

# Facial Plastic TIMES

AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY, INC.

## PARTNERING WITH THE AMA: AAFPRS MEMBERS MOVING MEDICINE

Specialty interests always seem more vital to most facial plastic surgeons; and for that reason, our members value their AAFPRS membership the most. When I discuss the AMA with facial plastic surgeons, there is usually little knowledge or appreciation of the accomplishments that the AMA obtains for medicine that directly impact us as physicians and our patients.

Just this past year alone, AMA action and testimony was instrumental in having the U.S. government deny the Anthem/Cigna insurance mergers, which would have cut physician reimbursements, saving physicians over \$500 million a year in payments. The AMA comments were so impressive that they were included in the final decision.

The AMA has had an incredibly positive impact on the lives of our patients and each of our practices. It has achieved far-reaching initiatives educationally, scientifically, legislatively, in the courts, and with third-party and governmental payers.

Hardly known to many of us, the AMA respects and has been extremely supportive of our small specialty. For many years, our Academy has benefited from a close-working and mutually beneficial relationship with the AMA. The AMA was one of the first major medical organizations to recognize the subspecialty of facial plastic and reconstructive surgery.

As early as 1978, we were seated in the AMA House of Delegates representing our specialty with a vote, which allows us to speak up at any of the AMA meetings when issues of concern to us are broached. As such a small specialty as we are, comprising just a few of the hundreds of thousands of physicians in this country—especially when you compare our size to such groups as the internists—having that kind of input is exceedingly important. It is this level playing field, this openness and fairness in deliberations, that is so democratic and so rare in other national medical organizations.

*See Together, We are Stronger, page 6*

## FACIAL REJUVENATION: MASTER THE TECHNIQUES



The Academy is excited to present Facial Rejuvenation 2018: Master the Techniques, April 12 - 15, at the Sheraton Grand Chicago in the Windy City. This year's planning committee—Rami K. Batniji, MD, co-chair; Andrew A. Jacono, MD, co-chair; Steven H. Dayan, MD, injectables course chair; Stephen W. Perkins, MD, senior advisor; and Phillip R. Langsdon, MD, meetings director—along with an esteemed Advisory Board, have coordinated expert, global faculty across specialties such as facial plastic surgery, dermatology, oculoplastic surgery, plastic surgery, and practice management.

This four-day course incorporates interactive presentations and training in both surgical and nonsurgical procedures. You will not want to miss the new and innovative format that promises to excite and inspire you. Additionally, you can count on pre-recorded live surgeries, video sessions, live

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## PRESIDENT'S MESSAGE:

The AAFPRS has sailed very successfully for five decades. We have faced challenges and fought battles. We overcame them, grew in stature, and became branded as facial plastic surgeons.

Our membership grew and flourished. The tide on which we sailed then started to turn, at first imperceptibly. As money tightened in the Great Recession, we sailed into increasingly rougher waters. Amid financially challenging times for all, industry support diminished. Membership

declined. Some of our courses failed to make a profit. The Academy was operating in financially difficult circumstances.

The AAFPRS leadership is charged with many tasks in its oversight and advisory capacity. In summer 2014, we started to look for answers.

In the early winter of 2015, amid financial challenges and concerns about the need to strengthen both membership and industry support, four of us in the Academy leadership held strategizing conference calls to understand what was occurring and to begin the process of turning these problems around. The participants on those 2015 calls were then president-elect Edwin F. Williams, III, MD; then president Stephen S. Park, MD; southern regional representative Phillip R. Langsdon, MD, who has a wealth of personal experience running medical meetings; and myself as treasurer. The immediate outcome of those calls was to fully involve the entire Board of Directors.

The Board met in April 2015, in Boston, during the COSM Meeting and again in July 2015, during the Advances in Rhinoplasty Course in Chicago. To better control the quality and bottom line of meetings and courses, the Board decided to return the meeting planner position as a full-time staff employee. Additionally, we acknowledged the need to immediately initiate a search for a new EVP, in light of the approaching retirement of Steve Duffy, in the fall of 2016.

After the 2015 Annual Meeting, Dr. Williams, the 2015-2016 AAFPRS president, and I, as treasurer, flew to Washington and spent one and one-half days at the Academy office. We sat and had a frank discussion with Mr. Duffy. I spent half the day with our financial consultant, and I then joined Dr. Williams in meeting individually with each employee. We held candid and instructive interviews with each staff member. After all those illuminating question and answer sessions, we left understanding that the architecture of the Academy and the culture in the office needed an extensive and strategic overhaul.

Dr. Williams was also the key leader to engage in the arduous process of searching for a new EVP. In the summer of 2015, he reviewed over 100 applications, interviewed dozens of applicants over the phone, and narrowed the choices for a new EVP down to three finalists. The Board of Directors listened to presentations by all three finalists and interviewed these individuals at the Facial Rejuvenation Meeting in March 2016, in Beverly Hills. Knowing that they had found the best candidate, the AAFPRS Board of Directors asked Steve Jurich, who has a background in medical association leadership in managing an organization with financial and operational challenges, to become the new AAFPRS EVP, and he accepted the position.

At the start of his tenure, Mr. Jurich and the incoming president, Fred G. Fedok, MD, unearthed a myriad of structural, cultural, and financial difficulties that had been evolving for several years. Fred and Steve rolled up their sleeves and began the hard work of reversing the course of the Academy.

# WELCOMING CHANGES

Challenges that we are correcting include membership concerns, financial stability, better engaging of our industry relations, and restructuring the architecture and culture of the Academy office, including mechanics and personnel. One major task is to increase the value of the AAFPRS to its members across the full membership lifespan from our younger members to our seasoned members.

