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## PRESIDENT'S MESSAGE:

It seems appropriate to borrow from Yogi Berra as baseball season begins and the same stuff just keeps happening. The longer you have been around, the more this seems to be the case and will continue to be. The last month has seemed to bring this into shared relief for the Academy and me.

There is the relentless assault on the medical profession and our earned obligation to protect the best interest of the patients and to do no harm. Scope of practice legislation is again in committee in Tennessee and

Florida with ancillary providers trying to gain access to direct patient care roles that may jeopardize their health and well-being.

This may be hidden in relatively obscure language; e.g., in Tennessee, the optometrist requests to have the right to inject local anesthesia into the eyelid. Harmless right? We would all like to think so in maintaining the utmost of respect for all professions and the practitioners within. Experience teaches us that you can rely on the majority to behave reputable, while there will remain a small minority that may lack the discretion of ethics. Unfortunately, it is the minority that we have to restrict with governmental regulations.

How do we as individuals and as an Academy impact those governmental branches and agencies that write and enforce the regulations?

Proactively, I hope! When I received notice of the scope of practice legislation in Tennessee from the Academy office with a well-written position paper addressed to the legislature composed by Mr. Tom Rhodes, I felt that I was out front. I composed a cover letter to the Senate committee that was having the hearings and forwarded the position paper with copy to one of our Academy's active members in Tennessee, Phillip R. Langsdon, MD. Within minutes, I had a response from Phil saying that he had spent the previous day lobbying the members of the committee. Well done, Phil, and thank you for your vigilance.

The Academy maintains a constantly updated database of legislative activities around the country. This data bank searches key issues and phrases. This approach indeed works mostly because of the Academy staff and because we have time to respond. As we all know, the wheels of government roll slowly. Regardless, being in front of those wheels is the best vantage point so that no momentum is achieved. The only way we can stay out in front of any unfavorable legislation is to have troops on the ground.

We have long maintained a grassroots network of members that serve this purpose. These members are coordinated by the Academy office and the regional directors with the help of the vice president for membership and societal relations. If you wish to become involved in efforts that may be necessary in your state, you can contact the Academy office or your regional director.

The issues that most frequently get raised and that you should be alert for on a local and state basis are scope of practice and truth in advertising. As much as we emphasize that all politics are local, even at the medical staff level, it is hard to maintain the energy that is necessary to remain engaged when we are busy and our practice is thriving. This is when we start to feel comfortable and can become complacent putting ourselves at the greatest risk of having our role as the expert and best providers threatened. Please be an advocate for your patients by remaining involved.

As this year progresses, I remain astounded by our members, their unlimited ability to educate and advocate for our specialty, their eagerness to give their time for what they believe in, and their devotion to the future generations of facial plastic surgeons. Although at the time of this

# IT'S DÉJÀ VU ALL OVER AGAIN

message I do not have an update on the status of ACGME recognition for facial plastic surgeons, I can tell you that every conversation had and decision that has been made have revolved around a discussion of protecting the future for our present, and primarily our future, members and the diplomates of the ABFPRS. I will be accompanied by leaders of the AAFPRS and ABFPRS to give testimony to a sub-group of the ACGME Board on April 7, regarding our request for the withdrawal of the application for recognition of facial plastic surgery. I do not anticipate a conclusion will be reached during that meeting, but every effort will be made to secure our future in the best interest of facial plastic surgery.

As part of the due diligence for our presentation to the ACGME, I have become aware of areas where the Academy may better serve our members and our future with or without the participation in ACGME. Our fellowships require a research paper be completed and submitted for publication. In private practice, access to an institutional review board (IRB)

may be unavailable or cumbersome at best. As we move more toward evidence-based medicine and outcome-based research, it will be more necessary for our directors and members to have access to an IRB. Having an IRB within the Academy, if this could be accomplished, would serve the members and fellowship directors in their efforts to do more evidence-based research. I will ask our appropriate committees to look into the possibility of such a review board being developed within the Academy.

As the midpoint of my year as the president approaches, I have been humbled by some of the tasks that are before the Academy, but I have been more humbled by the quality and involvement of our members. Because of the members, I am more confident of our future as the leaders in facial plastic surgery than ever before.



Edward H. Farnior, MD

## MEMBERSHIP ANNOUNCEMENTS

### Upcoming elections, e-ballots

This year's upcoming elections will include online ballots. Those of you who are members, fellows, emeritus, or retired members, in order to ensure that you receive your e-ballot and participate in the election process, we must have your current e-mail address. Please e-mail any updates to membership manager, Maria Atkins, [matkins@aafprs.org](mailto:matkins@aafprs.org), with the subject line "2014 elections."

### Upgrade to member

Current associate members or those who have completed their fellowship training, you can easily upgrade to member status by submitting a copy of your board certification letter or certificate by the appropriate examining board (examples are American Board of Otolaryngology or American Board of Facial Plastic and Reconstructive Surgery). You may send a copy of your board certificate to the Academy office, attention Maria Atkins.

### Upgrade to fellow

Members who are ABFPRS certified can advance to fellow status. Please note that with this upgrade, there will be an increase in the membership dues. However, there are significant benefits to being a fellow, including the ability to chair a committee, be nominated for a position on the Board of Directors or an elected committee, become a program chair of an AAFPRS meeting, and apply to become a fellowship director. There is a form that must be submitted in order to complete the process to upgrade to fellow status.

Members who are not ABFPRS certified may also upgrade their member status to fellow by meeting the following requirements.

You must be: (1) A diplomate of a recognized American examining board of medical specialties in a specialty applicable to the head,

*See Requirements, page 16*

### Prepare for the upcoming 11th International Symposium!

Make sure you know your AAFPRS login ID and password!

