January/February 2020
Vol. 41, No. 1

Facial Plastic TIMES

American Academy of Facial Plastic and Reconstructive Surgery, Inc.

Advances in Rhinoplasty to be Unveiled in Miami

Join your colleagues for Advances in Rhinoplasty, in Miami Beach, for an unmatched educational and networking experience, May 14 - 17, 2020.

Course chairs Jose E. Barrera, MD; Russell W.H. Kridel, MD; Brian J.F. Wong, MD; AAFPRS meetings program director J. Randall Jordan, MD; and the International Advisory Board members Roxana Cobo, MD; Yong Ju Jang, MD; and Dirk Jan Menger, MD, have coordinated a comprehensive program taught by world-renown rhinoplasty experts and masters of the craft.

This amazing educational event will provide you with the chance to hone essential skills, get hands-on training, expand your knowledge, and learn innovative surgical and nonsurgical techniques. Find out how to be a better rhinoplasty surgeon and to take your practice to the next level with invaluable tips, tools, and business strategies. There will be networking opportunities to connect you with international colleagues—build new relationships and reunite with friends.

The curriculum begins with the Fundamentals of Rhinoplasty short course on day one, and then progresses from there. Presentations, panel discussions, debates, and video sessions will cover the spectrum of techniques, technologies, challenges, and lessons learned. The following topics are just a sample of what will be discussed with expert panels that you won't want to miss: dorsal profile alignment, nasal tip support, patient selection, dorsal hump refinement, crooked nose, damaged soft tissue envelope, caudal septal deformities, adolescent and pediatric rhinoplasty, septal correction, postoperative revisions, saddle nose deformity, and more. There will be a hands-on cadaver lab and injection workshop offered on the final day.

In addition to the packed lectures on rhinoplasty, Edwin F. Williams, MD, and Ross A. Clevens, MD, have put together a robust and insightful program focused on practice management and minimal invasive trends, new technologies and office-based procedures.

At the completion of this meeting, you will be well versed in the principles of fundamental rhinoplasty, understand recent advances and cutting-edge material in modern rhinoplasty, be able to debate and understand controversial issues in rhinoplasty, utilize new and innovative pearls for complex problems and deformities, and delineate sound principles in functional, ethnic, and reconstructive rhinoplasty.

Come for the exceptional course but stay to experience the world-famous beaches of Miami. There are endless possibilities for entertainment and exploration. Stay at the official AAFPRS hotel, the iconic Fontainebleau Miami Beach, voted as the number one hotel in Miami Beach by *Travel + Leisure* magazine. Situated on oceanfront Collins Avenue in the heart of Millionaire's Row, Fontainebleau Miami Beach is one of the most historically and architecturally significant hotels on Miami Beach. You will feel welcome and taken care of during your stay.

For registration information, visit www.rhinoplastymeeting.org. It is not too late to take advantage of the early bird rate, which expires April 9, 2020. ■

BRAND NEW JOURNAL
Facial Plastic Surgery & Aesthetic Medicine
See page 4.

Facial Plastic TIMES
American Academy of Facial Plastic and Reconstructive Surgery, Inc.

January/February 2020
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President's Message: Applying the

Charles Darwin proposed his theory of evolution in 1859, asserting that changes which allow an organism to better adapt to its environment will help it survive and have more offspring. He also believed that "all life on Earth is connected and related to each other." A little more than a century later in 1965, Gordon Moore of Silicon Valley, proposed that the number of transistors on a dense integrated circuit doubles about every two years. This theory, known as Moore's Law, was amended by Ray Kurzweil in 1999, as the Law of Accelerating Returns. He states that since each new technological advancement is building upon an improved version, the rate of technological growth is exponential.

Human evolution struggles to keep pace with technological progress. Think of all the changes that have happened in the last few decades. If I slipped into a coma during the middle of my career and woke up a few years ago, I would have thought I was still dreaming. Kurzweil predicts that by 2045 computers will be as smart as humans. It is no surprise that millennials are the force driving our industry right now, with their nimble fingers and agile multitasking brains. They are highly adept and acclimated to today's technological landscape. When I lived and practiced in Silicon Valley, the message was clear that you are considered over the hill in the tech industry by the age of 40, which was hard on the self-esteem but good for our business.

If we are to thrive as a specialty in light of the breakneck speed of change in our field, we need all-hands-on-deck. Favorably for the AAFPRS, we have many highly intelligent and talented members who are eager to contribute their diverse perspectives and skillsets to ensure our cultural and biological evolution as an organization. We have seen the cost of holding on too tightly to the status quo. Our Academy had been so initially successful at doing things a certain way, that we were too cautious and comfortable to change. Our systems started to break down, our infrastructure was strained, and our failure to diversify and evolve caused many members to disengage and disconnect. Like many societal institutions, some benefited from the status quo, while many others felt marginalized.

Fortunately, we were able to develop self-awareness regarding these challenging issues at the leadership level before it was too late. We are still playing catch up, but we are in a much better position to thrive than we have been in a long while. This is due in part because we realized that we were vastly underutilizing and failing to amply engage our largest and most valuable resource—our diverse membership at large!

Meanwhile, the world is changing in other significant ways. By 2044, people of color will make up the majority of our nation. Our patients were formerly white, middle-aged, upper-middle-class and wealthy women. Now we see patients of all ages from all backgrounds and income levels asking for "the Instagram face" with its exotic full lips, large almond eyes, and stronger bone structure. The largest growth in our rhinoplasty population is among non-Caucasian patients. In a previous generation, you saw noses that looked uniformly Caucasian. When I was at the University of Michigan, I could identify which Manhattan surgeon did which nose of the coeds in my dorm. Our patients today have made it clear that this is not what they want. When I last visited Vietnam for a FACE TO FACE mission several years ago, I

removed many silicone implants with requests that their nose be more subtly re-augmented in a way that did not look "Caucasian." Our patients come to us with a more globally inspired concept of what they want.

So how do we best learn about these new ideals of beauty and how do we best communicate with the diverse demographic that we are privileged to care for? How can we discuss and achieve patient expectations if we don't have a deeper understanding of the various norms and ideals of beauty across various cultures? Ideally, we learn it from someone with both a thorough understanding of the nuances of that specific procedure, as well as the cultural influences of that group. We should avoid at all costs hosting an ethnic rhinoplasty or Asian blepharoplasty panel with exclusively non-ethnic surgeons as we have in the past. In order to fill our podiums with speakers of different backgrounds, we need to be able to draw from our diverse membership base.

