

# Facial Plastic TIMES

AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY, INC.

## ROLLING OUT THE RED CARPET FOR FACIAL REJUVENATION 2016

The Academy is excited to present, *Facial Rejuvenation 2016: Master the Techniques*, March 16 - 19, 2016, at the Beverly Wilshire Hotel, in Beverly Hills. Join course directors Stephen W. Perkins, MD; Theda C. Kontis, MD; and Rami Batniji, MD, for an exceptional program that combines the best in multi-disciplinary faculty, innovative technology, multiple live surgery events, and a full program for mid-level injectors.

The directors worked tirelessly to make this meeting unlike any other rejuvenation course available. Presenters and participants come from various disciplines, including facial plastic surgery, plastic surgery, dermatologic surgery, and oculoplastic surgery.

The course will cover the various techniques and complications for rejuvenation of the face and neck, non-surgical rejuvenation options, facelift and necklift procedures, autologous fat grafting, ablative and non-ablative treatment options, controversial topics, and more. Attendees will not want to miss the pearl panel discussions, with experts sharing their perspectives and lessons they have learned including: "Three things I do to improve my surgical outcomes"; "How do I manage lower lid rhytides? My preferred technique for treating tear trough/infraorbital hollow and why?"; and "Three things I do to improve my surgical outcomes as it pertains to facelift techniques."



Live surgeries will be performed and attendees will have an opportunity to watch and ask questions. A full-day of injectables will take place on the last day, allowing aestheticians and nurses to partake in this exciting course.

The splendid location of the iconic Beverly Wilshire Hotel, at the corner of Rodeo Drive and Wilshire Boulevard, exemplifies the ideals that the course plans to capture. Refer to the enclosed brochure for program details. See you on the red carpet. ■

## LEARN PORTAL PROVIDES NEW MEMBER BENEFITS

If you haven't explored the AAFPRS Foundation's educational portal LEARN (Lifelong Educational and Research Network) lately, now is a great time to do so.

Providing surgeons with the opportunity to continue their education and have access to a wealth of information online when needed, benefits both patients and the specialty of facial plastic surgery. The AAFPRS Foundation's Board of Directors recognizes and supports this effort and therefore established a LEARN Enhancement Committee. The committee is charged with developing an overall strategy for enhancing all aspects of the LEARN educational portal and assuring consistency and continuity with all other committees, particularly the Membership/Residency Relations, Multimedia, CME, and Fellowship.

The committee is chaired by Theda C. Kontis, MD, and includes Fred G. Fedok, MD; Sam M. Lam, MD; Louis M. DeJoseph, MD; Robert Chiu, MD; Benjamin C. Marcus, MD; Rami Batniji, MD; and Christian Stallworth, MD. For the past year, this committee has been working to identify the most critical, value-added tools for members, residents, fellows, and other facial plastic surgery professionals. Following are the most recent additions and enhancements to the LEARN platform.

See Lectures, page 8

**SEPTEMBER/OCTOBER 2015**  
**Vol. 36, No. 7**

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## PRESIDENT'S MESSAGE:

Has anyone ever challenged you as to the value of what we do as cosmetic surgeons? Has most of medical school and otolaryngology residency been a waste? Are we merely glorified beauticians? I've actually had this discussion with some very close friends and it has helped me to put our work in perspective and to recognize the tremendous potential of what we do. It is a fun dialogue because I truly believe in the value of facial aesthetic surgery; it is a powerful tool for improving people's lives.

There is an ongoing pulse to improve ourselves, expand our knowledge, and be in a continuous personal transformation. This acquisition of knowledge and perpetual growth is widely admired yet at odds with authenticity, "being yourself," and aging gracefully. There is an arbitrary line drawn between a harmonious transformation of spiritual growth and an undesirable manipulation of oneself. Eating healthy and watching our weight is a good example. I suspect most members would like to lose a few pounds in the spirit of good health. Tied pretty closely is the fact that we don't like the way we look and feel when heavier. That concept can go far overboard with life threatening eating disorders and a warped sense of self.

The motivation for seeking facial cosmetic surgery varies widely and some are hoping for a tangible gain in social life or professional advancement. It is not unreasonable to expect such things, since some feel that beautiful people tend to have greater self-confidence. Not unlike the relative-age effect endorsed by Malcolm Gladwell and his Canadian hockey players, there are extrinsic factors in addition to raw talent that influence success. The older boy is bigger, stronger, and gets more positive reinforcement, which in turn leads to more success. Does the same apply to beauty and happiness?

