

Facial Plastic TIMES

AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY, INC.

FALL MEETING HIGHLIGHTS IN ORLANDO

The AAFPRS is preparing for the Annual Fall Meeting, September 18 - 21, 2014, in the family friendly city of Orlando, Fla. Chairs Phillip R. Langsdon, MD, and Anthony E. Brissett, MD, are finalizing the details for a comprehensive program you will not want to miss.

Each morning, there will be several panel discussions and presentations, e.g., new innovations, addressing the midface in patients of ethnic decent, management of facial paralysis, emerging trends, lower eyelid surgery versus fillers, state of the art in fat and stem cells, and more. In the afternoon, there will be four learning tracks: aging face/rhinoplasty; non-surgical/office-based; business management/marketing; and reconstruction. You will have exceptional workshops, panels, and sessions to choose from at the meeting. Also, there will be instruction courses for each track.

One featured session will cover evidenced-based medicine with practical examples of research innovations and evidence that facial plastic surgeons can apply broadly in their practice. Additionally, what are the research gaps, areas of opportunity to coordinate research efforts, and how to

Phillip R. Langsdon, MD CHAIRS Anthony E. Brissett, MD
September 18-21, 2014 FACIAL PLASTIC SURGERY ORLANDO, FLORIDA

- achieve higher levels of evidence.
- On Saturday, the annual Essentials in Facial Plastic Surgery, led by Stephen S. Park, MD, will be offered to all residents in otolaryngology. Spread the word to your residents and let them know that if they plan to attend the AAO-HNS Foundation Annual Meeting, they should plan to come a day early to attend this course.
- A microvascular workshop will

be offered on Sunday afternoon, coordinated by Mark Wax, MD, and Edward H. Farrow, MD. Many topics will be covered, including scapula tip in head and neck reconstruction, trends in post-op management, wound vacs, free flaps, case studies, and a round of *Jeopardy*, hosted by Dr. Wax and Uttam Sinha, MD.

Committee meetings are scheduled starting at 6:30 a.m., on Wednesday, September 18, 2014. If you are an Academy or Foundation committee member, please plan accordingly.

Save the date: Friday evening, September 19, 2014, for the 20th anniversary event for the FACE TO FACE: The National Domestic Violence Project.

Finally, the Organization of Facial Plastic Surgery Assistants (OFPSA) will prepare an outstanding two-day

program; so spread the word.

Join your fellow colleagues at the Hilton Orlando Hotel in downtown Orlando for a luxurious stay. Meeting sessions and the exhibition will be held in the Orange County Convention Center. Be sure to register by August 22, 2014, to take advantage of the reduced fee. A preliminary program is enclosed for your perusal and registration will open mid June. ■

May/June 2014
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PRESIDENT'S MESSAGE:

Borrowing a quote from a campy, somewhat ridiculous movie from the early 1980s, "The Adventures of Buckaroo Banzai Across the 8th Dimension," starring Jeff Goldblum as a neurosurgeon, inventor, and adventurer who saves the world from alien invasion seemed appropriate. Certainly, no matter where you go, there you are; and you try to influence change from that point in time forward. The past cannot be changed or rewritten, no matter how hard one may try.

Circumstances will shape your future but not define your future; you will do that. We are at a place where we may be able to improve our already promising future.

Your Academy has been presented with circumstances that some might argue were out of our control or even manipulated in a way contrary to our best interest. I have been silent to the membership on where we are today and where we are headed because there was no new meaningful information to disseminate. We are at a point now where things have developed that warrant sharing. In providing this information, I feel that it is pertinent to lay the groundwork with a historical perspective of how we arrived at this point. A perspective that will take us back further than last fall or even last year but into a past of foresight, planning, and advocacy that if built upon will further strengthen what we have all worked for over the last 50 years, i.e., recognition for our place as the experts in facial plastic and reconstructive surgery.

This journey started with our ancestors in facial plastic and reconstructive surgery. Those ancestors had the foresight to establish an organization based in the quality of your work and field of interest. If you are dedicated to the care of the facial plastic and reconstructive surgery patient and have been properly trained, you can belong. This included physicians that were trained as otolaryngologists and plastic surgeons. As we all know, there were not always facial plastic and reconstructive surgery fellowships, and many of our early leaders had not done a formal fellowship or may have even done a fellowship in plastic surgery. Although many spent time studying with mentors, none had done a fellowship that we would recognize by today's formal standard. Rather or not that standardization is a good thing might be argued, but that would occupy an entire message on its own.

The commitment to inclusiveness has given us legitimacy in many ways, not the least of which is that it places us above criticism; we are an Academy about education and patient care not "country of origin." Anyone that meets our high standard can belong. This principle has seldom been reciprocated; regardless, we have persevered and prospered. Battles for our recognition have spanned the decades even before our codification as an organization in 1964, including battles for hospital privileges, the ability to advertise our expertise as facial plastic and reconstructive surgeons, and ultimately, the recognition of the AAFPRS as ABMS equivalent in all instances that it has been challenged. These are successes that have required the expertise of our legal counsel and executive leadership but were predicated on and argued by our members with the legitimacy of their professionalism and education.