Attracting and retaining a healthy balance of diverse members in any organization must be more than just optics. Members must feel valued and included. They need to feel that they belong to our Academy family. For years, the status quo perpetuated itself, perhaps both by commission, as well as omission. In the process, a wide variety of our members felt marginalized, especially younger physicians, women, African Americans, LGBTQ members, and reconstructive surgeons. Members who didn't feel represented or valued started to drift away.

Awareness of our organizational behavior with respect to inherent bias is crucial for creating change. For example, I was recently speaking with a few male Academy members (who I know are ardent supporters of women in our profession) about why there aren't more women fellowship directors. The perception seemed to be that women in our organization have the same opportunity to be fellowship directors as men, but such women likely didn't want to take the time and effort to complete the extensive application process. They were unaware of the realities that women face as surgeons, that a man doesn't have to deal with, and therefore wouldn't consider.

Some of these differences include the fact that women shoulder a majority of the responsibility for running the household and caregiving for children, aging parents, and spouses. This is compounded by a frequent lack of flexibility with respect to family leave, unexpected illnesses, and events that go hand in hand with children in daycare or school. The impact of childbearing on a woman's income and career path is also not often discussed but is very detrimental. A woman is often not seen as a good candidate for key leadership roles once she has children. Only seven percent of CEOs at major corporations are women. On the flip side, if she does prioritize her career, she is often seen as not maternal enough. The pay gap, which is actually widening, makes it financially and logistically more difficult to take on additional responsibilities. To further compound this situation, women are not as willing to delegate as their male counterparts to an equally busy junior colleague.

So yes, the application is a long and tedious process—but that isn't the key reason that we presently have only two female fellowship directors. Women now make up more than half of medical students enrolled in our country. This emergent critical mass is changing the very nature of our Academy membership and we must continue to do more to further advance the work already underway to increase female opportunities in leadership roles, at the podium, and as fellowship directors.

With respect to under-represented minorities in fellowship directorship positions, we are starkly deficient. In particular, we have no African American fellowship directors. How are we possibly going to diversify our membership in order to provide the best care, education, and expertise in today's global world without mentors who can authentically speak to this ever-widening knowledge gap? Without diversity in our mentors and leadership, we cannot possibly expect to effectively attract and retain members that represent those groups. The number of African American men applying for medical school has dropped consistently since it reached a high in 1978. The racial gap in American health care is a bigger crisis than the coronavirus—but it doesn't get much airtime. The reasons for this are deeply embedded in our nation's past and recent history, and it is a subject that causes serious discomfort and either denial or very strong emotions. Most of us fall in the neutral middle on political issues but that does not absolve us of responsibility to strategically and intentionally address the disparity.

In our organization, we have only just begun to collect demographics on race and gender as part of our larger effort around diversity and inclusion. This information is critical if we are going to understand our membership composition and then track and measure progress on our road to authentic inclusion.

There is substantial research to show that diverse organizations that genuinely leverage their diversity are 19 percent more profitable, more creative and innovative, have stronger governance, and are better at problem-solving. But data alone won't change the culture of an organization unless it is truly committed to doing so. You can throw all the diversity and inclusivity optics and rhetoric you want at your organization, but without a genuine cultural change, your picture-perfect recruit or member will get discouraged and leave. Change must come from the top down. Those who have the power must be

See Diversity and Inclusion, page 18

Brand New journal launched: Facial Plastic Surgery & Aesthetic Medicine

The AAFPRS acquired *JAMA Facial Plastic Surgery* and has selected Mary Ann Liebert, Inc., as the new publisher of the journal.

Beginning in January 2020, it will be published under the new title of *Facial Plastic Surgery & Aesthetic Medicine*.

Bringing the journal under the formal oversight of the AAFPRS will allow the Academy to strategically build off of 21 years of quality collaboration between the AAFPRS and the JAMA Network, and enable the AAFPRS to further advance its cultivation and presentation of on-target content to better reflect and improve all aspects, both surgical and nonsurgical, of the specialty of facial plastic surgery.

"It is a distinct honor and privilege to announce two exciting changes to our Academy journal. First, we have a new title: *Facial Plastic Surgery & Aesthetic Medicine*," says editor John S. Rhee, MD, MPH. "This inclusive and contemporary new journal name is intentional in uniting the traditional strengths of the discipline of facial plastic surgery, e.g., rhinoplasty, facial reanimation surgery, reconstruction, and surgical rejuvenation, and the burgeoning field of aesthetics, e.g., injectables, topicals, and concepts of beauty and well-being. Our beautiful front cover with the artistic connectedness between the letters 'F&A' showcases the thematic dualities of the specialty—surgery and medicine, reconstructive and cosmetic, form and function."

"Second, the journal is now being published by Mary Ann Liebert, Inc., on behalf of the AAFPRS," states Dr. Rhee. "I would like to thank both organizations for forging this relationship that will allow us to showcase the science and the art of our discipline in a new and exciting way."

The journal will add a dynamic component to Mary Ann

Liebert, Inc.'s renowned portfolio of peer-reviewed journals in clinical medicine and biomedical research, including *Journal of Laparoendoscopic & Advanced Surgical Techniques, Photomedicine and Laser Surgery, and Thyroid. Facial Plastic Surgery & Aesthetic Medicine* will continue to be published bimonthly in print and online formats, with open access options.

"During my time as editor of *JAMA Facial Plastic Surgery*, these past five years have been filled with so much change—not only in the journal itself but also in the overall world of publishing and our discipline," remarks Dr. Rhee. "Over this period, the journal enjoyed close to 50 percent growth in the number of overall submissions—especially large increases in international and interdisciplinary specialties—and an impact factor that grew from 1.41 to 3.06. This is a proud accomplishment that will carry forward to this newly titled journal. Beyond the increased quality of the science, other metrics of influence such as article downloads and Altmetric scores, which gauge public and social media interest, continued to reach new heights year after year. We shall be forever grateful to the entire editorial and publishing team at the JAMA Network for the wonderful partnership over the past two decades."

