

# Facial Plastic TIMES

AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY, INC.

## FALL MEETING SPEAKERS ENLIGHTEN US... CHOOSING RESILIENCE, GLOBAL WILDLIFE EMERGENCIES

Join AAFPRS members for the Fall Meeting, October 1 - 3, 2015, where medical expertise and southern hospitality meet in Dallas. The scientific program balances

served for more than 30 years as director of psychological services for the Wake Forest University Cardiac Rehabilitation Program and as co-director of Sotile Psychological Associates. He has received

Trans-Boundaries?" on Friday, October 2, 2015, at 9:15 a.m. Dr. Murray has been the Smithsonian's chief wildlife veterinarian for over 13 years; she addresses urgent global needs and



Wayne Sotile, PhD



Suzan Murray, DVM



Dotti Reeder



William W. Shockley, MD

surgical and non-surgical topics, esthetics and reconstructive surgery, resurfacing and fillers, practice development and practice management, traditional and emerging technologies, and much more. We are especially honored to have our invited guest speakers Wayne Sotile, PhD; Suzan Murray, DVM; Dotti Reeder; and William W. Shockley, MD, FACS.

Dr. Sotile, founder of the Sotile Center for Resilience, will present, "Choosing Resilience: The Key to Thriving through Change," on Thursday, October 1, 2015, at 10:45 a.m., as the *Jack Anderson Lectureship*.

Find out why some physicians falter in the face of change, while others thrive. Dr. Sotile has devoted his career to answering this question. A former faculty member of the Wake Forest University School of Medicine, Dr. Sotile

lifetime career achievement awards from the American Academy of Medical Administrators and from the American Association of Cardiac and Pulmonary Rehabilitation.

Dr. Sotile's solution-focused life coaching process emphasizes practical applications of evidence-based findings from the combined fields of resilience, positive psychology, marriage/family systems, and adult developmental psychology. Participants will gain insights from self-assessments, tactics, and strategies that differentiate physicians who thrive through change from those who flounder in disillusionment and burnout.

The Academy is excited to welcome Dr. Murray, head of the Smithsonian's Wildlife Health Program, as the *John Conley Lectureship*. She will engage us all with her talk, "Trans-Species,

opportunities in emerging diseases and conservation medicine. She is the Smithsonian Institution's principal investigator on a prestigious USAID Emerging Pandemic Threats Program, which combines wildlife surveillance and international training in the quest to predict and prevent the next major emerging pandemic threat to humans. Dr. Murray is a member of the Federal Foreign Animal Disease Threats subcommittee and helped respond to and mitigate the effects of the Gulf oil spill in 2011. She recently received a Grand Challenges Award.

In order to respond to wildlife emergencies globally, Dr. Murray created a veterinary SWAT team. Her time and expertise is increasingly in high demand, which helps further the Smithsonian as a global leader in wildlife health. We

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## PRESIDENT'S MESSAGE:

The prickly caterpillar becomes the colorful butterfly is a metaphor used to show dramatic transformations, and perhaps the hidden potential of all living things. Everyone has an inner beauty that only requires some patience to allow it to reveal itself. It is such an unoriginal cliché that does not work anymore. Scientifically, however, this pupation is still one of nature's greatest mysteries and very little is understood about how a slow moving insect can transform itself into a fluttering flying beauty.

How exactly does such a metamorphosis take place? Scientists have studied this process and have made interesting revelations about one of the most mysterious phenomenon of biology. Turns out, the caterpillar does not undergo a true metamorphosis. The caterpillar does not turn into a butterfly. Instead, the caterpillar dies and there is a rebirth.

The chrysalis is the shell around the caterpillar that protects it during this transformation. It was once thought that the caterpillar crawls into a chrysalis and slowly transforms itself into this new creature. The chrysalis is actually an outer shell that is secreted by the caterpillar at a certain stage in its life. It is a type of molting process. Scientists have carefully peeled away the chrysalis, expecting to see a hybrid of the old caterpillar and new butterfly, perhaps with small growing wings and antennae. Instead, they discovered complete mush, a decaying caterpillar that has no resemblance to any living entity; it is completely broken down to "goo" with no form. As the caterpillar dissolves, an entirely new organism is created and emerges from the chrysalis as a colorful butterfly.

Sometimes, in order to get to a desired level of change, there must first be a death. Before harmony, there must first be chaos. In order to clean your closet thoroughly, sometimes it is necessary to pull everything out and create a huge pile of mess. Then, as each item is thoughtfully considered, replaced, or discarded, we have a higher level of order.

Though it is fascinating that this butterfly transformation goes through a liquid form first, a more amazing discovery is that if one carefully peeled the skin off a young caterpillar, there will be the smallest traces of wings, antennae, and legs. These are the "key parts" that are present from the beginning and throughout the caterpillar stage. The body of the butterfly is built around these key parts to make up the complete adult. The key structure that allows the butterfly to fly is present from the beginning. While the entirety of the caterpillar dissolves during pupation, the key parts are present from the beginning and must "pass through" the metamorphosis. In other words, they are the foundation of the butterfly, present from birth.

The Academy is pupating. It is an era of many major changes that are deliberate and meaningful. While in the process, it certainly can appear as though we are emptying the closet, creating a larger mess; however, we will rebuild in a careful and strategic manner. The critical step in the process is identifying those "key parts" and ensuring that they "pass through." The past couple years are characterized by a series of crises that has required a tremendous amount of time and energy by the Board. It is still a process in motion. Caryl Bryant and the Forum Group have recently concluded a wonderful relationship with our Academy. She has been a longtime stalwart to our CME activities, bringing endless energy, tremendous insight, and innovation to our Academy meetings. Her experience and expertise is second to none. Many would argue that our meetings are one of the major reasons we are on the map in such a meaningful way. This does not

# DOES THE BUTTERFLY REMEMBER BEING A CATERPILLAR?

happen by chance. Caryl has choreographed these functions for many years and she will be sorely missed! Going forward, the Annual Fall Meeting will have a new structure for improved continuity, fiscal scrutiny, and long-term planning.