The leadership of your Academy has always been willing to fight for what is right for our future. This has included legislative battles from Florida to California and New York to Texas. The battles have been joined by counsel, a great advocate that believes in our cause, believes that we are the hurdle that must be cleared, and the bar that must be chinned to in

NO MATTER WHERE YOU GO, THERE YOU ARE

order to call yourself a facial plastic and reconstructive surgeon. Thomas Rhodes was there early on and has helped create two organizations that will persist beyond his retirement.

You may ask what is the relevance of this and where am I going. Let me tell you. It has been our leadership and their vision, persistence, and incrementalism that has brought us to this place in time where we can decide to pursue ACGME recognition with the integration of the ABFPRS examination in the accreditation process. Is this a done deal? Far from it, however, it is a far cry from the turf wars of the past. At the spring Foundation Board meeting, it was decided to request a delay of any decision by the ACGME Board regarding our application. I can't predict what their response will be. If we proceed with the ACGME application, the details will have to be worked out. The details will be many. Ultimately, the goal will be to fashion program requirements that all fellowships can qualify for if they so choose.

The process of writing the program requirements would be a long and arduous task taking into

consideration all concerns that the fellowship preceptors have and spanning 12 to 18 months. I cannot predict how the ACGME negotiations will go. I can assure the membership that we intend to stick to the principles that were outlined last fall:

1) The name of the specialty must remain the same. There would never be an agreement to accept anything that did not keep the name. As a specialty, we want also to find ways to work with the ABMS to make a place for the ABFPRS.

2) We would try to develop program requirements that would allow all fellowships to qualify for ACGME if they wish.

3) We must be mindful of market realities and pay attention to what states and credentialing institutions say about ACGME training. The pendulum swings back and forth and may be swinging more toward ACGME for the moment.

4) We are completely committed to supporting the ABFPRS and its diplomates and have assurances that the ABFPRS will be part of the process. We will not accept any outcome that sacrifices them.

If we decide to proceed with the ACGME process a lot depends on the "program requirements." Unlike the analogy made between Nancy Pelosi and me regarding her argument to vote for the Affordable Care Act "to find out what is in it," we have to write it and dictate what is in it.

The Foundation has also begun a study of ways to accredit fellowships that may be among our best, but which do not fit the ACGME mold.

We are presented with this opportunity because of the commitment of the past leaders to be the best, the involvement of our leaders; our participation in organized medicine; and our presence in the AAO-HNS, ABO, and AMA, as well as other groups acting across specialty lines in the best interest of the patients. Ultimately, that is what it's all about, the patient. I am pleased with where we are and where we are going.



Edward H. Farrior, MD

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INTERNET INSIDER: A GUIDE TO EARNING MORE GLOWING ONLINE REVIEWS



By Robert Baxter, CEO,
Surgeon's Advisor

It has been reported that 80 percent of people conduct research online before making a purchase; 89 percent of people trust online reviews; and 52 percent of people are more likely to use a company with good online reviews.

Getting online reviews for your practice, however, can be easier said than done.

Naturally, the unsatisfied customers love to voice their opinions. And no matter how wonderful you think a procedure turned out or how amazing the customer service from your staff was, you're going to run into negative reviews. Luckily though, there are ways of dealing with them.

How can you motivate your patients to share their positive experience with others?

In an ideal world, every patient would be a happy patient, and they'd share their experience on the Internet. But if you're still reading this, then you know this isn't usually the case. It's those happy patients that need a push and a reminder to tell the world how good you were to them.

Let's be real; how often do you review other businesses online? It takes time and effort, right? While most people love to take selfies with their food and post it on social networks, not everyone will actually take the time to review a business.

Negative reviews happen because you can't please everyone. But what you can do is put your

happiest patients to work for you.

Think about your most loyal patients—those patients who continually return for more services and refer their friends and family. These are your business advocates. They also leave the kind of reviews you want prospective patients to read. These are the reviews that will tell a journey, share positive experiences with your staff, and maybe even rave about the results.

How do you get this idea off the ground? First, dig into your patients' files. Find their information and contact them, by either phone or e-mail, and let them know that you're trying to build a
See Extra Mile, page 14

FPST ADVISES ON HOW TO GET YOUR MAN TO COMMIT

The summer issue of *Facial Plastic Surgery Today (FPST)* is sure to get people talking and then making appointments to come see you.

The cover article, *Getting Your Man to Commit...to Rejuvenation*, will propose ways to entice men to schedule a consultation. While men are still the minority when it comes to facial rejuvenation patients, the number of men seeking cosmetic procedures is growing at a fast pace. This article will review the most popular procedures men are having and why.

Makeovers Come in all Shapes and Sizes, will be the feature article on pages two and three. This will review some of the more popular trends in makeovers, such as mother of the bride, bride/groom, sisters, mother/daughter, and girlfriend getaways. There is nothing better than sharing stories of what others have found successful and fun.

