) come together to celebrate the latest advancements in facial plastic surgery. This year, the 12th International Symposium of Facial Plastic Surgery is combined with the AAFPRS Annual Meeting and will be held in Dallas, October 15-18.

The IFFPSS is a group of societies of facial plastic surgeons from various countries around the world. This Federation was formed in 1997, and includes the following societies: AAFPRS; ASEAN Academy of Facial Plastic and Reconstructive Surgery; Australasian Academy of Facial Plastic Surgery; Brazilian Academy of Facial Plastic Surgery; Canadian Academy of Facial Plastic and Reconstructive Surgery; Colombian Society of Facial Plastic Surgery and Rhinology; Ecuadorian Society of Rhinology and Facial Plastic Surgery; European Academy of Facial Plastic Surgery; Facial Reconstructive and Cosmetic Surgery (INDIA); Korean Academy of Facial Plastic Surgery; Mexican Society of Rhinology and Facial Surgery; Pan Asia Academy of Facial Plastic and Reconstructive Surgery; Taiwan Academy of Facial Plastic and Reconstructive Surgery; and Venezuela Society of Rhinology and Facial Plastic Surgery.

See Four Days, page 18

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CONFLICT OF INTEREST - DISCLOSURE - LOYALTY



What hat are **you** wearing?

When does ambition overcome fidelity?

Members of the AAFPRS and the ABFPRS, as in so many medical societies, belong to at least one other organization that parallels and competes with ours. While there may be certain areas of highly common ground, these organizations may also, at times, have goals and ambitions that are in direct conflict with our mission. Some of these associations, societies, and academies may be acting on or implementing practices and policies that would be to the detriment of our Academy, our Foundation, and/or our Board.

There are many reasons to join organizations, including learning, teaching, making connections, serving on committees, serving in leadership, and advancing the goals and mission of the organization. The AAFPRS has 15 committees and the AAFPRS Foundation has 15 committees. The ABFPRS has 13 committees, groups, and councils. There are hundreds of members serving on these 43 bodies giving room for overlap. All of these participants have an ethical duty to be loyal to the organizations to which they are members and for which they serve. The Boards of Directors and the nominating committee also have a fiduciary duty and an enhanced responsibility.

When serving in any capacity from committee member to board of directors, it is important to understand exactly what constitutes a conflict or duality of interest and an *apparent* conflict or duality of interest. A conflict or duality is a situation where a member has a hindrance, whether personal, professional, business, or *volunteer* position, to being impartial and loyal. It can also be a duty to another group that splits the member's commitment to the AAFPRS, the AAFPRS Foundation, or the ABFPRS and the other entity. An *apparent* conflict or duality arises when such a relationship would lead an observer to question *if a hindrance to impartiality existed*.

For example, what about the board member who also sits on the board of a competing entity? Does this lead to mutually beneficial collaborations? Or does it pull that board member in two different directions? The AAFPRS, the Foundation of the AAFPRS, and the ABFPRS are entities independent from any other organization. (Just as a point of information, as closely aligned as the AAFPRS and the ABFPRS are, members and diplomats must remember that our two organizations are separate entities as well.) Those of us in leadership, committee chairs, and committee members must stay acutely aware of this. It would be a conflict of interest if a committee chair or a board member were asked by a representative of another group to provide information to or perform a task that would involve giving that organization our intellectual property or participating in decisions detrimental to our mission.

When one is elected to the Board of Directors of the AAFPRS he or she is presented with the *Board Member Duality and Conflict of Interest* form to sign. It states in part, "Any duality of interest or possible conflict of interest on the part of any board member should be revealed to the other members of the board and made a matter of record through an open and full disclosure of such duality of interest at the time the interest becomes a matter for board consideration and through annual disclosure."

When such a duality or conflict of interest exists, the Board member must disclose it to the full Board and not participate in or influence any discussion of the matter at hand. He or she cannot vote on the matter. He or she also cannot be considered as part of the quorum for the issue. Above the signature, the Board members must list all the medical or surgical organizations on which they serve as directors or officers, all industries in the health care fields in which they have a financial interest, and all companies that make or distribute medicines or surgical devices whose speakers' bureaus they sit on or from whom they receive compensation.

We must understand the importance of this issue. State and the federal governments take nonprofit conflicts of interest very seriously. Some state laws governing nonprofit corporations include provisions describing what must be included in a nonprofit's conflict of interest policy, or how conflicts are to be managed. The IRS Form 990 asks not only about whether the nonprofit has a written policy on conflicts of interest, but also about the process that the nonprofit uses to manage conflicts, as well as how the nonprofit determines whether board members have conflicting interests. Conflicts that are not managed can result in significant penalties assessed against the person who benefits as well as the organization.

We have all risen to our position in life for many reasons, both internal and external. Dozens of adjectives can be used to characterize each one of us as we strode along the road to reach where we are now. And having achieved the degree, conquered the residency, and crowned it with the fellowship, we continued the quest. The quest to practice, to become an AAFPRS fellow, to reach the podium, to chair a committee, to serve on the Board, to be selected to the leadership. We have ambition; but ambition can be blinding. Without proper self-awareness about conflict of interests, it can blind us to our loyalties...sometimes ambition can even blindfold our sense of honor.

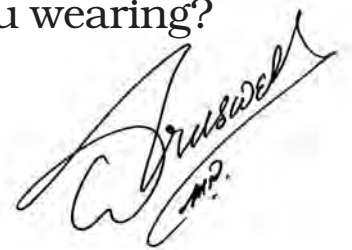
Of course, we are all loyal to our specialty of facial plastic surgery and its governing, educational, and credentialing organizations: the AAFPRS, the AAFPRS Foundation, and the ABFPRS. We cherish and honor the work we do, because we believe in what we do. As an Eagle Scout, I'll also mention that the Boy Scout Law lists 12 character traits. It starts, "A Scout is Trustworthy, *Loyal*, Helpful..." I won't name them all, but the Scout Law is a guide to a good and honorable life. When we as doctors recited the Hippocratic Oath with many more than the 12 Boy Scouts' character traits, we were proclaiming our loyalty to our profession and our patients. The Hippocratic Oath is also a guide to a good and honorable professional life. Loyalty to the

organization is paramount to its success and advancement.