By the end of next year, our esteemed executive vice president (EVP), Steve Duffy, will soon bring to a close a long and terrific career with the Academy. It is hard to summarize the relevance of a man like Steve. The word that first comes to mind is invested. Far more than any employee of the Academy, he is the glue. The Academy staff has remarkably low turnover, and that is largely due to the leadership of our EVP. He has been instrumental in carving inroads with the AMA and other sister organizations. The success of our fellowships, membership, philanthropy, and educational programs, comes from the oversight of our EVP. The Search Committee will have one of the most important responsibilities of the Academy in finding his replacement; it will get the highest priority. We will ensure a seamless transition and sufficient overlap.

The road to ACGME accreditation remains bumpy and uphill.

Every organization seems to have a vocal group of individuals who choose to remain in the caterpillar stage, blocking progress. There are no exceptions and it should not destroy all relationships with the other core specialties. It remains to be seen when full ACGME accreditation of our fellowships becomes a reality. Regardless, a herculean effort has been put forth by a great number of people. I have little personal doubt that we should continue to strive for this goal.

Does the butterfly remember being a caterpillar? Given that within the chrysalis there is no sign of a remnant caterpillar, only goo, one would think not. But a scientist from Georgetown University, Martha Weiss, has shown that it may not be the case. She exposed a bunch of caterpillars to a particular smell, and then followed it with a small shock on one side of the tray. After a while, they learned to migrate to the other side of the cage whenever detecting that odor. Pretty straightforward. Then all these caterpillars pupated into butterflies. When released in the same cage and exposed to that distinct odor, they immediately flew to the same side of the cage and remained there. The butterflies remembered the smell and the

associated stimulus. Miraculously, some trace of memory transcended through the chrysalis, through the goo phase, allowing the butterfly to retain memory of its caterpillar stage. As much of a new birth as it may be, some memories transcend from one life to the next.

Whether into an afterlife or just another chapter in our life's journey, we should never think that they are not connected. Our actions today define our memories, and the memories transcend any pupation or metamorphosis. The butterfly stage of our Academy is just around the corner, and this is a most exciting time to be here. Like the butterfly, memories of an earlier life are carried on. Memories of the personal sacrifices and heroic fights of our past leaders and giants will always be with us and they serve as strength and wisdom as we go forth. Once we emerge from our chrysalis and spread our wings toward new challenges, we will remember that we are one in the same.



Stephen S. Park, MD

## FELLOWSHIP REMINDERS

Starting with the 2014-2015 fellows, all fellowship requirements must be submitted through the Fellowship Database. The database requires a login and password issued by the fellowship manager. Please contact Fatima Porter-EL directly via e-mail at [fporter-el@aafprs.org](mailto:fporter-el@aafprs.org), if you need the instructions sent to you again.

All fellows participating in a 2012-2013 fellowship should have completed and submitted all fellowship requirements by June 30, 2015, to be eligible to receive a fellowship certificate. If you are a past 2012-2013 fellow and have not completed all fellowship requirements, please do so immediately.

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# THE DOCTOR-PATIENT RELATIONSHIP

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look forward to hearing her share her thought-provoking lecture.

Women in Facial Plastic Surgery is proud to present their luncheon speaker, Dotti Reeder. Ms. Reeder serves as a managing director on the client advisory team at Tolleson Private Wealth Management. She has more than 30 years of experience in the financial services industry. Before joining Tolleson, Ms. Reeder was a managing director with JP Morgan Private Bank where she led a team of banking, investment, fiduciary, and wealth planning specialists in designing and implementing customized wealth management strategies for JP Morgan's most significant individual and tax-exempt clients. Her additional experience with JP Morgan Private Bank includes providing investment management and trust administration services to private clients. Prior to joining JP Morgan Private Bank, Ms. Reeder worked for 10 years as a municipal bond trader and underwriter with BankOne and Kidder Peabody & Co. Ms. Reeder earned a bachelor in business administration in accounting from the University of Texas at Austin and began her career as a staff account in the audit division of KPMG.

As a fifth generation Texan, Ms. Reeder takes an active role in the community. In addition to serving as president of the Board of Executive Women of Dallas, she serves in leadership roles with the following: Business Council for the Arts, ChildCareGroup, Dallas Children's Advocacy Center Foundation, Dallas Historical Society, and Nexus Recovery Center.

Make sure you register to hear her speak on, "Family, Community, and Work: A Juggling Act, But Who has the Financial Ball?" on Friday, October 2, 2015, at 12:30 p.m.

Our own long-time member and dedicated facial plastic surgeon, Dr. Shockley, will give the *Gene Tardy Scholar* lecture entitled, "The Doctor-Patient Relationship: Can it Survive the Assault?"

Dr. Shockley earned his medical degree from the Indiana University School of Medicine, with internships and residency at the department of surgery, Good Samaritan Hospital, in Cincinnati, Ohio. He later completed a residency in the department of otolaryngology-maxillofacial surgery at the University of Cincinnati. Dr. Shockley was at the Head and Neck Surgery Associates, Methodist Hospital, in Indianapolis for his fellowship. He has published many scientific articles and made numerous contributions to our specialty.

Currently, Dr. Shockley is professor and chief of the division of facial plastic and reconstructive surgery and vice chair of the department of otolaryngology at the University of North Carolina at Chapel Hill School of Medicine. He is a W. Paul Biggers Distinguished Professor. Additional honors include the Teaching Excellence Award, Presidential Citation from the

Southern Section of Triological Society, Distinguished Service Award from the American Academy of Otolaryngology-Head and Neck Surgery, and multiple years recognized as a Top Doctor in otolaryngology by Business North Carolina.

The Gene Tardy Scholar lecture will be given on Saturday, October 3, 2015, at 10 a.m. We look forward to hearing Dr. Shockley's wisdom regarding the doctor-patient relationship.

Make your plans now to attend the Fall Meeting—these exceptional speakers, in addition to a cutting-edge program, are not to be missed! Refer to the enclosed brochure for the full schedule. ■

The AAFPRS and International Federation of Facial Plastic Surgery Societies (IFFPSS) is pleased to honor South Korea as our guest country for this year's Fall Meeting. All attendees traveling from South Korea will receive \$100 off their registration fee.

Academy and Foundation Committees will meet this fall on **Wednesday, September 30, 2015**, from 6:30 a.m. to 3:30 p.m.—the day before the AAFPRS Fall Meeting, October 1-3, 2015, in Dallas. Your committee staff liaison will contact you by e-mail to inform you of the specific time of your meeting. Please make the appropriate plans to attend your respective committee meetings, as this occurs only once a year.