Education is one of the primary pillars of the Academy. We have revamped the structure of our meetings and courses by appointing Dr. Langsdon in 2016 to be the meeting director—a new three-year position. Working with the various meeting chairs and partnering with staff, Dr. Langsdon has overseen changes to the structure, physical planning, concepts, and finances of the meetings, symposia, and courses.

The 2017 Annual Meeting, one of our best, was terrific and received overwhelming kudos from the attendees. We have had a multitude of fresh, new faces at the podium—far more than ever before, allowing us to enhance the engagement of our younger members. The excitement and energy of the young physicians was palpable and is something we plan to build upon in our education and other member benefits. Dr. Langsdon was also elected as the AAFPRS president-elect during the 2017 meeting, so we'll look forward to his leadership in this area for the foreseeable future.

A major project is in the works. Revamping the Web site is a priority of the Board of Directors. It should be very user friendly. Of the many changes we want to implement, one of the most important is to make our Web site serve as a means better to direct patients to our offices. It should also house an enormous amount of medical information related to our specialty. The site

should be the go-to site for information on rhinoplasty, facelift, facial reconstruction, congenital facial abnormalities, vascular malformations—all aspects of facial plastic surgery.

The public, government, media, etc., should all look to our site first for relevant information. This will give us more recognition, visibility, and “free media” than any marketing firm can do on their own. We want it to provide business services to our members to help them start and run their practices. Additional services we are discussing could possibly include items such as contract templates, practice business formulas, policy and procedure manuals for offices, and so on.

Educational materials must be extremely affordable and easily accessible. CMEs need to be offered through our Web site on a more comprehensive and affordable level. As you can see, this is no small project. It will have a huge cost in dollars and time. We are tuned in to the membership concerns and are working to fulfill these needs. All of this will take time.

The second major pillar is advocacy. Our standing as facial plastic surgeons has been challenged in many states at the legislative level including being able to call ourselves board

certified facial plastic surgeons. The grass roots advocacy effort that the AAFPRS has undertaken to defend the ABFPRS credential has occurred most notably in California where so many in our group practice. These challenges required our leadership and our attorney, Tom Rhodes, over the years to travel to these battleground states to obtain legislative approval, recognition, and sanction to allow us to state who we are and advertise who we are.

Today, the AAFPRS, along with the ABFPRS, continuously monitors all 50 state legislatures and puts out fires as they arise. If it weren't for the vigilant advocacy of the AAFPRS, we may very well be calling ourselves otolaryngologists doing facial plastic surgery in the head and neck. We, as individual practitioners, are not always aware of the benefit of advocacy, but it is responsible for us being able to identify ourselves and practice as facial plastic surgeons.

Our Academy had reached a crossroads. It had become obvious that significant change was exigent. It has been three years since we had those conference calls in the early winter of 2015. We have already made significant progress in slowing and stopping processes that were detrimental

*See Making Progress, page 13*

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It is official. Starting in July 2018, Google is going to start using mobile page speed as a ranking factor in their search results. I'm sure many of you have been aware of this for quite some time. After all, being speedy and fast in mobile has been the mantra of many vendors and search engine optimization (SEO) specialists alike for quite a while.

With that said, this does mark the first time that an official date has been set. On January 17, Google announced a new ranking algorithm designed for mobile search, calling it the "Speed Update." While it will only impact a small percentage of queries, I'd bet you're better off having a screaming fast mobile site than a slow one.

And by the way, Google recommends using their new and updated PageSpeed report to test your site. So, the 500-pound gorilla has spoken again and they've given you the tool to use.

This is interesting because we monitor and adjust our site speeds (and other factors) on a regular, rolling basis. In a meeting on Tuesday, January 16, we learned that our average mobile site speed had improved to 96/100. The team speculated that this was indeed an algorithmic change and the Google announcement suggested that we were seeing the results of that with our sites.

This brings me back to a recent conversation I had with another vendor in the industry and with whom we work. He told me that a company had suggested he ignore Google's PageSpeed tool and instead use another tool like Pingdom. "No way," I told him. "Why take the risk? If Google tells me to dance around in circles at night before going to bed, I'm going to do it."

The point is, the change is coming and there's a date set. Simply search for Google PageSpeed Insights, click the link, and enter the URL of your

site. Find out where you stand. If it's not good, at least 90, get it changed quickly.

In the event you get pushback from your vendor, you should understand that it's not easy to standardize methodologies that result in extremely fast scores for hundreds of sites. In fact, it's taken us years to get to this point. I believe the chief reason is because many vendors (including us) rely on content management systems like WordPress, Joomla, and Drupal. These are powerful and robust platforms for publishing and developing Web sites. At the same time, however, they are designed to be easy-to-use and available to the masses. This is both good and bad. Good, in that your average Joe can jump in and start building a site.

Unfortunately, that also means that it's easy to allow poorly written plugins, modules, and blocks of code to enter the equation. After all, unless specifically disallowed, anyone can create a WordPress plugin and make it available to everyone else.

If it looks cool or does something neat, then it might seem like the perfect addition to a vendor's client sites. But those looks can be deceiving and come at a cost. From what I've seen, the greatest cost is with speed, and sometimes even usability.

I speculate that if you get pushback on getting your site to score over 90/100 or start approaching 96/100, then what you're really dealing with is a vendor who has utilized too many of these plugins, modules, and the like—aka "bloatware"—and the costs associated with migrating to a more streamlined solution for many sites is a big cost. ■



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

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## CALL FOR AWARDS

In an effort to present these prestigious awards to well-deserved facial plastic surgeons, consider nominating your colleagues. E-mail Glenda Shugars at the AAFPRS office ([gshugars@aafprs.org](mailto:gshugars@aafprs.org)) to receive a nomination form or visit [www.aafprs.org/research/awards/](http://www.aafprs.org/research/awards/) for more information.

### William K. Wright

This award may be presented each year to an AAFPRS member who has made outstanding contributions to facial plastic and reconstructive surgery.