At the beginning of this message, I asked "When does ambition overcome fidelity?" If one is wearing two hats, one the AAFPRS hat and the other that of another Academy, there is inherently a duality of interest. The wearer must keep that duality in the forefront of his or her mind and act accordingly—and he or she must remove him or herself from addressing a particular matter if they are not realistically in a position to act fairly with regard to both entities. If one hat is taken off to perform a task for the other entity that will benefit the wearer and/or the competing organization, the allegiance has shifted. That is an unhealthy side of ambition we must always responsibly guard against.

"We cannot seek achievement for ourselves and forget about progress and prosperity for our community...Our ambitions must be broad enough to include the aspirations and needs of others, for their sakes and for our own." — Cesar Chavez

What hat **are** you wearing?



William H. Truswell, MD

Research grant deadline fast approaching

The Educational and Research Foundation for the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS Foundation) would like to remind all Academy members that the deadline for applying for the **Wally K. Dyer Clinical Investigation Award** is July 1, 2018. This award is meant to foster career development and provide mentorship to members.

The purpose of this award is to encourage young surgeons to pursue valid ideas by providing grants to offset expenses. Each award will be for \$2,500. More than one award per year may be presented based on the approved annual budget for the Research Center.

To find out more about available grants and awards, go to www.aafprs.org, select the AAFPRS Foundation tab and click on the Research Center tab. If you have any additional questions, contact Karen Sloat, senior project consultant, ksloat@aafprs.org.

MANY HAVE MASTERED THE TECHNIQUES AT THE RECENT FACIAL REJUVENATION MEETING IN CHICAGO

The recent Facial Rejuvenation: Master the Techniques meeting in Chicago this past April definitely did not disappoint.

There were over 350 attendees altogether who enjoyed the three-and-a-half-day program of lectures, video sessions, panels, live demonstrations, live surgery presentations, round-table discussions, and exhibition.

Each day began with an industry-sponsored breakfast session. At 6:45 a.m., nearly 100 physicians were eager to start their day listening to lectures provided by Doctor.com, Implantech, and Suneva.

The general session room was filled with 250 physicians fully engaged in learning. The presentation of pre-recorded live surgeries by Andrew Jacono, MD; Stephen Perkins, MD; and Bruce Van Natta, MD, were precisely what the attendees wanted to see. Surgeons were able to address questions and concerns from the audience.

On day two and three, a breakout session focusing on practice management and pearls, along with a live injection course ensued. The practice management sessions took a different format with round-table discussions. They were lively, interactive, and engaging. The injection sessions covered most HA fillers and neuromodulators. (See page 23 to order these videos.)

The exhibit hall was the happening place and exhibitors were pleased to share their products and services. The stage presentations during lunch were supported by Rohrer Aesthetics, NeoGraft, and Merz.

Each day ended with an evening reception and live demo. We thank our hosts, Paradigm Medical Communications, Galderma Laboratories, and Allergan.

All-in-all, it was a success! We'll meet again in 2020. ■



Face Lift Retractor with Reverse Handle



Detail of blade with teeth



Detail of blade with 4mm teeth

ASSI®-ABR 53926R, 80 x 16mm
with fiber optic, suction and adapter

ASSI®-ABR 43926R, 80 x 16mm
with fiber optic and adapter

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**ASSI®-ABR 55926R, 180 x 16mm,
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with fiber optic, suction and adapter



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Retractor shown smaller
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EMERGING TRENDS AND TECHNOLOGIES COLUMN

By Kaete Archer, MD,
Member, Emerging
Trends and Tech-
nologies Committee



It is no secret that the paradigm shift in facial plastic surgery has expanded aging face options to include many nonsurgical procedures. In January 2017, I introduced the Silhouette Instalift™ procedure into my practice as a nonsurgical option for patients who are interested in a middle ground between a surgical lift and fillers—a void in my practice. The majority of these patients are in their late 40s-50s, have a busy lifestyle, and already do neurotoxin and fillers. These patients are interested in the “latest and greatest” with an affinity for technology who may have considered a “weekend facelift.”

The Silhouette Instalift™ is a minimally invasive, FDA approved, fully absorbable suture procedure to lift, recontour, and reposition midfacial subdermal tissues. Indications for the procedure include signs of moderate midfacial tissue descent—nasolabial folds, down-turned oral commissures, and marionette folds. A non-ideal patient has thin skin with little to no underlying fat, excessive skin, or heavy localized rhytids. Advantages of the procedure include minimal downtime of one day without makeup, a natural appearance, and immediate results. The procedure is done under local anesthesia. Start-to-finish including set up and anesthesia takes about 45-60 minutes. The results last about one-and-a-half to two years and can be performed in combination with fillers for overall rejuvenation.

The sutures are a combination of knots and bidirectional cones with 23G needles on either end. They are made of a biodegradable polymer (82 percent Poly L-Lactide (PLLA) and 18 percent

Poly L-Lactide-co-Glycolide (PLGA)). Similar to Sculptra®, the sutures stimulate collagen as they degrade. We place three to four sutures per side of the face. The sutures are oriented perpendicular to the nasolabial folds and marionette lines in a posterior/superior direction. The sutures may be asymmetric to account for facial asymmetry.

Once the sutures are placed under the skin, the tissues are advanced over the bidirectional cones and locked into place (similar to a high-tech barb) resulting in lifting. Although the sutures are not a “volumization” technique, by repositioning and lifting the midfacial tissues back to where they were, volume is restored in the midface.

After the procedure, we have patients keep a clean face for 24 hours and use a gentle face wash. We recommend sleeping face up for the first 72 hours, no dental work or high impact exercises for one week, and a soft diet for one week to avoid pulling on the sutures.

The most important people in your office to educate about the procedure are your injectors and estheticians. Most likely, they will already know patients who would be excellent candidates—patients who get fillers on a regular basis, have nice volume, good quality skin, but aren't seeing as much “lifting” as they would like. These “friends of the practice” are always good to have as the early adopters. Our injector and estheticians introduce every patient to this new technology.