PREMIERING AT THE AAFPRS FALL MEETING  
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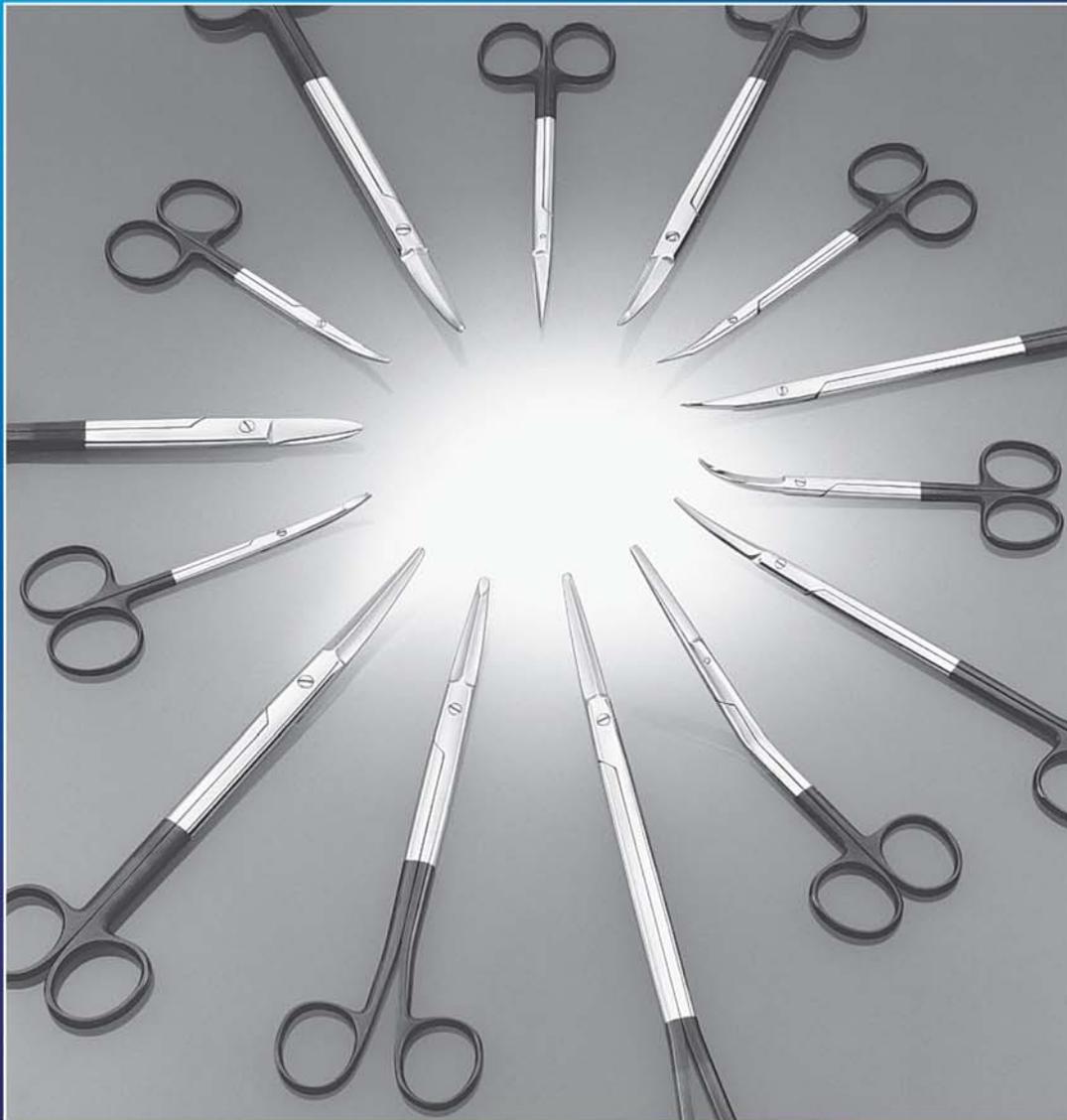
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# MESSAGE FROM THE MEDICAL EDITOR: IMPROVING OUTCOMES IN FACIAL PLASTIC SURGERY

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



Attend any aesthetic medical conference and the lecture halls addressing the newest technique for tightening a neckline or lifting a jowl will be filled to capacity. As students of science, as well as artisans of anatomy, we are drawn to believe that our healing influences are primarily delivered through our fingertips. Yet, if our measure of success is recalibrated to achieving patient satisfaction rather than just the mathematics of perfection, then the secret to a robust practice and happy patients may have as much to do with the psychic allure as the technique du jour.

It is not uncommon for a patient seeking out cosmetic surgery to have experienced pubescent taunting and emotional scarring secondary to physical form falling outside a standard deviation. Other would-be cosmetic seekers may desire beauty as a means toward professional advancement, a romantic interest, or an improved social status. Regardless of the motivators, our patients may be particularly vulnerable to critical judgments. And the likelihood of them achieving their goal is more related to the self-esteem gained than the physical form obtained. As any practicing aesthetic physician can report a seemingly great outcome, meeting all objective measures of physical perfection may fall short of a patient's expectations; whereas a less than perfect result may be met with utter adoration. Additionally, at times doing nothing at all akin to placebo can be effective at improving self-esteem. Our success both as individuals as well as a specialty is determined by the satisfaction of our patients regardless of the means to achieve it.

The question is what factors and to what extent does each determine our patients' post-treatment happiness? How much of our success and the patient's satisfaction is based on the physical outcome achieved and how much of it is based on other seemingly less direct causes such as the post treatment judgments by peers, family, or even the physician's communication style, mood, and attitude? Clearly, all of these impact their mindset, attitude, and self-esteem and ultimately calculate into their satisfaction.

Perhaps we shouldn't limit our attention to only one of the contributing factors. Shouldn't we study all the influencers on a patient's mind and mood as well take a critical look at ourselves—how much our communication, practice styles, and our personalities influence our patients' satisfaction rates and perceived outcomes?