Many people pursue facial cosmetic surgery strictly for themselves with little or nothing to do with the objective benefits that may be gained. Some claim that the motivation is for self-esteem and personal happiness. "I don't feel old, yet I look old in the mirror. A little nip and tuck and I'll be happier!" Is there any validity to this expectation? People have looked at this and apparently there is little correlation between objective beauty and happiness. However, it is important to distinguish between other-perceptions and self-perceptions. It turns out that self-perception of attractiveness is highly correlated with happiness; if happiness is the goal, it matters less what others see in you as compared with what you see in the mirror (*Journal of Personality and Social Psychology*, Vol 69(1), Jul 1995, 120-129). Cue the facial plastic surgeon. Having cosmetic surgery has been shown to improve psychological wellbeing in terms of social phobia, anxiety, and self-esteem. This conclusion is qualified by unrealistic expectations and very minor deformities. In addition, rhinoplasty is associated with less predictable satisfaction scores than breast surgery, as are males in contrast to females (*Plastic Reconstructive Surgery*, vol 113(4); Apr 2004, 1229 - 1237).

We say that our facial expression is a reflection of our core and soul. We frown or laugh when our innermost emotion overwhelms our shell and materializes in the physical world as an expression, sound, or body posture. It is spontaneous, natural, and pure. We put our hand over our heart when we feel a surge of empathy and emotion, as if that cardiac muscle is actually where we feel things.

Actually, this is a two way street, wired to go both directions. Not only

# COSMETIC SURGERY...IS IT FRIVOLOUS?

does the inner energy control our mimetic muscles, but the physical aspect can turn around and have a direct impact on the raw emotion of the person. We can control our action and, secondarily, control our feelings! My golf teacher taught me this, of all people. He was stressing how important it is in competitive golf to be able to shake off a bad shot or a three-putt and move on to the next hole. The mental aspect of golf separates men from boys, and I was having trouble with that. He suggested I try whistling after a terribly frustrating hole. It works; there is no way to stay hot under the collar and whistle at the same time. For non-golfers, try whistling the next time you get cut off on the road while driving. What we do, what we say, how we say it, and what we see in the mirror, all have the tremendous ability to influence our inner self, including our emotional state, mood, confidence, and self-esteem.

To behave beautifully, sometimes we have to feel beautiful. Often, we see our post-op facelift patient come in with a bounce to their step, smiling and radiating. They love their new look, and it has inspired them to eat healthier, start exercising, quit smoking, and dress up in finer clothes. Their confidence and positive energy can be palpable and contagious. The package that is delivered to the patient is far better than any drug or winning lottery ticket. That is what we are offering our patients, and it goes far beyond skin deep.

Of course, the art of facial plastic surgery is selecting our patients wisely. Not all willing persons are the best candidates for major facial rejuvenation, irrespective of their means. The flip side is equally true. Many people with little or no means are terrific candidates for a facelift, positioned to be the most grateful and derive a dramatic benefit that far exceeds their sharper jaw line. As a salaried physician at a university, there is a

greater distance from the financial incentive of aesthetic cases and it is not as difficult for me, on occasion, to waive charges. Having performed this type of rejuvenating surgery on some indigent women, it is eye-opening! They can be visibly revitalized with a renewed sense of pride and self-worth. Facilitating something like that is right in line with our Hippocratic Oath...talk about a good day!

Some have the notion that cosmetic surgery is for weak, superficial, and narcissistic people who have linked their self-worth to their physical appearance rather than their character. Perhaps some people are more critical of themselves, especially physically. They can get stuck in an inventory of negative self-esteem, which then leads to bad habits such as over-eating. Cosmetic surgery can be the ignition to a change in attitude toward positive self-image and catapult patients to a platform of good health.

The public demand for cosmetic surgery has grown exponentially, and industry and surgeons have responded. Today, we live at the intersection of self-improvement, beauty, and technology. Aesthetic surgery has gotten safer, focused, specific, and adaptable. We are truly blessed to be in this position and to have a skill set that can be shared with our patients in such meaningful ways. We can escort our patients toward a healthier and happier life. There is no greater feeling as a surgeon than to share a patient's reaction immediately after surgery as they look in a mirror for the first time and tears of joy well up, in both the patient and parent. No, cosmetic surgery is not frivolous.



Stephen S. Park, MD

# ARCHIVES RESOURCE AVAILABLE 24/7

The Robert L. Simons Archives and Heritage Center is accessible 24/7! The Foundation is excited to offer this resource to you.

Of course, we welcome everyone to visit our headquarters in Alexandria, Va., and to see firsthand the new center on the third floor. However, if Alexandria is not in your travel plans, sit back and enjoy the center right from your home or office. It's easy! Go to [www.aafprs.org](http://www.aafprs.org), click on the "AAFPRS Foundation" bar on the left, and select "Robert L. Simons Archives and Heritage Center." Then click "Explore," and you can search the ever growing Archives anytime you want, including



historical information, books, videos, documents, artwork, oral histories, past presidents, timelines, and much more.

The video, "Marching In: A Documentary on the Life and Times of Jack R. Anderson, MD," was inspired by the album lovingly created by Judy Anderson, Dr. Anderson's daughter. The album has been captured digitally and resides online.