At the 11th International Symposium of Facial Plastic Surgery, May 27 - 31, 2014, you will be able to complete meeting evaluations online, access personalized transcripts, and print CME certificates from your office or home.

If you do not have, or do not remember, your AAFPRS login ID and password, please contact Karen Sloat at the Academy office via e-mail at [ksloat@aafprs.org](mailto:ksloat@aafprs.org), prior to the meeting to make sure you are able to complete your evaluation in a timely manner.

Please do not wait until you get on-site; this will cause a delay and may prevent you from getting your credits when you want them.



# INTERNET INSIDER: LSI KEYWORDS, IMPORTANCE OF PREDICTIVE SEARCH



**D**o you remember when Google didn't automatically tell you what you were searching for before you searched for it? Probably not, Google Instant (or predictive search) rolled out in September 2010; and since then, the end goal still is to create a new "conversational" type of search.

Fast forward to September 2013... Hummingbird rolls out, as an anniversary algorithm update, launched a month before without anyone taking notice. The search giant is turning 15 years old and announcing upgrades! Google essentially is graduating middle school and strutting into high school with new skills and a cool lunchbox.

Google now has the ability to respond in a more humanistic way and provide a more direct answer for your search query. With hummingbird, Google is upping the ante in the search world by becoming smarter and understanding user intent and delivering rich content to its users. It is setting importance on conversational search and semantic processing. So, instead of processing a search query simply by matching the related "use of a word" on a Web page, Google is now aware of the real contextual purpose of the query and returning a more exact answer.

Fast forward to present day 2014, the question has now turned into...



## How can I improve my Web site ranking in Google?

1) Increase your relevance and authority with unique, engaging content.

2) Include high quality backlinks from authoritative sites to

increase overall domain authority.

3) Implement Google Authorship, which includes author photo, profile, etc., with the content in the search results. It's been proven to increase conversion rates, i.e., people usually click more often on search results displaying an author's image.

4) Optimize your Web site for mobile with faster load times, fewer images, and simple navigation.

5) Apply schema markup; rich snippets help Google (and other search engines) more clearly understand the content displayed on your site. Types of business, locations, and even reviews can be marked up.

6) Use Latent Semantic Indexing (LSI) keywords paired with a Q&A pattern in your content.

Implement the (direct answer) strategies mentioned above and you'll be golden, considering Hummingbird affected 90 percent of all search results!



## What are LSI keywords?

LSI keywords are a part of Google's search analysis when trying to decide what Web sites will show up in their search results. The goal is to provide the most relevant results for a search every time. For example, if a user searches for the term "rhinoplasty surgeon," Google must decide what Web sites or documents are most relevant and display them in the search results, and LSI plays a key role in this.

PHOTO SHOWS SEARCH RESULTS FOR "RHINOPLASTY SURGEON."

## How can you improve your online marketing?

By using LSI keywords, you're essentially telling Google to sort your site on the frequency of a variety of key phrases linked together instead of on the frequency of a single keyword or phrase.

Though your content should already include your main keyword or phrase, the content should never focus solely on that keyword or phrase.

There is a possibility that Google may see the page as being over-optimized and penalize the site, and then a drop in rankings follows.

But this doesn't mean that keyword or phrases shouldn't be used on your site pages or in your blog posts. Instead, the strategy should consist of using keywords and phrases plus an LSI strategy toward newly created content. You can bet your site's rankings are going to improve.

## Content creation with an LSI strategy = rankings!

Things you can do to help your site fight the good fight:

- Write useful and engaging content
- Keep it short and to the point
- Choose your keywords wisely
- Have a point of view
- Make links part of your copy
- Optimize your images for better search engine ranking

See *Internet SEO*, page 10



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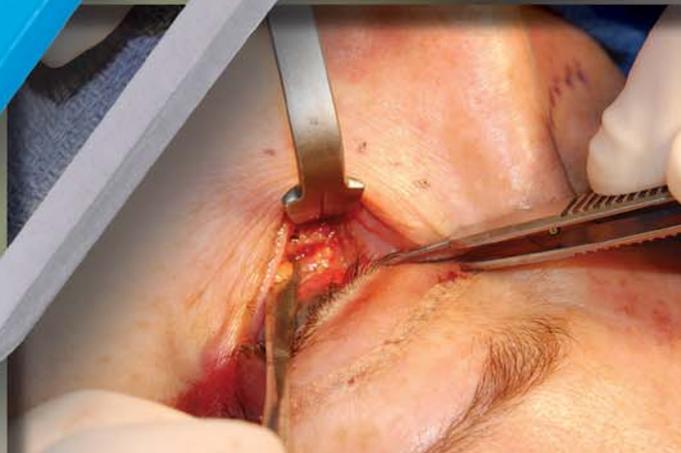
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# "RHINOPOPULARITY" STILL ON TOP

From Cover Story, page 1

excite the media once the statistics are officially released.

The top five things patients are most concerned about: results, costs, recovery, pain, and scars, which support the overall global trend toward less invasive procedures.

## Key highlights

- More than half of patients (59 percent) ask for procedures by describing the area of concern (nasal hump, crow's feet, sagging neck, etc.).
- More than one quarter (26 percent) ask for the surgeon's advice on what they should have done.
- Most surgeons report children and teens undergo plastic surgery as a result of being bullied (69 percent) rather than to prevent being bullied (31 percent).
- The survey found a 39 percent rise in the demand for non-surgical cosmetic procedures to delay facial surgery.
- Thirty-four percent of women under 35 are looking after their skin to prevent visible signs of aging for longer.
- Twenty-three percent of men under 35 are seeking rhinoplasty, neck liposuction, chin implants, and acne scar reduction procedures.
- Women continue to be the most likely candidates for facial plastic surgery and account for 81 percent of all surgical and non-surgical procedures in 2013.
- Mothers are the most likely candidates, making up two-thirds of all procedures on women last year.
- Men are most concerned with wrinkles and having a full head of hair, while women value preserving their youthful appearance with a facelift and eye lift, as well as having a well-proportioned attractive nose.
- Among male patients, the most popular procedures were BOTOX®, hyaluronic acid injections, hair transplants, and rhinoplasty.