Managing expectations and proper patient selection are critical. The sutures are not a replacement for surgery and will not get patients a facelift result. I routinely place sutures in the jowls in a more vertical direction but this area is “off label,” as is the neck. I counsel patients on the advantage of adding fillers and the possibility of a touch-up suture after four to six weeks for



1A: BEFORE
1B: SILHOUETTE, FOUR SUTURES
PLACED IN THE MID AND LOWER FACE
2A: BEFORE
2B: SILHOUETTE, THREE SUTURES
PLACED IN THE LOWER FACE AND JOWL
AREA

more lift if needed. The sutures are relatively expensive. Each suture is about \$150 and come in packs of 10 sutures. So, for four sutures on each side of the face, the product cost is about \$1,200.

As a way to get more involved in our community, we donate a portion of proceeds from every

See Instalift page 18

HAVE YOU VISITED LEARN, THE EDUCATIONAL PORTAL RECENTLY?



One of the many benefits of being an AAFPRS member is your access to LEARN (Lifelong Educational And Research Network). Some areas you may want to explore:

- A complete transcript of all AAFPRS sponsored meetings back to 2009 are housed in your personal LEARN account, providing the capability to reprint any CME certificate you may need.

- After attending an AAFPRS sponsored meeting, you can complete a meeting evaluation online and print a CME certificate for each meeting in your office or home.

- Individuals can enter CME information received elsewhere to keep a complete log of all your CME credits.

- There are over 50 surgical videos under the Continuing Education tab that are available for streaming at a reduced cost.

- There are 13 surgical videos available for streaming to members at no cost under the *Free Surgical Videos for Members* tab.

- Three of the above videos have CME available, again at no cost to members; we are working to provide CME for the remaining videos on this tab.

- Fellows have access to over 40 surgical videos, selected specifically to enhance their training, at no cost.

- Our residents have a selection of videos from the Richard Webster, MD, classics available at no cost.

- Residents also have access to the *Wound Management and Suturing Manual* at no cost.

- Videos of keynote speakers from past AAFPRS Annual Meetings, as well as an offering of videos from Robert L. Simons, MD, on the history of the AAFPRS, are available.

- Members have access to past issues of *Facial Plastic Times*, the Academy newsletter.

- Practice and job opportunities are posted to the site.

Have you downloaded the MYAAFPRS App? It provides you with access to LEARN on the go. Simply go to the App Store, search for MYAAFPRS and download. This is a work in progress and we would love your feedback.

What's ahead? Currently, we are working on a new *Member Physician Resources* tab. This tab will provide templates to common forms needed by facial plastic surgeons, especially at the start of a practice. In addition, we plan to post videos clips from the 2017 Annual Meeting in Phoenix.

These are short words of wisdom from our esteemed leadership. Other resources submitted by

members will be considered. And finally, we are working on adding more surgical videos to the list for streaming.

Take a moment and explore the LEARN site. Go to www.aafprs-learn.org and maximize your member benefits.

To access any of the member only sections on LEARN, you must know your AAFPRS username and password. If you don't remember it, contact Karen Sloat, senior project consultant, at ksloat@aafprs.org and she will assist. ■

FELLOWSHIP REMINDERS

The application process for the 2019-2020 fellowship year is underway. Program directors can view the fellowship applications through the fellowship database. Interviews should be completed by May 31. Rank lists are due in the San Francisco Match office June 4, and results will be available June 11.

Submissions for the Roe and Gillies Awards are due June 1. Current 2017-2018 and past 2016-2017 fellows are eligible to apply. In order to be considered, papers must be submitted through the fellowship database by June 1.

The fellowship examination is scheduled for June 23 - 24, 2018, in Crystal City, Va. Current fellows should have already submitted exam registration to the ABFPRS office.

Current fellows will have until July 15 to review the residency videos through the LEARN portal as a free benefit of the fellowship program. If you have any questions regarding the program or accessing the videos, contact Fatima, fellowship department, fporter-el@aafprs.org.

The questionnaire, director evaluations, and operative report form are due by July 15 for current fellows. Fellows and directors should visit the database to complete requirements.

Fellows and fellowship directors should visit the fellowship database to review program requirements. The 2018-2019 fellows should have signed the binding agreement, forwarded it to the fellowship director for signature, and uploaded signed agreement onto the database. The incoming fellow should already have been in communication with his or her fellowship director regarding possible fellowship research projects. The project list and proof of ACLS should be submitted prior to the start of the fellowship. The abstract is due September 1.

As a reminder all fellowship requirements must be submitted through the fellowship database, <http://prestohost40.inmagic.com/Presto/home/home.aspx>. For questions, please contact Fatima Porter-EL Mitchell at (703) 299-9291, ext. 228; fporter-el@aafprs.org.

INTERNET INSIDER: FROM MOBILE TO VOICE AND A NOTE ABOUT CONTENT



Now that Google has released its mobile-first index, it's time to focus a little bit more on voice.

After all, Apple, Amazon, Google, Microsoft, and others are spending a fortune trying to pursue artificial intelligence while focusing heavily on voice; and voice is tied closely to mobile itself.

These days, people are not just speaking on their phones, but also using their voice to talk to their watches, control their homes, and even search for restaurants.

While mobile is truly ubiquitous, and more people are browsing the Web using mobile platforms than desktop, voice is seemingly moving in that same direction. Although Amazon had a massive head start in the home with Alexa, Google—which continues to be the 500-lb gorilla in the search space—is now catching up. Google Home and Google

Assistant are getting more powerful and have started releasing features and integrations at a rate that only Amazon could previously muster.

As mentioned in an earlier article, many voice searches are in the form of questions: how, what, why, etc. Questions, especially when answered thoroughly, can work.

In the aesthetics space, you need to look no further than Realself to see just how well questions (and their answers) can be utilized on the Web. Since Google Assistant can now connect with over 5,000 devices, there are clearly a lot of opportunities for people to use their phone, mobile devices, and scores of other applications—including Internet of Things devices—to perform more daily tasks, like for instance, search for a facial plastic surgeon.

How can you prepare?

Many of the same strategies you should use to rank well for mobile (and desktop) can be used to help improve the chances of appearing well for voice search rankings.

- Focus heavily on speed.

Google only wants screaming-fast results and their mobile-first index change was a big indicator of that.

- Be sure your site is secure.

Google continues pushing toward trust.

- Pay attention to structured markup around voice. Structured data definitely plays a role in the Google Home/Google Assistant search experience.

- Keep increasing authority since Google looks toward authoritative sites over obscure ones.