Two well-studied pathologies highly dependent on patient psyche and perceptions are pain management and major mood disorder. Both conditions are associ-

ated with a plethora of published research evaluating the influence of placebo and physician personality on outcomes. If we are honest with ourselves, we would have to acknowledge that patients' psychological dispositions are critically important to perceived outcomes in aesthetics as well. Yet, in aesthetic medicine, while there is a dusting of attention to the psychology of the patient, there is little to no study on physician's personality, communication style, or the placebo effect. When 13 percent of those who get saline injections<sup>1</sup> believe they have improvement in their glabellar wrinkles or 28 percent of those who don't get injected with filler believe their lips are fuller<sup>2</sup> or 38 percent of those injected with saline believe their submental fat has been reduced, maybe the placebo effect deserves more than a curious footnote.<sup>3</sup> There are plenty of examples of the power of placebo in general medicine.<sup>4,5,6</sup>

Before we can honestly study placebo, we have to be willing to admit its proof detracts from the brilliance of our direct intervention and elevates the patient's mind as a contributing curative. This is not a new revelation; in fact, for the majority of the existence of medicine and prior to the last century, placebo may have been our best tool in the armamentarium. Alternative medicine which attracts 38 percent of Americans<sup>7</sup>, may achieve its benefits because of the placebo effect; the more time and "hands on" the alternative medical provider's intervention, the greater the placebo's potency.<sup>8</sup>

Many doctors, if pressed, will admit to using placebo on occasion; but in today's litigious, regulatory, political, and ethical environment of full transparency, the placebo treatment has less of a place in our tool box. By the virtue of being completely honest, we negate the effect. And perhaps being too literal or callous in our communication may lead to a bad outcome by virtue of the nocebo. The nocebo effect, the evil twin of the placebo, was first described in 1960.<sup>9</sup> It is when a symptom or illness results from expectation or fear of a bad effect occurring.<sup>8</sup> In fact, the verbal and non-verbal communications of the doctors and other staff do contain numerous unintentional negative suggestions that may trigger a nocebo response.<sup>10</sup> Perhaps physicians contribute to a nocebo effect when we sterilely stress all the possible negative outcomes or complications that can occur without putting them into context. If we are ethically or legally bound to disclose all the risk including the very remote risk for death or significant morbidity but place it in context by saying, "As a healthy person you have more risk in your car ride on the way to the surgi-center than you do from anesthesia," we then offer the message in a manner that allows the patient to understand the relative risk. Many aesthetic physicians recognize the

*See What Makes a Patient Happy, page 8*

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# WHAT MAKES A PATIENT HAPPY?

From *Medical Editor*, page 6  
impact of a placebo effect from outside our practices when an easily influenced patient is predestined toward a perceived unsuccessful outcome by an insulting or disapproving mother, husband, friend, or an in-law who is quick to criticize the patient post procedure. Attempting to mitigate or quash these offenders' influence on our patient's psyche would be prudent.

Unlike most other fields of medicine, it was not until recently that the placebo and nocebo effect could be studied in cosmetic medicine. Prior to the introduction of botulinum toxin, cosmetic physical interventions were so clearly recognized that a randomized controlled trial was not possible. The introduction of botulinum toxin as a temporary injectable agent of change has however, opened up our field to level one evidence clinical trials. In the broad landscape of medical fields, aesthetics is still very academically immature. Nonetheless, if placebo and nocebo truly have been proven in medicine, then why not recognize and further study it. Perhaps even harness, repackage, and use their power in a contemporary acceptable manner to our patient's benefit.

If we are to truly study the effects of placebo/nocebo as well as the indirect psychosomatic and psychosocial interactions that impact on our patients' perceived outcomes, then all aspects of the treatment need to be taken into consideration. This would include but not be limited to the type and expense of the procedure as well as the specialty/personality of the provider and the associated pain.

A manageable modicum of discomfort seems important to the patient believing something beneficial was done; whereas, too much pain can lead to the patient being less satisfied.<sup>11</sup> Price and who provides the procedure likely impacts the perceived outcomes as well. When it comes to non-ablative skin tightening devices, it seems

patients expect a more expensive treatment to be more effective. Additionally, patient expectations may vary based on the provider. They may be satisfied with a less dramatic result if a nurse or a laser technician delivers the treatment at a lower price versus if they are treated by a surgeon who charges a higher price.

Many researchers also know that non-ablative skin tightening devices curiously seem to achieve higher satisfaction rates, in dermatologist offices. Do dermatologist workplace satisfaction rates, which differ from a plastic surgeon, have an impact on patient satisfaction rates? A 2015 Medscape survey of over 19,500 physicians from 26 specialties found dermatologists as the physicians with the highest career satisfaction rate.<sup>12</sup> A systemic review evaluating studies of workplace happiness revealed that doctors with better workplace happiness are more likely to be better communicators, offer a contagious optimism, and achieve better outcomes in their patients.<sup>13</sup>

If doctors have better moods this may manifest in a more positive and upbeat attitude that leads to optimum results perceived by patients.<sup>8,14</sup> If a positive doctor and work place environment can lead to better outcomes, can the converse also be true? Can a negative stressed out doctor with a chaotic office lead to bad outcomes? An interesting study revealed that lay observers can correlate a surgeon's malpractice history to his or her communication style within 40 seconds of listening to the surgeons speak to their patients.<sup>15</sup> Additionally, the average doctor interrupts their patient within 18 seconds of taking a history.<sup>16</sup> A dominating tone of voice and speaking style is more likely to lead to adversarial relationships and perhaps negatively perceived outcomes.

A comprehensive review of randomized controlled trials evaluating physician communication styles and outcomes led the

authors to conclude, "Patient health outcomes can be improved with good physician-patient communication. The studies reviewed suggest that effective communication exerts a positive influence not only on the emotional health of the patient but also on symptom resolution, functional and physiologic status, and pain control."<sup>17</sup> While the studies evaluating health outcomes and physician interaction are mostly centered in primary care settings, can the same conclusion hold true in aesthetics? As much as we want to believe our hard earned degrees and aesthetic skill set lead to better perceived outcomes, one of the few studies to evaluate patient satisfaction and physician interaction in plastic surgery occurred at the University of Michigan. Chung showed that patient satisfaction was more determined by doctor-patient communication and clinic efficiency than physician's skill level.<sup>18</sup> The manner in which the physician engages and listens to the patient as well as duration of the visit all likely impact perceived outcomes.