Inside, on page three, the *Ask the Expert* will address if there are



certain procedures that should be avoided during the summer months. The answer will describe how sun exposure can affect facial plastic surgery results and that vigilance is necessary especially after facial resurfacing and most laser procedures.

Did you know that testing on animals may become a thing of the past? The *What's New* section will share information about skin grown in a lab from human stem

cells. This could potentially eliminate the need to test drugs and cosmetics on animals, according to recent research published in *Stem Cell Reports*.

The *Health Tip* will suggest ways to talk to teens about sun safety. A recent study revealed that teens are more likely to practice sun safety if they are educated on how ultraviolet rays cause premature aging and mar appearance, as opposed to their link to skin cancer risk.

The back page will cover *Ear Pinning for Adults and Children*. This article will look at how ear pinning can be advantageous not only for children, but also adults.

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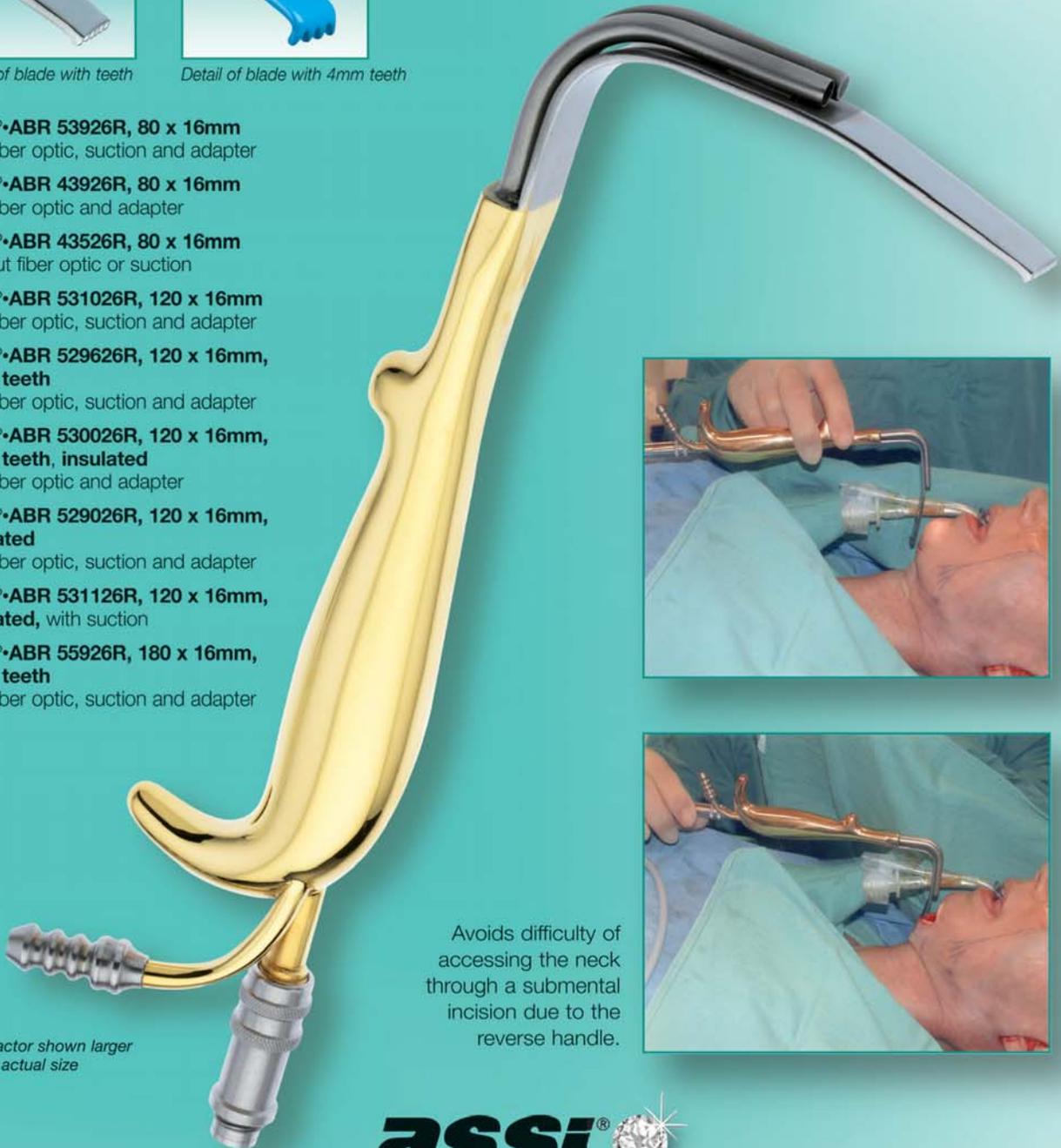
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MESSAGE FROM THE MEDICAL EDITOR: STEM CELLS

By David Reiter, MD,
DMD, Medical Editor,
Facial Plastic Times



Stem cells have been heralded as the source of all regenerative potential. Despite the lack of large scale clinical trials demonstrating their efficacy (or even, in fact, their presence in many of the tissues purported to be sources), the Internet is already filled with offers of stem cell treatments and procedures to rejuvenate, restore, and preserve youthful tissue characteristics. Recent studies have bolstered our knowledge base and answered some questions; although, they raise more than they retire. Tobita, Orbay, and Mizuno published a very concise summary of stem cell knowledge and experience in *Discovery Medicine*, in which they clearly state what is known:

- Adipose tissue is an abundant source of mesenchymal stem cells, which have shown promise in the field of regenerative medicine. Furthermore, these cells can be readily harvested in large numbers with low donor-site morbidity. During the past decade, numerous studies have provided preclinical data on the safety and efficacy of adipose-derived stem cells, supporting the use of these cells in future clinical applications. Various clinical trials have shown the regenerative capability of adipose-derived stem cells (ASCs) in subspecialties of medical fields such as plastic surgery, orthopedic surgery, oral and maxillofacial surgery, and cardiac surgery. In addition, a great deal of knowledge concerning the harvesting, characterization, and culture of ASCs has been reported.

- ASCs exhibit stable growth and proliferation kinetics and can differentiate toward osteogenic, chondrogenic, adipogenic, myogenic, or neurogenic lineages in vitro (Zuk et al., 2002; Izadpanah et al., 2006; Romanov et al., 2005).

Furthermore, a group has recently described the isolation and culture of ASCs with multipotent differentiation capacity at the single-cell level (Rodriguez, et al., 2005).

- ASCs may promote wound healing. Vascular endothelial growth factor (VEGF) secreted from ASCs induces the migration and proliferation of endothelial cells (ECs), increasing the vascularity of the wound bed (Lorens et al., 2006; Rehman et al., 2004). It was both experimentally and clinically shown that the topical administration of ASCs to full-thickness radiated wounds increase the healing rate of the wound (Ebrahimian et al., 2009; Rigotti et al., 2007). Kim et al. (2007) demonstrated that ASCs stimulate fibroblast proliferation and migration and type I collagen secretion in an in vitro wound model.

- ASCs appear to have osteoinductive potential, forming osteoid in vitro and in vivo (Hattori et al., 2004). ASCs combined with biomaterials were successfully used to repair critical bone defects (Di Bella et al., 2008; Yoon et al., 2007). Moreover, ASCs secrete osteoinductive growth factors, which may potentially recruit host bone-forming cells and induce osteogenesis when implanted in vivo (Hao et al., 2010). ASCs genetically modified to secrete bone morphogenic protein-2 (BMP-2) may also be an effective method for enhancing bone healing (Peterson et al., 2005).

Kolle, the corresponding author of the first comparative study of ASCs versus traditional fat grafting in print (published in *The Lancet* last year), observes on the basis of his own work that "stem-cell enriched fat grafting might prove to be an attractive alternative to major tissue augmentation, such as breast reconstruction after cancer with allogeneic material or major tissue flap surgery, with fewer side effects and more satisfying cosmetic results."

Our own *JAMA Facial Plastic Surgery* has carried some small

studies of stem cell use in facial plastic surgery. Terella et al. (May/June 2010) reported attempted full-thickness cranial defect repair in rats using prefabricated polyethylene glycol scaffolds photoencapsulated with mesenchymal stem cells (MSCs) as osteoconductive entities. Desai et al. (May 2013) provided a level four retrospective review of six patients who received rhBMP-2 for segmental or near-complete rim mandibulectomy defects. And there are multiple studies of use of platelet-rich gel in facial plastic surgery. These are all well worth reviewing for their background information on ACSs and MSCs.

Although there is not yet sufficient and sufficiently sound evidence to justify grandiose claims of superiority (and exorbitant prices) for unproven procedures and materials, there is certainly enough investigational support behind the potential uses of ASCs in facial plastic surgery to justify aggressive research both in animal models and in human clinical trials. And this is proceeding with increasing frequency around the world.

A current article in *Stem Cells Translational Medicine* by Sandor et al¹ describes 13 consecutive cases of cranio-maxillofacial hard-tissue defects for which reconstruction was attempted with bioactive glass or tricalcium phosphate scaffolds seeded with adipose-derived stem cells at four anatomically different sites, namely frontal sinus (three cases), cranial bone (five cases), mandible (three cases), and nasal septum (two cases). With follow-up of 12 to 52 months, 10 of 13 were successful. Two cranial implants were initially successful but resorbed enough to justify reoperation, and one septal perforation failed at one year.

Kolle's study (referenced above) was a simple 10-patient trial in which volunteers underwent liposuction to collect fat tissue from one side of the abdomen. Two purified fat grafts were prepared for
See Adipose Tissue, page 10

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The Specialty of it All, Part Three

By Robert L. Simons, MD

The 50th anniversary of the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS) is a moment for historic remembrance and celebration!