### John Dickinson Teacher

This award honors an AAFPRS fellow or member for sharing knowledge about facial plastic surgery with the effective use of audiovisuals in any one year.

### F. Mark Rafaty Memorial

This award may be presented each year to any AAFPRS member who has made outstanding contributions to facial plastic and reconstructive surgery.

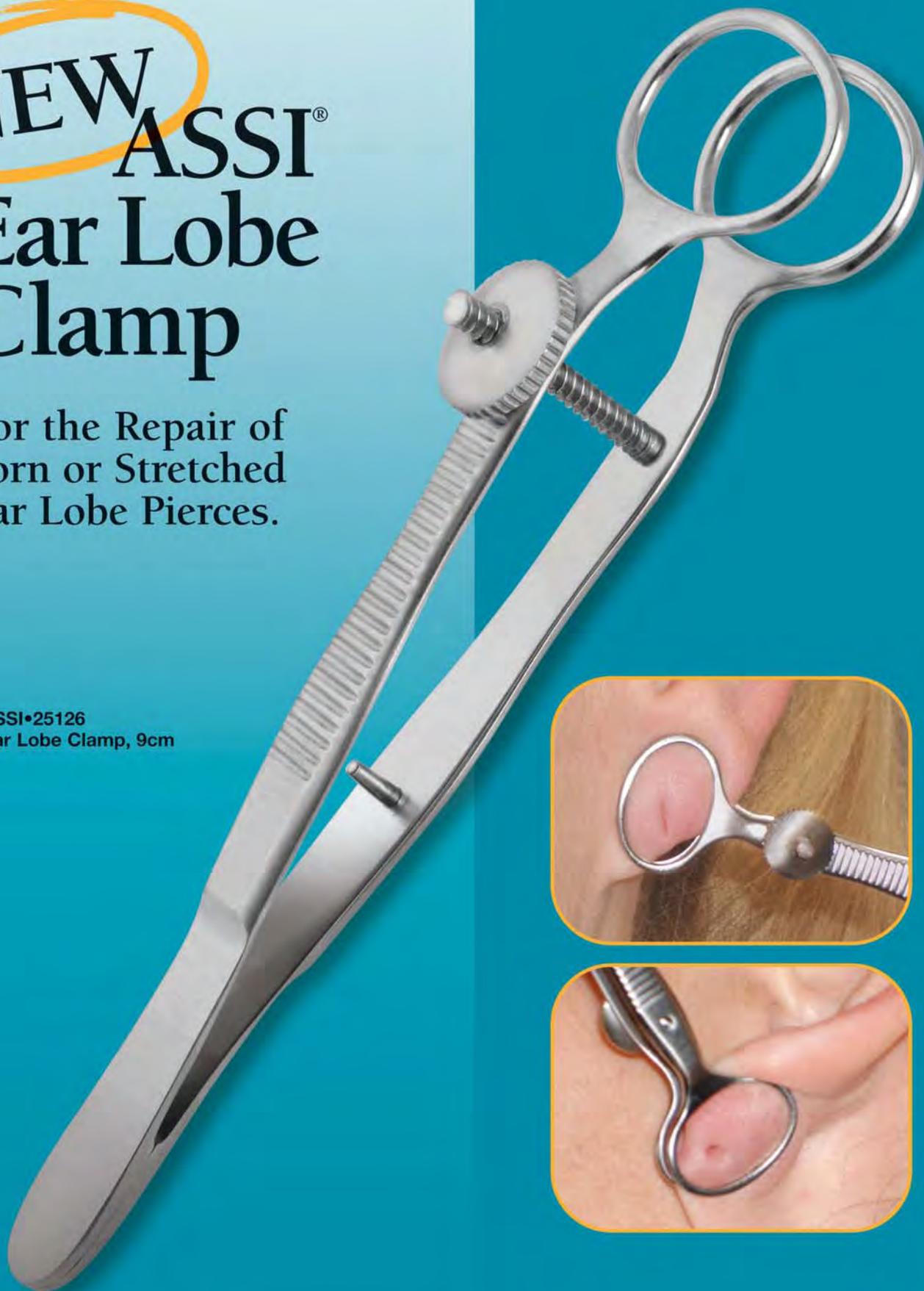
### Community Service

This award may be presented each year to an AAFPRS member who has distinguished himself or herself by providing and making possible free medical service to the poor in his or her community.

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# TOGETHER, WE ARE STRONGER...LET'S WIN OUR BATTLES

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We may not always win our battles, but everyone has the opportunity to speak, be heard, and convince others of the merit of our viewpoints. Through such discussions and debate, the AMA sponsored and published our now over 10-year-old journal, *AMA Archives of Facial Plastic Surgery*, currently named, *JAMA Facial Plastic Surgery*. To be so recognized by the AMA and to have our own journal under the AMA auspices is a great honor, providing recognition of our specialty throughout the world. We are one of only 12 specialty journals the AMA publishes.

The AMA has gone to bat for us several times over the years. With our input, they helped develop a model state bill on truth in advertising, which allows for recognition of our AAFPRS. (We helped to facilitate several valuable updates to the model state bill just this past year.) It is now in the hands of 50 state legislatures as well as medical societies. The AMA has worked hard on scope of practice issues, encouraging that all health care teams be physician led and assuring the public that the education a physician receives provides excellence and the best in patient care. In the issue of in-office medication compounding, which affects many in our membership, the AMA has actively moved to unfetter us from over-restrictive and unnecessary regulation. The AMA Advocacy Resource Center and litigation teams have helped defeat elective cosmetic surgery taxes in 14 states. The AMA has currently convened a coalition of societies and specialties to combat the onerous prior authorizations often required for medications and surgery, with progress and changes being made daily by insurance companies at our urging.