- Keep your content at a relatively simple level. Google likes content written for 9th graders as opposed to content written for PhD candidates!

Content and rankings

For ages, we've been saying that "content is king" and in many ways it still is. At the very least, it's important when it comes to search engine rankings, including the voice search rankings mentioned above.

Recently, John Mueller of Google mentioned something interesting about new content—something we've seen many times before and something you may have noticed yourself. Rankings will likely fluctuate quite dramatically after you publish new content. A new page, for instance, might pop into the top 10 or 15 results, seemingly momentarily, and then kind of disappear afterward.

Well according to Mueller, this is quite normal because Google must first estimate where the new content should rank; that estimate can vary widely from where it ends up ranking in the end. It can take weeks to settle into place, so don't focus too much on what happens right after publishing; instead, plan for ups and downs but keep creating new content. Content gets results! ■

This article was prepared by Surgeons Advisor, a Miami-based company that maintains the Academy's Web site.

ATTENTION

Do you know that you can link your practice Web site to the Academy's Web site? When a potential patient searches for a doctor in the Academy's Physician Finder section, a link to your Web site can appear right under your name and address when your name comes up. Contact Glenda Shugars at the AAFPRS office, (703) 299-9291, ext. 234; gshugars@aafprs.org.

CLASSIFIED AD

Seeking a U.S. licensed physician interested in serving in a one year non-AAFP RS certified fellowship in a robust multifaceted facial plastic surgery practice in downtown Chicago in the office of Dr. Steve Dayan. The fellow will be exposed to the latest in non-surgical techniques and products including fillers toxins, lasers, fat transfer, PRP and more as well as participate in a healthy surgical experience focused on aging face and rhinoplasty.

Fellow will first assist each case as well as manage their own surgical and non-surgical "fellow's practice." Clinical research, pivotal trials, teaching, and publishing is a large part of the experience as well as marketing, medspa management and business consulting. Opportunity for travel. Experience not important, desire is.

Those interested, please contact Selika Guterrez Borst at (312) 335-2070; selika@drdayan.com.

FACE TO FACE NEWS: FIFTH ANNUAL TRIP TO ICA, PERU

By Sean Alemi, MD

The Northeast and Northern California divisions of Healing the Children recently completed their fifth annual cleft lip and palate mission to Ica, Peru. In partnership with the AAFPRS Foundation's FACE TO FACE program, the 36-person mission team was again led by Evan Ransom, MD, an ABFPRS certified facial plastic surgeon from San Francisco, and Joseph Rousso, MD, FACS, an ABFPRS certified facial plastic surgeon from the New York Eye and Ear Infirmary of Mount Sinai. Additional surgical staff included Augustine Moscatello, MD, an otolaryngologist practicing in Westchester, N.Y.; Jordan Virbalas, MD, a pediatric otolaryngologist from

UCSF Benioff Children's Hospital in Oakland, Calif.; Scott Mosser, MD, a plastic surgeon practicing in San Francisco; Sean Alemi, MD, a fifth year otolaryngology resident from the University of California, San Francisco; and Kirk Lozada, MD, a fourth year otolaryngology resident from the New York Eye and Ear Infirmary of Mount Sinai. Anesthesia care was provided by a stellar group from Cook Children's Hospital in Fort Worth, Texas, and Yale New Haven Health in Conn.

As in years past, the team began their mission enthusiastically greeted by a waiting room full of families and their children; some traveled up to 48 hours to reach the Hospital Regional de Ica. With the assistance of pediatricians, speech and language pathologists, anesthesiologists,

nursing staff, and several local medical student volunteers, the team nearly matched last year's record by screening 125 patients this year.

From this group, the surgical team successfully completed 75 operations during the week—highlighted by 18 primary cleft lip repairs, 29 cleft palate repairs, four frenuloplasties, three cleft rhinoplasties, two first stage microtia repairs, and a second stage microtia repair on a follow-up patient whom the group had performed a primary repair the preceding year. Additionally, with the addition of Dr. Mosser's expertise in plastic surgery, the team also performed one syndactyly repair as well as release of a severe upper extremity scar contracture. Once again, the speech and language pathology group worked with a large group of previously-repaired patients and children from the community with non-surgical speech and swallowing disorders.

The team is already planning for next year, with ongoing efforts to expand patient recruitment and surgical care during the week. To get involved with charitable programs through FACE TO FACE and Healing the Children, or to make a donation, please visit us online at www.AAFPRS.org, www.htcne.org, and www.HTCNorCal.org. ■



The poster features the OHSU logo at the top center, which consists of a stylized flame or leaf shape in yellow and green above the letters 'OHSU'. Below the logo, the text 'Portland Rhinoplasty Course' is written in a large, blue, serif font. Underneath, it says 'August 3rd to August 5th, 2018' in a smaller blue font, followed by 'Join us in Portland, Oregon' in a blue sans-serif font. The contact information 'For questions, please email fprs@ohsu.edu' is in a black sans-serif font, with '-OR-' centered below it. The phone number 'Call 503-494-5678' is in a blue sans-serif font. The text 'Guest of Honor Dean Toriumi, M.D.' is in a blue serif font. At the bottom, it says 'For more information visit www.ohsu.edu/pdxrhinoplastycourse' in a blue sans-serif font. The background of the poster is a light blue and white pattern of birch tree trunks. At the bottom, there is a small graphic of a snow-capped mountain range.



DR. RANSOM (LEFT) WITH A YOUNG PATIENT AND HER MOTHER FOLLOWING A UNILATERAL CLEFT LIP REPAIR. DR. ALEMI (BELOW) WITH A YOUNG FEMALE PATIENT DURING SCREENING DAY.

PR REPORT: RECENT FACEBOOK SCANDAL MAY IMPACT YOUR MARKETING STRATEGY

The headlines came fast and they came furiously. In early April, *The Guardian* and *The New York Times* reported that Cambridge Analytica mined 50 million Facebook profiles in a major data scandal. Initial estimates were on the low side. It turned out that up to 87 million people got hit in the breach.

How did it happen? A researcher developed a personality quiz app for Facebook in 2014 and could access data about people who took the quiz and their friends. Instead of deleting the information, he saved it in a private database and provided the database to Cambridge Analytica.