The AAFPRS is steadily entering records and scanning documents into the Archives. Please continue sending materials to: AAFPRS, Robert L. Simons Archives and Heritage Center, Attn: Linda Rothbart, 310 S. Henry St. Alexandria, VA 22314. Please send an e-mail to Linda Rothbart, Archivist, [rothbart@comcast.net](mailto:rothbart@comcast.net) with any questions. Be a part of the legacy!

# KONTIS AND WINSLOW HONORED AS ABFPRS SCHOENROCK AWARD RECIPIENTS

The American Board of Facial Plastic and Reconstructive Surgery (ABFPRS) is proud to announce that Theda C. Kontis, MD, and Catherine Winslow, MD, will receive the 2015 *Larry D. Schoenrock Distinguished Service Award*, which will be presented during the AAFPRS Fall Meeting in Dallas, this October. The ABFPRS grants the award annually to individuals who have 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.



THEDA C. KONTIS, MD



CATHERINE WINSLOW, MD

"Our Board's examination is the jewel in our specialty's crown," confides Mark V. Connelly, MD, ABFPRS president. "The success of our examination can be attributed to dozens of hardworking surgeons who dedicate countless hours every year to ensure that our exam is a meaningful and comprehensive tool for evaluating physician competence. But Dr. Kontis, as the Written Examination Development co-chair and Dr. Winslow, as the Oral Examination Review co-chair, have been driving forces to ensure that our written and oral examinations are at the top of any psychometrician's evaluation barometer. Their efforts, along with fellow examination co-chairs David B. Hom, MD; Cynthia M. Gregg, MD; and Mimi Kokoska, MD, have produced the best examination of its kind for any certifying board—bar none," states Dr. Connelly. "And no, I'm not biased," he adds.

Both Dr. Kontis and Dr. Winslow gravitated to otolaryngology as their specialty because it offered a complexity and precision to the dynamics of surgery. "I had intended to become an Ob-Gyn throughout my premed and early med school career," relates Dr. Kontis. "However, when I did my third-year medical school rotation in Ob-Gyn, I really disliked how little surgery was involved in that specialty. The otolaryngologists were welcoming and inclusive; and complex surgeries were a big part of their daily practice, so I decided that otolaryngology would be a good fit for me," she notes. "I was also attracted to facial plastic surgery because I had a rhinoplasty when I was 14. I had a large Greek nose and was extremely self-conscious about it. After I had my rhinoplasty, I felt like I wasn't deformed anymore. I re-live this feeling every time I sit with post-op patients and review their pre- and post-op photos with them. I know first hand how correction of a perceived defect helps a person's self-esteem," Dr. Kontis confides.

Dr. Winslow's pathway to head and neck surgery

can be linked to circumstances that made an indelible impact during her residency. "The Columbine massacre occurred during my residency at the University of Colorado. I found myself helping to repair life-threatening and cosmetically devastating facial wounds in teenage victims. One of my patients suffered a point-blank range shotgun blast to the face, and our fibular free flap reconstruction

returned him to near normalcy," relates Dr. Winslow. "From that experience, I elected to pursue a fellowship to further hone my skills with the amazing and inspiring Mark K. Wax, MD. My fellowship training prepared me for another unexpected series of events when my subsequent Army active duty service was interrupted by 9/11 and the subsequent Iraq and Afghanistan wars that produced horrific facial injuries to our