I could go on for pages elaborating on the many successes from which we benefit because the AMA has been willing to spend huge resources in federal and state advocacy for physicians. It has gone into the weeds of detail so we can practice and concentrate on patients.

It is difficult, however, for the AMA when it goes to Washington to state that it represents all the country's physicians when not all the country's physicians belong. The AMA is currently fighting huge battles: to streamline EHRs and make them interoperable and physician friendly, to address physician burnout and practice sustainability (because of bureaucratic red-tape and required over-documentation), to work for reasonable drug charges, to stop the opioid epidemic, to put patients before politics, to help employed physicians, to preserve private practice and all modalities of health care delivery, to work on liability reform.

Those who pay their dues are certainly getting their money's worth from the AMA. Unfortunately, those who do not pay their dues are just getting a free ride and need to commit themselves to membership in the AMA. It is like belonging to a family and

not doing your chores. Members move medicine; 60 percent of AMA dues go directly to advocacy for physicians and our patients.

Yet, very few AAFPRS members are AMA members. Since we are such a small specialty, we need to have the larger and more politically powerful AMA look out for our interests. Quite simply, you need to join the AMA. Our specialty needs it. I am asking you to go to [www.ama-assn.org/membership](http://www.ama-assn.org/membership) today. Our five-year member review will take place within the next several months and if you don't join, we are at risk of losing our valuable representation in the AMA; a critical number of our AAFPRS members must belong to the AMA to meet the membership criteria for continuation in the Association.

We need your help; please join or renew today. As the AMA states, "Together, we are stronger." Let's help the AMA win our battles and give it the strength it needs through our membership support. ■



*Editor's Note: This article was written by Russell W.H. Kridel, MD, AAFPRS past president and member and current Board member, AMA Board of Trustees.*

## IN BRIEF: CARNIOL'S APPOINTMENT

**P**aul J. Carniol, MD, of Summit, N.J., is the new president of the Board of Medical

Examiners of the State of New Jersey. The New Jersey State Board of Medical Examiners is comprised of a select group of physicians and medical personnel from various specialties throughout New Jersey, all of whom are appointed by the governor. Their mission is to protect the public's health and safety by determining qualifications of applicants for licensure, establishing standards for practice, and disciplining licensees who do not adhere to those requirements. In addition, the Medical Board is responsible for overseeing the licensing and certification process for allied health care providers, including podiatrists, certified nurse midwives, acupuncturists, athletic trainers, bioanalytical lab directors, physician assistants, electrologists, hearing aid dispensers, and perfusionists.

Dr. Carniol serves on the AAFPRS Board of Directors as the group vice president for membership and society relations. ■



# THE WINDY CITY OF CHICAGO AWAITS THE AAFPRS

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injections, practice management pearls, cutting-edge technologies, and more.

Besides the supreme learning and collaborative exchange of ideas, there will be supplementary opportunities for networking and sharing best practices. Industry-sponsored sessions will add value to your overall learning experience. Plan on attending a breakfast session daily as well as an evening reception hosted by industry. The exhibit hall is sold out and exhibitors are waiting to show you their latest and greatest.

This educational event will exceed your expectations, while also providing a wonderful city to explore. The host hotel, the Sheraton Grand Chicago, is located in the heart of the city. Stroll down the Magnificent Mile, visit Navy Pier, or take an architectural boat tour. There are 29 miles of lakefront paths you may want to wander. Millennium Park offers art, landscape design, and architecture including the mammoth stainless-steel Cloud Gate sculpture, The Bean. Be sure to bring the whole family to the lakefront Museum Campus where you can explore the Field Museum, Adler Planetarium and Astronomy Museum, and the Shedd Aquarium.

The restaurant scene will not disappoint. You may be asked your opinion on two classics that



Chicagoans take very seriously: pizza and hot dogs. In case of rain, consider traveling via the Pedway—Chicago's downtown pedestrian walkway system of underground tunnels and overhead bridges that link over 40 blocks in the heart of the city.

Come to Chicago for the rejuvenation training and workshops, then stay to experience the city. For program updates or to register online, visit [www.facialrejuvenationmeeting.org](http://www.facialrejuvenationmeeting.org). Take advantage of the early bird savings and register by March 5, 2018.

## Make sure the voice of facial plastic and reconstructive surgeons is heard at the national level.

At a time when health care is front and center in the national debate, members of the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS) should have a powerful say in how health policy is shaped. The American Medical Association offers you that platform.

Your membership in the AMA strengthens AAFPRS's voice in influencing national health care policy that puts patients and physicians first.

**Join the AMA.** Call (800) 262-3211 or visit [ama-assn.org](http://ama-assn.org) today.



# MAKE 2018 THE YEAR YOU JOIN



We hope everyone enjoyed the Phoenix meeting last October. A survey was sent out to attendees to gather your feedback for improvements; please send your responses if you haven't done so already. We are eager to further enhance your OFPSA meeting experience.

It is membership renewal time. If you're new to the OFPSA, welcome. The cost is \$180 for the entire office to join. New and returning members will gain access to our private Facebook group. In this group, members can share ideas and seek guidance from other industry professionals in facial plastic surgery. This is a great way to network with other OFPSA members and gain insight on what others are doing both locally and nationally.

The OFPSA has a new president. Meet Donna Fay, The Beauty Expert USA, an independent expert in the, cosmetic surgery and beauty industry, and recognized as the "go to" person when considering cosmetic procedures.



Donna has been in the industry for over 27 years as an educator and consultant for doctors and various laser and skincare companies. She works closely with men and women nationwide who want to undergo plastic surgery procedures and are seeking qualified, ethical, and skilled surgeons. Donna has helped many patients find the right surgeon, and has been an advisor to med spas, cosmetic dentists, and plastic surgeons.

