

Facial Plastic TIMES

AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY, INC.

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Find the app by searching for "AAFPRS 2014" in the Apple App Store or in Google Play. You can also visit www.aafprs2014.com from your mobile device and follow the links from there. If you do not have an iOS or Android device, visit and bookmark www.aafprs2014.com; this site includes phone friendly versions of the features.

Features

Access schedules, speakers, sponsors, exhibitors, floor plans and maps. Stay up-to-date with



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If you have a speaker that you do not want to miss, find all of the sessions that he or she will be participating in by browsing through the speaker list.

Another great feature added this year is the ability to contact speakers and presenters. If you have a question that comes up right after the session or any time after the meeting, just lookup that session from within the app, select the speaker or presenter that you want to connect with, and send

See Interaction, page 18

SPRING MEETING AT COSM

Chairs Wm. Russell Ries, MD, and Krishna Patel, MD, PhD, are coordinating the Academy's scientific program as part of the Combined Otolaryngological Spring Meetings (COSM), April 22-23, 2015, in Boston. This major national meeting for otolaryngologists-head and neck surgeons, will feature prominent speakers in their respective specialty with participation from key practitioners within their field.

Wednesday afternoon, free paper presentations and lectures will cover functional nasal surgery and in-office procedures. Stephen S. Park, MD, will moderate a panel discussion on functional nasal surgery with participants Jared Christophel, MD; Scott Stephan, MD; Robin Lindsay, MD; and Jeffrey Spiegel, MD.

Thursday morning, trauma and Mohs reconstruction will be covered. There will be a panel discussion dedicated to trauma and two separate lectures on Mohs reconstruction.

The host hotel, Sheraton Boston, is located just four miles from Boston Logan International Airport and is connected via a walkway bridge to the Hynes Convention Center, where the COSM meeting is being held, and to shops at Prudential Center and Copley Place. Special hotel rates are available through March 26, 2015. Visit the COSM Web site, www.cosm.md, for more information; registration will open in December. ■

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PRESIDENT'S MESSAGE:

As a busy and frantic year comes to an end, a new phase for the Academy and me will begin. Many divergent opinions have been echoed regarding the future of the Academy and the best way to secure that future as facial plastic and reconstructive surgeons. I believe our future remains secure in the hands of our members, leadership, and staff. I have no reservations about where we are. The conflict of this past year has strengthened our resolve to be the best

igniting flames of passion as the beacons to mark our path into the future.

Before I digress, first and foremost is the need to thank all of those who have been instrumental in the preservation of a strong Academy in a year that was speckled with controversy and discontent. My thanks extend to members, leadership, and staff. All of who have been instrumental in keeping the wheels from flying off our wagon. All have responded when asked to help, most of all the members. Some of those members are from leadership roles, old and new alike; others are those that thought the days of late night conference calls were over for them—all rallied to craft solutions and galvanize a promising future.

For the staff, my words can't portray my gratitude. They have shown endless patience with my procrastination and occasionally somewhat delayed responses. Steve Duffy has been a great sounding board possessing a wealth of insight, knowledge, and institutional memory, almost of an adequate volume to keep me out of trouble. Rita Chua Magness has been gently assertive in keeping me on track sometimes having to edit my ramblings with the help of Tom Rhodes. The efforts we have been able to make toward developing an equivalent certification could not have happened without Caryl Bryant's expertise and hard work. The full-time staff and our consultants are and will remain instrumental in keeping us on the right track. We have been able to be fiscally responsible because the staff is well trained, experienced, loyal, and devoted to this organization.

I would be remiss if I did not mention the losses that occurred from our family over the last several months. As many of you may already know, Joseph Wong, MD, passed away after a struggle with cancer. Joe was a past board member serving as the Canadian regional representative. He was always kind, thoughtful, reserved, and in possession of the perspective to remain analytical and solve problems from the standpoint of cooperation and collegiality. All that knew him will indeed miss him. (See article on page 6).

Part of or invaluable extended family also lost a loved one. Laurie Wirth, executive director at the ABFPRS lost her father, George H. Wirth. He was her confidant and sounding board, helping her maintain a steady hand on the helm at the ABFPRS. As we all know, it is helpful to have someone that believes in you the way a parent does, their perspective being the ballast in the keel that can keep you upright when little else can.

During this past year, I have learned that those who serve this Academy and its membership are selfless. There is no glory to be found, there is no fortune to be made, and there is no fame to be had. It is simple work with the reward being the respect of your peers and knowing that the specialty will endure and prosper. We can't be afraid to change and adapt to changing times, but we must avoid changing for the sake of change.

There are a great number of forces acting to change medicine and intercede in the doctor patient relationship. The health care market has changed and our ability to generate an income as a physician providing the best care possible has been compromised. Forces from the outside are

THANK YOU MY FRIENDS

selling products and devices to our patients when they may not be the best care but they become the demanded care. The influx of non-core physicians, extenders and "providers" has created a very competitive market with discounting and competitive pricing. It reminds me of the days of "gas wars" from my childhood. These were not the first Gulf War or Desert Storm. They were price wars between gas stations across the street from each other discounting gas to a level below their profit margin to attract customers. Well our patients are not customers and price wars should be beneath us. We are trained experts in our field and should not sell ourselves short. A lot of our decision making and management recommendations since the recession started, it appears to me, have been made on getting patients back into the office by doing things that have to be repeated. I have a difficult time with that approach. As a surgeon, I was raised on solving a problem, executing that solution in the best interest of the patient, and moving on. No doubt, there is a place for the new devices and products, but I must admonish all facial plastic surgeons to use them appropriately and not as a means to market oneself. If a decision in the management of a patient is made in the best interest of the patient, then so be it. But if the management decision is made because it makes you different and looks good on a Web site, blog, or ad campaign, then consider it carefully. We are all in this for the long run and the actions of a family member reflect on all of us.