The AAFPRS was formed in Chicago on October 18, 1964, with an enrollment of 420 surgeons. Today, its membership stretches worldwide with its numbers bettering 2,700 men and women. No organization in the history of medicine has promoted and supported education and training in facial plastic surgery more effectively than the AAFPRS. And, no group has been a greater source of strength and certification for these facial plastic surgeons than the American Board of Facial Plastic and Reconstructive Surgery (ABFPRS). It would be hard to imagine the position of facial plastic surgery today without the symbiotic relationship between the AAFPRS and the ABFPRS. The growth of this relationship did not come easily. It is important to remember that the parent organization, the American Board of Otolaryngology (ABOto) was initially less than enthusiastic about sub-specialization, and certainly wary of any other certifying body in otolaryngology.

The activation of the ABFPRS, in September 1987, resulted from "misplays" by the ABOto. If the ABOto had been able to establish with the ABMS an arrangement for Certificates of Added Qualifications (CAQs) in six subspecialties, including facial plastic surgery in 1985, or succeeded to simply modify the ABOto certificate in 1986 by listing areas of examination including facial plastic surgery, it is doubtful there would have been sufficient support for the new board. The unique circumstances leading to its birth, followed by its recognition and powerful presence throughout the world, makes the ABFPRS story the most telling element in this recount of, "The Specialty of it All."

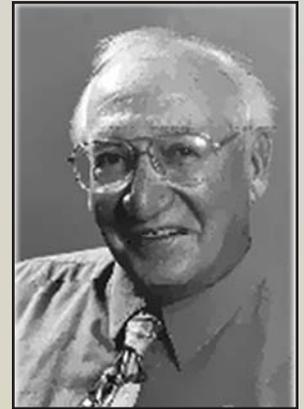
There was no blueprint or organizational compass to map the formation of this unprecedented non-ABMS entity, the ABFPRS. The general directive was to create a board above reproach—one that would stand the test of time and, more importantly, the close scrutiny certainly to come from both friend and foe, alike.

The president of the AAFPRS in 1987 was E. Gaylon McCollough, MD, one of the strongest advocates of the subspecialty. He recently states, "Our goal was to demonstrate that certification by the ABFPRS was not a shortcut around the ABMS; rather, its path went straight through it. We elected to create a board with higher standards than those currently required by the ABMS."

As a prerequisite to certification, the applicant would need to be certified by one or both of the ABMS boards addressing the field: the ABOto or the American Board of Plastic Surgery (ABPS). In addition, the individual would be required to have performed at least 100, peer-reviewed facial plastic and reconstructive procedures within a consecutive two-year period. The path toward ABFPRS certification would be completed only after a candidate passed a psychometrically validated two-day, written and

oral examination devoted exclusively to facial plastic and reconstructive surgery.

Of immense help in guiding us through uncharted waters was a veteran ABMS consultant, Thomas Haladyna (pictured below), the author of a recently published article, "Three Components in the Establishment of a Certification Testing Component." Haladyna, a psychometrician, had directed the medical examinations managed by the American College Testing, including that of the ABOto, and had all kinds of expert advice on how to develop an exam, shape its contents, and analyze and score results. The ABFPRS identified him by calling the most recently approved ABMS board (the American Board of Emergency Medicine, 1975) and asking whom it employed in this capacity.



Although the ABFPRS leaders like Jack R. Anderson, MD; Howard W. Smith, MD; and Dr. McCollough all shared a vision for our own board, all three benefited from the energy, enthusiasm, and dedication of young members in making their dream a reality. Dr. Anderson, throughout his career, highly valued the input from the "young turks."

In 1984, the AAFPRS president, Dr. Smith, identified young fellowship graduates like Peter A. Adamson, MD; Ted A. Cook, MD; G. Richard Holt, MD; J. Regan Thomas, MD, and others, who would, "happily devote themselves to finding an acceptable pathway to subspecialty recognition." He hoped that the senior plastic surgeon, Richard C. Webster, MD, would head this group. Dr. Holt, already instrumental in developing courses in maxillofacial trauma, facial skin malignancies, and soft tissue workshops, and now chair of the newly formed Fellowship Committee, convened in 1985 a historic retreat in his hometown of San Antonio. Young leaders participating in the meeting included Shan R. Baker, MD; Lee Smith, MD; Donn R. Chatham, MD; Wayne F. Larrabee, Jr., MD; Dr. Thomas; and Dr. Adamson. Important initiatives included the development of the educational compendium, oversight processes for fellowship programs, the format of the fellowship examination, and an application for the ill-fated CAQ in facial plastic surgery.

Almost immediately upon assuming the AAFPRS presidency in 1987, Dr. McCollough appointed Dr. Adamson as chairperson of a new Curriculum and Testing Task Force. Composed of graduate AAFPRS fellows including Jeannie Adams, MD; Dr. Chatham; Edward A. Cortez, MD; James Denny, MD; Wallace K. Dyer, MD; Jim English, MD; Bill Jaquis, MD; Charles Koopman, MD; Devinder S. Mangat, MD; Lee Rowe, MD; Thomas Romo, MD; Stephen W. Perkins, MD; and David E. Schuller, MD,

A Family





Forever Young

their assignment was to create an examination for those completing their fellowships.