Finger pointing, politics, and panic ensued. The Federal Trade Commission opened an investigation into the privacy policy of Facebook, Mark Zuckerberg was called to testify before Congress, and many avid Facebook users were chilled to the bone.

CLASSIFIED AD

Oculofacial plastic Surgery practice for sale in Bellevue, WA

Tremendous opportunity for Facial Plastic surgeon to purchase busy, well established oculofacial surgery practice in one of the most affluent and desirable communities in the U.S. Superb reputation, 100% percent cosmetic practice built over 20+ years with database of over 11,000 patients.

Fully equipped operating room in the office, across the street from superb local hospital. If you're an excellent surgeon with superior communication skills and bedside manner, this might be the practice opportunity of a lifetime!

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f_stern@sternctr.com

Even if you were not one of the 87 million users whose data was breached, your digital marketing strategy for your practice is not immune to the cooling effect of this social media scandal.

According to a poll by the Associated Press-NORC Center for Public Affairs Research, seven out of 10 adults (including current and potential clientele) unfollowed accounts, deleted their profiles, or made other changes in how they use social media since the news broke. Just shy of 30 percent have deleted certain social media accounts, 38 percent have uninstalled apps on their phone, and 42 percent said they used certain platforms less often now. Nearly half of respondents unfollowed or defriended certain people, and 41 percent unfollowed groups or organizations, the poll found. In addition, 45 percent reviewed or changed their privacy settings. (Facebook encouraged this action by sending a notice to users via their Facebook pages.)

If Facebook is a part of your social media marketing strategy, it is important to pay attention to these seismic attitude changes. It may be time to re-evaluate your campaigns. Have you lost followers or engagement since the Facebook scandal broke? It is easy to track these metrics by visiting www.facebook.com/insights. Exactly how the fallout will affect other social platforms is not fully understood; however, there will likely be spillover effects.

We have not seen the end of this mess either. During a five-hour testimony before Congress, Zuckerberg acknowledged it might be time for regulators to step in and help police social media.

Facebook is too big to fail and will likely weather this storm; but its reputation—and perhaps that of other platforms—will be forever tarnished. ■



WILLIAM H. TRUSWELL, MD (LEFT) VISITS GOOD HOUSEKEEPING OFFICE IN NYC.

AAFPRS in New York City

On Thursday, May 6, president William H. Truswell, MD, representing the AAFPRS, met with members of the media in New York City for a day of AAFPRS deskside meetings. Dr. Truswell and KELZ PR sat down one-on-one with editors from *American Spa Magazine*, *Vogue*, *Beauty News NYC*, *Good Housekeeping*, *Elias World Media*, and *People en Espanol* to discuss trends and statistics in facial plastic surgery.

Dr. Truswell shared information about our Academy and our membership, plus safety and board certification background information. The FACE TO FACE programs were highlighted, as well as new procedures and hot topics in the industry.

The editors were engaged, asked smart questions, and found the topics very interesting. KELZ PR shared a powerpoint presentation with each editor and will continue to follow up with these editors and many others for continuous relationship building and collaborations between the media and the AAFPRS. ■

This column was provided by the Academy's PR firm, KELZ PR.

The AAFPRS is active on social media. Remember to like us on Facebook (AAFPRS) and to follow us on Twitter and Instagram @AAFPRS.



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12TH INTERNATIONAL SYMPOSIUM OF FACIAL PLASTIC SURGERY

Make plans now to join us October 15–18, 2018, in Dallas, Texas for the 12th International Symposium of Facial Plastic Surgery, the world's leading event for surgeons and medical professionals who specialize in facial plastic and reconstructive surgery, plastic surgery, oculoplastic surgery and dermatology.

Developed by the AAFPRS Foundation, in collaboration with IFFPSS, the International Symposium brings together physicians, medical experts, fellows, residents-in-training, medical students, nurses, aestheticians, and allied health professionals to collaborate, share best practices, exchange ideas, discuss scientific research, and learn about innovative techniques that will advance the profession, enhance surgical outcomes, and increase patient satisfaction.

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MESSAGE FROM THE MEDICAL EDITOR: THE DEATH OF FILLERS

By Steven H. Dayan, MD, Medical Editor, *Facial Plastic Times*



"Fillers and neurotoxins are dead, they remain dead and we have killed them, how shall we comfort ourselves the murderer of all murderers. What was mightiest and holiest that the aesthetic world has ever owned has bled to death under our needles. Who will wipe this blood off of us what water is there to clean ourselves."

Obviously, a play on the infamous 1882 Nietzsche warning that "God is dead." And while Nietzsche was not referring to the death of religion or God necessarily, his message was one of caution. Western Europe in an enlightened fervor had replaced religion and rationalism with a powering empiricism wiping away the thoughts and faith of that which cannot be seen. He felt that when the masses realize that there was no longer a religiously inspired moral compass to set direction, then chaos and nihilism would ensue. While his message was perhaps a bit alarming, it was received by a pioneering few who felt enough wind at their backs to stand up to a rigid establishment. These courageous thought leaders then led us all to recognize, that which is not seen or proven can...still exist.

Many of the greatest achievements in science and medicine come not solely from the two-dimensional minds of empiricist but from ability to shape, quantify, and codify the output from the creative minds of rationalist thinkers. For example, the abstract romantics who designed thought experiments to unveil the illusive mechanics of nature. Galileo imagined that two objects of different weights tied to each other would hit the ground

simultaneously. This greatly influenced Newton's law of motion. Newton, himself a thought experimenter, described the universal law of gravity by imagining a cannon ball circling the earth if fired from a mountaintop at the appropriate speed. Freud described a subconscious that influenced behaviors and could be mined for pathology. Semmelweis recognized a deadly, infectious, and communicable agent 15 years before Pasteur confirmed a germ theory. And the most famous of all thought experimenters, Einstein, jumped on a light beam and descended in an elevator to translate a theory of relativity that deviated so far from the established thinking that it was dubbed as Semitic pseudoscience. It was not until 1919, that Sir Arthur Eddington proved during a solar eclipse that light does indeed bend around a sun confirming Einstein's prophetic relativity.

The list of scientific milestones conceived in the minds of creative thinkers goes on and on, many of which had no references to cite. And likely in today's academic environment, Einstein and his crew of creative misanthropes with no professors to acknowledge and no alms to nourish impact factors, would have a great schism to cross to get published in a prestigious journal. Their findings today would likely be introduced via trade and open access journals or the vocal social media outlets.