In 2014, she started working with Steven Pearlman, MD, in New York City. Donna wears many hats and is the practice manager, patient care coordinator, and medical aesthetician.

Donna is instrumental in enhancing all aspects of Dr. Pearlman's practice. Making sure you look as amazing as you are, is her main priority. Her motto is "Age is just a number, beauty is timeless." We are fortunate to have her as our 2018 president.

We would like to congratulate Penny Cappel on receiving the 2017 Member of the Year award, presented by Care Credit. Penny could not attend the Phoenix meeting due to health issues, and she is in our thoughts.



Devinder S. Mangat, MD, of Cincinnati, states, "Penny Cappel has been a dedicated, hardworking, and most loyal employee of our practice for the past 18 years. During my 38 years in practice, I have never had an employee who was so passionate about her job and so engaged in doing all she can to see the practice succeed." Way to go, Penny!

We look forward to your membership and to interacting with you this year. Plan to be in Dallas for our next annual meeting, October 15-18; it will be another great meeting with exceptional speakers and presenters.

If you have any questions about the OFPSA program, please feel free to email your officers. ■

Current Officers:  
Donn Fay, President  
Esthetic Coach & Patient Care Coordinator, New York, NY

Megan Persin, Vice President  
Patient Care & Marketing Coordinator, Atlanta, GA

Amy Mladineo, Former President  
Practice Coordinator, Stanford, CA

## Call for Abstracts and Presentations 12th International Symposium of Facial Plastic Surgery

You are invited to submit an abstract for a scientific paper/poster or for a general presentation at the 12th International Symposium of Facial Plastic Surgery, October 15-18, 2018, in Dallas. This is the premier education and networking event for the facial plastic and reconstructive surgery community.

The International Symposium brings together practicing physicians, fellows, residents-in-training, medical experts, students, and allied health professionals from around the globe to collaborate, share best practices, exchange ideas, discuss scientific research, and learn about innovative techniques that will advance the profession and enhance surgical outcomes and patient satisfaction.

Abstracts are being considered for the following presentation types:

- Scientific posters
- Scientific paper presentations (5 mins.)
- Lecture/podium presentations, solo or panel speakers (5 to 15 mins.)

The AAFPRS Foundation strives to ensure its clinical education activities offer engaging and informative content and provide pertinent, thought-provoking and high-quality training for its culturally diverse audience. We also encourage lectures that are inclusive, feature a wide range of perspectives and topics, as well as a diverse mix of both novice and seasoned presenters.

The schedule will be designed around the following programmatic tracks:

- Congenital /craniofacial abnormalities
- Emerging technology
- Facial reconstruction
- Facial rejuvenation
- Minimally invasive and nonsurgical procedures
- Practice management
- Rhinoplasty

If you have knowledge in any of these areas, please consider submitting an abstract. Whether you're a young physician or have been in practice for over 30 years, we strongly encourage and welcome your contribution to this one-of-a-kind event.

**Abstract submission deadline is February 28, 2018.** Visit:

[www.aafprs.org/am2018/Abstract](http://www.aafprs.org/am2018/Abstract).

Questions? Please send us an email at [education@aafprs.org](mailto:education@aafprs.org).

It's the time of year where we all take out our crystal balls and try to forecast what is to come. The American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS), the world's largest specialty association for facial plastic surgery, shared predictions in cosmetic surgery. Here is what you can expect for 2018.

## "Bendable" fillers

"We foresee new, more flexible fillers that 'bend' when the face animates as well as longer-lasting filler options," says AAFPRS president William H. Truswell, MD. Stem cell injections will be refined and used more. Volumizers will be used more and more for rejuvenation. Ageless is the new anti-aging and patients demand a more natural result.

## Prejuvenation gains popularity

"The concepts of maintenance, prevention, and 'prejuvenation' will bring younger patients to our offices for everything from skin care, injectables, neuromodulators (Botox, Xeomen, Dysport), laser treatments for hair removal, tattoo removal, brown spots, laser facials, and light therapy," shares Dr. Truswell. Face lifting techniques will continue to evolve for the younger patient who wants to "tune up" without major downtime.



"I see more young patients considering and asking for facelifts, even in their 30s," says Patrick J. Byrne, MD, AAFPRS group VP for public and regulatory affairs.

## Selfie awareness, unstoppable

Younger generations are flocking to facial plastic surgery thanks to the plethora of non-invasive techniques now available and an increased awareness (or obsession) with our own image. A full 42 percent of AAFPRS members are seeing people who are requesting facial plastic surgery to look better on social media, according its 2016 survey.

## Transgender/feminization procedures

The surgical community has increased its attention to providing transgender support. Both transgender and feminization procedures are getting much more attention by academic centers trying to build programs. "Procedures that change the underlying bone structure or the soft tissue of the face have the unique ability to help individuals to present themselves in the manner most consistent with their sense of self," says Dr. Byrne.

## Facial reanimation

Patients now fear that frozen, expressionless result. Most want a natural result that helps them look as good as they feel—like the best version of themselves. It's about confidence, not anti-aging these days. "For patients who have gone too far with surgeries and injectables, we see exploding interest in facial reanimation," says Dr. Byrne.

## Injectable rhinoplasty

Nose jobs have evolved considerably over the past decade. Techniques are becoming more reliable, predictable, and less invasive thanks to non-surgical corrections with injectable fillers.

Non-surgical rhinoplasty is gaining popularity because it can be performed in minutes and has a fraction of the downtime, bruising, and swelling typical of a traditional rhinoplasty.

## Millennial "man"tenance is a thing

Ken got a makeover, and modern men are following suit. A survey by the AAFPRS found that more men than ever are turning to cosmetic maintenance to look and feel their best. Thirty-one percent of men surveyed said they are "extremely likely" to consider a cosmetic procedure—surgical or non-surgical. Of those men, 58 percent were between 25-34 years old while 34 percent were 18-24 years old.