Change is rapid and constant, however, with strategic imperatives shifting due to external stakeholders and factors. This fresh start will allow us to pivot more boldly with a new publishing partner. Mary Ann Liebert, Inc., is an agile publisher and able to shape and present content that better reflects the discipline and the audience of our field. We are positioned to build to new heights as we have gained wisdom, friends, and influence on our journey in the medical publishing sector.

"Over the ensuing issues, I will be introducing some of the new article types and forthcoming initiatives include roundtable discussions with thought leaders on hot topics, theme-based special issues, and industry partnerships to showcase the newest technologies and products. The journal will also launch a separate companion title in the coming months that will be solely dedicated to video and surgical techniques," says Dr. Rhee.

"Mary Ann Liebert, Inc. is thrilled to have been selected as the new publisher for this important journal," says Bob Vrooman, publisher, new business development. "We will carry forth the excellent reputation and quality that the JAMA Network and Dr. Rhee, have established over the years. Additionally, we intend to enhance the journal's connection with our society partner, the AAFPRS, while expanding the journal's international reach and introducing new innovations, such as more video content."

See Peer-Reviewed, page 7

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Submental Incision, showing reach of retractor

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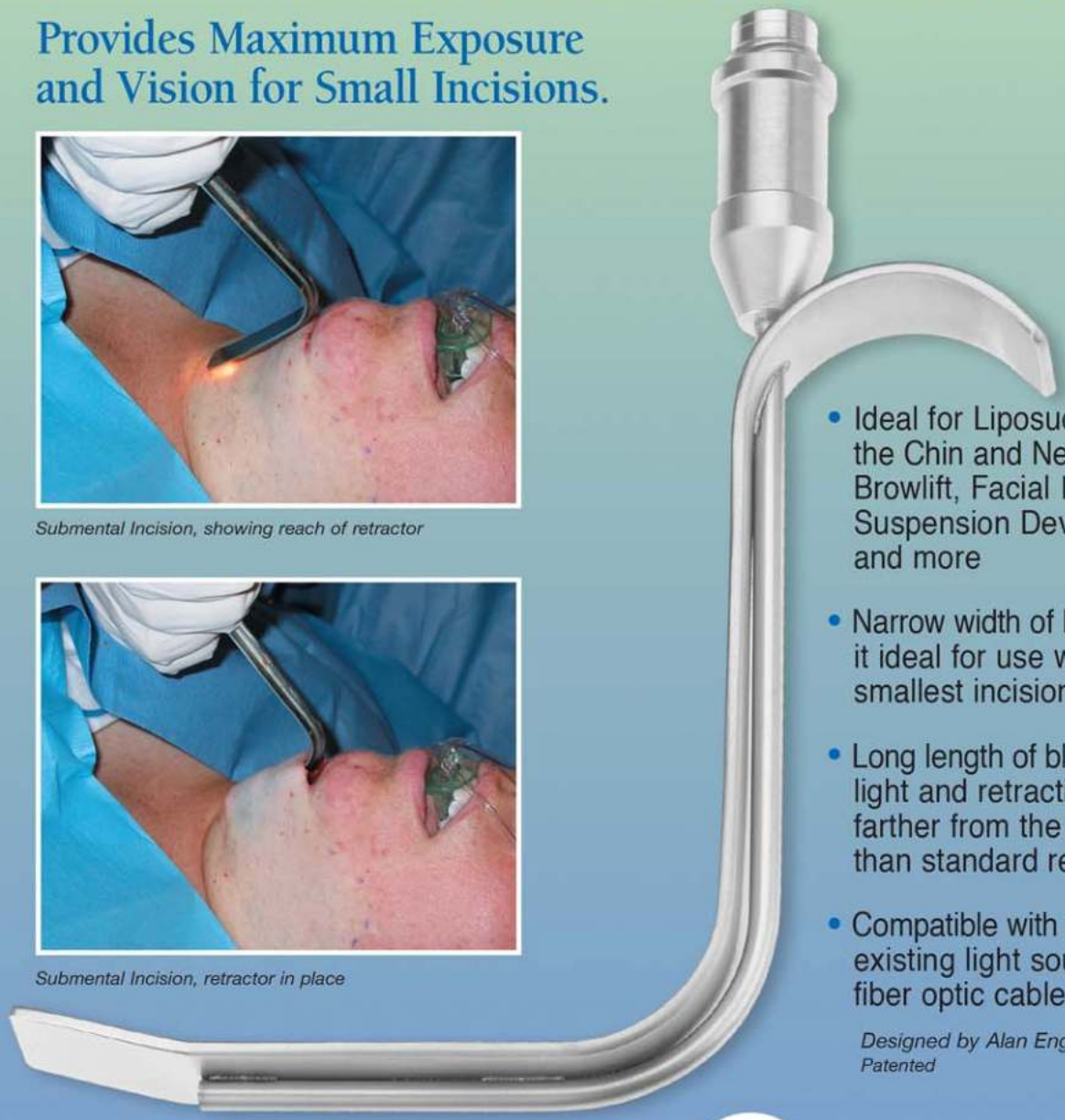

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A Friend Leaving Us too Soon, Stephen Goldstein, MD

The AAFPRS has lost another friend, Stephen A, Goldstein, MD, of Tuscon, Ariz. Dr. Goldstein, an active member since 1999, served on several Academy and Foundation committees including the Membership Committee (chair); Editorial Review, Fellowship, and LEARN Enhancement Committees.

Here is a tribute to Dr. Goldstein that a good friend of his, Ann Jones, posted on Facebook. Dr. Goldstein will be sorely missed by his Academy family.

On January 22, 2020, the Justice League bid a final farewell to the REAL Superman, Stephen A. Goldstein, MD. Stephen was surrounded by his beloved family and friends when he peacefully slipped his planetary bonds and left to conquer worlds unknown.

Born in Buffalo, N.Y., in 1969, Stephen raced to the starting line four minutes before the arrival of his identical twin brother, Scott. His superpower was the ability to transform ordinary strangers into lifelong friends. He welcomed all with robust bear-hugs and left each of us feeling like a celebrity. He was an excellent cook with a tendency to leave the kitchen looking like a war-zone—it appears that dish soap was stephen's Kryptonite.