Today's increasingly dogmatic medical environment feels at times like it is beholden to a cabal promoting agendas. And their words are preached in a version of scripture presented to the commoner as Evidence Based Medicine (EBM). While conceived with the greatest of intentions, EBM has attracted a nearly religious following, highly vulnerable to hijacking by a well-meaning clergy of academics, authoritative bureaucrats, and profit-

motivated insiders with an intent to direct the training and delivery of medicine.

Hidden from those in the pews, however, the canonized sacraments of EBM are based on conditions that can only be considered a loose representation of everyday clinical reality. It is ironic "...that there is currently little evidence that EBM has actually improved patient care."^{1,2} Doctors be aware, the authoritative bodies that dictate and mandate the practice of medicine may use an allegorical syntax to increasingly influence and enforce how you should practice. Large EBM studies are designed to prove efficacy for the masses as well as to consider cost. They rarely are created for the individual nor are they sensitive and amenable to what happens in the aftermath of their implementation.²

Not all populations are the same; as any researcher can tell you, the dosing and delivery of a drug or device in a clinical study is often a departure from how it is offered and delivered in clinical practice. I can tell you first hand in clinical trials proving neurotoxin efficacy, a 2/5-point scale reduction in a wrinkle score is required. And the toxin is reconstituted with normal, non-preserved saline. My daily clinic patients would not tolerate this type of practice as neurotoxin mixed with non-preserved saline as opposed to preserved has a greater tendency to be painful; and a two-point reduction in a glabella or crow's feet wrinkle is more likely to lead to an unnatural "frozen" appearance. Clearly, a deviation from the goals of the patient.

Similarly, in a clinical study proving efficacy of a filler, a one-point reduction in the depth of a nasolabial fold (NLF) is required. However, I am limited to using a needle and instructed to place the filler into the dermis. For the collagen stimulating filler, Poly L

lactic acid, Sculptra, I am asked to reconstitute the product with 5cc of water. None of these filler practices are standard and these methods are more likely to lead to unnatural results. And concerning, using needles in the NLF if inadvertently placed too deep have a potential for devastating complications. Yet once the product is approved via well done EBM studies, we are encouraged to follow these protocols in practice. Most teaching to the novices is based on approved label methods.

Last week, I was at a major conference where I heard a young academic from a major institution report two of her vascular complications following filler injection into a known risky zone using a needle. I was astonished. Where and how to inject filler safely with a large bore cannula is well known and defined by those with extensive experience in clinical practice. And while the safer more reliable methods for using fillers and neurotoxins are being taught under the umbrellas of CME, it is much less heralded and often drowned out by the tidal wave of sponsored training session using published EBM studies.

Of course, it is understandable, many have a vested interest in training more providers and they are required to only teach that which has been studied and proven safe. It makes sense that regulating bodies and academics tasked with protecting the public want to make sure the on-label methods only are being promoted. But while such dogmas help to protect from the rogue treatment or treater, at the same time, they harness the visionary and creative adapters in technique and safety. While the degrees of improvement in safety that are identified and put into practice by the progressive clinicians is usually small, the much larger impact on clinical practice is the leap of improvement in cosmetic

outcomes that comes from “off-label” non-EBM methods instituted.

The problem we face is that if newer advancements are not effectively transmitted to the masses of trained providers, then the vast majority of providers will use the allegedly less safer method and less natural outcome producing techniques defined in the EBM trials. Those providers offering safer and better outcomes will be marginalized. A misled public will unduly develop a negative impression and fear of a product or treatment. And a promising industry is at risk for being commoditized and defeated perhaps beyond repair.

Today, there are more opportunities for those who read and write the language of EBM to reach the masses through sponsored workshops, established media outlets, and traditional peer review print. But if our universities, journals, and societies want to remain relevant and really protect and provide the best and most current treatments to the public, then the established channels of yesteryear are going to have to bend to the rapid flow of non-EBM information from the selective disruptors.

A younger generation much savvier in disseminating information to the masses is coming of age. They will be more apt to disregard journals, meetings, and societies and go straight to the consumer if not given a seat at the table. A movement that has already begun. Look no further than the multiplying open access and trade journals as well as vocal social media influencers forming a swelling and motivated crowd outside the gates. No court is immune to a spirited majority. It is rather obvious today the most recognized physicians in any specialty are not those who have published 100 scientific papers, but rather the ones with 100,000 Instagram followers.

Let this be a wake-up call to those who control traditional

routes of information. It is time we manage the reigns of EBM; define, focus, and limit its influence. The data should be cautiously interpreted through a lens of reason and a commentary of practicality. And let's welcome back to our meetings, journals, and societies the free thinkers, the Internet darlings, and the progressives who have been kicked to curb by EBM. We do not have to adopt their ways but we certainly can provide an honest and respected forum to hear their progressive thoughts without requiring them to hire a PhD in mathematics to validate their message. No field of medicine needs its creatives more so than that of aesthetics. Let's not lose them. ■

References

1. Ioannidis JPA. Evidence-based medicine has been hijacked: a report to David Sackett. *J Clin Epidemiol* 2016; 73:82e6.
2. Fava GA, Guidi J, Rafanelli C, Sonino N. The clinical inadequacy of evidence-based medicine and the need for a conceptual framework based on clinical judgment. *Psychother Psychosom* 15; 84:1e3.

Are you eligible to vote?

Preparations for the 2018 AAFPRS elections will begin soon. Please make sure that you are eligible to vote.

- Do we have your current email address? The election process will be online and the ballot will be sent via email.
- Have you paid your 2018 membership dues? If unsure, please contact membership services.
- Have you upgraded your membership to member or fellow? In order to vote, excluding retired or emeritus members, you will need to be a member or fellow.

If you have any questions, please contact membership services at (703) 299-9291, ext. 225 or by email at matkins@aafprs.org. Thank you.

FPST NEWSLETTER HELPS CLIENTS BEAT THE CLOCK

The summer issue of *Facial Plastic Surgery Today (FPST)* is full of timely information targeted to current and potential clientele. You will not want to miss the opportunity to share this newsletter in print and on your Web site.