*See Nominations for 2016, page 6*

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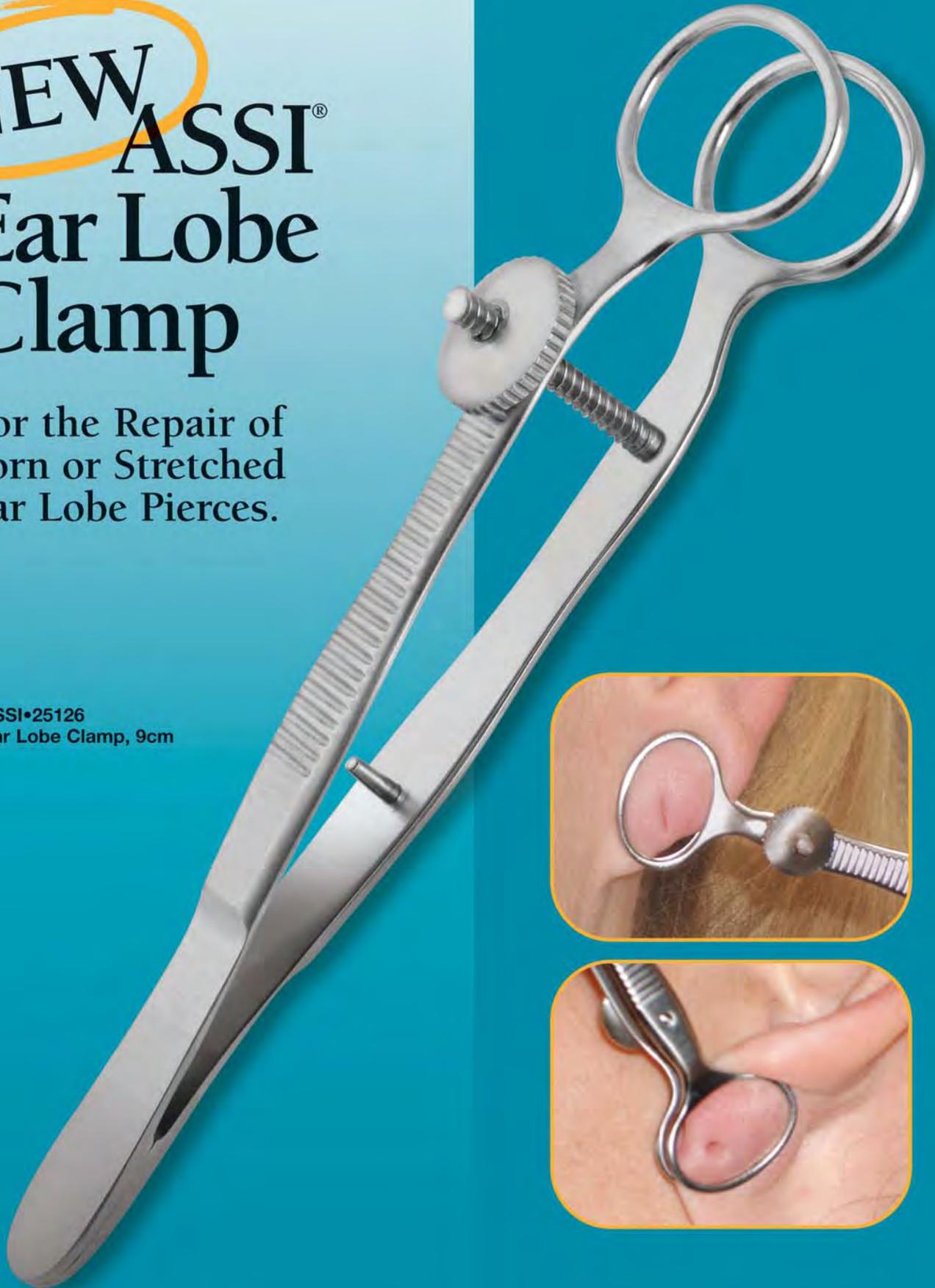
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Save the date:  
 September 15-17th (after ISHRS meeting)  
 November 2-4th (after Global Aesthetics Conference)  
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# NOMINATIONS FOR 2016

From Schoenrock Award, page 4

service men and women in those conflicts. My calling was clear," Dr. Winslow adds.

As to their interactions with Larry Schoenrock, MD, Dr. Winslow confesses that she's read the compelling stories about Dr. Schoenrock's influence on our specialty's recognition in the book, *Here To Stay*, by Robert L. Simons, MD, and T. Susan Hill.

Dr. Kontis had a personal interaction with the beloved doctor that reflected his willingness to share personal medical history that might be helpful to the next generation of surgeons. "I knew Dr. Schoenrock early in my career," says Dr. Kontis. "He was an invited speaker at some early Botox courses we gave in Baltimore. He had blepharospasm, and one of the surgeons offered to inject him with Botox. I recall asking Dr. Schoenrock about a year or so later how the Botox had worked for him. He laughed and said it was terrible, since he developed bilateral ptosis from his injections!"

Dr. Kontis currently serves as secretary on the ABFPRS Executive Committee, has also been a member of the Resource Development Written Examination Committee since 1997, and has been co-chair since 2003. She is unstinting in her dedication and leadership for both of these committees and has been involved with the ABFPRS even before she completed certification in 1998. In addition to her 12 years as co-chair on the Written Exam Development Committee, Dr. Kontis has not missed serving as an ABFPRS

examiner since 2002.



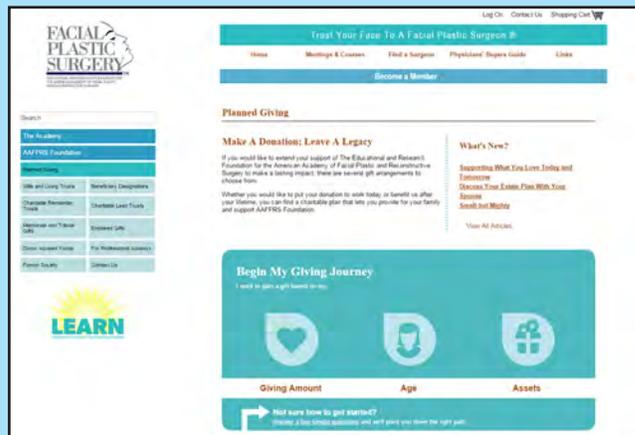
SEEN HERE ARE DR. KONTIS WITH HUSBAND, DR. DAVID TUNKEL, AND DAUGHTER, ALEXANDRA TUNKEL (FUTURE MD), IN AUSTRALIA

Dr. Winslow is also recognized for her work as treasurer on the ABFPRS Executive Committee, as well as for her endeavors on the Oral Examination Review Committee. She has served on the Oral Exam Review Committee since 2005 and became Oral Exam co-chair with Cynthia M. Gregg, MD, in 2007. As anyone who has been an examiner can attest, Dr. Winslow works tirelessly behind the scenes with Dr. Gregg, to ready oral protocol questions for every examination cycle. She was also a Jack Anderson Prize Winner in 2003 and has served as an examiner since 2005.