Stephen was up for any adventure. He and Scott spent the summer after college touring North America with only the creature comforts of a four-cylinder Honda Civic and a worn-out two-man tent. Known for his strength and athleticism, Stephen was rumored to have once played beach tag against the Jamaican Women's Olympic Track Team. Unfortunately, his team came in a distant second.

We were drawn to his warmth, his kindness, and to his unwavering acceptance of our flaws. His wife once thought he was kidding when he told her that all 200+ of his Facebook connections were his friends, but soon, she realized he was truthful. And furthermore, she soon recognized that all 200+ of those friends loved him in return.

Stephen earned his medical degree from SUNY Upstate Medical Center in Syracuse and completed his residency in otolaryngology at Thomas Jefferson University in Philadelphia. He completed a fellowship in facial plastic and reconstructive surgery at Emory University in 2002 and then returned to Philadelphia to serve as the director of Facial Plastic Surgery at the world-renowned Center for Voice Disorders. He joined the ENT faculty as an Associate Professor at the University of Arizona Medical Center in 2010 and won several local and national awards. His philosophy was to treat every patient with respect and compassion, a goal that he met with resounding success. But for all these achievements, Stephen's greatest pride was his marriage to Melanie McCarty, MD, in the spring of 2011. Stephen's love for Melanie was legendary and was evidenced by his willingness to sit with her during long marathons of "The Real Housewives." Fortunately, technology is such that he was able to surreptitiously watch Wildcat basketball on his iPhone. Together, Mel and Stephen welcomed three sons and have filled these fleeting years with joy, adventure, and love.

His loving family includes his beloved wife, Melanie, and their three superheroes-in-training, Leo (6), Milo (4), and Jonah (4). He will be missed by so many, especially his mother Karen Tabor, siblings Dr. Scott and Suzy Goldstein, Lori and Mark Motis, Kim and David Kaffey; family through marriage: Linn and Sheila McCarty, Patrick and Kristen McCarty and his nieces, nephews, cousins, and friends.

Stephen would not want you to spend your money on flowers for him; instead, plant a garden, embrace those you love, and cook a grand meal without regard for the condition of the kitchen! If you are so inclined to honor Stephen, please consider donating your tax-credit or tax-deductible contributions to St. Michaels School in Tucson, Ariz.

Services were held on Friday, January 24, 2020. ■

DR. GOLDSTEIN (RIGHT) SEEN HERE WITH HIS AAFPRS FRIENDS (FROM THE LEFT): MINAS CONSTANTINIDES, MD; YONG JU JANG, MD; ANDRES GANTOUS, MD; JOSE ANTONIO PATROCINIO, MD; ROXANA COBO, MD; AND STEPHEN PERKINS, MD.

Young Physician's Column: Work-Life Balance

By Ziad Katrib, MD

"No success at work is worth a failure at home."

What is the price tag we put on missing our children grow up? Or on our own health? We all know the answer to that question, of course. As a father of two young daughters and the husband to an equally busy physician, carving out time for my family and my health has been a daunting task, to say the least. These are struggles we all face, however. With an ever-growing surgical caseload and equally as many demands outside of the OR, it seems impossible to juggle them all. These are some basic steps we can all take to help sustain some balance in our lives.

Step 1. Eat as healthfully as possible, and as regularly as possible. This is a struggle for us all, no doubt. Although most of us became quite adept at unintentional intermittent fasting during residency, this is likely not a good long-term strategy. We can all relate to coming home after working 14+ hours and inhaling a very large and very unhealthy meal. I find this to still be a challenge, even though I am out of training. Packing a lunch instead of trying to find something at the hospital can be a huge help. At a minimum, eating smaller snacks in the afternoon if you won't be eating lunch can help tremendously.

Step 2. Get your sleep. Anyone who has gone for any prolonged amount of time without his or her regular amount of sleep (all of us) knows how detrimental this is to our decision making and eye-hand coordination. As surgeons, we need to be operating at our peak levels when at work. There are countless studies that have demonstrated the downsides to a lack of adequate sleep; some even suggest sleep deprivation is equivalent to operating under the influence of alcohol.

Step 3. Exercise—nobody has time for it. Like everything in life, you have to *make* time for it. As surgeons, we tend to age fast. Bad posture, standing for prolonged periods of time, and overall higher stress levels take their toll. Exercise can help prevent, or at least slow these processes. Whether it is five days a week or once a week, it will benefit both your body and your mind.

Step 4. Try to leave work at work. Anyone who knows me well will laugh at this, as I may break this rule more than almost anyone I have ever met. We all take our jobs very seriously, and this will inevitably cause it to spill over into our home life. The key is balance, and not letting it *ruin* your home life. I only start doing work at home once I know it is not interfering with my family quality time. This means some late nights or some early mornings. But it is time well spent in my opinion.

Step 5. Try to be home for dinner or at least bedtime. Although there are times that it will be impossible to get home before bedtime, make it the minority of the time. Your kids will remember these nights, whether it is reading bedtime stories or just doing bath time.

Step 6. Go on vacation. Yes, you will miss out on cases or consults; however, you will be a much better partner, parent, and physician if you reset every once in a while. This is critical to a healthy work-life balance. I find that just getting some sun for four to five days once a year has dramatic effects on my overall well being, regardless of location.

In choosing to write this editorial, I am not claiming that I have mastered these steps. In fact, I would argue (as would my wife) that I probably need to take my own advice here more than most. Maybe I felt that writing this would help me in my own struggles with work-life balance. Either way, I know that this is both important, and a lifelong struggle for many of us. I hope these words help and good luck. ■

Multispecialty and Peer-Reviewed

From New Journal, page 4

Facial Plastic Surgery & Aesthetic Medicine (formerly *JAMA Facial Plastic Surgery*) is a multispecialty peer-reviewed journal with a key mission to provide facial plastic surgeons the most accurate and innovative information available to enhance their patients' quality of life. The journal strives to promote the art and science of facial plastic surgery by publishing significant peer-reviewed articles on all aspects of reconstructive and cosmetic surgery of the head and neck, to promote the education and contributions of physicians worldwide, and to provide a forum to present important and relevant issues in ethics and public policy.