- The most common cosmetic surgical procedures performed on women were facelifts, rhinoplasties, ablative skin resurfacing and blepharoplasty. In 2013, BOTOX® still reigned supreme as the most commonly performed non-surgical procedure among women, followed by hyaluronic acid injections, superficial peels/microdermabrasion, and non-ablative resurfacing.
- "Rhinopopularity" still dominates both sexes, with nose jobs being the most requested surgical procedure for both men and women under the age of 35 (90 percent and 86 percent, respectively).

For tips on how to use these findings to "work" the media, refer to the PR column on page 14.

Thank you to everyone who participated in our 2013 annual trend survey. Our rate of response almost doubled from previous years. These numbers help make our Academy more relevant in the eyes of the media, other associations and our sister organizations, as well as consumers. Pearls from last year's statistics received, and continue to receive, tremendous pick up from multiple media platforms and outlets in the U.S. and abroad. ■

The AAFPRS *Products Catalog* is enclosed in this issue of *Facial Plastic Times*.

If you completed the PR survey earlier this year, you may take advantage of the 20 percent discount that was offered as one of the incentives for participating in the survey. That is our way of saying "thank you" for taking the time and for helping us identify trends to present to the media.

If you did not fill out the survey, you can take 10 percent off your purchase through May 31, 2014.

If you will be in New York for the 11th International Symposium, stop by the AAFPRS booth; these products and more will be available for preview and purchase.

## The development office needs your assistance this anniversary year!

Our goal is to have 200 "1887" members by December 31, 2014.

So far, we have 28 members; their gifts total \$138,552.80. The AAFPRS Foundation has 71 donors with contributions totaling \$146,757.10.

We thank the following for taking the lead and becoming 1887 members so early in the year! (List as of March 31, 2014.)

## Current "1887" members

Allergan  
William J. Binder, MD  
Gregory H. Branham, MD  
Mark A. Clymer, MD  
Ted A. Cook, MD  
Jeffrey S. Epstein, MD  
Edward H. Farrior, MD  
J. Charles Finn, MD  
Albert J. Fox, MD  
Julio F. Gallo, MD  
Paul E. Goco, MD  
Carla C. Graham, MD  
Theresa A. Hadlock, MD  
Peter A. Hilger, MD  
Andrew A. Jacono, MD  
Robert M. Kellman, MD  
Deirdre Smith Leake, MD  
Jon Mendelsohn, MD  
MERZ Aesthetics  
Philip J. Miller, MD  
Amir Moradi, MD  
Craig S. Murakami, MD  
PCA Skin  
David B. Rosenberg, MD and  
Jessica Lattman, MD  
Daniel E. Rousso, MD  
David A. Sherris, MD  
Valeant  
P. Daniel Ward, MD

Cumulative cash gifts (between January 1 - December 31) that total \$1,000+ automatically makes you an 1887 member. The year 1887 is when the first credited intranasal rhinoplasty was performed in the United States. All current 1887 members are recognized for their commitment to the AAFPRS during a reception that will be held at the 2014 Fall Meeting in Orlando, Fla. Please contact Ann H. Jenne to donate today at (703) 299-9291, ext. 229; aholton@aafprs.org.



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INNOVATIONS

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*Designed by Barry L. Eppley, MD, DMD*

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The result is a more elongated face and triangular jawline-chin shape for your patient.



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*Designed by Nazih M. Haddad, MD*

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By supporting the nasal tip, the implant opens the columellar labial angle.

As a result, the implant also promotes a more aesthetic balance between the nose and other facial features.

Benefits include tapered wings that easily drape over the dorsal sides for stability, and a dorsum tapered from top to nasal tip to preserve anatomically correct thickness.

## The Specialty of it All, Part Two

By Robert L. Simons, MD

There is no debate. The major mission of the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS) has always been education. Since its inception in 1964, members have gathered together at AAFPRS meetings and courses to learn, teach, and discuss both the fundamentals and potentials in the growing field of facial plastic surgery. Quality and content of these early educational efforts was acknowledged in 1970 when the Academy became the first non-university group to receive American Medical Association (AMA) approval to grant Continuing Medical Education (CME) credits. Two years later, in 1972, the AAFPRS Educational and Research Foundation was established.

The breadth and caliber of courses expanded each year, with a proposal made in 1983 to develop six major courses that would encompass skills needed by a well-trained facial plastic surgeon. The six designated courses, to be held on alternate years, would include rhinoplasty, hair transplantation, facial skin malignancies, the aging face, head and neck reconstructive surgery, and maxillofacial trauma. An AAFPRS member who attended all six would be granted a Distinguished Education Award. The first to receive this honor was Stephen W. Perkins, MD, in the Fall of 1988 (pictured here).

However, what truly thrust otolaryngology forward as a recognized pathway to facial plastic surgery training was the approval in 1975 of the *Essentials of Otolaryngology* by the AMA's Liaison Committee on Graduate Medical Education. This action established that facial plastic surgery procedures would be taught in all otolaryngology training programs. An updated *Essentials* was published in October 1979, and still another revision was completed in 1989.

"This was the hallmark we were all striving for," commented Carl N. Patterson, MD, the AAFPRS secretary when the groundwork for securing this approval took place. "For the first time ever, these facial plastic surgery procedures were requirements for board certification." Dr. Patterson (pictured here) further credited senior leaders such as Walter Work, MD (ABOto secretary), and AAFPRS presidents: Jerome A. Hilger, MD (1979-1980); John T. Dickinson, MD (1965-1966); Richard T. Farrior, MD (1967-68); and George A. Sisson, MD (1978-1979)—all of whom were members of the American Board of Otolaryngology (ABOto) and actively supporting the needed ABOto recommendation that the AMA approve the *Essentials*.