As Dr. Adamson recalls, "We all knew it was a large undertaking, but even we vastly underestimated the time and effort it ultimately took to create the highly respectable examination." Over two years, more than 60 Academy members worked to provide the blueprint for the certification exam that remains essentially the same used by the ABFPRS today. The creation of the board certification process provided recognition for and validation of the fellowship training programs and, indeed, our specialty itself! Twenty-nine fellows took the first examination in Washington, D.C., in 1988.

While the fellowship development activities were underway, a second group was organized to devise "a meaningful certifying program." In a 1987 letter to John Conley, MD, Dr. McCollough stated three goals for the certifying process. First, the program would reflect the ABFPRS's respect for the ABOto by requiring its certification as a prerequisite for ABFPRS certification. Second, the ABFPRS would not be a "quick fix" solution to the credentialing process for those desiring additional confirmation of their qualifications. Dr. McCollough knew that recognition by the ABMS might never occur but adds, "We should follow the guidelines required of any ABMS member board so that neither our objectives nor our methods would be suspect." Third, Dr. McCollough discussed the task force he was asking Dr. Conley to head. Members must be surgeons with impeccable credentials and progressive enough in their thinking and bold enough to do what must be done in the face of pressure from colleagues who would feel unduly threatened by an additional certifying body.

The 1987 Presidential Task Force, chaired by Dr. Conley and Dr. McCollough, included Dr. Anderson, Walter Berman, MD; Leslie Bernstein, MD, DDS; Dr. Cook; Richard L. Goode, MD; John R. Hilger, MD; Frank M. Kamer, MD; Robert L. Simons, MD; and Dr. Smith. An early decision in "raising the bar" was to eliminate "grandfathering." Thus, on September 19, 1989, the task force members sat for the AAFPRS examination, the first surgeons to do so as applicants for ABFPRS certification. Teachers were examined by their young students who had developed the examination materials—an unusual set of circumstances not without its memorable moments on both sides of the examining table. Two days later, on September 21, 1989, the task force met for the last time, adjourned, and convened—now as the ABFPRS Board of Directors.

In February 1990, the ABFPRS and the AAFPRS Foundation jointly announced plans to offer the examination in facial plastic surgery to physicians who were diplomats of either the ABOto or ABPS. The exam, offered twice that year, attracted 91 non-fellow candidates as well as 29 surgeons required to take the exam to complete their fellowships.

At its February 1991 meeting, the ABFPRS Board of

Directors determined that 100 surgeons (89 non-fellows and 11 fellows) had met all requirements for ABFPRS certification. At the time of this writing, in 2014, the numbers have grown; 1,427 surgeons have taken the primary examination. The number of active certificate holders is 1,049, with a healthy mix of graduate fellows (695) and regular candidates (354). Of equal interest, there has been global growth manifested by almost 100 members of the International Federation of Facial Plastic Surgery Societies opting to sit for the Board examination.

With growth and increased recognition of the ABFPRS came widening opportunity and opposition. In 1991, the time had arrived for independence. As is common among most medical specialties, separation of the office and staff of academic societies and certifying boards was a natural evolution for facial plastic surgery at this time.

Once on our own, the most fortuitous of decisions was the selection of T. Susan Hill as ABFPRS executive director. Susan had been recommended by Lee Van Bremen, past AAFPRS executive vice president from 1983-1989. She was superb in putting things in order. Within a short time, her organizational skills were known to all Board members.

Equally adept at administrative care was Laurie Wirth, Hill's choice for managing director. With her inimitable gift for people recognition, Laurie brought to the applicants and organization a true sense of family. Emphasis on individuals and their importance to the ABFPRS remain traits of Laurie, who has been executive director since Susan's retirement in 2006. Currently assisting Laurie in her duties are Missy Harp, finance and examination manager, and Janice Knouse, credentials manager.

The home of the Board since 1999 is the Howard W. Smith building in Alexandria, Va. It is worth a visit! Small rooms are tastefully furnished with traditional pieces originally selected by Susan McCollough for our first office in the AAO-HNS building in 1991. Most purchases, including the mortgage on our current office, were paid for by our staunchest benefactors, Ora and Howard Smith.

Of greatest value today, however, is our ability to proclaim, facial plastic surgeon—board certified! Every state currently allows diplomats of the AAFPRS to disclose that board certification to colleagues and the public in advertising. Those states that have specifically examined the certifying board have found the ABFPRS wholly legitimate and have unanimously allowed diplomats to disclose that certification to colleagues and the public; these states include Florida, California, Kentucky, Colorado, Oklahoma, and Texas.

It has never been more important than now to know the history, to appreciate the "brand" value of facial plastic surgery, and to recognize the absolute need for preserving the powerful presence of the ABFPRS certification. And by so doing, we will honor and strengthen, "The Specialty of it All."



Logo to be used by ABFPRS diplomats for advertising purposes.

The AAFPRS Foundation is looking for nominees for the following Academy awards: William K. Wright Award, Mark Rafaty Memorial Award, Community Service Award, and John Dickinson Teacher Award. Award recipients will be recognized at the Annual Fall Meeting in Orlando, September 18-21, 2014.