We are trained to be the best. This has been the case for the last 50 years. Our specialty has expected a higher standard from its leadership and members since our inception. That is why we have been able to meet every challenge to our legitimacy. We should always strive to be the best as individuals and as a specialty. I believe that the development of

outcomes based research, evidence based medicine, equivalence in certification, and even recognition by the ACGME of facial plastic and reconstructive surgery as a specialty will further guarantee our leadership role. As I have followed a group of leaders that showed vision and leadership having left the Academy in a better position than they found it, I hope I have done the same. I have great respect for our incoming president, Stephen S. Park, MD, and our president-elect nominee Edwin F. Williams, III, MD, and cherish our friendship. They come from different backgrounds in our specialty, academics and private practice respectively, but share the desire and ability to teach. Teaching has been the common thread that has held this diverse group of individuals together. I believe that it is the chain that will continue to bind us as a group pursuing excellence.

Thank you again for giving me the opportunity to serve you and the Academy. Although I am stepping aside as the president, I will continue to be diligent in my efforts for the Academy. I have the distinct honor of being the only member of the ACGME task force to develop program requirements in facial plastic and reconstructive surgery that is not a member of an RRC. The other representatives from otolaryngology are John S. Rhee, MD; David B. Hom, MD (both AAFPRS members); and Sukgi Choi, MD, the chair of the RRC Oto.

As you can see, the work never stops, the advocacy never wanes, and I will always be a student of facial plastic and reconstructive surgery.



Edward H. Farrior, MD

Attention ALL MEMBERS!

The Academy staff is working on the *2015 Membership Directory* and we would like for you to submit any new or updated information. Please include the address that you want published in the directory and on the Web site (fellows, members, and international members for the Web site only.) **If you have no changes to your current information, please do not submit this form.**

Please PRINT:

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Please submit information by fax to (703) 299-8898 or by e-mail to info@aafprs.org. If you have any concerns or questions, please contact Maria Atkins by e-mail at matkins@aafprs.org.

All updates must be received by October 15, 2014, to be published in the *2015 Membership Directory*.

BILL TRUSWELL RECEIVES SCHOENROCK AWARD

William H. Truswell, MD, has been chosen to receive the 2014 **Larry D. Schoenrock Distinguished Service Award**, which will be presented during the AAFPRS Fall Meeting in Orlando, this September. The American Board of Facial Plastic and Reconstructive Surgery (ABFPRS) grants the award annually to an individual who has made significant contributions to the facial plastic surgery examination program, its financial security, and its support within the specialty, organized medicine, and state legislative and regulatory bodies.

"When a patient is cared for and happy beyond the mirror's image, that's when you know your reward as a surgeon is beyond the material," relates Dr. Truswell. "I got my start developing people skills by selling ice cream on the beach when I was a teenager," he confides. "I loved that job—it helped me learn how to communicate with just about anybody and I got to be really good at it. How can you not end your day feeling great when you get to talk to people from all walks of life and every transaction selling Nutty Sundae Cones ends with a smile on somebody's face?"

Although the ice cream company Dr. Truswell worked for would now be a Fortune 500 company if he had stayed on the payroll, he knew that his future career didn't involve ice cream sales. In high school, he had already formed the Future Doctors' Club with two of his friends from Red Bank, N.J. Dr. Truswell knew from early on that medicine was his calling.

Dr. Truswell enrolled in Hobart and William Smith College's pre-med program, and while on a blind date, met his future wife, Lynn, also a student at Hobart. "When I called Lynn for the date, I told her I was 5' 7," chuckles Dr. Truswell, knowing full well that Lynn was 5'10." "Lynn told me she didn't mind dating someone shorter if I didn't mind dating someone taller." (Things obviously clicked between the two because the Truswells recently celebrated their 45th wedding anniversary this past summer.)

Dr. Truswell graduated with honors from Hobart, and was accepted into the University of Medicine and Dentistry in Newark, N.J., for his medical school training. After he graduated in 1972, he started his residency in otorhinolaryngology and facial plastic and reconstructive surgery at the University of Connecticut School of Medicine in Farmington, Conn., and came under the influence of one of facial plastic surgery's greatest mentors—Richard C. Webster, MD.

"Richard Webster was very involved teaching otolaryngology residents up and down the northeast corridor," Dr. Truswell relates. "His involvement with the New England Otolaryngology Society, which met twice a year, made it possible for otolaryngology residents to present facial plastic surgery cases in front of senior members of the Society. Dr. Webster's presence permeated our education from residency onward and he stayed in touch with me after I started my

own practice. I have to say it was a thrill to be one of the 1992 founders of the New England Society of Facial Plastic Surgery with a man who was such a strong influence on my decision to become a facial plastic surgeon," emphasizes Dr. Truswell.

Dr. Truswell began his private practice, the Aesthetic Laser & Cosmetic Surgery Center in Northampton, Mass., in 1977. He built his career and his clinic from the ground up and remembers another mentor who was always there for him in the early days—Larry D. Schoenrock, MD.

"When I was younger and transitioning from otolaryngology to a full facial plastic and reconstructive surgery practice, there were times when I needed advice for dealing with office issues or procedural problems. I reached out to Larry for guidance after we met at a meeting. He always, always, responded within a few hours with friendly and honest advice. Larry truly seemed to enjoy helping me," relates Dr. Truswell. "We quickly became friends and began to have dinners together at AAFPRS meetings. The friendship Lynn and I established with Larry and Diane was incredibly special. It's kind of ironic that Larry, who was so instrumental in the development of the ABFPRS Credentials Committee and its respected policies, influenced my decision to become more involved with the ABFPRS. Like so many of us who knew and loved

See Commitment and Loyalty, page 6



THE NEW ENGLAND SOCIETY OF FACIAL PLASTIC SURGERY 1992 FOUNDERS ARE SEEN HERE. (FROM LEFT) SEATED: WILLIAM H. TRUSWELL, MD; BURTON F. JAFFE, MD; CURTIS J. PERRY, MD; STANDING: MICHAEL J. WILLET, MD; STUART H. BENTKOVER, MD; NABIL FULEIHAN, MD; AND RICHARD C. WEBSTER, MD.