Nominations for the 2016 Schoenrock Award should be addressed to the ABFPRS Executive Committee in care of ABFPRS, 115-C South Saint Asaph Street, Alexandria, VA 22314, or by e-mail at [SchoenrockAward@abfprs.org](mailto:SchoenrockAward@abfprs.org).

## Make a Donation: Leave a Legacy

The development office is pleased to announce the Planned Giving Program on the AAFPRS Web site.



Begin your giving journey today by going to [www.aafprs.org](http://www.aafprs.org). Under AAFPRS Foundation, click on Planned Giving ([www.aafprs.planmylegacy.org/](http://www.aafprs.planmylegacy.org/)). Explore the various ways you can make a lasting impact via several gift arrangements.

Read articles that will start the thought process:

- Supporting What You Love Today and Tomorrow
- Discuss Your Estate Plan with Your Spouse
- Small but Mighty

View short videos and potential scenarios.

Learn how to fund various endowed gifts. There is even a section for professional advisors.

Now is the time to think about your financial future. The following topics are covered:

- Wills and living trusts
- Beneficiary designations
- Charitable remainder trusts
- Charitable lead trusts
- Memorials and tribute gifts
- Endowed gifts
- Donor advised funds

Learn how you can become a member of the Fomon Society; it is never too early to show your support.

The development office would love to hear your feedback about the planned giving information on the AAFPRS Web site. Please contact Ann H. Jenne at [ajenne@aafprs.org](mailto:ajenne@aafprs.org) or (703) 299-9291, ext. 229. ■



SEEN HERE ARE DR. WINSLOW WITH HUSBAND, TIM, DAUGHTER, JORDAN, AND SON, JOSH AT THE ARMY WAR COLLEGE IN CARLISLE BARRACKS, PA



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<sup>1</sup> Elastometry and Clinical Results After Bipolar Radiofrequency Treatment of Skin, Willey, Andrea et al. Dermatologic Surgery, 2010

<sup>2</sup> Based on results of a clinical study in 20 patients, measuring improvement in Fitzpatrick Wrinkle Scale at 3 months compared to baseline based on independent review of photographs

<sup>3</sup> Prospective Multicenter Clinical Trial of a Minimally Invasive Temperature-Controlled Bipolar Fractional Radiofrequency System for Rhytid and Laxity Treatment, Alexiades-Armenakas, Macrene et al. Dermatologic Surgery, 2012

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# LECTURES AND STREAMING VIDEOS

## From Cover Story, page 1 Members and Facial Plastic Surgery Professionals

- Sixteen select surgical videos from the John Dickinson Memorial Library, live streaming (no cost to members only)
- Additional 34 videos, live streaming (reduced cost to members)
- Two, online CME courses, with seven more in development
- Online meeting evaluation and CME certificates
- Core lectures, i.e., Anderson, Tardy, and Conley (no cost)
- CME activity tracking and access to personal educational transcript from home or office
- Direct access to *JAMA Facial Plastic Surgery* (AAFPRS members only)
- Online access to the AAFPRS Membership Directory (AAFPRS members only)
- Electronic copies of the Academy newsletter, *Facial Plastic Times* (AAFPRS members only)

## Residents

- Richard Webster videos (no cost)
- Technique videos from the *Advances in Rhinoplasty* meeting are being reviewed for future inclusion (no cost)
- Access to the *Wound Management and Suturing Manual* (no cost)

## Fellows and Fellowship Directors

- Access to 47 videos in the "Fellowship" set and the Robert L.



- Simons historical videos (no cost)
- Direct access to the Fellowship Curriculum Bibliography
- Track surgical logs
- Complete program evaluations
- Search for job posting after fellowships

The LEARN portal will continue to grow and we will keep you up-to-date with a regular column in future issues of *Facial Plastic Times*. To access and start exploring LEARN, go to [www.aafprs-learn.org](http://www.aafprs-learn.org). Certain areas of the portal are restricted by AAFPRS membership type and require an AAFPRS username and password.

If you are uncertain of your membership type, or need to know your AAFPRS username and password, please contact membership manager Maria Atkins at (703) 299-9291, ext. 225 or by e-mail at [matkins@aafprs.org](mailto:matkins@aafprs.org). ■

Attention ALL MEMBERS!  
The Academy staff is working on the *2016 Membership Directory*; please submit any new or updated information. 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.