The bottom line? "Trust your face to a facial plastic surgeon," says the AAFPRS. You'll come out looking gorgeous and staying safe and healthy in the process. That's a win-win. ■

*Editor's Note: This column was written by the Academy's public relations firm, Kelz PR.*

## NOTE FROM OUR KELZ PR

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

Calling all members. We would love to share your awesome patient before and after photos (with practice watermarks, signed patient consents, preferably full-face views, and no blacked-out eyes, please) on our social media channels. Submit your photos today and help us share the good work you do. (Photos are subject to approval.) Contact Patty Matthews, of Kelz PR, at [Pattymathews@kelzpr.com](mailto:Pattymathews@kelzpr.com) or (646) 450-KELZ.

# FACE TO FACE SIXTH MISSION TO LIMA, PERU

In partnership with FACE TO FACE, the Peruvian team returned to Lima, Peru, for the sixth time on November 6, 2017. The reach of the team continues to grow each year.

During the one-week mission, 130 surgical procedures were performed on 99 patients. Ninety-seven of the patients have cleft lip or palate. Many are babies, and it is truly miraculous how a 90-minute surgery can offer a child a hope at a normal life, as these children are often bullied and not allowed to attend school in Peru. Over 50 speech therapy sessions, many from previous patients, were also provided.

The Peru team also offered a program to provide glasses and hearing aids. The local school districts in Lima screened children for hearing loss and vision loss during the year. Children in

need were bussed to the hospital. The team of optometrists and audiologists performed a detailed exam and fitted them. Hundreds of frames were donated; children picked out a pair they wanted and were able to go home seeing better than they ever have.

"I was able to sit in on a fitting for hearing aids for a child with severe hearing loss and it was very emotional when his dad spoke to him and he turned around and said, 'Papa, papa' because he could actually hear his dad," says team leader Ryan F. Brown, MD. Eighty children were fitted for glasses and 42 for hearing aids.

Even though Hospital 2 de Mayo is the oldest medical school in South America, they have never had a hearing aid program because of lack of training and technology. The team has been able to provide them the computer software, training, and equipment, so now they can start to treat their own people with hearing aids.

One memorable boy that was operated on was Jeremias. He is 17 years old. He was born with a cleft palate, but has never had an opportunity to have it fixed and didn't know it was possible. He is intelligent and handsome, but given his complete cleft palate, he was unable to speak well. This has severely impaired him in school and socially. When Jeremias was told that the team was going to repair his cleft palate, he couldn't stop smiling and gave a little fist pump for excitement. His excitement to have life-changing surgery was visible to everyone involved.

(Jeremias, left, is pictured here with Dr. Brown.)



Between surgery, speech therapy, glasses, hearing aids, and a new dental clinic, over 300 patients were helped during the week-long mission. With the help of FACE TO FACE, the team plans to continue helping the wonderful people of Peru in 2018.

*Editor's Note: This article was written by Ryan F. Brown MD, FACS, medical director of Lima, Peru, mission and member of AAFPRS.*



SHOWN HERE IS ONE OF THE 97 PATIENTS WHO RECEIVED SURGERY TO CORRECT A CLEFT LIP AND PALATE.

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# MESSAGE FROM THE MEDICAL EDITOR: A JOURNEY WITH

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



Friday morning July 23, 5:24 a.m., I woke

to the wailing sirens commonly heard along Chicago Avenue, the main ambulance thoroughfare leading to Northwestern and Children's Memorial Hospital. After living in the same location for the past five years, I have become accustomed to the loud city sounds. But this morning, it couldn't have come at a more perfect time. I woke invigorated to the fertility of the day. The thrusting rays of sun just broke past the eastern horizon merging within the crisp breeze off Lake Michigan carrying the fresh scents of prairie blossoms. The forecast called for clear skies and warm temperatures across the plains.

Excited, I knew my direction and what the day ahead meant. After a quick run along the park, an even faster shower followed. I was barely dried off as I put on my favorite pair of ripped blue jeans, a v-neck white t-shirt, my Wyoming boots, and of course, Raybans. I left the apartment with an overnight sac carrying the minimalist of overnight gear, crossed the street to the Dunkin Donuts and grabbed a large cup of coffee with one pump of cream and three sugars. I threw the sac in the trunk, hopped in the car, put the top down, placed the car in sport mode, and put on 99.5 FM Chicago's Country Music station. I quickly screeched out of my garage, immediately turning south onto Lake Shore Drive aiming toward Highway 55, aka Route 66. Where I was going was still yet to be determined and it really didn't matter...it was the journey I was more interested in not the destination.

Physicians are goal oriented and it starts early. Study hard to

get into college, study harder to get into medical school. Then study and work hard to get a good residency, impress to get a fellowship, impress even more to get a good job, and so on. Clinically, we are taught find the cure, cut out the tumor, erase the wrinkle. Personally, we are encouraged to make money, get a house, have a kid, save for retirement...but hold on! Just one second!! What about taking a moment to reflect on the journey?

There are few if any professions that require so many continuous years of consistent hardwork and dedication as does medicine. We become programmed to achieve goals and deliver results. But we rarely if ever are taught the importance of recognizing, appreciating, and learning from the moments along the way. The skills, disciplines, and friendships gained from endless nights of studying, taking in house-calls, and working 36-hour shifts are priceless and likely contribute to the core of what makes us competent decision makers. Clinically, we are trained with an emphasis that skips over managing the pathology in favor of quickly defining the target, determining a solution, and then shooting to cure.

In aesthetics, we are trained to see a wrinkle, find a fold, uncover the fat deposit, and choose the product toxin or device that will best achieve a two-point improvement. In all cases, we are positioned to look past the patient and their needs. However, stepping back for a moment allows clarity to what we do, for whom we do it, and why we do it. It opens up space to think beyond the spoon fed EMR guided diagnosis and EBM treatment protocols. An equanimity ensues and a Jedi physician is the result.