Cosmetic seeking patients are likely highly suggestable patients<sup>19</sup> and are easily vulnerable to influence from family and peers. The more support, time, and optimism a provider affords to the patient, the more likely they are to achieve the intended effect from the treatment intervention.<sup>8</sup> We spend so much time stressing technique in aesthetic medicine. While there is no doubt being a talented technician and a well-educated scientist is critical to delivering a good outcome, our success in aesthetic medicine necessitates an ability to also understand all the controls that make a patient happy. And this includes not only studying the mind and personalities of our patients, but perhaps also critically evaluating our own. Are we open to that? ■

Refer to page 14 for the footnotes.

# RESEARCH UPDATE: BERNSTEIN GRANTS, CLINICAL AWARDS

The Educational and Research Foundation for the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS Foundation) is pleased to announce this year's awardees for the Leslie Bernstein Grant Program and Research Center Awards.

**Leslie Bernstein Grant Program**  
Generously funded by an endowment from Leslie Bernstein, MD, DDS, this program is coordinated by the AAFPRS Foundation and the Centralized Otolaryngology Research Efforts (C.O.R.E.). There are three grants available.

1) The purpose of the Bernstein Grant is to encourage original research projects that will advance facial plastic and reconstructive surgery. A \$25,000 grant may be awarded annually to an Academy member. Grants may be used as seed money for research projects.

The recipient of this year's Bernstein Grant is **Jacqueline Greene, MD**. Dr. Greene is a resident at Northwestern University in Chicago. Her study, "Facial Nerve Nano-engineering and Regeneration," will provide a quantitative electrophysiologic, histological, and structural evaluation of nanofiber neurograft for the acutely and chronically injured facial nerve, and compare it to the clinical gold-standard of autografting.



2) The purpose of the Investigator Development Grant is to support the work of a young faculty member in facial plastic surgery conducting significant clinical or laboratory research and involved in the training of resident surgeons in research. One \$15,000 grant may be awarded each year. There is no recipient for this award in 2015.

3) The purpose of the Resident Research Grant is to stimulate resident research in projects that are well-conceived and scientifically valid. The resident grant is a

\$5,000 award given to residents who are AAFPRS members.

This year, the Foundation is presenting two individuals with the Resident Research Grant.

**Robert Brody, MD**, is a resident at the University of Pennsylvania in Philadelphia. His research project is titled, "Optimizing Cartilage Autografts in Septorhino-plasty." The purpose of this study is to characterize the effects of manipulations on cell viability, cell stress, and temporally assess both anabolic and catabolic protein expression.



**Joseph Bayer Vella, II, MD**, is a resident at Rochester University in Rochester, N.Y. His project is titled, "Craniofacial Reconstruction via 3D Printing and Mesenchymal Stem Cells."



The current gold standard for craniofacial reconstruction of critical osseous defects is the free tissue transfer autograft. Long operative times and intensive post-operative monitoring is compounded by significant risk of failure (three to 15 percent) and donor site morbidity (nine to 21 percent). To mitigate these risks, Dr. Vella proposes a tissue engineering approach for osteogenic regeneration that recapitulates the dynamic osteogenic activity of the periosteum and its resident mesenchymal stem cells (MSCs).

## 2015 Research Center Awards

The *Many Faces of Generosity* campaign provided funding to expand the research efforts among its members; two grants and a scholarship has been established.

1) The Research Scholar Award is a \$30,000 grant presented annually and renewable for an additional two years. It is given to the candidates that demonstrate the potential to make a significant contribution to the profession of

facial plastic and reconstructive surgery and will make meaningful contributions to the field.

**Lamont Jones, MD**, is the recipient of the 2015 Research Scholar Award. Dr. Jones is vice chair of the Henry Ford Health System's Otolaryngology Departments in Detroit, Mich. The objective of his study, "Assessing the Role of AHNAK Methylation in Keloid Pathogenesis," is to investigate whether a hypermethylated AHNAK gene is involved in the pathogenesis of keloids, and whether it may serve as a potential target for treatment of keloids.



**John Paul Pepper, MD**, has been approved for a second year of funding from the Research Scholar Award. Dr. Pepper is an assistant professor at the University of Southern California-Keck School of Medicine in Los Angeles. His project, "Peripheral Nerve Grafts Engineered from Mature Human Fibroblasts," is a two year, in vitro study that seeks to engineer a viable nerve graft from mature human skin fibroblasts through the use of induced pluripotent stem cells. Dr. Pepper was the Foundation's first Research Scholar Award recipient in 2014.



2) The Facial Plastics Clinical Research Scholarship is a \$15,000 contribution intended to provide financial support to members to pursue academic training in the principles of clinical research design, data management, statistical analysis, and manuscript and grant preparation.

**David A Shaye, MD**, was presented with the AAFPRS Clinical Research Scholarship for year two of his studies. Dr. Shaye is receiving this scholarship for the second year in  
*See Clinical Investigator, page 14*



# IN BRIEF: MCCOLLOUGH RECEIVES PRESTIGIOUS SPORTS AWARD

**E**. Gaylon McCollough, MD, of Gulf Shores, Ala., received the United States Sports Academy's 2015 Theodore Roosevelt Meritorious Achievement Award for the great contributions he has made in sport and medicine. This award is presented annually to an individual in any amateur or professional sport, past or present, who has excelled as a contributor to both sport and society over at least a decade.



Offensive center for the University of Alabama (UA) Crimson Tide football team under coach Paul "Bear" Bryant, Dr. McCollough was named to the Academic All-American Team in 1964. He chose a medical career over a promising football career with the Dallas Cowboys. However, while attending medical school, he played for the Atlanta Falcons development franchise and earned "All-Pro" honors.

He later became a confidant of Coach Bryant's as one of his doctors. In his book, *The Long Shadow of Coach Paul "Bear" Bryant*, Dr. McCollough lays out a set of leadership principles extrapolated from Bryant's coaching style.

Dr. McCollough continues to support his alma mater, and state, to this day in the fields of sport and medicine. Last year, he established the Susan & Gaylon McCollough A-Club Career and Leadership Development Center on the UA campus, an effort to support students in life after sports. The McCollough Medical Scholars Forum was also established by Dr. McCollough and his wife, Susan McCollough, to prepare UA students pursuing medical and health science professions for the road ahead. He established a similar program for students of the University of South Alabama's School of Medicine.

Other recipients of this award include: Ronald Reagan (1988); Sen. Bob Dole (1992); Sen. John McCain (2005); Daniel Rooney (2009), just to name a few.