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Please submit information by fax to (703) 299-8898 or by email to [info@aafprs.org](mailto:info@aafprs.org). If you have any concerns or questions, please contact Maria Atkins by e-mail at [matkins@aafprs.org](mailto:matkins@aafprs.org). All updates must be received by **October 25, 2015**, to be published in the *2016 Membership Directory*.

## Welcome Jackie!

Jackie Gunderson, the new director of continuing medical education (CME) and meetings, comes to the AAFPRS with just over four years of CME experience. Previously, Jackie was the meetings and education director at the American Association of Neuromuscular and Electrodiagnostic Medicine in Rochester, Minn. Jackie was responsible for live, event planning and enduring material publication. Prior to medical education, her career was focused on early childhood education. In her free time, Jackie enjoys golfing, walking, and is looking forward to exploring Washington, D.C. She formerly served on the Stewartville Minnesota Planning and Zoning Commission and was an event leader for the American Cancer Society Relay for Life. Jackie has a bachelor's degree from Minnesota State University, Mankato.





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# MESSAGE FROM THE MEDICAL EDITOR: WHOSE PATIENT

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



Two incidences over the last week have caused

me to pause. Last Monday, I had a patient scheduled for rhinoplasty and cheek filler. She was consented by my staff for both procedures, but the local surgicenter where I operate on their consent only had her signed for the rhinoplasty. As I was about to put the filler in her cheek, I was abruptly blocked by the rigid OR nurse who in front of the entire staff barked, "Dr. Dayan, You cannot do that! I will not allow that; she is not consented and that would be assault!" Whoa...assault...who me?

I have dedicated my life to taking care of people and have been reared and raised with a mantra to always do the right thing. "But I have her consented." I said, "See, it is on my consent." She shouted back that it was not on their consent. Instead of getting into an inappropriate and winless conflict, I demurred and decided to do it in my office the next week. We learned our lesson; next time we need to make sure the surgicenter and our consents match.

Then that same week, I was alerted that the OR has a new policy. They don't want the rhinoplasty surgeons cutting the strings on the decongestant pledgets inserted into the nose. I prefer to cut the green strings, however, as they get in my way during surgery. I have been doing that for 15 years on over 2,000 rhinoplasties. But now, the OR staff is dictating to me and my scrub nurse of 10 years, that my technique will no longer be permitted. I looked up and asked the head nurse, "Whose patient is it?"

Thus, I was thrust to think more deeply about that inquiry. Is this just an isolated incidence at a local health care facility in Chicago from a strict staff member or is it a

reflection of a greater movement nationwide? I am sure the OR staff is just following their orders with a policy that is intended to do what is best for the patient. What cannot be overlooked, however, is the obvious premise in these mandates: the physicians cannot be trusted to decide what is in the best interest of their patients.

Are we as physicians losing control of our patients and our profession? Like most, if not all my colleagues, I was trained that when you accept the responsibility of another's health and wellbeing, you take on a fiduciary responsibility to always do what is best for them and to put your own interest aside. And while I appreciate the nurse reminding, suggesting, or bringing up a concern, when it comes down to a decision of what is in the best interest of my patients, I like to believe that I can and should be trusted to make that call. Am I just weeping sour grapes or could it be that I am articulating the frustration of what many physicians across the nation regardless of their field are feeling as well?

Physicians are experiencing a tsunami of regulations, liabilities, and ricocheting that seem to be escalating monthly, if not weekly. It's no wonder that in a 2015 Medscape survey of over 19,000 physicians from 26 specialties, only 64 percent of physicians if they had to do it over again would choose a career in medicine. An even smaller 24 percent would choose the same practice setting again. This is down from 69 percent and 50 percent respectively in 2011.<sup>1</sup> Interestingly, plastic surgeons were fourth from the bottom when it comes to career satisfaction; only 51 percent would choose to go into medicine again. Additionally, the increasing regulation, cost, and business burden are leading to the rapid senescence of private practice.

According to a report by Accenture, the percentage of doctors in independent practice fell

from 57 percent in 2000 to 39 percent in 2012.<sup>2</sup> And in less than a decade, the number of surgeons in private practice has decreased from just about half to only one-third.<sup>3</sup> It is no surprise that 46 percent of all doctors and 45 percent of plastic surgeons report feeling burned out.<sup>1</sup>

We are clearly witnessing a seismic shift in U.S. medicine. As during most revolutionary periods, true perspective only occurs in hindsight. In my 15 years of practice, I've seen a major dimming in the authority and respect that doctors once had. I think we can all agree that the physician enjoyed and often promoted god-like complexes of yester year that were perhaps too overbearing, and may be one nidus leading to the oppressive rules and regulations now being descended upon us. And yes, the restraints likely will temper the occasional rogue, but at what risk? Does smelting us all down to the lowest common and interchangeable denominator also harness the creative altruistic?