"By moving our official peer-reviewed journal publication within the formal structure and oversight of the AAFPRS, we are now better positioned to be even more nimble, engaging, and responsive to the needs of the field, while further advancing the diffusion of surgical and nonsurgical innovations within our specialty," observes Steve Jurich. "And the AAFPRS leadership are deeply appreciative of the many productive collaborations that have and continue to take place between the JAMA Network, Mary Ann Liebert, Inc., Dr. Rhee, and the AAFPRS to make this vital journal transition to *Facial Plastic Surgery & Aesthetic Medicine* both smooth and without delay." ■

AMA Report: State Advocacy Summit

By Paul J. Carniol, MD, Alternate Delegate to the AMA

Every January the AMA has a meeting, the name of which is a misnomer, the "State Advocacy Summit." As in prior years, representing the AAFPRS, I attended the Summit. Attending this meeting affords the opportunity to be part of the discussion about the future of health care in the United States. As a national society, it is important for the AAFPRS to be present to show our interest and to discuss these challenging issues with many of the leaders of the AMA and other societies in a more intimate meeting environment. Many of the issues considered have national impact, while a few of them may be isolated to a locality.

The first day was dedicated to presentations and discussions about future health policy and health care reform at national and state levels. These are important issues for both physicians and their patients. Anyone in the AAFPRS who treats trauma, performs reconstruction, or treats congenital problems will be affected by these issues well beyond any effects we are now seeing.

The next day, we looked at more than one challenging issue. We started with the issues of medication prices and costs. This discussion included the challenges and utility associated with prescription medication price transparency. This is important as many of us have had problems related to this issue.

There were also presentations and discussions about dealing with the opioid epidemic. Associated with this, there are issues with patients gaining access to proper care and addressing related disorders.

We also discussed the role of augmented intelligence in the future of health care.

The following day started with presentations about scope of practice. This is a challenging issue that our Academy is regularly partnering with the AMA, other specialty societies, and state associations to address.

There was an excellent presentation by John Maa, MD. He practices general surgery in Marin County. Early on, he became involved in treating patients with vaping related complications. He gave a very dramatic and thoughtful presentation.

Finally, we discussed dealing with the issue of prior authorization. This adds significantly to the time spent by our staff as we try to care for our patients. In addition to these presentations, the smaller format of this meeting gave me the opportunity to meet with some of the AMA leaders and discuss the importance of our membership.

For questions about any of these issues, please contact me through the AAFPRS office. ■

The Educational and Research Foundation for the American Academy of Facial Plastic and Reconstructive Surgery Annual Giving Report for 2019

Mission

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

General Overview

The Foundation raised $125,364 in cash in 2019 from 143 individual and corporate donors. Twenty-five companies provided financial support for meetings and educational offerings totaling $240,800. In addition, In-Kind contributions were received from fourteen companies/organizations valuing $554,253. These funds are raised through a variety of sources including:

1. Corporate Sponsorships, support of educational sessions and in-kind donations at AAFPRS Meetings.
2. Gift to the Foundation Annual Fund from regular appeals. An Annual Fund is:
   - The cornerstone of a comprehensive development program.
   - Separate and distinct from money raised for a Capital Campaign or Endowment, such as the Bernstein Research Grants.
3. Founders Club Membership. Founders Club members are individuals who support the Foundation through membership dues.
4. 1887 Membership - An 1887 member recognizes individuals and organizations whose philanthropic commitment to the AAFPRS Foundation is $1,000 or more (actual cash donations) during any fiscal year.

How Your Donation Makes All the Difference

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

Distinguished 1887 Donor Award

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

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

The 2019 recipient is Ted A. Cook, MD.

Past recipients of the distinguished 1887 Donor Award include:

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1887 Recognition

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

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To make a contribution to the Foundation, please go to www.aafprs.org, select *AAFPRS Foundation* and *Donate Now*. Or contact the Foundation at info@aafprs.org .

Emerging Trends and Technologies Column: Making the Case for Piezosurgery

By Jeffrey S. Jumaily, MD, Member, Emerging Trends and Technologies Committee

The history of bone surgery stretches back a few centuries. The early technology was sharp heavy tools that resembled osteotomes. As manufacturing improved, finer osteotomes and chisels were developed. They were relatively accurate but traumatic, requiring a tapping force with a mallet to cut through bone. Toothed saws became available when working on long bones in easy access open surgery, commonly used in orthopedic surgery. Some variations like the Gigli saw found some applications. Manual drills were used in craniofacial surgery along with metal wires to repair fractures and perform craniotomies and mandible work.

A major advancement in this area was the introduction of electric-powered tools, which included drills and oscillating and reciprocating saws. These tools are available with a wide variety of attachments and accessories to facilitate access and control in smaller and narrow anatomical areas and around important structures. With power tools, the cuts and holes can be accurate and precise. High-speed drills are very helpful in the fields of otology and craniofacial surgery as it allows very precise shaving, and hence contouring, of the bone.

In facial plastic surgery, we are often working to modify the craniofacial skeleton in numerous cosmetic and reconstructive applications. We use a combination of classic tools such as osteotomies in rhinoplasty as well as the high-speed drills and saws for the other applications such as frontal sinus and mandible surgery. Over the past decade, the newest technology in bone surgery is the ultrasonic bone aspirator technology. This technology uses alternating current to vibrate a metal tip at a high frequency that emulsifies the bone upon contact. The amplitude of these oscillations is very small and therefore does not cause mechanical trauma, and with minimal thermal conduction, to the soft tissue.

Several authors have published the application of this technology in rhinoplasty to remove and cut the bony pyramid. Piezosurgery in rhinoplasty can shave the dorsal bony hump and perform the medial and lateral osteotomies. It also allows for sculpting of the nasal bones and radix in a precise manner without the soft tissue trauma associated with osteotomes and rasps. Our experience mirrors those of the other authors who noted less edema and ecchymosis postoperatively. It does add cost and a slight increase in operative time. In my experience, there is a learning curve to making the osteotomies, especially the lateral ones that require extensive dissection to the maxilla. This dissection causes edema, but ecchymosis is less compared to the osteotome.