## A Family

With training upgraded, apparent recognition from organized medicine obtained, and the public awareness and the desire for facial plastic surgery expanding, it was reasonable to be optimistic about the future of the facial plastic surgeon. The established plastic surgery community, however, was not going to make it easy for their fledgling competitors. Aware of their potential disadvantage in numbers, the plastic surgeons ramped up their public service campaign. The text and content was direct and unwavering. "Don't choose an ear nose and throat man," and "Only a board certified plastic surgeon is qualified to do cosmetic surgery," were the catch phrases that appeared time and again in the media.

The concerted, nationwide effort of disparagement persisted for decades. It was suggested to potential patients, "For your own protection, since your aim is maximum aesthetic result, be sure that your surgeon has the added years of study and experience which the American Board of Plastic Surgery (ABPS) certification guarantees."

This barrage of public denigration was augmented by attempts to limit how facial plastic surgeons identified themselves in the Yellow Pages. In many states, otolaryngologists seeking hospital privileges in facial plastic surgery found their applications challenged or denied by credentialing committees influenced by general plastic surgeons. When a plastic surgeon did accept an invitation to teach at an AAFPRS course, his peers exerted pressure until he withdrew his acceptance. Conversely, articles written by facial plastic surgeons were often rejected for publication.

In 1977, these activities came under investigation by the Federal Trade Commission (FTC) for alleged restraint of trade. Why the FTC failed to press charges remains unclear. The American Society of Plastic and Reconstructive Surgery (ASPRS) did offer a consent decree that would have ceased a number of the harassment issues. They were also able to some degree to deflect the investigation from anti-competitive practices to quality of care, as measured by whether a surgeon could say he was a board certified plastic surgeon.

Even after the FTC investigation was dropped, the threat of increasingly well trained competitors disturbed the plastic surgeons and, in the early 1980s, the ABPS amended its *Essentials in Plastic Surgery* to permit graduates of other residencies, such as otolaryngology, to take further two-year general plastic residencies and be eligible for certification by the ABPS. Records show that in 1981, 10 percent of all otolaryngology senior residents accepted this offer!

Several years later, during his AAFPRS presidency in 1984, Howard W. Smith, MD, pinpointed this trend in an appeal to ABOto president, Dr. Sisson, concluding, "At some point this activity must penetrate the conscience of every member of the ABOto and produce action toward sub-





## Forever Young

certification... I would expect the American Board of Medical Specialists (ABMS) to review the needs of otolaryngology before a revolution in medicine can be attributed to their failure to perceive the needs of organized medicine.” The revolution to which Dr. Smith alluded was the possibility that facial plastic surgeons would create their own certifying board outside the ABMS umbrella.

The letter had results. Just two months later in April 1984, ABOto secretary-treasurer, George F. Reed, MD, informed Dr. Smith that the ABOto Board of Directors had met in March and “endorsed the concept of recognition of added qualifications in six areas of our specialty including plastic and reconstructive surgery.” Facial plastic surgeons were not the only sub-specialty discipline looking for a mechanism to make known their expertise, as the following position statement makes clear.

“The Board (ABOto) at its March 9, 1984 meeting, took the major step of adopting, after considering a number of routes to this besides sub-certification, the concept of ‘added qualifications.’ For example, after submission of the appropriate documents to the Board, such as a specified number of cases, and passing an examination, the individual would be issued a new primary certificate (not a sub-certificate or separate certificate) which would include the phrases, ‘with additional qualifications in e.g., otology or neurotology.’ This serves the purpose of emphasizing the primary certificate while at the same time recognizing practitioners who have demonstrated their qualification in a particular discipline.”

By April 1985, the ABOto had developed proposals that outlined requirements in all six sub-specialties. However, in the cover letter that accompanied the proposal for facial plastic surgery, ABOto executive vice president, Bobby R. Alford, succinctly advised, “Nothing has been submitted to the ABMS—as this matter is subject to continuing development.”

A year later, the ABOto newsletter reported a meeting with ABMS staff to learn “the steps necessary in order for sub-specialty recognition to reach an accepted status within the organization.” The article concluded with this observation, “The process of added qualifications is a long way from fruition.”

On September 12, 1986, the AAFPRS Board of Directors met. The discussion focused on the different interests of otolaryngology as a specialty from the needs and wants of facial plastic surgeons. The AAFPRS suspected that interspecialty discussions were proceeding between the AAO-HNS and the ASPS without AAFPRS participation. The ABOto had yet to identify facial plastic surgery on its certificate. The AMA seemed under the influence of the general plastic surgeons, who clearly opposed any attempt by facial plastic surgeons to gain recognition for sub-specialty training. Maybe it was time to go it alone.

After much heated discussion, the AAFPRS Board

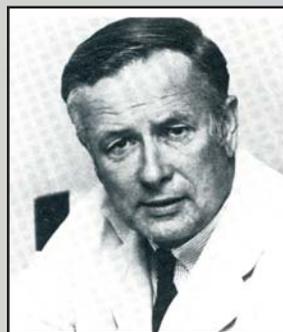
entertained a motion to incorporate a new entity, the American Board of Facial Plastic and Reconstructive Surgery (ABFPRS). The motion passed by one vote! The same motion had been defeated just one year before. Whether it was the newly incorporated ABFPRS or their previous lack of success with certificates of added qualification (CAQs), the ABOto voted a month later on October 10, 1986, to modify its certification and list areas of examination, including facial plastic surgery.