After years of intense schooling and goal oriented training, the imaginative and non-linear portion of our thinking can become dormant or even snuffed

out completely. Physicians trained in a militant hierarchal manner are encouraged to not challenge conventional wisdoms. Along the way, character traits of trustworthiness, competency, loyalty, and reliability are gained, all being necessary requisites to the profession. But the yin to that yang is loss of spontaneity, creativity, and a tendency toward risk averse robotic thinking, and eventual burn out.

Many find their love for medicine rekindled during a vacation. Time to relax, catch up on reading, or other interests often leads to creative insights that translates to career betterment. But let's be honest, even vacations today are greatly pre-planned, void of risk, and mapped out months in advance. All can recount some of their greatest opportunities for learning, relationship building, or professional advancement happened when least expected. It is during the unplanned situation or journey that we are forced to be resourceful and receptive. The challenge of the unknown combined with a push outside of our comfort zone leads to an initial uncomfortable-ness followed by a presence of mind and personal growth.

To allow myself better appreciation for the journey, each summer I choose a random weekend in which I clear my schedule for a road trip. The essential element though is that I have no particular destination in mind. I only know that I will wake up on Friday morning, check the forecast, and drive in whichever direction the road and sun take me. Last year, I found myself in Nauvoo, Illinois, a place of importance to the Church of Latter Day Saints. Following the murder of John Smith, Brigham Young led his congregation's exodus across a frozen river on their way to their ultimate home in Utah. The year before, I found myself listening to banjo music on a paddle boat steering down the Mississippi

# NO PARTICULAR DESTINATION

River in Hannibal, Missouri, a town that still lives in the 1840s. It also happens to be the hometown of Mark Twain. The year before, I found myself in Deward, a small ghost town in Central Michigan, which at the turn of the century was one of the most important logging towns in the Midwest. Other years, I have ended up on Kentucky's Bourbon Trail, spent a night in Mackinac Island's famed Grand Hotel, road the Fenelon Place cable car in Dubuque, Iowa, and so much more.

Within six hours of Chicago, I have explored state parks, caves, rock, and the boyhood homes of Presidents Grant, Lincoln, Reagan, Harrison, and other noted dignitaries with midwest roots. Most years, I travel alone; some years, I invite another who shares my romanticized passion for the journey. But all years, I am greeted on the road with warm welcomes and friendly waves. I've grown to love country music, buttered grits, and bottomless cups of coffee from diners in one-stop towns. Barbeque competitions, state fairs, fireworks, and listening to music while sitting on the hood of my car are fairly routine. But most importantly, I gain an appreciation for the journey; it is pregnant with potential and teased by the unknown.

Another benefit to driving the open road is the inherent incompatibility with social media. The mobile phone is down. It forces time to think, gain inspiration and perspective on a career and life. And if with another—whether it be spouse, child, friend, cousin, or budding romantic interest—you are in a closed, no way-out situation, the ideal set up for communicating through any dilemma, project, or inspiring dream together. And as a by-product, two people can really get to know each other.

While road tripping may not be for everyone, each has an

opportunity to set up their own version of a journey without a destination experience. Perhaps go to the airport with bags packed and choose where to go after getting to the airport. Or if living in a city, begin a trek following the little green man in the light, never stopping. See where the walks lead to. If in the suburbs, how about taking one road till it ends and then making alternative right and left turns till finding an interesting place? Or consider a bookstore, closing your eyes and pointing to a random book to read; similarly with music, pick a genre never before appreciated. If with a group of friends, each go to a non-traditional grocery store, randomly choose ingredients for one another, and see what unique gustatory delight each can create. There are endless ways, whether alone or with others, to foster a milieu of spontaneity, fun, and openness to new opportunities and thinking. The key is that there is no pre-planned destination just a journey and a willingness to explore.

The brightness of life is built during the shades of the journey. Try it; see where it takes you. ■

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The Alaska Center for Ear, Nose, and Throat is searching for a BC otolaryngologist/facial plastic surgeon to join our private practice. Two of our four well-respected physicians, both FP fellowship trained and board certified are winding down their practices, opening a unique opportunity for an otolaryngologist/facial plastic surgeon to continue this portion of the practice. In addition to a busy, well-rounded practice, we provide full otolaryngology needs for the Anchorage community of 300k. Contact Kim by email at [Kim@entalaska.com](mailto:Kim@entalaska.com) to learn more.

# MAKING PROGRESS

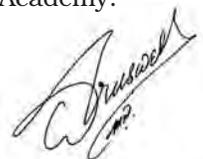
*From President's Message, page 3* to the health and advancement of the Academy.

Steve, our new EVP/CEO, has initiated significant financial, operational, and team corrections that he will continue to implement over the ensuing years to come. Our investments are growing. The inner workings of the Academy office are running far more smoothly, and the culture of the office continues to evolve in productive directions.

A new director of operations, Jenn Waugh, has brought her considerable experience and skill set to effect operational and financial changes that will ultimately assure we attain an efficiently running business. The meeting planning is once again in-house under the tutelage of our new director of meetings and CME, Ada Phillips. Our longstanding employee, Rita Chua Magness, has been engaged in a new position as director of industry relations and communications. She has already made great strides in strengthening our relations with our valued business partners.

In closing, it seems appropriate to share an anonymous quote that I like to repeat to myself on a regular basis: "Even though there are days I wish I could change some things that happened in the past, there's a reason the rear-view mirror is so small, and the windshield is so big. Where you're headed is much more important than what you've left behind."

The AAFPRS is definitely headed in the right direction, my friends. With your encouragement, suggestions, and support, I see a new and exciting tomorrow for our beloved Academy.