The Ben Shuster Memorial Award is presented for the most outstanding research paper by a resident or fellow in training on any clinical work or research in facial plastic and reconstructive surgery delivered at a national meeting (or its equivalent) between March 1 and the following February 28. Each entrant must be the sole or senior author and an AAFPRS member. Studies prepared during the first year after completion of residency training will be considered, provided research was conducted during the author's residency or fellowship. A certificate and an award of \$1,000 are presented.

The Ira Tresley Research Award recognizes the best original research in facial plastic surgery by an AAFPRS member who has been board certified for at least three years. Papers presented at a national meeting (or its equivalent) between March 1 and the following February 28, are eligible for this award. A certificate and an award of \$1,000 are presented.

The William K. Wright Award may be presented each year to an AAFPRS member who has made outstanding contributions to facial plastic and reconstructive surgery.

The Community Service Award may be presented annually to an AAFPRS member who has distinguished himself or herself by providing or making possible free medical service to the poor in his or her community.

The F. Mark Rafaty Award may be presented each year to an AAFPRS member who has made outstanding contributions to facial plastic and reconstructive surgery.

The John T. Dickinson Memorial Award honors an AAFPRS fellow member for sharing knowledge about facial plastic and reconstructive surgery with the effective use of audiovisuals in any one year.

Please e-mail Glenda Shugars your submission by July 1, 2014, at gshugars@aafprs.org. ■

Submissions for Archival Center

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

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

Candid photographs through the years
William H. Truswell, MD

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

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

Legal material from 1986
William E. Silver, MD

Historic photos
Robert L. Simons, MD

Historical documents
E. Gaylon McCollough, MD

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

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

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

On Loan to Digitalize a Biographical Album of her father Jack R. Anderson
Judy Anderson

Historic documents and instruments from his father Irving B. Goldman, MD
Peter M. Goldman, MD

Wallet with the "Goldman Saw" and her father's initials "I.F." for Irvin Fine and photographs and documents
Shari Fine

Paul J. Carniol, MD, of Summit, N.J., was installed president of the Medical Society of New Jersey.



Founded in 1766, the Medical Society of New Jersey is the oldest professional society in the United States. ■

ADIPOSE TISSUE

From Stem Cells, page 6
each participant and injected in the upper arms, one enriched with their own stem cells and the other without (control). The volumes of injected fat grafts were measured by MRI immediately after transplant, and just before the grafts were removed after 121 days. The cell-treated grafts retained 80.9 percent of the initial volume compared with 16.3 percent for the control grafts, with higher amounts of adipose tissue and newly formed connective tissue, and significantly less necrosis four months after the transplant.

Along with isolated case reports and bench research results, these small series suggests that there's more to ACSs than hope and hype. Combined with the concept of tissue engineering, ACSs deserve intensive research to discover the full spectrum of their potential utility in facial plastic surgery and to translate the knowledge gained into advances in clinical care. We may finally be on the brink of a major advance in our reconstructive potential, thanks to the dogged persistence of doctors who resisted the siren call of commercialization and chose instead to pursue the knowledge needed to safely and effectively bring this potential to clinical utility. ■

¹Adipose stem cells used to reconstruct 13 cases with cranio-maxillofacial hard-tissue defects. *Stem Cells Trans Med* (February 2014): www.medicalnewstoday.com/releases/273074.php on May 25, 2014.

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*Cardholder Engagement Study, Q4 2013, conducted for CareCredit by Chadwick Martin Bailey.

FPT2014CA

By Melissa Kelz, Kelz PR

Spring has sprung ... finally! Now that the weather is getting warmer, your patients are about to start shedding all those extra layers, and likely realizing how the harsh winter has wreaked havoc on their face and their skin.

Winter skin is chapped, dry, and rough around the edges. Capitalize on April showers by offering "Spring Awakenings" specials on chemical peels, microdermabrasion, intense pulsed light, and other laser and light based resurfacing treatments proven to get rid of dead skin cells, help with pigmentary issues and fine lines, and leave skin with a healthy glow. Dermal fillers and wrinkle relaxing injections are also welcome for springtime beauty.

Spring also heralds a host of holidays and special occasions that appeal to your target demographic. Wedding season and graduations are ideal to step up your internal marketing activities and media outreach. Plan special in-house events around the occasions that resonate most with your patients.

For example, brides and mothers of the bride/groom may be interested in sprucing up for the big day with everything from non-surgical treatments to a necklift and blepharoplasty. The latest statistics from the Academy show that couples are the duo most likely to seek facial plastic surgery. Offer a package for the newly engaged or one that can help de-stress the soon-to-be bride and groom before their big day. If you have a relationship with a respected cosmetic dentist in your area, partner with his or her office to host a bridal beauty seminar with you one evening. Other potential partners include makeup artists who can do brow styling and mini makeup lessons, hair stylists to offer blowouts and updos, local spas who offer facials and bacne treatments, and stylists to talk fashion trends for spring.

Invite local media to join you as well.

Put together care packages for guests with handouts on the recommended pre-wedding treatments along with their safe time frames, or a Q-and-A of the most common questions that brides and grooms tend to ask facial plastic surgeons. Mothers and fathers of the bride and groom also want to be camera-ready and pampered. Special promotions or events targeting this patient segment may also be an effective way of introducing your practice to new patients.