Congratulations, Dr. McCollough, on this prestigious award.

# FALL NEWSLETTER HELPS PREP YOUR PATIENTS

**F**all is around the corner and that means another issue of *Facial Plastic Surgery Today*. This issue is sure to engage your readers and inspire them to schedule an appointment.

The cover article, "Top Five Things Your Facial Plastic Surgeon Wants You to Know," is all about what they need to do in order to make the experience the best that it can be. Recommendations will include realistic expectations for individualized treatment plans, optimizing health before surgery, following pre- and post-operative instructions, and more.

As you know, tattoo removals and reconstruction due to piercings have been on the rise. Thankfully, facial plastic surgeons are adept at helping patients reverse piercings, ear tunnels and plugs, as well as tattoos. The main article of this issue, "Time to Address Body Art Regret," will focus on the latest options to correct and improve one's appearance.

The "Ask the Expert"

features the question: "I'm 38 years old and the bags under my eyes make me look older. Is surgery my only option?" The answer will cover topical treatments, chemical peels, fillers, laser resurfacing, and blepharoplasty.

"What's New" will feature a three-dimensional imaging technique that has the capability of measuring how much cosmetic interventions, such as neurotoxin injections, fillers, and facelifts, work. Patients will want to know your thoughts on the implications of this technology.

The "Health Tip" will recommend five tips to maximize the body's ability to heal: follow postoperative instructions, don't skip follow-up appointments, eat healthfully, ask for help, and manage the pain.

According to data published in the *Journal of the American Medical Association*, women who receive facial procedures intended to make them look younger are viewed as more likeable, attractive, and feminine after having the procedure. The back article, "Research Shows the Positive Social Aspects of Facial Plastic Surgery," will describe the study and results in detail.

Don't miss this excellent marketing opportunity for your practice. Refer to the subscription form enclosed in this issue of *Facial Plastic Times*.

### ASK THE SURGEON

*I have heard that texting causes your skin on your neck to wrinkle faster. Is this true?*

Yes. The term "text neck" was coined last year when a study showed that craning the neck over a cell phone to text or interact with apps can exert from 10 to 60 extra pounds of weight on the head of an adult. The added weight and movement affects the skin on your neck, which is quite thin. The constant looking down at your phone can cause collagen and elastin to break down and lead to deep wrinkles and sagging. "Text turkey neck" has been used to describe sagging necks attributed to obsessive smartphone usage.

While a bit awkward, you can try to hold your device at eye level to minimize the repetitive looking down. If you are self-conscious about your neck, talk to your facial plastic surgeon about applying a topical retinoid cream to stimulate collagen or other options that would work for you. ■

### HEALTH TIP

Be wary of over-the-top claims being made by the beauty industry. The Food and Drug Administration (FDA) has taken action against five cosmetic companies warning them to stop making medical claims for wrinkle cream. In a recent statement from the FDA: "Consumers should be aware that, although companies are making drug claims for these products, they are being sold to consumers as cosmetics and therefore FDA has not evaluated them for safety and effectiveness." Some of the language that the FDA is objecting to includes:

- "clinically proven to change the anatomy of a wrinkle"
- "this superb age-fighting serum is super charged with...potent elastin stimulating peptides"
- "potent elastin-stimulating peptides help enhance skin structure"

Most creams sold over-the-counter simply hydrate the skin, which increases the water content in the outer layer of the skin and temporarily improves the appearance of fine lines and wrinkles.

The FDA does not have much authority over beauty products, but will do what it can if a manufacturer is making false claims. ■

### What's New?

Researchers from the University of Southern California have found that by plucking mouse hairs, new hair has started to grow back even thicker. This supports one of the foundations of surgery: You must create trauma to heal trauma. This may be very good news for those with androgenetic alopecia, or male pattern baldness, which accounts for almost 95 percent of the hair-loss cases in the United States.

The study relies on a microbiology technique called quorum sensing, a process of stimulus and response related to population density. Scientists found that plucking many hairs within a specific patch signaled injury to the nearby follicles and actually caused the follicles of the thinning hair to regenerate thicker hair growth. Stay tuned for more information on this exciting development. ■

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# PR TIPS: PUBLICITY QUESTIONS, ASKED AND ANSWERED

By Melissa Kelz,  
Kelz PR



Whenever I speak at industry events, the

question and answer session is the most robust. The same questions seem to come up over and over; here they are along with my answers.

## 1. Should I hire a publicist?

In short, maybe. The answer to this question depends on how important earned media coverage is for you and your practice. It also depends on the saturation of your market. Some facial plastic surgeons may want to stand out from the fray and hiring a power publicist is one way to help differentiate yourself. If you want a greater presence in print, broadcast, or online media, the right publicist can help you achieve these goals and get noticed by media who may not find you otherwise.

## 2. How do I find a publicist?

Ask around. Get referrals and interview a few firms. Find out whom other doctors you respect have used or are using. Word of mouth is a powerful tool. A publicist is worth his or her weight in media contacts. If you want to expand your local reach, seek out someone in your community who has ties with the local television affiliate, newspapers, or town magazine. If your goal is national or international media, you want a publicist with a proven track record in those markets. Choose a publicist who understands the nuances of what you do and how you do it. A facial plastic surgeon has had specialized training and needs to be represented in the right light. Your publicist should also be someone who you feel a connection with and like. You will be dealing with this person or team often, so it's important that you click.

3. Are press releases still important? Times are changing. A good press release that turns a

reporter on to a hot or solid news story is still valuable. Releases that promote a coming meeting or media appearance can also be valuable. Other vanity press releases are often clutter in an already crowded space. Journalists and bloggers can see through the clutter, and don't want their inboxes clogged with no-news news releases. While we all like to piggyback on trends, tread carefully. Savvy reporters can see through many of these ruses. Think before you blast.

## 4. How do I get on national TV?

Building a national media profile takes years, and it doesn't just happen by accident. Results take time. You don't simply hire a publicist and end up on, "The View" or "Ellen," the very next day, or ever. If your practice is located in a second tier market where there are fewer media opportunities, it may not be a

realistic goal unless you are based at a leading university, doing cutting-edge research, or treating celebrity patients who are willing to talk about you. You also don't need to be on national television or long lead women's magazines (*Vogue*, *ELLE*, *Allure*, etc.) to be successful. Local and regional press coverage can help build a facial plastic surgery practice very effectively.