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OUR FRIEND WILL BE MISSED

By Peter A. Adamson, MD

Today is a sad day for facial plastic surgery. We have lost a respected surgical colleague, international leader, and cherished friend.

Joseph Wong, MD, of Toronto and the world, died on Wednesday, August 13, from complications of leukemia, age 59. Joe received a stem cell transplant, and we all had great hopes that he would beat the odds. In spite of Joe's tremendous courage and fortitude, it was not to be.

Throughout Joe's ordeal, he was supported by his wonderful wife Gaye, children Brian and Amy, and family. I know that he also very much felt the support of his many, many friends in our facial plastic surgery community. Joe was totally committed and engaged in promoting facial plastic surgery internationally, especially in China. He was a thoughtful humanitarian, both at home and abroad, and has left a remarkable and memorable legacy. Joe was also always appreciative and

grateful for the professional life and friends that he enjoyed so much.

Joe was blessed with a most distinguished professional career. He served as president of the Canadian Academy of Facial Plastic and Reconstructive Surgery (CAFPRS) as well as a founding director of the International Federation of Facial Plastic and Reconstructive Surgery Societies (IFFPSS). He distinguished himself in all of these roles. More recently, he was a senior advisor to the International Board for Certification in Facial Plastic and Reconstructive Surgery (IBCFPRS). Joe also led surgical missions to China as part of Smile China to improve the lives of children suffering facial deformities. His superlative professional contributions were recognized with the Physician of the Year Award from the Credit Valley Hospital in 2005, the Ontario Medal of Good Citizenship, and the Queen Elizabeth II Golden Jubilee Award.

Joe, Godspeed from all of us at the AAFPRS. ■

COMMITMENT AND LOYALTY

From Award, page 4
him, I miss him more than I can say."

Dr. Truswell's long-standing commitment to the ABFPRS can be evidenced by his service as the current chair of the ABFPRS Credentials Committee, where he has served as a member since 2003. He's been an examiner for the ABFPRS continuously since 2002, and has been a stalwart supporter of everything having to do with the ABFPRS, including his involvement in the recent discussions regarding ACGME and its affect on the ABFPRS. And Dr. Truswell, like his mentor, Larry Schoenrock, is always, always, available to do anything that needs to be done to protect the validity of the ABFPRS credential.

"I can't imagine a more worthy candidate to receive this prestigious award," notes Mark V. Connelly, MD, ABFPRS president. "Bill's loyalty to our specialty is a reflection that the true strength of our Board lies not in the numbers of the qualified surgeons we certify, but in the character and commitment of the surgeons who dedicate so much to ensure that our Board continues to survive as well as thrive," concludes Dr. Connelly.

Nominations for the 2015 Schoenrock Award are now being accepted and should be addressed to the ABFPRS Executive Committee in care of ABFPRS, 115-C South Saint Asaph Street, Alexandria, VA 22314, or e-mail SchoenrockAward@abfprs.org. ■

JOSEPH KA HOI WONG
SEPTEMBER 8, 1954 - AUGUST 13, 2014



For Joe

... It's cool this morning.
Tide's flowing out.
The sun rises slowly—
its warmth
more precious than before.

The blue heron
balanced so perfectly
is beautiful.

How does she know
the precise moment
to lift her wings
and fly into silence?

By Wayne F. Larrabee, Jr., MD
Late August 2014

CLASSIFIED AD

David A.F. Ellis, MD, is looking for a highly motivated facial plastic surgeon to join his Toronto practice. This is an incredible opportunity for applicants who have been fellowship trained to grow a facial plastic surgery practice within an already established center located within the Toronto area. Interested candidates may send an e-mail to Barb Tomaso at drface@artoffacialsurgery.com



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Designed by Nazih M. Haddad, MD

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PR COLUMN: FALL BACK WITH SEASONAL PROMOTIONS

By Melissa Kelz Communications

The long, bright days of summer are about to get shorter. Soon, kids will be in school full force, and it will get dark by late afternoon in many parts of the country.

Most people don't look forward to losing that precious hour of daylight, but rolling back the effects of time on our face and neck, well, that's a different story.

Fall back is the perfect jumping off point for a new outreach campaign designed to bring patients in the front door. The timing could not be better. With school comes structure, which means many parents finally have their days back, making it easier to commit to educational events, social gatherings, and even treatments and cosmetic surgery.

For example, fall is the ideal time to treat photodamage. Moms tend to be hypervigilant about slathering sunscreen on their kids all summer, but many are far less attentive to their own skin. Thus,

laser skin resurfacing procedures and light based technologies that help reduce sun damage, age spots, and even precancerous lesions, as well as reduce hyperpigmentation are perfect fodder for fall specials.

Offer returning or new patients a special rate for laser and light series to help set their skin back to its pre-summer state. The same fall back treatment can also reduce the appearance of fine lines and wrinkles. The sun also affects the neck, and nothing gives away a person's real age as much as the neck and décolleté areas. Use fall specials to draw attention to this overexposed, but undertreated area of the body that so many women complain about.

In-house events to announce new products or procedures for aging and photodamaged skin can be paired with a fall wine tasting for a grown up-only back to school night. Consider bringing in a makeup expert or stylist to discuss fall cosmetics and fashion trends with the guests. All attendees

should leave with a SWAG bag containing special discount and skin care samples.

Love it or hate it, the media influences how your patients perceive beauty and many get their self-improvement ideas from reality television or glossy, glamorous dramas. Plan an evening around a season opener or a new series launch where patients can learn the behind-the-scenes beauty secrets of cast members from "Dancing with the Stars," "Revenge," "Nashville," or even "The Real Housewives."