Mommy makeovers are always popular. Host an in-office educational event for moms in advance of Mother's Day. Equally popular, a mom's night out is always welcome. Spring for some red wine (which is loaded with healthful antioxidants), plan to talk about the latest in non-invasive anti-aging treatments, and you will find you have a captive and engaged audience. Offer guests an opportunity to book a procedure that day for a date in the future at a special package rate; "With two syringes of a filler, get 20 units of a toxin," or "A one-time 20 percent courtesies discount," for example. Encourage patients to bring their friends.

Don't forget about the men. Male plastic surgery remains popular, and Father's Day specials are a way to bring in more male patients. Consider offering a lecture on hair loss that touches on the newest treatment options. Asking a satisfied male hair transplant patient to address the group may help men feel more comfortable talking about this uncomfortable topic.

Promotions that focus on different aspects of the face can also be informative and timely for spring. Winter's end means goodbye to scarfs, turtlenecks, and other garments that kept our necks warm, safe, and dry. Consider an open-house seminar for local media that highlights surgical and non-surgical options to lift

and tighten sagging necks. A live demo of one of the non-invasive, energy-based treatments can also help with conversion. Offer select media to have a treatment, upon request.

Whatever you decide, let patients know through e-blasts, press releases, Facebook posts, and advertising in local media outlets. ■

GO THE EXTRA MILE

From Internet Insider, page 4
positive online reputation for your practice. Tell them how much you enjoy reading positive reviews and how much you appreciate their loyalty over the years. Point them in the direction of the most powerful review sites, especially sites like RealSelf and Google, and walk them through the process.

What's more, with the right monitoring tools, you can see what's being said about you and your practice 24/7.

Before you begin, do some research and find out what already exists. The first 10 results on the first page of Google are the most important, since most individuals don't look past the first page. Take some time and thank those users that left a positive review, and respond to negative ones in an effort to resolve their issue—but do so carefully because this can be a slippery slope. Be empathetic and point them back to your office so you can discuss the matter offline. This shows prospective patients that you care about the opinion of your patients and that you're willing to go the extra mile to make sure that every patient that leaves your office is genuinely satisfied. ■

Surgeons Advisor, a Miami-based Internet marketing and patient acquisition strategies company, maintains the Academy's Web site.

Classified AD

Position available for a board certified facial plastic surgeon in a growing, dynamic, multidimensional practice/business that has an emphasis on world class outcomes, a staff culture of winning, and accountability. Applicants must be driven and possess core competencies and/or have a genuine interest in the following: trauma; reconstruction; hair restoration; clinical research and teaching, including non-surgical/surgical facial rejuvenation; and a spirit of entrepreneurialism.

Guaranteed salary and benefits package with an incentive base model is being offered for the first year, followed by a generous performance based model for subsequent years. Partnership will be offered at 18 months to individuals who show great work ethic and performance in addition to the practice and business culture being a good fit. For more information, please e-mail Susan Sullivan at Sullivan@williamsfacialsurgery.com.

CLASSIFIED ADS

Wonderful opportunity for a facial plastic surgeon to take over a practice for transition as current surgeon prepares for retirement. Economically priced in a great location within the Atlanta metro area with an in-office surgery center and beautifully designed and decorated large office space. Interested candidates please reply to Anna Paulk at (404) 252-9991; apaulk@bellsouth.net.

Massachusetts established private practice in ENT/facial plastic and reconstructive surgery is for sale in beautiful Cape Cod area. Gross receipts average \$1.2 million with physician net income averaging \$400,000. Large modern office fully staffed and equipped with operating room on premises and new EMR system; 6,600 sq. ft. professional condominium available, which includes 2,400 sq. ft. income-producing tenant. Doctor will stay to introduce. For further information, contact: Gary N. Wiessen (631) 281-2810 or send an e-mail via the Web site: buysellpractices.com.



FACIAL PLASTIC TIMES MAY/JUNE 2014

2014

MAY 27-31

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

JUNE 14-15

ABFPRS Examination
Washington, DC

AUGUST 1-3

*The Portland Rhinoplasty Course
Portland, OR
Course Directors: Tom D. Wang, MD and
Michael M. Kim, MD

*This meeting are endorsed by the AAFPRS Foundation. All the others listed are hosted and sponsored by the AAFPRS Foundation.

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

• SEPTEMBER 18-21
• FALL MEETING
• Orlando, FL
• Co-chairs: Phillip R. Langsdon, MD and
• Anthony E. Brissett, MD

2015

• MAY 14-17
• ADVANCES IN RHINOPLASTY
• Chicago, IL
• Course Directors: Tom D. Wang, MD;
• David W. Kim, MD; and J. David Kriet MD

• SEPTEMBER 29
• COMMITTEE AND BOARD MEETINGS
• Dallas, TX

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



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Enclosed in this issue of *Facial Plastic Times* are the Fall Meeting Preliminary Program; FPST Order Form; and Annual Fund Envelope.

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