Today, the increasing oversight and regulations imposed upon us forces all our judgments to be questioned, from what medicines and doses we use, to what indications for surgery and how we communicate...and even whom we befriend. There is probably no regulation more telling than the one that suggests we are so feeble that we cannot accept a pen without being influenced to alter the care we deliver! As opposed to lawyers and politicians, who of course, can be trusted.

How far are we from mandatory body-cams on our shoulders? Maybe we should ask the police force for whom fiduciary responsibility and action are now widely challenged and doubted. While videotaping all of our encounters may serve to protect us, the underlying notion that our word and charts cannot be trusted to honestly represent our conversations is boldly evident.

The questioning of our charac-

## IS IT ANYWAYS?

ter, genuineness, and motives has trickled down and been dispersed to the consumers most efficiently through the power of social media. Patients are quicker to question, doubt, and then demand. And while all ethical and honest doctors can agree that an informed patient is a good one and that there is an important role for second and even third opinions, the denigration of physician's character and personal attacks that now litter the social media channels is a far departure from the intellectual philosophical discourse of the past. The social democratization of the Internet has provided fantastic educational benefits, transparency, and allows a closer doctor-patient relationship. But the yin to the yang may be the low barrier to denigration of the physician's authority and judgment from a cohort that does not have the benefit of perspective gained after years of medical training. Witnessing some of the most famous, competent, and well respected doctors in the country being flippantly attacked by an anonymous and unfiltered and often misinformed mud-slinger is hard to swallow. And we have to wonder how this affects our profession long term. How do we respond and cultivate future pioneers and explorers so that the best of our field is allowed to still be good and lead, yet not be cut down at the outset?

The irony is that we have arguably been awarded the most awe inspiring and enormously broad privileges by the state. Traditionally, we have been trusted to cut open, probe, and prod others, all with intent to positively influence their lives. This right does not come easy. We endure years of training, perhaps decades, to gain one very special skill. And it is not about anatomy, hand-eye coordination, or the ability to understand the bioavailability of medicines. For if it was just that, we wouldn't have the increasing delegation of our services to para medical providers with abbreviated training who can easily follow flow charts embedded within EMR systems. Rather, what we majestically gain and learn that makes us unique and special is our ability to make difficult judgement calls. Every day we make thousands of important judgment calls. Should we go up or down on the blood pressure meds, should we operate, raise that flap, tie off the artery, give antibiotics, etc.

Where the frustration lies is that we sacrifice and commit ourselves to a life that transcends our own to put others' interests ahead. This commitment to another is the very essence of what constitutes the doctor-patient relationship. It is at the very center of what makes us doctors. Yet today, we are losing that trust

by the regulators and highly questioned by the consumer as to how we make that judgement. We are at times suspected of an ulterior motive and not that of our patients' best interest; therefore, sterile evaluators, impersonal flow charts, and interchangeable medical providers are used to determine and deliver the care.

While such a system may be the most economical and efficient way to deliver care to a large mass of people, I am not sure it is the best. What really suffers at the heart of it all is the breakdown in the doctor-patient relationship. The sacrosanct union for which we all went to medical school. When this relationship is fractured, then a generation of physicians either are not permitted or do not feel compelled to take ownership of the patient's care. The physician may no longer feel a responsibility to be on call for their patient, to follow up with consultants and reports, and to research alternative care options. The patient becomes a case that can be "signed out" and passed on. It is in this author's opinion, it is then that the best in care slips through the cracks.

Fortunately for us in aesthetic medicine, we still enjoy a profession in which the doctor-patient relationship is mostly maintained. We choose our patients and they choose us. We still have a sense of autonomy; this is likely the driving force attracting more individuals to aesthetic medicine. I wonder if our strength as a unit can be used to set an example and help to guide medicine through this transition—to show as an example how important the doctor-patient relationship is to good care and how the judgment that we have

*See A Doctor?, page 12*

**4<sup>th</sup> Biennial Caribbean FPS Update:  
A Winter Warm Up Meeting**

**Course Directors:**  
**Stephen W. Perkins, MD**  
**Capi Wever, MD**  
**Rami Batniji, MD**

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# PR TIPS: INTEGRATE YOUR MEDIA OUTREACH WITH HEALTH AWARENESS MONTHS

If you name any month on the calendar, there are likely several health or safety weeks and days contained within it.

We all associate October with breast cancer awareness, and the first Monday of May as Melanoma Monday, but there are many more—some of which can dovetail with your media and patient engagement efforts. Health and safety awareness months can be useful fodder for social media, earned media, and in-house events for loyal patients and influential journalists.

Here is a snapshot of the next two months in health and wellness, and tips on how to incorporate them into your marketing plans.

## September: Healthy Aging Month (<http://healthyaging.net>)

### Social media

Post one healthful tip a day on your social channels about ways to age in reverse, such as the judicious use of sunscreen to prevent premature aging, ways to sneak in regular physical activity, or an easy-to-follow recipe. Ask fans to share the healthiest thing they did today to age gracefully and offer a discount or swag to the most creative entry.