Autumn is also ripe for media pitches. The media loves an ever-green story with a seasonal angle. Along with patient outreach and seminars, pitch fall skin care or anti-aging stories to local media to let them know what you can offer patients who want to look younger.

Other stories that are ideal for fall include back-to-school angles such as:

- Facial plastic surgery to end bullying. Do you have a patient
- See Veteran's Day, page 16*

My Appreciation for the OFPSA

By Kristi Fritz

As my term ends, I think back and reflect on what this organization has done for me and for the practice where I work. I have been with Ira D. Papel, MD, and Theda C. Kontis, MD, for the past 14 years. I serve as their office manager and patient care coordinator. I can attribute many of the new ideas implemented in the practice to the pearls received at the OFPSA meetings.

As members of this organization, we all work as a team to better our colleagues and ourselves. The willingness to assist in educating each other and the eagerness to learn from one another is prevalent each year. Our members have pride in what we do, believe in our organization, and enjoy working with each other.

The OFPSA could not thrive without the support of the AAFPRS and its members. Our doctors have a great deal of faith in our capabilities as their staff. It goes without saying that a practice can only grow by continuing education for the physicians as well as the staff. The industry changes constantly and it is necessary to keep ourselves current with trends. However, I also believe that our doctors support our participation in OFPSA to empower us and show us how much they appreciate us. Proper training and education can produce loyalty, productivity, and performance. I would like to thank Dr. Papel and Dr. Kontis for empowering me to better myself in the career that I have chosen with them.

The OFPSA provides a network of resources to use at our disposal. Not only are we able to grow our practices with the knowledge we gain from the organization, but also enhance ourselves from the opportunities given to us by the doctors.

Thank you, again, to all of the members of the OFPSA. It has been a pleasure to serve as your president!



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MESSAGE FROM THE MEDICAL EDITOR: LESSONS FROM

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



If you know the songs and artists to which the

quotes allude, you're indeed one funky surgeon!

I had lunch with my son and the managing partner of the Philadelphia office of his law firm a few weeks ago (he made partner!) and had an encounter entering the office that made me stop and think about what it means to be a facial plastic surgeon. A woman in the office looked up, said something like, "Oh my god, Dr. Reiter, it's so good to see you. My daughter and I never stop talking about you—you saved her!" and ran over to give me a hug. This logically prompted some inquiries from all in the area, not the least of which came from my bewildered son.

Her daughter had a fairly large carcinoma of the lower lip more than 20 years ago at the age of about 20. I correctly diagnosed it after dermatologists played with it for too long, and I was fortunately able to resect, reconstruct, and manage it with excellent and durable results. Her mother told me at great length how they'd taken all my recommendations to heart, from sun protection and avoidance to annual checkups (continuing with the dermatologist who sent her to me after I retired from practice 14 years ago) and never ignoring an obvious change in health. My former patient is a happy, successful person, wife, and mother with lips that look good and work well—and I helped make that happen.

I've always had a steady stream of input from former patients with whom I'd established enough of a bond for them to want to maintain it. My very first patient still stays in touch with my wife and me. I was a resident at the time, and her attending doctor clinically misdiagnosed a squamous cell carcinoma of the tongue as lichen planus.

Because I was also a dentist and had extensive experience with oral medicine, I'd actually seen lichen planus while he had not. So as Lloyd Bentsen would have said, I knew lichen planus, and that was no lichen planus (sorry—I couldn't think of a relevant song lyric). I convinced him to biopsy it, and she rapidly figured out what happened. She had a partial glossectomy before she was 30 (which, for a non-smoking Caucasian female is being born under a bad sign).

The day I finished my residency and entered practice in the same academic department, she became my patient and I had to do a hemiglossectomy and modified neck for recurrent disease a few years later. But by the grace of whatever deity you honor, it stopped there. She had a few basal cells over the ensuing years, but she's now enjoying retirement with her husband (a great guy who supported her fully through everything). I know this because she has called me regularly, as recently as last year.

I still get Chanukah cards from a woman who was sent to me with what Charles Lloyd would have called a "pocket full of tumor" in 1992. Her left parotid was completely replaced by a nasty mucoepidermoid Ca that was eroding the masseter and the external auditory canal. I did a radical resection with partial temporal bone and neck, followed by XRT. She's reconstructed and tumor-free today.

And of course there are the many patients walking the streets where I live and work with nicer noses, smoother faces, more hair, natural antihelical folds, etc., because I made them that way (with a little luck).

I treasure all of these people and the experiences we shared. But I struggle daily with the need to let young physicians in on the long-term joys of doing what we do, because they're so caught up in Jackson Browne's "struggle for

the legal tender" that they don't seem to see the long-term picture. We're part of so many people's lives in truly wondrous ways that only we can understand, and that's a privilege we must cherish and respect. The doctor-patient relationship goes far beyond informed consent and post-operative care because it requires each party to understand enough about the other to maximize the quality of the interaction. We don't have to like all of our patients (although it would be really nice), but we have to build mutual trust and respect if we are to do our jobs well for them. And because of the nature of the problems we manage, both the joys and the horrors of the relationship are truly in our faces.

Trust is essential. I wouldn't do facelifts on active smokers—I waited until they'd quit for at least three months before I even worked them up (which limited my volume a bit, but so be it). And, of course, many told me they'd quit when they hadn't. So I took to asking women to open their purses and men their pockets, in search of hidden weed—which I often found. I became fond of quoting these words from the great Delbert McClinton: "If you can't lie no better than that, you might as well tell the truth!"

When I was a student and resident, I rarely sensed a desire in my attendings to get behind the chief complaint and know the patient. The focus was more on us and what we were going to do than it was on our patients. And even today, with so much emphasis on patient-centered care, I see too little emphasis on the patient as a person and too much on the patient as the source of our patient satisfaction ratings. In facial plastic surgery, more than most other fields, it matters who the patient really is and why they want what they think they want. Whether we succeeded in achieving their goals with and for them matters more too, not only for them but also for future patients

ROCK & ROLL

whose treatment will be different because of what we learn from long-term observation and interaction with prior patients.