Our experience with this technology extends outside of rhinoplasty. In maxillofacial surgery and facial feminization surgery, we often have to shave and cut the frontal bone, frontal sinus anterior table, orbital rims, zygomas, and mandible. Classically, we perform these steps using high-speed drills along with reciprocating and oscillating saws. As most surgeons who perform this type of surgery know, extreme caution has to be observed around the supraorbital nerves, posterior table, orbit, orbital fat, temporalis muscle and fascia, frontal branch of the facial nerve, mental nerve, teeth roots, masseter muscle, and marginal branch of the facial nerve. Having technology that allows us to perform all this bony work while decreasing the risk of injury to some of these structures deserves some thought and evaluation. In my experience, ultrasonic bone cutting technology—and I have used several devices from different vendors—do seem to be safe around neural structures compared to high drills that can "catch" the soft tissue and tear it if extreme caution and excellent technique is not practiced. Also, we noticed significantly less postoperative edema in the mandible contouring and V line jaw surgery procedures, presumably due to less trauma to soft tissue from the saw mechanical trauma. The drawbacks of using ultrasonic bone cutting in maxillofacial surgery in our practice are similar to others, namely, cost and increased operative time. There is a learning curve and we got faster over time, but it is still not as fast as the power instruments.

Overall, I think this technology has a place in rhinoplasty and craniofacial surgery. In some applications, the soft tissue protective properties may outweigh the cost and increased operative time. ■

The Emerging Trends column is designed to share innovations in treatment, surgical procedures, implants, and other devices, as well as successful practice management examples, for review and consideration by the reader within the context of his or her own practice. The views expressed are those of the author(s). The AAFPRS does not necessarily endorse any of the products or services mentioned in this article. Comments and questions can be directed to the author at jeff.jumaily@gmail.com.

Face to Face Update: Trips to Antigua and Return

HUGS and FACE TO FACE Partner Up in Antigua
By Bryan Brandon, MD, with contribution from Clinton S. Morrison, MD

This past September, the HUGS (Help Us Give Smiles) Foundation team, partnering with the AAFPRS Foundation's FACE TO FACE for the first time, traveled to Antigua, Guatemala, to provide care to children with congenital facial deformities including microtia, cleft lip, and cleft palate. HUGS is a nonprofit organization that was founded by AAFPRS member and past president Vito C. Quatela, MD, in 2003. To date, HUGS has completed 35 missions and performed over 1,700 life-changing surgeries.

This year, 11 surgeons, eight anesthesia providers, nine nurses, and six non-medical volunteers made the trip. The mission was one of our most successful trips with a total of 83 patients treated. Of this, 14 cases were primary microtia reconstructions, 10 second-stage repairs, 41 cleft lip and palate, and the remainder were minor revisions. This year, we also treated several patients with traumatic auricular deformities and performed multiple pharyngeal flaps for velopharyngeal dysfunction.

We would like to highlight one patient in particular (see adjacent photo). This young boy was born with a bilateral cleft lip and palate. Bilateral clefts are challenging to begin with, and many teams internationally refuse to operate on these infants due to the complexity of the repair. That said, this patient had one of the worst bilateral clefts our team had ever encountered. The central aspect of his facial bony structure including the teeth associated with it was protruding significantly forward and out of his mouth. Due to the complexity of this case, no other team had been willing to repair this child. We were able to use modern cleft surgical techniques to reposition the bony aspect of the protrusion and close his lip in a very successful manner.

This is the first inaugural mission in Guatemala dedicated solely to the reconstruction of cleft lip nasal deformity to help provide a continuation in care to the patients that we treat. HUGS serves other countries including Vietnam, Ecuador, and beginning next year, Peru. We are committed to the countries we serve, and many members return every year to provide ongoing care. To learn more about HUGS, visit www.HelpUsGiveSmiles.org or to learn more about FACE TO FACE go to www.aafprs.org and click on the AAFPRS Foundation tab.

HUGS is proud to partner with FACE TO FACE and is extremely grateful for the financial assistance. The stipend will be allocated directly to expenses for supplies and medicine on this mission. ■

Being part of an international mission trip is a way to give back to your global community. To learn more about how to plan a trip, visit LEARN's free surgical video tab and watch *Planning and Executing a Successful International Mission* —a panel led by Lisa Morris, MD. See article on page 15, Learn More column.

FACE TO FACE Eighth Visit to Lima, Peru
By Ryan Brown, MD

With the help of FACE TO FACE, our team returned to Lima, Peru, for the eighth time on November 2 – 9, 2019. We returned to Hospital Dos de Mayo, which is a government teaching hospital. We gave lectures and continued to work side by side with local doctors, medical students, nurses, and staff.

During the week, we operated on 115 children and performed 141 surgical procedures (some patients needed more than one procedure). Over 90 of these patients were cleft patients that needed cleft lip repair, cleft palate repair, speech surgery for velopharyngeal insufficiency (VPI), revision surgery, or cleft rhinoplasty. AAFPRS members Ryan Brown, MD, and Shaun Desai, MD, were lead surgeons on the mission. The other surgeries were pediatric eye surgery such as strabismus, ptosis, and cataracts. Three speech therapists worked with all of the patients and their parents to try to provide comprehensive care.

We were also able to expand our hearing aid program. Our audiology team has been able to train local Peruvian staff on hearing aid software and testing. We have provided them with replacement batteries and parts and have been training them on how to troubleshoot and fix them. Ninety-four patients with mild to severe hearing loss were fitted with new hearing aids during the week.

One child that really stands out from this mission is Fabiana. She is a 10-month-old girl that lives in the remote highlands of Peru. It is very common in Peru for people to believe that the parents have done something wrong and had a cursed child when they have a baby born with a cleft lip or palate. So Fabiana's

Visit to Lima

family was somewhat outcast and desperate for help.

A volunteer social worker discovered Fabiana while traveling. We were able to pay for the multi-day bus fare for her and her mother to arrive and stay in Lima. Fabiana had very successful surgery on her cleft lip and was able to work with speech therapy throughout the week to improve her feeding and nutrition. We have her already scheduled to come to the FACE TO FACE Ica, Peru mission in the spring of 2020 for cleft palate repair.

Fabiana is an amazing little girl with hopes and dreams and a family. It is humbling and wonderful to help so many individuals like Fabiana and to offer them a chance at a more normal life.

We continue to work with Peruvian social workers and nonprofit organizations to help find patients in need and coordinate their travel to Lima to make this mission sustainable. I am so grateful for the generous support of FACE TO FACE that makes these life-changing missions possible. ■

RYAN BROWN, MD, WITH HIS SPECIAL PATIENT, A 10-MONTH OLD GIRL WHO UNDERWENT A SUCCESSFUL CLEFT LIP REPAIR.