The news of the modification on the ABOto certificate was generally well received. Expressing the feelings of many diplomates, Roger L. Crumley, MD (AAFPRS president in 1994), wrote that the public would now receive information about certification in words that would be helpful and understandable. He further expressed the hope that the AAFPRS would not have to activate the ABFPRS, which would be a non-ABMS Board outside the field of organized medicine and very hard to defend.

Certainly, the recently reworded certificate might help young diplomats presenting their credentials to a new hospital or community. Heretofore, well trained young surgeons like Steven M. Denenberg, MD, and Devinder S. Mangat, MD, asking the ABOto for a letter attesting to the inclusion of facial plastic surgery within the scope of otolaryngology, would receive a meaningless copy of a 1975 policy statement issued jointly by the ABOto and the APBS that disclaimed knowledge of an individual’s ability to perform specific procedures.

As these events unfolded, the ultimate bad news arrived. The new ABOto certificate was not to be. In March 1987, the ABMS, prompted by grievances filed by the ABPS and the American Board of Surgery, filed an injunction to prohibit the certificate’s modification. At its June meeting that year, the ABOto sought to resolve the matter, agreeing to continue using the old wording on its certificate. Ten more years would pass before the ABOto would be permitted to list sub-specialties on its certificate—this time, with the support of the plastic surgeons.

When the AAFPRS leadership met in September 1987, the mood around the table was grim but determined. The defeat of the august ABOto brought the end of hope for recognition of facial plastic surgery within organized medicine. Facial plastic surgeons would indeed have to go it alone. If anyone was going to provide information about certification in facial plastic surgery it would have to be facial plastic surgeons themselves. The ABFPRS Board of Directors felt there was no option but to **activate** the ABFPRS. The revolution Dr. Smith had predicted in 1983 was on!



(left)  
George  
A. Sisson,  
MD



(right)  
Howard  
W. Smith,  
MD,  
DMD

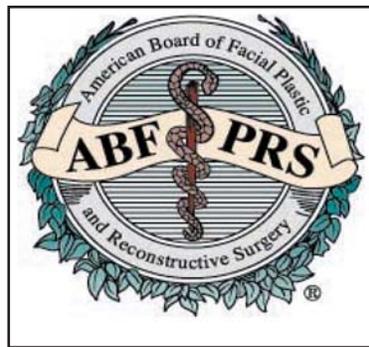
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"ABFPRS certification is recognized as a critical component of successful facial plastic surgery practices," states Mark V. Connelly, MD, ABFPRS president. "But until recently, our diplomates have not had a symbol they could display that shows their achievement of this hard earned credential from our Board. Thanks to the design talent of ABFPRS diplomate Benjamin Cilento, MD, we now have a visually elegant logo that can be displayed by all diplomates to identify their certification by this Board. I'd like all our diplomates, if they haven't already done so, to download and use the new ABFPRS advertising logo. We want our patients and the public to see this new logo and recognize it as the symbol of excellence and expertise for ABFPRS certified facial plastic surgeons."

Please remember that the ABFPRS logo, pictured on the

right, is not to be used by diplomates. It is trademarked for what the Board itself does, which is to certify surgeons.

If you haven't already done so, please remove the ABFPRS logo from any of your personal materials or Web sites.

Diplomates, please use the new advertising logo on the left. It identifies, and is trademarked for, what you do—which is to perform surgical procedures.

It's easy to download the new advertising logo from the ABFPRS Web site, [www.abfprs.org](http://www.abfprs.org).

1. Log into the member section.

2. Click on the link in the right sidebar, Advertising Logo.

The ABFPRS advertising logo is available to all diplomates who are up to date with their annual dues payments and who click the "I Accept" button that signifies their willingness to not use the logo for any out of field advertising. ■

## Archival Center

We are looking for the following types of material for our new Archival Center.

- Photographs
- Personal letters
- Scrapbooks
- AAFPRS material
- Brochures from earlier events
- Artifacts
- Early surgical equipment

- Conferences memorabilia
- Awards
- Artwork
- Books and papers

Every contribution, no matter how small, helps to build and document our history. Please e-mail your questions to Linda Rothbart, AAFPRS archivist, at [lrothbart@aafprs.org](mailto:lrothbart@aafprs.org).

# INTERNET SEO

From *Internet Insider*, page 4

- Proofread your material before you publish
- Make your content easily shareable for social media #SMART

The Internet marketing industry is ever-changing. The SEO specialists at Surgeon's Advisor keep up-to-date with the latest changes in the Internet marketing world to make sure we provide the best possible service to our clients by improving your rankings and helping you generate more leads! ■

*Editor's Note: This article was submitted by Robert Baxter of Surgeon's Advisor.*

## Submissions for Archival Center

Jack Anderson Portrait by Eugene Bortnick, MD  
Wm. Russell Ries, MD

Photograph of Irving B. Goldman, MD  
Frank I. Marlowe, MD

Candid photographs through the years  
William H. Truswell, MD

"Best Memories of Wuerzburg" photographs, certificates  
Prof. Claus Walter, MD

"Paint the Town" invitations, auction books, and slides  
Dr. and Mrs. Thomas Romo

Legal material from 1986  
William E. Silver, MD

Historic photos  
Robert L. Simons, MD

Historical documents  
E. Gaylon McCollough, MD

1950s drawings/paintings by Jerome A. Hilger, MD  
Peter A. Hilger, MD

Various photos from Goldman's Theater  
Mark E. Krugman, MD

Various watercolors of our past leaders and a rhinoplasty course at Mt. Sinai, N.Y.  
Eugene Bortnick, MD

She only  
completed  
**40%**  
of your  
treatment  
plan.