So, in the words of today's process engineers and quality improvement experts, what are the WWWs in this piece? Let's start with the words of Crosby, Stills, Nash & Young:

You, who are on the road must have a code that you can live by. And so become yourself because the past is just a good bye. Teach your children well, their father's hell did slowly go by, And feed them on your dreams, the one they fix, the one you'll know by.

Don't you ever ask them why, if they told you, you would cry, So just look at them and sigh and know they love you.

Evidence of their father's hell abounds in all those ugly little noses that scream, "I had a nose job! I can't breathe! Somebody removed too much cartilage!" and in all those faces that are unnaturally tight and immobile. It lives on in the complications that could have been avoided with a little more communication, and in litigation stirred by unreasonable but unmet expectations. I can hear my mentors telling me that "you, of the tender years can't know the fears that your elders grew by," and maybe they were right (although I don't believe it). But I'd rather accept Joni's vision and try to make the most of what we have: "We're captive on the carousel of time. We can't return, we can only look behind from where we came—and go round and round and round in the circle game." Play widely and well, my friends—the rewards are great! ■

The AAFPRS wishes to thank Dr. Reiter for his long tenure as medical editor of Facial Plastic Times. He became a member of the Editorial Review Committee in 1997, became chair of that committee in 2001, and was named medical editor in 2005. We have truly enjoyed his columns.

Research Grants and Award Recipients

Congratulations to the following AAFPRS members for receiving research grants and awards from the AAFPRS. These individuals will be recognized at the AAFPRS Fall Meeting in Orlando, September 18-21, 2014.

John Orlando Roe Award

James P. Bonaparte, MD, ON, Canada
Biomechanical Changes in Skin Properties after the Injection of Onobotulinum Toxin A: A Prospective Assessment of Elasticity and Pliability



Dr. Bonaparte



Dr. Desai

Leslie Bernstein Resident Research Grant

• Shaun C. Desai, MD, St. Louis, Mo.
Complications of Alloplastic and Allograft Implants Following Septorhinoplasty
• Leslie Kim, MD, Columbus, Ohio
Fractionated CO2 Laser Resurfacing of Radial Forearm Free Flap Donor Site Scars
• Sagar Patel, MD, Detroit, Mich.
Biomechanics of the Orbital Floor Fracture



Dr. Kim



Dr. Patel

AAFPRS Foundation Research Scholar Award

Jon-Paul Pepper, MD, Los Angeles, Calif.
Peripheral Nerve Grafts Engineered from Mature Human Fibroblasts



Dr. Pepper

AAFPRS Foundation Clinical Research Scholarship

David A. Shaye, MD, Minneapolis, Minn.
Dr. Shaye is seeking his degree through the Harvard School of Public Health with an ultimate goal of applying the skills to the field of global surgery research.



Dr. Shaye

AAFPRS Foundation Clinical Investigation Award

Travis T. Tollefson, MD, Sacramento, Calif.
The Impact of Secondary Speech Surgery on Children with Cleft Palate: A Quality of Life Assessment



Dr. Tollefson



Dr. Jacono

Community Service Award

Andrew A. Jacono, MD, New York, N.Y.

F. Mark Rafaty Award

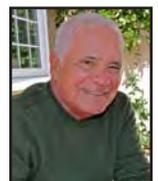
Sam P. Most, MD, Stanford, Calif.

John Dickinson Teacher Award

Robert L. Simons, MD, Miami Beach, Fla.



Dr. Most



Dr. Simons

William K. Wright Award

Lisa M. Ishii, MD, Baltimore, Md.

Ben Shuster Memorial Award

Henry H. Chen, MD, MBA, Los Angeles, Calif.
Quantitative Assessment of the Longevity of Sculptra Aesthetic as a Volumizing Filler Using 3-Dimensional Photography



Dr. Ishii



Dr. Chen

See article on page 14 regarding the research grants for 2015.

ABFPRS AWARDS GIVEN TO LEE AND BOECKMANN

Tee Sin Lee, MD, of Singapore, earned the highest score on the 2014 IBCFPRS examination, administered in Washington, D.C., last June, in cooperation with the ABFPRS. To signify this achievement, Dr. Lee will be honored with the **Claus D. Walter Award for Academic Excellence** at the AAFPRS Fall Meeting in Orlando, on September 18. Dr. Lee achieved his top score as a fellow of the International Federation of Facial Plastic Surgery Societies (IFFPSS); he took the examination after completing a facial plastic and reconstructive surgery fellowship in Toronto with David A.F. Ellis, MD.



Dr. Lee obtained his medical degree at the National University of Singapore and completed the Singapore National Otorhinolaryngology Training Program with board certification in Singapore. Upon completion of his residency, he was granted the Health Manpower Development Plan (HMDP) Award to pursue a one-year clinical fellowship in facial plastic and reconstructive surgery with Dr. Ellis at the University of Toronto, Canada. Now that he has completed his fellowship, Dr. Lee is currently working as an associate consultant in the Division of Facial Plastic Surgery, Department of Otolaryngology-Head and Neck Surgery at the Changi General Hospital in Singapore.

"I am working on building up a full facial plastic division in trauma, reconstruction, and cosmetic services at my hospital and would like to bring facial plastic surgery to the next level on the international scene," relates Dr. Lee. "I think that will become a reality in the not too distant future due to the wonderful teaching and guidance Dr. Ellis provided me during my fellowship and the continuing support and encour-

agement that I am given by my colleagues at Changi General Hospital," Dr. Lee concludes.

"Dr. Lee's accomplishment in winning the Claus D. Walter Award and his commitment to international training standards in facial plastic surgery helps propel the importance of the IBCFPRS certification program further into the international arena," notes Peter A. Adamson, MD, IBCFPRS president. "The IBCFPRS Board of Directors and I applaud his determination and drive, and look forward to the day when he completes his IBCFPRS certification."