An Update on Educational Activities

Learn More

One of the many benefits of being an AAFPRS member is your access to LEARN (**L**ifelong **E**ducational **A**nd **R**esearch **N**etwork). The AAFPRS Foundation is committed to provide educational and operational resources to members. In 2019, we had a total of 7,222 visitors with 5,343 new visitors and 1,879 returning visitors. Check out the following highlights.

There are 20 surgical and practice management videos available to members at no cost. You can find these videos under Free Surgical Videos in the Members Only tab. Three of these videos offer CME credits, again at no cost to members.

We have added three new videos from the 2019 Annual Meeting to this tab. They are:

1) Planning and Executing a Successful International Mission, a panel led by Lisa Morris, MD;

2) Management and Pearls of Rejuvenation, a panel led by Cynthia Gregg, MD; and

3) Immounotherapy in the Management of Lung, Head and Neck Cancer, Jack Anderson Lectureship from invited speaker Kathryn Gold, MD.

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

In Member Physician Resources you will find:

- Physician form templates with over 100 templates available to assist physicians in their daily practice.
- Video clips from the 2017 Annual Meeting in Phoenix, which includes AAFPRS leaders providing pearls of wisdom on various topics important to today's facial plastic surgeon.
- Additional physician resources will be utilized to provide AAFPRS members with various tools submitted by peers. This is coming soon.

Some additional areas you will want to explore:

- Our Fellowship Program continues to be the next heaviest group of users with almost 10 percent of all activity on LEARN attributable to individuals accessing program requirements or the 50+ surgical videos offered at no cost to those fellows in training.
- A complete transcript of all AAFPRS sponsored meetings back to 2009 are housed in your personal LEARN account, providing the capability to reprint any CME certificate you may need.
- Individuals can enter CME information received elsewhere to keep a complete log of all your CME.
- After attending an AAFPRS-sponsored meeting, you can complete a meeting evaluation online and print a CME certificate for each meeting in your office or home.
- Over 30 percent of all activity in 2019 was due to members completing meeting evaluations and claiming CME credits.
- Our residents have a selection of videos from the Richard Webster, MD, collection available at no cost.
- Residents also have access to the *Wound Management and Suturing Manual* by Corey Maas, MD, at no cost.
- Videos of keynote speakers from past Annual Meetings, as well as an offering of videos from Robert L. Simons, MD, on the history of the AAFPRS, are available.
- Members have access to past issues of *Facial Plastic Times*, the Academy newsletter.
- Practice and job opportunities are posted to the site.

Take a moment to explore the LEARN site, www.aafprs-learn.org and maximize your member benefits. To access the member only sections on LEARN, contact Karen Sloat, senior project manager, ksloat@aafprs.org for your login credentials. ■

PR Tips: Resolutions to Improve Your Media Strategy

'Tis the season for a lot of things including New Year's resolutions. Unfortunately, the statistics are not always in our favor when it comes to sticking with these do-better, be-better, get-better promises. In fact, a study by *US News* found that 80 percent of New Year's resolutions fail...before February.

New Year's resolutions fail for a variety of reasons but a big one is the lack of a solid, multi-step game plan. You cannot go from A to Z without hitting everything in-between.

We cannot necessarily help you get to the gym every day or stick to your new intermittent fasting regimen, but we can help make sure that 2020 is the year that your practice takes its media strategy to the next level.

Start by thinking about the type of press or publicity that you want for your practice and yourself in 2020. Do you want recognition from your peers? More patients? More profits? More prestige? All of the above?

The answer or answers are telling and can help you come up with a fitting strategy to elevate your profile. If you are looking for recognition from peers and more podium time in 2020, consider targeting business to business publications, partnering with industry, presenting at AAFPRS meetings, and submitting research or case studies to journals. (Tip: The AAFPRS just acquired *JAMA Facial Plastic Surgery* and has selected Mary Ann Liebert, Inc. as the new publisher. The journal will be published under the new title of *Facial Plastic Surgery & Aesthetic Medicine* starting in January 2020. See page 4 for details.) Start documenting results and make sure you have copies of all pertinent submission guidelines and style guides.

If you are looking for more patients, think local. Make a careful list of local reporters, bloggers, influencers, and journalists. Consider inviting key players into your office for a meet and greet. Share information about the newest technologies and trends and let them know that you are available for comments, segments, and other opportunities. Make sure you are familiar with their work and style before the fete.

Social media is another great way to get your name out there. Offer "new year, new you" or "total transformation" theme specials on social media and in your e-blasts. (Make sure your social media content is varied and not solely promotional.) Online reviews are the new word of mouth. Encourage happy patients to leave five-star reviews and make it easy for them to do so. More patients equal greater profit margins so these exercises are win-wins.

The holy grail was once considered an appearance on the *Oprah Winfrey Show*. Today, many want time on the *Dr. Oz Show*, *The Doctors*, or other hot television shows or podcasts. This does not happen overnight. Our advice is to start local and build from there. The more your name is out there, the more showrunners, bookers, and reporters will see it. The more they see it, the more likely they will consider you for their outlets.

You should have a media hits section prominently placed on your website with links to all of the articles you are quoted in and clips to all television segments. You can also use these hits as social media fodder to further spread the word.

You also need to budget time and money to achieve these goals. Is there someone on your staff who is up to the task for accruing reviews, styling journal articles, handling social media, or planning an in-office event? Ask around and see who has the time and interest. Hiring an outside publicist is also an option (and an investment). Figure out how much internal resources you can devote to acquiring media coverage and how much you like working with the media before taking this step. ■

Note: The AAFPRS is active on social media. Remember to like us on Facebook and to follow us on Twitter and Instagram @AAFPRS. This column was provided by the Academy's PR firm, KELZ PR.

In Brief

Marcelo Hochman MD, of Charleston, S.C., was inaugurated for a second term as president of the Charleston County Medical Society (CCMS). The event was highlighted by presentations from the U.S. Surgeon General Jerome Adams, MD (center), and the Honorable Mayor of Charleston Mr. John Tecklenburg (left).