*Wouldn't you rather she complete 100% now?*

**86% of Facial Plastic Surgeons surveyed said that at least once each month a patient declines a portion of recommended treatment or postpones treatment due to cost.<sup>1</sup>** You can avoid this by offering the CareCredit<sup>®</sup> credit card to every patient, along with other payment options.

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<sup>1</sup> 2011 AAFPRS Market Study, Hiner & Partners, Inc.

\* Subject to credit approval ©2013 CareCredit

# 11<sup>th</sup> International Symposium of Facial Plastic Surgery, May 27-31, 2014 Free Paper Schedule

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## Wednesday, May 28, 2014

### Room: Cantor/Jolson

- 7:45am Can a High SMAS Plication Facelift Help Volumize the Lower Face?  
Harry Mittelman, MD
- 7:53am The Fountain of Youth: Patient Reported Outcomes Following Facelift Surgery  
Ashlin J. Alexander, MD
- 8:01am The Micro-Mini Lift: A Small Incision Lift with Big Results  
Michael Godin MD
- 8:09am Horizontal Neck Lift for the Advanced Aging Lower Neck  
Harry Mittelman, MD
- 8:17am Indication and Safety of Submandibular Gland Reduction in Neck Lift Surgery  
Frank P. Fechner, MD
- 8:25am Rhytidectomy and Patient Education: Are Patients Accessing Appropriate Information Online?  
Amar Gupta, MD
- 8:33am Discussion
- 8:40am Break
- 8:45am A Comprehensive Review of the Management of Cervicofacial Dystonia and the Role of the Facial Plastic Surgeon  
Sarah J. Novis, MD
- 8:53am Sliding Genioplasty Using Mastoid Bone Interpositional Graft  
Lucas G. Patrocínio, MD
- 9:01am Simulators with 3D Printer in Facial Plastic Surgery  
Claudia Garcia G., MD
- 9:09am Pathway Analysis of Genome-wide DNA Methylation Profiles of Keloid  
Joshua Greene, MD
- 9:17am Antihelix Filing Technique  
Hermann Raunig, MD
- 9:25am Discussion
- 9:40am Break
- 1:00pm TBD
- 1:08pm Endoscopic Facial Rejuvenation  
Thomas Romo III, MD
- 1:16pm Lateral Browlift Using Temporal (Pretrichial) Subcutaneous Approach Under Local Anesthesia: One Surgeon's Experience  
Mehryar Taban, MD
- 1:24pm The Endoscopic Forehead Approach: A Minimally Invasive Technique for Benign Tumor Excisions  
Heather Waters, MD
- 1:32pm TBD
- 1:40pm Discussion
- 1:50pm Break
- 2:00pm Growth Factors (EGF, VEGF, IGF, FGF) in Skin Wound Healing in Rats  
Elen Carolina David Joao De Masi, MD
- 2:08pm Complex Composite Oral Maxillofacial Reconstruction with Virtual Surgical Planning  
Tang Ho, MD

- 2:16pm Aesthetic Advantages of the Submental Flap for Facial Reconstruction: Experience with 47 Cases at a Single Institution  
Rachel B. Cain, MD
- 2:24pm The Effect of Improved Body Image Disturbance on Life Satisfaction and Quality of Life after Ear Reconstructive Surgery  
Osama Samargandi, MD
- 2:32pm TBD
- 2:40pm Discussion
- 2:50pm Break
- 3:00pm Use or Not to Use External Splints in Rhinoplasty: A Prospective, Randomized Trial  
Cavid Cabbarzade, MD
- 3:08pm Vertical Sectioning of the Cartilaginous Vault: Aesthetic and Functional Outcomes in 100 Patients  
Jacob Boeckmann, MD
- 3:16pm Dorsal Augmentation in Rhinoplasty: A Survey and Literature Review  
Melanie Malone, MD
- 3:24pm Prospective Outcomes of PDS Plate in Rhinoplasty  
Geoffrey Ferril, MD
- 3:32pm Irradiated Homologous Costal Cartilage for Major Dorsal Augmentation in Asian: Can It Be a Good Substitute of Autologous Rib Cartilage?  
Sue Jean Mun, MD
- 3:40pm Spreader Grafts: Functional or Just Aesthetic?  
Rui Xavier, MD
- 3:48pm Discussion

## Thursday, May 29, 2014

### Room: Cantor/Jolson

- 7:45am Promise and Perils of Autologous Adipose Derived Stem Cells (ADSC) Transfer in Facial Rejuvenation  
Zain Kadri, MD
- 7:53am Radiofrequency Minimally Invasive Skin Tightening and Nerve Ablation  
Daniel Barker, MD
- 8:01am Unattractive Consequences: Litigation from Dermabrasion and Chemical Peel Procedures  
Peter F. Svider, MD
- 8:09am 12-Month Results of FDA Clinical Trial on the Use of Artefill for Treating Acne Scars  
John H. Joseph, MD
- 8:17am Resection of Lip Biopolymers  
Claudia Garcia G., MD
- 8:25am Discussion
- 8:40am Break
- 8:45am Protocol for Cell Recovery/Growth in Murine Model for Ischemia-Reperfusion Injury  
David A. Reiersen, MD
- 8:53am The Effect of Fibrin Glue and Demineralized Bone Matrix on the Success of Microtia Reconstructive Surgery with Autologous Cartilage Graft—Focus on Apoptosis, Tissue Degradation and TGF Expression  
Dini Widiarni, MD

continued ...