## 5. What is media training and do I need it?

Media training is important. While many of us may have a natural stage presence and be able to

• speak in sound bites at a moments  
• notice, extra training can't hurt  
• especially if you want to take your  
• media presence to the next level.  
• The right trainer can teach you  
• what to wear so you cut a trim  
• figure, what color makes your eyes  
• pop, and how to stay on message.  
• You will be asked to answer a few  
• questions on camera that will help  
• you see what works and what  
• needs to be worked on. The American  
• Academy of Facial Plastic and  
• Reconstructive Surgery (AAFPRS)  
• offers media training sessions at  
• some of their meetings. You should  
• take advantage of these sessions. ■

Editor's note: This column was prepared by the Academy's public relations firm, KELZ PR. KELZ PR is eager to hear about your dynamic patient cases. Please e-mail Patty at [pattymathews@kelzpr.com](mailto:pattymathews@kelzpr.com).

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# RETURN TRIP TO PERU ALREADY SET

This coming October, Ryan Brown, MD, and his medical team are planning a return trip to Lima, Peru. This will be the fifth time that surgeons have made the trip to Peru. The last FACE TO FACE trip to Lima in November, 2014, treated children with cleft lip, cleft palate, and speech problems. The group was led by Dr. Brown from Denver and he was accompanied by Jared Theler, MD, of San Antonio (both AAFPRS members).

The team consisted of 25 medical professionals including anesthesia, nurses, and four speech therapists. Over 100 children received care and 80 surgeries were performed. This was the fourth mission to the same hospital, so follow-up was offered to previous patients. A grant was given through FACE TO FACE that helped patients travel from as far away as the Amazon region of Peru and also helped buy medications and supplies.

One girl treated was Kihara—a very special eight-month old girl who was born with a bilateral transverse cleft lip. This happens in less than one in 80,000 births. The deep horizontal groove across her face belied a split in the underlying muscles, which left Kihara with a constant frown and inability to move her mouth at all. Liquid would leak out of the corners of her mouth when she tried to drink. Her parents had travelled all over Peru to many hospitals and surgeons and could not find anyone who had expertise in treating this condition.

“Our volunteer medical team met them on our first day in Lima, and offered surgery for her transverse cleft,” says Dr. Brown. “Her parents were overjoyed and her mom wanted to take our picture with her daughter so that she could always show Kihara the volunteers who came from far away to help her.”

Pictured below is Dr. Brown with Kihara before surgery. The post-op photo (below, right) is three months after surgery; for the first time in her life, she has a beautiful smile. ■



The development office needs your assistance!  
Our goal is to have 200 "1887" members  
by December 31, 2015.

We thank the following for taking the lead and  
becoming 1887 members.  
(List as of July 27, 2015)

## 1887 Members

Daniel S. Alam, MD	David W. Kim, MD
Jose E. Barrera, MD	Samuel M. Lam, MD
Benjamin A. Bassichis, MD	Deirdre Smith Leake, MD
Rami K. Batniji, MD	Keith A. Marcus, MD
Daniel G. Becker, MD	Jon Mendelsohn, MD
William J. Binder, MD	Philip J. Miller, MD
Roman P. Bukachevsky, MD	Harry Mittelman, MD
Sydney Butts, MD	Mary Lynn Moran, MD
Patrick J. Byrne, MD	Craig S. Murakami, MD
Andrew C. Campbell, MD	Ira D. Papel, MD
Perrin C. Clark, MD	PCA SKIN
Mark A. Clymer, MD	Harrison C. Putman, III, MD
Ted A. Cook, MD	Amir A. Rafii, MD
Kent G. Davis, MD	John S. Rhee, MD
Jaimie DeRosa, MD	Brock D. Ridenour, MD
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Cynthia M. Gregg, MD	Thomas L. Tzikas, MD
Theresa A. Hadlock, MD	Tom D. Wang, MD
Grant S. Hamilton, III, MD	Preston Daniel Ward, MD
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Lisa E. Ishii, MD	
Andrew A. Jacono, MD	Haresh Yalamanchili, MD

Cumulative cash gifts  
(between January 1 and December 31)  
which total \$1,000+ automatically enrolls you  
as an 1887 member.

In 1887, the first credited intranasal rhinoplasty  
was performed in the United States.

All current 1887 members will be recognized for their  
commitment to the AAFPRS during a luncheon  
at the 2015 Fall Meeting in Dallas, Texas.

Please contact Ann H. Jenne to enroll today at  
ajenne@aafprs.org or (703) 299-9291, ext. 229.

## Greetings OFPSA Members!

By now, I am hopeful that all of you received either by mail or e-mail your AAFPRS registration information.

If not, you may register by going to [www.aafprs.org](http://www.aafprs.org), Meetings, Fall Meeting. It has been exciting for the OFPSA officers to plan this Fall Meeting—we cannot believe how quickly it is upon us.

Our theme, "Let's Put Our Best Face Forward: Building Solid Relationships with Our Patients," is always timely and full of innovative ideas. We are all looking forward to starting our meeting by introducing our **Member of the Year** recipient and then having Steve Dayan, MD, as our keynote speaker for Thursday morning. Thursday afternoon, we are looking forward to hearing from Sam Lam, MD, and his office staff as they share with us via roundtable format their consultation process, follow-through and post-op care, patient retention methods, and team building activities.

We are also thankful to be having our doctors share with us each day, whether as an individual speaker or on a panel. Of course, we have wonderful members who will be sharing as well!

The past several years, we have tried to acknowledge and encourage members to attend the Academy's practice management sessions, as well as OFPSA sessions. This year, we are not offering any afternoon sessions on Friday as we will be joining AAFPRS in their business management and marketing sessions. We will have an extended session Saturday afternoon for OFPSA members on strategic planning for your office.

We are fortunate to have workshops and sessions that will benefit all aspects of a practice and we are especially thrilled that OFPSA members—consisting of nurses, nurse injectors, patient care coordinators, aestheticians and practice managers—will be sharing their knowledge and experiences with us. I can't say thank you enough to everyone who has been part of this planning process.