Dr. Hochman (pictured above, right) enumerated the continued efforts of the CCMS to exempt doctors from non-compete clauses as condition of employment, repeal South Carolina's Certificate of Need Law, and to give individual doctors a state income tax benefit for pro-bono charitable work. "As a facial plastic surgeon, I know first-hand how important it is for patients and doctors to have alternatives and free choices to receive and perform the medical care they desire and to incentivize charitable medical care." ■

Women in Facial Plastic Surgery: Creating Your Own Luck

By Leslie Kim, MD, MPH

Several months ago, I gave a talk at the 55th Annual South African National ENT Meeting held in Umhlanga, South Africa. There, I was also awarded honorary memberships to the South African Society of Otorhinolaryngology-Head and Neck Surgery as well as the Society of Rhinoplasty Surgeons of South Africa. It was an incredible opportunity and I felt lucky to have been a part of it.

But here's the secret. I wasn't invited out of the blue.

I am the division director of facial plastic surgery in a wonderful otolaryngology department at The Ohio State University Wexner Medical Center, ranked third in the nation (shameless plug). But no, I'm not famous and I didn't have a sponsor who offered up my speaking services. I literally knew no one on the entire continent of Africa.

I have always wanted to return to South Africa though, a country I grew to love as a college student studying abroad. Now, as an academic facial plastic surgeon, I thought it would be amazing to return and give back as an educator. So nearly a year prior, I reached out to my friend and fellow female facial plastic surgeon, Melynda Barnes, MD, as I knew she had traveled there before to teach. She was kind enough to make a connection and (the connection made a connection, then silence for many months, then an invitation and a somewhat last-minute trip because these things are never straightforward and easy but...) the rest is history.

Speaking of history, for the first time ever, women make up the majority of U.S. medical students (50.5 percent in 2019). The future is truly female. But today, if we're honest, we still exist in a bit of a boys' club. Within our Women in Facial Plastic Surgery Committee, we have lamented about how challenging it is to get on the podium at our own Academy meetings.

Part of this is because as women, we have more than enough mentors but are only half as likely as our male peers to have a sponsor. As eloquently described by Sylvia Ann Hewlett in a 2011 Harvard Business Review, "What's been holding women back...isn't a male conspiracy but rather a surprising absence of advocacy from men and women in positions of power. Women who are qualified to lead simply don't have the powerful backing necessary to inspire, propel, and protect themselves on their journey through upper management. Women lack, in a word, sponsorship."

But our Academy shows that things are changing. For the first time ever, a female president has been sponsored to lead the way, Mary Lynn Moran, MD. The landscape of medicine and our field is slowly evolving. But as women, we have an obligation to participate. We can't wait around for sponsors to drop things into our lap. We must create our own luck and opportunities. Take chances. Don't be embarrassed by the hustle. Put ourselves out there because what is the worst that can happen?

After returning home from my trip to South Africa (where I had essentially invited myself), I received an invitation to speak at the 9th World Congress of Facial Plastic Surgery. I felt honored, and lucky. ■

Diversity and Inclusion

From President's Message, page 3

willing to speak out for those who don't and be willing to face any resistance or discomfort that may be created when these changes start to be implemented. When we give women and other members of underrepresented groups a voice in the direction of how to make the culture more inclusive so that everyone feels like they belong, then we will all see sustainable changes that benefit not only those groups but also the health of our organization at large.

All humans share the core emotional need to feel valued and respected and ultimately to truly belong. We must lead with intention, humility, and a genuine desire to listen. The first step to addressing a problem is admitting you have one—we started to do that and have been working to make improvements over the last several years. And as I mentioned in my first column, with the introduction of a new Task Force on Diversity and Inclusion, we will be taking those efforts to an even more focused level. The Task Force will help us advance this process of genuine transformation and inclusion. We have a lot of hard work to do but we are on our way to fulfilling our potential of being a global, agile, and empowered organization that leverages the collective power of all members and attracts the best and brightest from every demographic. If we stay the course, I am confident that our Academy will thrive and evolve following the Law of Accelerating Returns.

Mary Lynn Moran, MD

CLASSIFIED AD

The Center for ENT is currently seeking a board eligible, board certified otolaryngologist/facial plastic surgeon for our state of the art 20,000 square-foot new facility opening in the heart of West University near the Texas Medical Center. The practice is well positioned for future growth and is in need of a new physician to staff the quickly growing practice. The successful applicant will be involved in the full spectrum of plastic and reconstructive surgery and have the opportunity to grow a strong facial plastic surgery practice with the support of a well-established physician group. This partnership-track opportunity has full comprehensive benefits. The team of physicians include seven general otolaryngologists, one allergist/immunologist, and four audiologists who treat adult and pediatric patients in the Greater Houston Metropolitan area. For more information, please send an email to: KVineyard@centerforent.com.

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We are looking to hire a surgeon that can concentrate on developing our hair transplantation part of our business. Join our awesome team! We are looking for an employee first and would definitely want to transition you to a partner. We specialize in facial and body plastic surgery. We are located in downtown Bellevue home of Microsoft, Bill Gates, and a fast growing city that is 10 minutes from downtown Seattle. Please reach us at contactus@afbplasticsurgery.com.

Included in this issue of *Facial Plastic Times* is the 2019 Annual Giving Report.

Facial Plastic Times
January/February 2020

2020

FEBRUARY 6-9
9th World Congress of Facial Plastic Surgery
Taipei, Taiwan
Hosted by the Taiwan Academy of Facial Plastic and Reconstructive Surgery

APRIL 23-24
AAFPRS Spring Meeting in conjunction with COSM
Atlanta, GA
Co-chairs: Lamont Jones, MD, and Deborah Watson, MD

MAY 14-17
Advances in Rhinoplasty
Miami Beach, FL
Co-chairs: Jose Barrera, MD; Russell W.H. Kridel, MD; and Brian J.F. Wong, MD

JUNE 27-28
ABFPRS EXAMINATION
Washington, DC

SEPTEMBER 9
Committee and Board Meetings in conjunction with the AAFPRS ANNUAL MEETING
Boston, MA

SEPTEMBER 10-12
AAFPRS ANNUAL MEETING
Boston, MA
Co-chairs: James Shire, MD; Michael Somenek, MD; Kaete Archer, MD; Richard Gentile, MD; and Amir Suryadervara, MD

Meeting Director: J. Randall Jordan, MD

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