- 9:01am The Effect of Arch Bars on Mandibular Angle Fracture Outcomes: A 12-year Review  
Kaete Archer, MD
- 9:09am Cadaveric Analysis on the Biomechanics of the Orbital Floor Fracture: A Pilot Study  
Sagar Patel, MD
- 9:17am Repair of Intermediate Size Nasal Defects – A Working Algorithm  
Jenica Yong, MD
- 9:25am Discussion
- 9:40am Break
- 9:45am Safety of 5-Fluorouracil Injections into the Soft Tissue of the Nose Following Primary and Revision Rhinoplasty  
Garrett Griffin, MD
- 9:53am Aesthetic Motivation of Geriatric Rhinoplasty in Korean Patients and their Surgical Outcome  
Hye Ran Hong, MD
- 10:01am The Pros and Cons of Septal Extension Grafts in Asian Patients  
Ji Yun Choi, MD
- 10:09am Latino Nose and Non-Caucasic Rhinoplasty, 20 Years Experience  
Edgar Reyes, MD
- 10:17am Concurrent Le Fort I Osteotomy and Aesthetic Rhinoplasty: Outcomes and Complications  
Lucas Patrocínio, MD
- 10:25am Meztizo Nose Surgery in Men  
Jorge Espinosa Reyes, MD
- 10:33am Discussion
- 10:40am Break
- 10:45am Tips, Tricks, and Treats in Nasal Tip Surgery  
Rosalinda Dao, MD
- 10:53am Perception of Personality Traits Before and After Facial Rejuvenation Surgery  
Jaclyn Tomsic, MD
- 11:01am Surgical Consideration in Correcting Ptotic Nasal Tip  
Prof. Sameer Ali Bafaqeeh, MD
- 11:09am Evaluating the Effectiveness of the Lateral Intercural Suture to Decrease the Interdomal Distance to Improve the Definition of the Nasal Tip in Primary Rhinoplasty  
Elen Carolina David Joao De Masi, MD
- 11:17am Quantifying the Effect of Columellar Strut Dimensions on Nasal Tip Stabilization Post-Rhinoplasty via Finite Element Analysis  
Jessica Gandy B.S., MD
- 11:25am Evaluation of the Use of Medial Crura Suture and the Tip Rotation Suture in Rotation Measures and Projection Nasal in Late Postoperative of Primary Endonasal Rhinoplasty  
Elen Carolina David Joao De Masi, MD
- 11:33am The Effect of Polydioxanone Absorbable Plates in Septorhinoplasty for Stabilizing Caudal Septal Extension Grafts  
Benjamin P. Caughlin, MD

For the most up-to-date program, visit: [https://members.aafprs.org/wcm/The\\_Academy/For\\_Physicians/p/EducationMeetings.aspx](https://members.aafprs.org/wcm/The_Academy/For_Physicians/p/EducationMeetings.aspx).

## TAKE ADVANTAGE OF YOUR VISIBILITY ON THE WEB

The Academy strives to provide members with products and services that will enhance your practice and help your business grow. Some of the most popular offerings are the Web site linking, extended surgeon page, *Facial Plastic Surgery Today*, patient brochures, and *The Face Book*. You may also want to consider the print advertising kit and the PR package; these ready-made items will bring your marketing efforts to new heights with high returns.

The Academy's Web site is currently receiving 715 unique visitors per day, with one of the top links being the physician finder section. All current AAFPRS fellows and members are listed in this directory; however, you may want to consider including a direct link to your practice Web site. Why miss out on the opportunity for a potential client to click through to your practice Web site? Providing a direct link to your site underneath your office address, will maximize your reach across the world by ensuring your practice is just one click away. And, an added benefit for Web linked members, you are eligible to submit before and after photos for the Academy's Web site photo gallery, as well as purchase an extended surgeon page. This page includes information about you, your practice, office hours, procedures performed, photographs of the physician and staff, etc. This page is housed on the Academy's Web site but is also linked on other search engines, allowing more exposure on the Web.

Patients are drawn to *The Face Book* for its beauty in depicting the procedures, as well as its simplicity in describing them. Actual patient interviews make the possibility of facial plastic and reconstructive surgery more reachable and realistic to consumers considering a procedure. Purchase multiple copies to keep in exam rooms, waiting areas, and to provide to referring sources.

Another educational tool that you can provide patients is the patient education brochures. There are 12 informational brochures full of attractive, four-color illustrations. These are useful to provide in your waiting room or as part of the initial consultation appointment.

*Facial Plastic Surgery Today* is a four-page consumer newsletter that can be customized,

printed, and distributed or posted on your Web page and sent as an electronic newsletter. Your patients will appreciate fresh content on the latest trends, techniques, and treatments in an easy-to-understand format.

Jumpstart your marketing endeavors with the Academy's unique and easy-to-implement advertising



See PR Package, page 16

# PR COLUMN: HOW TO CAPITALIZE ON RECENT STATS

By Melissa Kelz, Kelz PR

The AAFPRS Annual Survey has proved to be beneficial in garnering media placements in just two weeks of its release. We are pleased to share the benefits with you. Here are some suggestions to help you capitalize on these statistics and promote your practice and the specialty of facial plastic surgery in your area.

Make sure that whenever you mention these statistics that you ask them to be credited as "AAFPRS 2013 Annual Survey." And if you do get media coverage from these suggestions, please share the placements with us for our members.

- Send out strategic press releases on your local newswires to announce major trends and how they mimic what you are seeing in your practice. Promote these trends on your social media channels too for an added boost.

- Host an open house event or media breakfast in your office to talk about, "Trends in Facial Plastic Surgery"; educate editors and position your practice as a "go to" source for up-to-date information. Invite media to watch a demonstration of a non-surgical procedure or talk to a patient who has had it done and is an advocate for your practice.

- Pitch stories to local media outlets (regional newspapers, magazines, Web sites) that have a relevance to your community; for example, 2013 statistics suggest that husbands and wives are opting to undergo facial plastic surgery together. Identify a couple in your practice who can help you highlight this trend and are willing to be interviewed and photographed.

- Alert your media list that you are available to discuss the AAFPRS 2013 statistics, and what is driving some of the trends.