Respectfully,  
Debbie Carlisle, OFPSA President  
Patient Care Coordinator, Hamilton Facial Plastic Surgery



## Footnotes

From Medical Editor's Column

1. Carruthers J., Lowe N. et al. *Plastic and Reconstructive Surgery*, Sept. 2003.
2. Dayan S., Oral Presentation Cosmetic Surgery Forum; Dec. 3, 2014.
3. Cosmetic Scientific Paper sessions American Society of Plastic Surgery (ASPS) Annual meeting, October 13, 2014.
4. Dimond EG, Kittle CF, Crockett JE. *American Journal of Cardiology*.
5. Dodick DW et al., *Headache*, 2010.
6. Waber RL, et al, *JAMA*, March 5, 2008, Vol. 299, No. 9.
7. <http://brainblogger.com/2014/06/09/who-uses-complementary-and-alternative-medicine/>.
8. Tavel ME. *The American Journal of Medicine*, 2014.
9. Kennedy WP. *Medical World* 1961.
10. Ashraf B, Saaq M, Zaman KU. *International Journal Health Policy Management*, 2014.
11. Dayan SH. *Facial Plastic Surgery*, 2014.
12. <http://www.medscape.com/features/slideshow/compensation/2015/public/overview#page=17>.
13. Scheepers RA, et al. *International Journal of Behavioral Medicine*, Sept. 2015.
14. Fabi, SG, personal communication, February 2015.
15. Ambady N. et al. Surgeons' tone of voice: A clue to malpractice history, *Surgery* 2002;132:5-9.
16. Frankel R, Beckman H: *Sage Publications*, Newbury Park, Calif, 1989.
17. Stewart MA. Effective physician-patient communication and health outcomes: A Review, *Canadian Medical Association Journal*, May 1995.
18. Chung KC, Hamill JB, Kim HM, Walters MR, Wilkins EG. *Annals of Plastic Surgery*, Jan. 1999.
19. Koblenzer C. *Clinic in Dermatology*, 1996.

## CLINICAL INVESTIGATOR AWARD

From *Research Update*, page 9 a row and is seeking his degree through the Harvard School of Public Health with an ultimate goal of applying the skills to the field of global surgery research. (Details of his project were published in the July issue of *Facial Plastic Times*.)

3) The AAFPRS Clinical Investigation Award is presented for smaller projects, awarded to those surgeons who don't normally participate in research projects but have smaller, meaningful projects that could contribute to facial plastic surgery. These grants are meant to foster continued contribution from members to the field of facial plastic surgery. A grant of \$2,500 is available.

Grant S. Hamilton, III, MD, has received the 2015 Clinical Investigation Award for his project, "Comparison of Electrospun Scaffolds for In-Vitro Cartilage Growth." (Details of his project were published in the May/June issue of *Facial Plastic Times*.)



These individuals will receive their awards in Dallas during the Annual Fall Meeting this October 1-3, 2015.

To learn more about the research programs, please visit: [www.aafprs.org/research/research-center](http://www.aafprs.org/research/research-center) or contact Karen Sloat at [ksloat@aafprs.org](mailto:ksloat@aafprs.org) or by phone, (703) 299-9291, ext. 230. ■

## CLASSIFIED ADS

Busy, well established facial plastic surgery practice in Worcester and Stoneham, Massachusetts, looking for a fellowship trained, ABFPRS board certified or eligible associate who can advance to partnership and eventual ownership. Worcester (one hour from Boston, 40 minutes from Providence) is in lovely central Massachusetts. Our satellite office in Stoneham is 10 minutes from Boston and the home of our Mohs surgeon. Worcester is close to many outdoor activities, including skiing, biking, and hiking. A great opportunity for a graduating fellow or someone who wants to change gears and do just facial plastic surgery. The principle, Dr. Stuart Bentkover, will be available for interviews at the AAFPRS Fall Meeting in Dallas. Please call (508) 864-0207 in advance of the meeting if you would like to meet. If you will not be in Dallas, please contact Mr. Jesse Overbay at [overbay@drsmgmt.com](mailto:overbay@drsmgmt.com), (865) 531-0176.

Position available for a board certified facial plastic surgeon in a growing, dynamic, multidimensional practice/business located in Albany, N.Y., two and one-half hours from Boston and New York City. Applicants must be driven and have a genuine interest in a pract-a-demic model, i.e., trauma, reconstruction, hair restoration, clinical research, and teaching. Guaranteed salary and benefits package with an incentive base model is being offered for the first year. Partnership will be offered at 24 months to individuals who show great work ethic, performance, and a good culture fit. Interested parties should contact Susan Sullivan directly at [Sullivan@williamsfacialsurgery.com](mailto:Sullivan@williamsfacialsurgery.com).

Facial Plastic Surgeon Partnership Opportunity, work in or buy in. Expanding plastic surgery private practice, beautiful spa space, onsite accredited OR. Ideal combination of reconstructive and cosmetic. Collegiality and collaboration. Interest/experience with hair transplantation desirable. Option for academic affiliation, resident teaching, microvascular reconstruction, international mission trips. Mid-Hudson Valley country living within one hour to New York City. Manoj Abraham MD, [www.NYfaceMD.com](http://www.NYfaceMD.com), contact [info@NYfaceMD.com](mailto:info@NYfaceMD.com).



# FACIAL PLASTIC TIMES

## AUGUST 2015

### 2015

**SEPTEMBER 30**  
COMMITTEE AND BOARD MEETINGS  
Dallas, TX

**SEPTEMBER 30**  
ESSENTIALS IN FACIAL PLASTIC  
SURGERY  
Dallas, TX

**OCTOBER 1-3**  
FALL MEETING  
Dallas, TX  
Co-chairs: G. Richard Holt, MD, and  
Daniel G. Becker, MD

**OCTOBER 28 - NOVEMBER 1**  
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S. Randolph Waldman, MD

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### 2016

**MARCH 16-19**  
FACIAL REJUVENATION 2016  
Beverly Hills, CA  
Co-chairs: Stephen W. Perkins, MD;  
Theda Kontis, MD; and Rami Batniji, MD

**MAY 18-22**  
COMBINED OTOLARYNGOLOGY  
SPRING MEETINGS (COSM)  
Chicago, IL  
Co-chairs: Robert M. Kellman, MD, and  
Lisa E. Ishii, MD

**October 4-9**  
FALL MEETING  
Nashville, TN  
Program Director: Phillip R. Langsdon, MD

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