The 2015 examination for international candidates will be given June 27-28, in Washington, D.C. To apply for IBCFPRS certification, please go to www.iffpss.org and click on IBCFPRS for additional details and to download an IBCFPRS application.

Jacob Boeckmann, MD, of Newport Beach, Calif., earned the top score on the 2014 ABFPRS examination in Washington, D.C., and will be honored with the **Jack R. Anderson Prize for Scholastic Excellence** at the AAFPRS Fall Meeting in Orlando, on September 18.

Dr. Boeckmann responded to the call of medicine as a career choice when he was a college freshman at the University of Mississippi. "I'd had this upper respiratory infection and the clinic physician told me I had a palpable thyroid mass," Boeckmann remembers. He sought a diagnosis for that thyroid mass by his longtime family otolaryngologist, John M. Hodges, MD, an ABFPRS diplomate and member of the AAFPRS. "Dr. Hodges' attitude about being a doctor affected me greatly when I came home to him for treatment," Dr. Boeckmann says. "We talked a lot. Dr. Hodges' bedside manner, intellect, and humanitarian outreach work with FACE TO



FACE convinced me that this is what I wanted, too. I wanted a life and a career that would have a positive impact on others through medicine," explains Dr. Boeckmann.

Feeling resolute about his chosen career path, Dr. Boeckmann attended medical school at the University of Arkansas for Medical Sciences and came under the dedicated tutelage of James Suen, MD, chair of the Otolaryngology Department. His positive experience there moved Dr. Boeckmann into his otolaryngology residency where he relates that, "I observed first hand the tremendous impact our craft has on not only the patients we treat, but also their families, as well. This was further emphasized by working with Lisa Buckmiller, MD, on cleft lip and palate reconstruction and Emre Vural, MD, and Marico Moreno, MD, on head and neck cancer reconstruction."

After these experiences, Dr. Boeckmann knew that facial plastic surgery was his true calling and determined that a fellowship with Brian Wong, MD, at the University of California-Irvine was the next and best step for his chosen career path. "Dr. Wong's surgical philosophy and pursuit of perfection and dedication in the care of his patients is inspiring," Dr. Boeckmann says. "But he was also dedicated to my success from day one of my fellowship and he made sure that I had every opportunity to develop and improve my skills in every aspect of facial plastic surgery."

Dr. Boeckmann has joined a private practice in San Clemente, Calif., where he hopes to continue his focus on cosmetic and reconstructive surgery and expand his commitment to teach residents and fellows as a volunteer faculty member at the University of California-Irvine.

Mark V. Connelly, MD, ABFPRS president, adds this thought: "We're all extremely proud
See Examination, page 19



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FPT2014CA

RESEARCH GRANTS FOR 2015 NOW AVAILABLE

The Educational and Research Foundation for the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS Foundation) is pleased to announce that applications are now being accepted for the grants and scholarships for 2015.

Bernstein Grants

The Leslie Bernstein Grants Program is generously funded by an endowment from Leslie Bernstein, MD, DDS. The program is coordinated by the Research Committee of the AAFPRS Foundation and the Centralized Otolaryngology Research Efforts (C.O.R.E.). There are three grants available through the program.

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

Leslie Bernstein Resident Research Grant. The purpose is to stimulate resident research in projects that are well-conceived and scientifically valid. The resident grant is a \$5,000 award given to residents who are AAFPRS members. Two grants may be awarded each year.

Leslie Bernstein Investigator Development Grant. The purpose of this grant is to support the work of a young faculty member in facial plastic surgery conducting significant clinical or laboratory research and involved in the training of resident surgeons in research. One \$15,000 grant may be awarded each year.

Applicants for the Bernstein Grants mentioned above must submit a Letter of Intent to Centralized Otolaryngology Research Efforts (C.O.R.E) by December 15, 2014, and their proposals for review by the C.O.R.E. by January 15, 2015. Visit www.entnet.org/CORE for information on the application process.

Clinical Research Center Grants

AAFPRS Research Scholar Award. The Research Scholar Award is coordinated by the AAFPRS Research Center Committee of the AAFPRS Foundation and the Centralized Otolaryngology Research Efforts (C.O.R.E.). Each award will be for up to \$30,000 per year. More than one grant per year may be awarded based on the approved annual budget for the Research Center. In addition, an individual may receive the grant for a second and third year after submission of a progress report and subsequent approval by the Research Center Committee. Recipients will be notified by July 1, of the award year.

An applicant must be an AAFPRS member and must demonstrate an interest in furthering the profession through research. Fellows and residents are not eligible to apply. The research must be original and have direct application to facial plastic and reconstructive surgery.

All applicants must submit a Letter of Intent online through C.O.R.E. by December 15, 2014. All additional materials must be submitted online to C.O.R.E. by January 15, 2015. Visit www.entnet.org/CORE for information on the application process.

AAFPRS Clinical Research Scholarship. The AAFPRS Foundation has established a Facial Plastic Surgery Clinical Research Scholarship intended to provide financial support to AAFPRS members to pursue academic training in the principles of clinical research design, data management, statistical analysis, and manuscript and grant preparation.

Each scholarship will be for \$15,000. More than one scholarship per year may be awarded based on the approved annual budget for the Research Center. All applications and supporting documentation must be submitted by January 15, 2015.

Applicants must complete the application for Facial Plastics Clinical Research Scholarship. In addition, the individual must submit supporting documentation, including their curriculum vitae and two Letters of Support along with the application.

AAFPRS Clinical Investigation Award. The AAFPRS Foundation has established a Clinical Investigation Award intended to provide funding to AAFPRS members who don't normally participate in research projects but demonstrate an interest in furthering the profession. These grants are meant to foster career development and provide mentorship to members. Each award will be for \$2,500. More than one award per year may be present based on the approved annual budget for the Research Center. Awards will be announced twice a year at the AAFPRS scheduled meetings. Deadline for the spring meeting (COSM or equivalent meeting) is January 1, 2015. Deadline for the AAFPRS Fall meeting is June 1, 2015. All applications and supporting documentation must be submitted by one of the above dates for consideration and presentation at the appropriate AAFPRS meeting.