The cover article, *Beat the Clock at Any Age*, explains how the right treatment at the right time can help your beauty shine. With advances in skin care and surgical and nonsurgical options, all patients can benefit and retain a youthful, confident glow.

The area around the eyes is one of the first features to show the signs of aging. The inside article, *Update Your Look Beginning with the Eyes*, highlights procedures and treatments to address droopy eyelids, fat deposits, sagging skin, lower lid creases, puffiness, and crow's feet.

While rhinoplasty is the most popular procedure, there are patients that want to know how they can reshape their nose without surgery. The *Ask the Surgeon* offers fillers as a non-surgical nose-reshaping option to fill divots or depressed areas, to lift the angle of the tip, or to smooth the appearance of a bump.

The *Health Tip* recommends limiting sun exposure after facial plastic surgery to avoid discolorations or permanent scarring. In particular, for exfoliation, resurfacing, and most laser procedures, direct sunlight should be avoided during recovery and for a period of four weeks.

A recent study examined the affects that Botox injections have on scar formation and found that it reduced both the bumpiness and the width of the scars. This will be featured in the *What's New* section.

The final article, *Skin Care to Prevent Skin Cancer*, will alert and caution readers on the damaging



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effects of sun exposure and various ways to protect your skin.

Refer to the enclosed subscription form to order your digital copy of *FPST* today and start your annual subscription with this summer issue. You will receive four issues for one fee of \$560 and you can start sending these out to patients via email and post them on your Web site. Don't delay your subscription. ■

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READING MATERIALS FOR YOUR RECEPTION AREA

Make use of all the marketing materials the Academy has to offer. Patients rely on you to provide them with authoritative resources—and yes, still in print format—to educate them on cosmetic and reconstructive options. Two exceptional offerings that provide up-to-date information in a beautifully printed format are *The Face Book* and the patient brochure series.

The Face Book: A Consumers Guide to Facial Plastic Surgery was first printed in 1988, with the second edition in 1998, and a third, expanded edition in 2009. This quintessential guide to facial plastic surgery has been extremely popular with consumers as the ultimate resource for facial aesthetics. The most recent edition features the trends and treatments with three new chapters devoted to non-invasive procedures. Full-color before and after photos have been added, in addition to patient testimonials. Purchase copies to display in your waiting rooms and to send to referral sources. Go to www.aafprsfacebook.org to view a sample of the book.

Patient brochures are a staple of every physician office. There are 12 titles in the series. Each major procedure is described in a single brochure. The information is comprehensive and understandable, with the goal of being a starting point for patients to discuss with you. You can view each brochure's content online at: www.aafprs.org/for-patients or you can contact Glenda Shugars at the AAFPRS office (gshugars@aafprs.org) to send you some samples.

Refer to the adjacent form to order these patient information materials for your office. See page 23 for a 10 percent coupon good until July 1, 2018. ■

ORDER FORM -- Patient Brochures and The Face Book

Use this form to order these attractive patient brochures. The brochures come shrink-wrapped in 50s and 100s. The price noted below includes standard shipping (for U.S. only). Please allow up to two weeks for delivery. Rush service is available for an additional charge (call the AAFPRS office at (703) 299-9291, ext 234.)

Member price \$40 per pack of 50 brochures; \$80 per pack of 100 brochures
 Non-member price \$70 per pack of 50 brochures; \$150 per pack of 100 brochures.

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FIVE ONBOARDING ESSENTIALS FOR NEW STAFF

By Donna Fay,
OFPSA President



One of the most rewarding experiences a manager can have is to build a team of hardworking, dedicated individuals who share common goals. Great teams can accomplish great things; and leaders with great teams, usually are extraordinarily happy and successful.

One of the best methods to increase retention and satisfaction, while ensuring team and individual success is through a solid onboarding process. Many leaders consider effective onboarding to be the essential ingredient to developing a top-performing team. Consider incorporating the following into your staff management plan.

Structured plan

This can be as simple as a checklist of necessary paperwork,

specific training topics, trainer assignments, and dates of completion. Organizing a set of onboarding tasks in advance of an employee's first day will ensure nothing slips through the cracks. It also communicates an employer's commitment and professionalism to the new employee.

Written job descriptions

This is critically important to have available, as it serves as a big-picture view of the role and responsibilities associated with a position and how and where various roles and responsibilities intersect within a practice.

Mentor matching

Make existing staff an active part of a new employee's integration process; it ensures a smooth and culturally rich onboarding experience. Assigning mentors for specific training opportunities provides new employees with



experience, knowledge, and historic perspective, while affirming existing employees' value to the organization.

Feedback loop

Perhaps most important for any new employee is having clear and consistent communication about expectations and the progress being made toward meeting those expectations. A well-constructed feedback loop encourages everyone to regularly seek the best training processes and steps possible. Additionally, course corrections can be made without much angst if strong lines of communication are established and maintained throughout the onboarding process.

Building a strong, long-lasting team is one of the true pleasures of being a leader. The care and attention you invest at the onset for a new hire will pay dividends of incalculable value in the future. ■

INSTALIFT

From *Emerging Trends*, page 6 Silhouette Instalift™ to the Brevard County Sheriff's Office and their fight against domestic violence. We advertised the procedure in a local lifestyle magazine and incorporated a picture with the sheriff and a quote from him. Our patients and staff really loved this. ■

This column is designed to share innovations in treatment, surgical procedures, implants, and other devices for review and consideration by the reader, within the context of his or her own practice. The views expressed are those of the author(s).

If you have any questions or concerns, please send committee chair Jason Bloom, MD, an email at drjbloom@hotmail.com.

FOUR DAYS OF LEARNING AND FUN

From Cover Story, page 1

Last year's annual meeting launched the Young Physicians Forum, which was held the day before the meeting, giving young physicians a chance to attend committee meetings. This was very successful with over 125 attendees including young and not so young physicians. This year, we will hold the now called Physicians Business Forum on Sunday, October 14, the same day as all the committee meetings; so plan to come a day early.

The co-chairs, John Frodel, MD; Mary Lynn Moran, MD; and Krishna Patel, MD, along with meetings director Phillip R. Langsdon, MD, are working on an exemplary program. It will start on Monday and end on Thursday. There will be four days of rhino-

plasty, facial rejuvenation surgery, facial reconstructive surgery, and non-invasive, emerging trends, and new technology. In addition, there will be four mornings of office staff training and management and four afternoons of business/marketing/media (for physicians and staff). This will prove to be the best business, marketing, media, and staff training program ever assembled!