- Plan outreach to local bloggers who write about beauty, aesthetics, anti-aging, and

cosmetic surgery to share information about what consumers want today, and interesting advancements in the field of facial plastic surgery. Utilizing components of the statistics would be excellent content to share with bloggers.

- Celebrate any media placements your practice receives by integrating these into your marketing program and social media campaigns. For example, post any mentions or broadcast appearances on your practice Facebook page, Twitter, blog, and in your e-blasts to patients to get the word out. For high-impact placements, such as glossy magazines, have the cover and the passages that include a mention of you or your practice framed professionally for display in the office.

- Keep your eye on the calendar for seasonal or evergreen story ideas. May 11, 2014, is Mother's Day and the whole month is dedicated to skin cancer awareness. Pitch media on "mommy makeover" trends from the neck up; choose May to introduce your

- new sunscreen you are carrying; or partner with a dermatologist to offer skin cancer screenings. Many studies have shown that adolescents and young adults are more likely to respond to messages about vanity and premature aging as opposed to just warnings about skin cancer. Consider this when developing sun safety pitches.

- Match trends to popular culture and current events to generate even more coverage.

- Pitch stories that highlight any pro bono work that your practice is involved in. The media loves feel-good stories. If you are involved in any of the Academy's FACE TO FACE humanitarian programs including the FACES OF HONOR, the National Domestic Violence Project, or the international arm, let local media know about this work. Stories about facial plastic surgery to prevent or end bullying also tend to resonate and stir controversy. If you have a willing patient, consider reaching out to the media to tell this important story. ■

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Perfecting Neck & Décolleté used twice daily. No professional treatments were applied. Results may vary.

## Attention All Facial Plastic Surgery Assistants

In order to attend the Organization of Facial Plastic Surgery Assistants (OFPSA) meeting in New York City this coming May (see left), you will need to become an OFPSA member.

Enclosed in this issue of *Facial Plastic Times* is an OFPSA member application for your completion.

Do not delay! Turn in your application today. If you have questions about membership or the OFPSA program, please contact Regina Simo by e-mail at [regina@anaturalyou.com](mailto:regina@anaturalyou.com) or Anne Jenne at [aholton@aafprs.org](mailto:aholton@aafprs.org).

## PR PACKAGE

From *Visibility on the Web*, page 13 kit. There are up to 30 possible ad variants that can be customized to your practice. Insert your logo and other key, practice information or customize them even further with over 40 photos or illustrations and 40 headlines (use Adobe Photoshop to revise ads).

Another promotional avenue to contemplate is the PR Package. It includes an advertorial, three appealing posters, and a scaled-down version of the print ad kit.

Finally, AAFPRS fellows and members may use the AAFPRS logo for advertisements, stationery, and practice Web sites. Your request must be made in writing and submitted to the Academy.

Maximize your reach to your past, current, and potential clientele by using these marketing and educational vehicles. You will see a significant return on investment. Additionally, if you have suggestions for ways we can further support your practice management efforts, please don't hesitate to contact publications and marketing director, Rita Chua Magness, at the Academy office, [rcmagness@aafprs.org](mailto:rcmagness@aafprs.org).



## FACIAL PLASTIC TIMES APRIL 2014

### 2014

#### APRIL 6-12

\*FACIAL SCULPTURE FOR SURGEONS: ONE-WEEK BOOT CAMP  
New York, NY  
Course Director: Steven Neal, MD

#### MAY 27-31

11TH INTERNATIONAL SYMPOSIUM  
CELEBRATING OUR 50TH ANNIVERSARY  
New York, NY  
Symposium Chair: Jonathan M. Sykes, MD  
Program Chair: Anthony P. Sclafani, MD

#### JUNE 14-15

ABFPRS Examination  
Washington, DC

• SEPTEMBER 17  
• COMMITTEE AND BOARD MEETINGS  
• Orlando, FL

#### SEPTEMBER 18-21

• FALL MEETING  
• Orlando, FL  
• Co-chairs: Phillip R. Langsdon, MD and  
• Anthony E. Brissett, MD

### 2015

#### MAY 14-17

• ADVANCES IN RHINOPLASTY  
• Chicago, IL  
• Course Directors: Tom D. Wang, MD;  
• David W. Kim, MD; and J. David Kriet MD

\*These meetings are endorsed by the AAFPRS Foundation. All the others listed are hosted and sponsored by the AAFPRS Foundation.

## REQUIREMENTS

From *Announcements*, page 3  
face and neck area, or its equivalent; (2) A citizen or resident of the United States or Canada; (3) In practice for a minimum of three years; and (4) Physician must submit (a) a completed, membership application, (b) non-refundable \$75 processing fee, (c) a copy of your curriculum vitae, (d) four references—two Academy fellows, one chief of specialty surgery, and one other colleague, (e) surgical procedure list, and (f) 35 operative reports of surgery done within the last calendar year.

### Your membership certificate

Members, fellows, and international members, you may order a framed membership certificate to place prominently on your office wall.



### 50th Anniversary Committee

Robert L. Simons, MD, Chair  
Peter A. Adamson, MD  
Donn R. Chatham, MD  
Fred G. Fedok, MD  
Grant S. Gillman, MD  
Grant S. Hamilton, III, MD  
Samuel M. Lam, MD  
E. Gaylon McCollough, MD  
William E. Silver, MD  
Fred J. Stucker, MD  
Ivan Wayne, MD

For questions on any of the member services, please contact membership manager, Maria Atkins by phone at (703) 299-9291, ext. 225, or by e-mail at [matkins@aafprs.org](mailto:matkins@aafprs.org).

Enclosed in this issue of *Facial Plastic Times* are the 11th International Symposium of Facial Plastic Surgery Brochure; Products Catalog; Web Link Form; and Annual Fund Envelope.