Applicants must complete the application for the Clinical Investigation Award. In addition, the individual must submit supporting documentation, including their curriculum vitae and two Letters of Support along with the application.

To learn more about any of those grant and scholarship opportunities, please visit the AAFPRS Web site: www.aafprs.org/research/research-center or contact Karen Sloat at (703) 299-9291, ext. 230 or by e-mail at ksloat@aafprs.org.

See page 11 for a list of this year's research grants recipients and Academy award recipients. These AAFPRS members will be recognized in Orlando during the AAFPRS Fall Meeting, September 18-21, 2014.

2015 CORE GRANT FUNDING OPPORTUNITIES

www.entnet.org/CORE

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Application to be submitted electronically by January 15, 2015 midnight ET

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THE ALCON FOUNDATION

AAO-HNSF Resident Research Grant sponsored by The Alcon Foundation
\$10,000, non-renewable, one year to complete project.
One available annually.

AMERICAN ACADEMY OF OTOLARYNGOLOGY — HEAD AND NECK SURGERY FOUNDATION (AAO-HNSF)

AAO-HNSF Resident Research Award \$10,000, non-renewable, one year to complete project. Up to eight available annually.

AAO-HNSF Maureen Hannley Research Grant \$50,000, renewable, one to two years to complete project. One available annually.

AAO-HNSF Percy Memorial Research Award \$25,000, non-renewable, one year to complete project. One available annually.

AAO-HNSF Health Services Research Grant \$10,000, non-renewable, one year to complete project. Up to two available annually.

AAO-HNSF Bobby R. Alford Endowed Research Grant \$30,000, non-renewable, one year to complete project. One available.

AMERICAN HEAD AND NECK SOCIETY (AHNS)

AHNS Pilot Grant \$10,000, non-renewable, one year to complete project. One available annually.

AHNS Alando J. Ballantyne Resident Research Pilot Grant \$10,000, non-renewable, one year to complete project. One available annually.

AHNS/AAO-HNSF Young Investigator Combined Award \$40,000 (\$20,000 per year), non-renewable, two years to complete project. One available annually.

AHNS/AAO-HNSF Translational Innovator Combined Award \$80,000 (\$40,000 per year), non-renewable, two years to complete project. One available annually.

AMERICAN RHINOLOGIC SOCIETY (ARS)

ARS New Investigator Award \$25,000 (\$12,500 per year), non-renewable, two years to complete project. One available annually.

ARS Resident Research Grant \$8,000, non-renewable, one year to complete project. Two available annually.

AMERICAN SOCIETY OF PEDIATRIC OTOLARYNGOLOGY (ASPO)

ASPO Dustin Micah Harper Recurrent Respiratory Papillomatosis Research Grant \$10,000, non-renewable, one year to complete project. One available annually.

ASPO Research Career Development Award \$40,000, non-renewable, one to two years to complete project. One available annually.

ASPO Research Grant \$20,000, non-renewable, one year to complete project. Two available annually.

ASSOCIATION OF MIGRAINE DISORDERS (AMD)

AMD Resident Research Grant \$5,000, non-renewable, one year to complete project. One available annually

AMD Research Grant \$50,000, non-renewable, one year to complete project. One available annually

COOK MEDICAL

AAO-HSNF Resident Research Grant sponsored by Cook Medical \$10,000, non-renewable, one year to complete project. One available annually.

THE EDUCATIONAL AND RESEARCH FOUNDATION FOR THE AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY (AAFPRS)

AAFPRS Leslie Bernstein Grant \$25,000, non-renewable, up to three years in which to complete project. One available annually.

AAFPRS Leslie Bernstein Resident Research Grant \$5,000, non-renewable, up to two years to complete project. Two available annually.

AAFPRS Leslie Bernstein Investigator Development Grant \$15,000, non-renewable, up to three years to complete project. One available annually.

AAFPRS Research Scholar Award

\$30,000, renewable, may receive grant in second and third year, up to three years to complete project. One available annually.

THE OTICON FOUNDATION

AAO-HNSF Resident Research Grant sponsored by the Oticon Foundation \$10,000, non-renewable, one year to complete project. One available annually.



For more information about these grants and the application process visit: www.entnet.org/CORE. Questions? Contact Stephanie L. Jones sljones@entnet.org or Sarah O'Connor soconnor@entnet.org

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FACES OF HONOR, VETERAN'S DAY

From PR Column, page 8

who underwent otoplasty to stave off bullies and is willing to discuss the procedure? If so, it can make a wonderful, timely, and heartfelt human interest story.

- Acne is also a hot topic as high school and college students return to school. If you are doing anything new and different to treat or prevent breakouts, let your media contacts know. Reporters may already be working on a bigger acne feature, which your experience can be folded neatly into an article.

- Fall also heralds Veteran's Day (November 11, 2014). The Academy's FACE TO FACE: Faces of Honor program offers pro bono treatment for veterans. Let the media know about your involvement in the program, especially if you have a patient who is willing to share his or her story.

Keep in mind that longer lead media such as women's magazines have already put their fall issues to bed, so these pitches may not be germane for their print issues. That said, they often have Web sites and blogs that feature more timely companion articles.

Make sure to promote any and all media hits and patient education programs on all your social media channels. You never know when a friend of one of your followers will be looking for a facial rejuvenation treatment or for a consultation with a qualified surgeon. ■

The Development Office Needs You

The AAFPRS Development Office needs your assistance this anniversary year!

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

So far, we have 71 **1887** members with their gifts totaling \$543,711.82.

And our AAFPRS Foundation has 149 donors totaling \$567,866.82.