William H. Truswell, MD

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## REMINDERS

The deadline for applying for a fellowship is February 1. Applicants can apply for the late deadline, which is March 1. If you need information regarding the Fellowship Program, please contact the fellowship office, [fporter-el@aafprs.org](mailto:fporter-el@aafprs.org).

Fellowship directors will be receiving notification soon regarding the current 2019-2020 fellowship applicants.

Fellow members looking to apply for ACPSE accreditation of their fellowship program should contact the fellowship office for application information. Applications are due in the fellowship office by April 1. Applications are reviewed and discussed for approval during the Annual Meeting.

Membership dues invoices were sent out earlier this year. The AAFPRS headquarters office appreciates your prompt remittance. For questions about your dues, please contact Maria Atkins at [matkins@aafprs.org](mailto:matkins@aafprs.org).

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Enclosed in this issue of *Facial Plastic Times* is the Facial Rejuvenation Meeting brochure.



# FACIAL PLASTIC TIMES JANUARY/FEBRUARY 2018

## 2018

### APRIL 12-15

FACIAL REJUVENATION:  
MASTER THE TECHNIQUES

Chicago, IL

Co-chairs: Rami K. Batniji, MD and  
Andrew A. Jacono, MD

Injectables Course Chair: Steven H.  
Dayan, MD

Senior Advisor: Stephen W. Perkins, MD

### APRIL 18-22

COMBINED OTOLARYNGOLOGY  
SPRING MEETINGS (COSM)

(AAFPRS April 18-19)

National Harbor, MD

Co-chairs: Travis T. Tollefson, MD, MPH  
and Sydney C. Butts, MD

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### JUNE 23-24

ABFPRS EXAMINATION  
Washington, DC

### AUGUST 3-5

\*PORTLAND RHINOPLASTY COURSE  
Portland, OR

Co-chairs: Tom D. Wang, MD; Michael  
Kim, MD; and Myriam Loyo, MD

### OCTOBER 15-18

12TH INTERNATIONAL SYMPOSIUM  
OF FACIAL PLASTIC SURGERY AND

AAFPRS ANNUAL MEETING  
Dallas, TX

Co-sponsored by the International  
Federation of Facial Plastic Surgery  
Societies (IFFPSS)

Co-chairs: John L. Frodel, Jr., MD; Mary  
Lynn Moran, MD; and Krishna Patel, MD

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### 2018 Membership Directory

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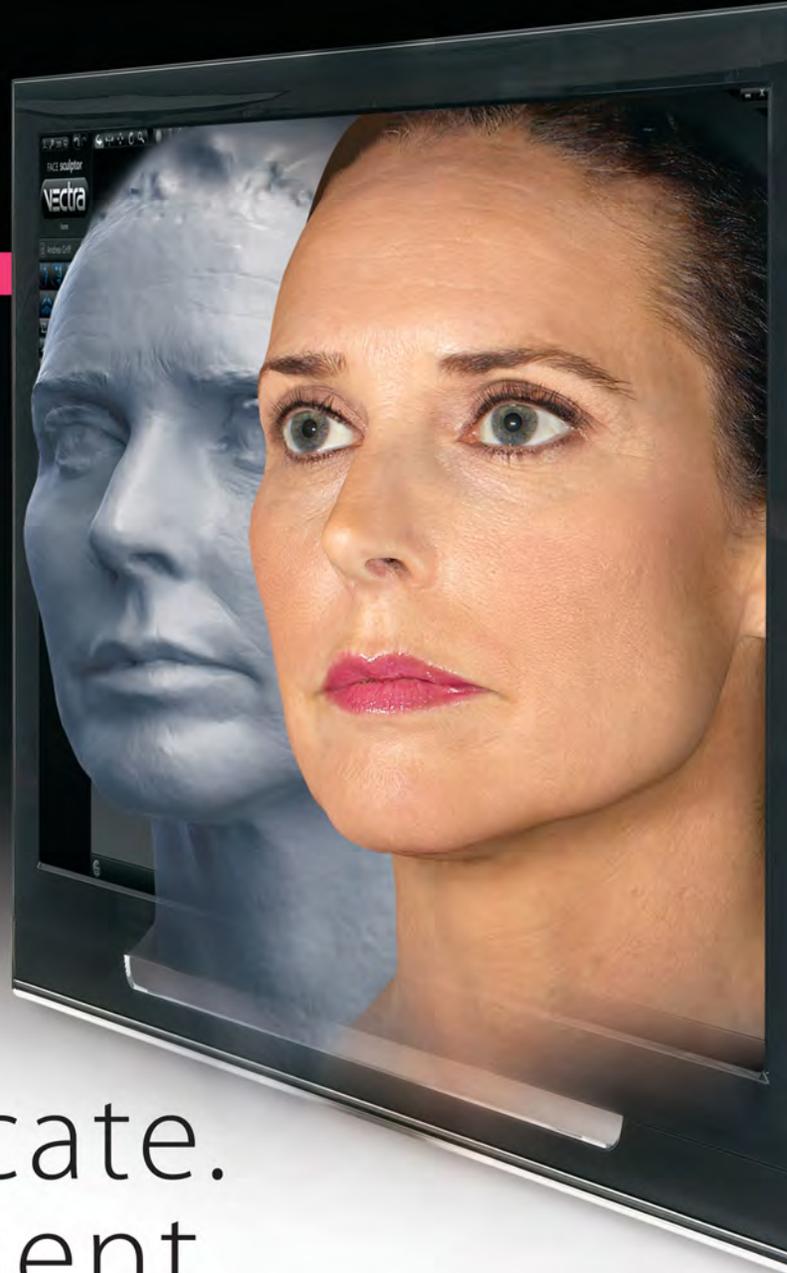
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