The exhibit hall will have nearly 100 companies showcasing their products and services and will be open until lunch on Thursday. Sponsored activities and evening live demonstrations are on track and will only make your experience better.

Plan now to attend. See pages 12 and 13 for registration and housing information. ■

**The Educational and Research Foundation for the
American Academy of Facial Plastic and Reconstructive Surgery
Annual Giving Report for 2017**

Mission

In 1974, the Educational and Research Foundation for the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS Foundation) was created to foster, promote, support, augment, develop, and encourage investigative knowledge and charitable and humanitarian application of facial plastic and reconstructive surgery.

General Overview

The Foundation raised \$336,496 in cash in 2017 from 187 individual and corporate donors. In addition, In-Kind contributions were received from 8 companies/organizations valuing \$179,861. These funds are raised through a variety of sources including:

1. *The Many Faces of Generosity* - Facing the Future and Beyond Capital Campaign, which will continue to collect payments from pledges totaling \$4 million through 2018.
2. Corporate Sponsorships and support of educational sessions at AAFPRS Meetings.
3. Gift to the Foundation Annual Fund from regular appeals. An Annual Fund is:
 - The cornerstone of a comprehensive development program.
 - Separate and distinct from money raised for a Capital Campaign or Endowment, such as the Bernstein Research Grants.
4. Founders Club Membership. Founders Club members are individuals who support the Foundation through membership dues.
5. 1887 Membership - An 1887 member recognizes individuals and organizations whose philanthropic commitment to the AAFPRS Foundation is \$1,000 or more (actual cash donations) during any fiscal year.

How Your Donation Makes All the Difference

- Recognizes and grants monetary awards to outstanding authors of research papers in facial plastic and reconstructive surgery.
- Funds two Research grants and a Research Scholarship through the Foundation's Research Center.
- Supports the Foundation's LEARN (Lifetime Educational and Research Network) portal which provides educational tools for Academy members as well as a permanent Transcript of each members Continuing Medical Education credits earned via AAFPRS sponsored meetings and activities.
- Supports the Foundation's FACE TO FACE Program by funding a database to capture patient information and providing grants for sanctioned FACE TO FACE International Missions.
- Supports the Foundation's FACE TO FACE Domestic Violence program, which matches survivors of domestic violence to an AAFPRS volunteer physician, who provides pro bono services to assist the survivor in reclaiming their life.
- Encourages the collecting of historical memorabilia instructive on the subject of the development of facial plastic surgery and provides funds for the Robert L. Simons Archive and Heritage Center.
- Supports Fellowship Program database that assists in tracking and management of requirements and application information.
- Keeps operating costs of the Foundation down.

Distinguished 1887 Member Award

In 1887, the first credited intranasal rhinoplasty was performed in the United States. 1887 members are individuals and organizations whose philanthropic commitment to the AAFPRS Foundation is \$1,000 or more during a fiscal year.

The Distinguished 1887 Member Award is presented to those individuals who have gone the extra mile for the Foundation. They have helped the annual giving fund and unselfishly given of their own time by participating in activities that have advanced the mission of the Foundation.

The 2017 recipient is John Charles Finn, MD.

Past recipients of the distinguished 1887 Member Award include:

Harrison C. Putman, III, MD	Dr. and Mrs. William H. Truswell	Mark Hamilton, MD
Peter A. Adamson, MD	David B. Rosenberg, MD	Terry L. Donath, MD
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1887 Recognition

The Foundation offers its sincerest thanks to the following 1887 members for their generous contributions which helped to fund the many programs supported by the Foundation.

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The AAFPRS Foundation also wishes to thank the following individuals and companies for their monetary support.

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NEW VIDEOS: PRACTICE TIPS & MANAGEMENT, LIVE INJECTIONS

More new videos surface this month. In Chicago last April, during the Facial Rejuvenation: Master the Techniques meeting, the two-day practice management program and the five-hour live injection course were filmed.

The round table format led by Steven H. Dayan, MD, for the practice management program received rave reviews. Topics ranged from growing your practice to patient retention, legal issues to alternative sources of revenue, what patients want to see and feel in your office, exit strategies and lifestyle choices, and what we can all learn from a car salesman. All this equalled close to 10 hours of lively discussions and audience interaction—condensed into four videos.

The live injectables sessions covered HA fillers—including polymethyl methacrylate (PMMA)—and neuromodulators for the full face including treatment of nasolabial folds, tear trough, cheeks, oral commissure, as well as lip augmentation and thread lifting.

The first session, day one, was moderated by Jonathan M. Sykes, MD, and injectors were Dr. Dayan and Julius Few, MD (part one, cat. 806). The second session, day two, was moderated by Alexander Rivkin, MD, and injectors were Otto Placik, MD; Landon Pryor, MD; and Michael Somenek, MD (part two, cat. 807).

These videos are now available for streaming. There is no charge to AAFPRS members to stream the practice management videos. You can obtain access to this by logging into LEARN at www.aafprs-learn.org. If you want the DVDs of the practice management videos, you can order them by completing the adjacent form.

For a complete list of videos, visit www.aafprs-learn.org/dickinson.aspx.



FACIAL PLASTIC TIMES MAY/JUNE 2018

2018

JUNE 23-24

ABFPRS EXAMINATION
Washington, DC

AUGUST 3-5

*PORTLAND RHINOPLASTY COURSE
Portland, OR
Co-chairs: Tom D. Wang, MD; Michael Kim, MD; and Myriam Loyo, MD

*Endorsed by the AAFPRS Foundation

- OCTOBER 15-18
- 12TH INTERNATIONAL SYMPOSIUM OF FACIAL PLASTIC SURGERY AND AAFPRS ANNUAL MEETING
- Dallas, TX
- Co-sponsored by the International Federation of Facial Plastic Surgery Societies (IFFPSS)
- Co-chairs: John L. Frodel, Jr., MD; Mary Lynn Moran, MD; and Krishna Patel, MD

Enclosed in this May/June issue of *Facial Plastic Times* is the FPST Subscription Form.

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