Cumulative cash gifts (between January 1 and December 31) that total \$1,000 or more, automatically enrolls you as an **1887** member. It was in 1887 that the first credited intranasal rhinoplasty was performed in the United States.

All current **1887** members are recognized for their commitment to the AAFPRS during a reception that will be held at the 2014 Fall Meeting in Orlando.

To enroll, please contact Ann H. Jenne by e-mail at aholton@aafprs.org or by phone at (703) 299-9291 ext. 229.

The AAFPRS Foundation would like to thank the following companies for their support of this year's Fall Meeting (as of August 27, 2014). All financial and in-kind contributions received in support of the AAFPRS educational programs comply with the Standards for Commercial Support as specified by the Accreditation Council for Continuing Medical Education.

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David D. Hamlar, Jr., MD, DDS, physician and co-director of the Craniofacial Skull Base Center, University of Minnesota, was promoted to Brigadier General of the Minnesota Air National Guard on Monday, August 18, 2014, in a ceremony at the Minnesota History Center. Dr. Hamlar has served in support of Operation Desert Shield and Desert Storm, and deployed in support of Operation Enduring Freedom, Operation Iraqi Freedom, and numerous military humanitarian efforts around the world. Congratulations on this prestigious promotion.



Michelle R. Yagoda, MD, of New York City, was featured in *New York Magazine's* cover article, "Is Race Plastic? My Trip Into the 'Ethnic' Plastic Surgery Minefield." In the piece, Dr. Yagoda discusses her experience with patients wanting procedures such as incision-less blepharoplasty, lip reductions, and various types of ethnic rhinoplasty. Additionally, she participated in a live Web cast with *Huffington Post Live* covering the same topic.



CLASSIFIED AD

Busy facial plastic surgery practice in New England looking for a fellowship trained, ABFPRS board certified or eligible associate who can advance to partnership and eventual ownership. Please contact Rita Chua Magness at the AAFPRS office (rcmagness@aafprs.org; 703-299-9291, ext. 227) if you are interested.

From Cover Story, page 1
 them an e-mail through the app.

Thanks to the Posters and Abstracts section, you will not miss any of the paper presentations or posters. All of the abstracts are available and searchable before, during, and after the meeting.

Did you miss a connection with an exhibitor or sponsor? Did you misplace someone's contact information? You can look them up in the app to get back in touch.

Future of mobile apps

Mobile device usage has increased dramatically over the last decade. As of January 2014, 58 percent of American adults own a smartphone and 42 percent own a tablet (PEW Research). With the iPad introduction just more than four years ago, that is incredibly fast adoption for new technology.

Consider the following:

- 60 percent of the average global mobile users now use a mobile device as either their primary or exclusive means of accessing online activities (InMobi)
- The average consumer actively uses 27 mobile apps during a 30-day period (Nielsen)

- Mobile apps account for over 50 percent of all time spent on digital media (Comscore)

As smart phones and tablets with high-speed Internet connections become the norm for the vast majority of users, the impact that mobile applications will have on the day-to-day management and operational aspects of a business goes well beyond the more market-ing focused applications traditionally seen published.

By breaking down the cost and technical barriers that are associated with mobile applications, organizations can now utilize the unprecedented reach and capabilities of native apps to create deeper, contextual, and more relevant interactions.

Our imagination is the only limiting factor in how apps may be used. Amazing feats will come to fruition as more and more organizations adopt this surprisingly affordable, accessible, and flexible technology.

Editor's Note: This article was written by Joe Ramirez, founder and CEO of MottoMobile, Inc., parent company of VisibleApps.

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EXAMINATION IN 2015

From ABFPRS Awards, page 12 of Dr. Boeckmann and his accomplishment. The ABFPRS Board of Directors and I wish him every success as he pursues his career and, hopefully, ABFPRS certification."

The 2015 examination will be given June 27-28, in Washington, D.C. To register for the exam or to apply for certification, visit the ABFPRS Web site at www.abfprs.org and click on Applying. You may also contact the ABFPRS office by e-mail at info@abfprs.org or by phone at (703) 549-3223. ■

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, fully equipped 4,200 sq. ft. office with 10 exam rooms and an operating room on premise. Professional condominium available with 2,400 sq. ft. sublet space presently occupied with 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 SEPTEMBER/OCTOBER 2014

2014

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

SEPTEMBER 18-21

OFPSA FALL MEETING

Orlando, FL



Enclosed in this issue of
Facial Plastic Times is the
Annual Fund Envelope.

2015

APRIL 22-23

AAFPRS SPRING MEETING
IN CONJUNCTION WITH THE COM-
BINED OTOLARYNGOLOGICAL
SPRING MEETINGS (COSM)
Boston, MA
Co-chairs: Wm. Russell Ries, MD, and
Krishna Patel, MD, PhD

MAY 14-17

ADVANCES IN RHINOPLASTY

Chicago, IL

Course Directors: Tom D. Wang, MD;

David W. Kim, MD; and J. David Kriet MD

JUNE 27-28

ABFPRS EXAMINATION

Washington, DC

SEPTEMBER 30

COMMITTEE AND BOARD MEETINGS

Dallas, TX

OCTOBER 1-3

FALL MEETING

Dallas, TX

Co-chairs: G. Richard Holt, MD, and

Daniel G. Becker, MD

CALL FOR ABSTRACTS

The AAFPRS will be joining the Combined Otolaryngological Spring Meetings (COSM) once again next year and the deadline for abstracts is October 15, 2014. Boston is the educational mecca and absolutely beautiful in the spring. The program this year is under the creative guidance of Wm. Russell Ries, MD, and Krishna Patel, MD, and will feature exciting sessions on functional rhinoplasty, cutting edge trauma surgery, and nuances of Mohs reconstruction. The AAFPRS sessions are at the beginning of the program, starting in the afternoon on Wednesday, April 22, and running through Thursday, April 23. Plan your trip to Boston now; it will prove to be invaluable and entertaining.

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