### Earned media

Reach out to influential bloggers and local journalists to let them know about the latest and greatest in anti-aging, such as Kybella to reduce the appearance of a double chin, new lasers to address photodamage, and innovative ways to address under-eye bags.

### Patient engagement

Host a "Feel Good, Look Good" breakfast for your VIPs. Consider a cooking demo to make the ultimate breakfast smoothie and a question-and-answer session with a local nutritionist, yogi, or other fitness professional. Offer goodie bags and

on-the-spot consults to all attendees with a discount for all who schedule procedures.

The following campaigns are also in September:

- Fruit and Veggies: More Matters [www.fruitsandveggiesmorematters.org](http://www.fruitsandveggiesmorematters.org)
- National Yoga Awareness [www.yogamonth.org](http://www.yogamonth.org)
- Sports Eye Safety [www.preventblindness.org](http://www.preventblindness.org)
- Whole Grains [www.wholegrainscouncil.org/get-involved/celebrate-wholegrains-month-in-september](http://www.wholegrainscouncil.org/get-involved/celebrate-wholegrains-month-in-september)

Most of the organizations that sponsor health awareness days, weeks, and months offer tools to help you promote their agenda. Think about which causes appeal to your patient populations and take advantage of the bounty of offerings.

## October: Domestic Violence Awareness Month

The AAFPRS, through its Educational and Research Foundation, was the first surgical group to take a firm stand against domestic violence. In 1994, the AAFPRS teamed up with the National Coalition Against Domestic Violence to develop FACE TO FACE: The National Domestic Violence Project. We work with shelters nationwide in making sure that the individual is helped emotionally as well as physically. We also offer a 24-hour toll-free number, 800-842-4546, for victims of domestic violence.

### Social media

Post daily about resources that are available and let followers know about FACE TO FACE: The National Domestic Violence Project. Consider posting inspirational quotes as well.

### Earned media

Reach out to responsible and influential media to discuss the significance of this month, relevant

domestic violence statistics, and ways for men and women to access help.

### Patient engagement

Consider donating 10 percent of October's physician-dispensed skin care sales to FACE TO FACE. Subtly place brochures or information in your waiting area so anyone who is interested can learn more.

October is also National Bullying Prevention Month, [www.pacer.org/bullying/nbpm/](http://www.pacer.org/bullying/nbpm/). Media love human interest stories about how plastic surgery can prevent bullying in some cases. If you have one to share, let responsible media contacts know.

Ideally, your step-by-step marketing calendar should be compiled in January and include any health awareness initiatives that are relevant to your practice.

Get a head start for 2016 by checking out this Web site: [www.healthfinder.gov](http://www.healthfinder.gov), under National Health Observances. ■

## A DOCTOR?

From Medical Editor, page 11  
been granted can and still should be hallowed. If not, then I fear that the country once heralded as the best in the world in medicine and medical advancements, may fall to middle of the pack. It is perhaps then that the question I posed in the first sentence may transition to, "Who needs a doctor anyway?" ■

### Resources

- 1 <http://www.medscape.com/features/slideshow/lifestyle/2015/public/overview>
- 2 <https://newsroom.accenture.com/industries/health-public-service/more-us-doctors-leaving-private-practice-due-to-rising-costs-and-technology-mandates-accenture-report-finds.htm>
- 3 <http://archsurg.jamanetwork.com/article.aspx?articleid=1485559>

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## OYER EARNS TOP SCORE ON EXAM

**S**amuel Oyer, MD, of Charleston, S.C., earned the highest score on the 2015 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 Dallas.

"After high school, medicine wasn't originally part of my career plan," confides Dr. Oyer. "I entered college planning on a career in physics, but I struggled with the limited human interaction in that scientific field. So I took a year off from college to figure out what I wanted to do with my life. I divided my time between building cabinets and working as a personal assistant for an investment manager."

During his year juggling sawdust and stock tips, Dr. Oyer's thoughts kept turning to the field of medicine because it offered the opportunity to combine science with meaningful personal contact. That realization fueled his determination to enroll in medical school at Indiana University and later propelled him into his residency at the Medical University of South Carolina.

"I was initially interested in facial plastic and reconstructive surgery because of my exposure to the specialty during my residency with my mentors, Krishna Patel, MD, and Judy Skoner, MD. This was augmented by a medical mission trip to the Dominican Republic where I was struck by the great need for facial reconstruction and the potential impact such surgeries could have in the developing world," states Dr. Oyer. "Facial plastic surgery appeals to me because it is not restricted to a specific organ system or disease process, but it is a combination of applied knowledge of anatomy and physiology with surgical creativity and artistry," he explains.

After his residency, Dr. Oyer matched for the AAFPRS Fellowship at Johns Hopkins University with Patrick Byrne, MD, and Ira Papel, MD. "Thanks to the tutelage



and experience I gained during my fellowship with Drs. Byrne and Papel, I am also interested in helping educate the next generation of surgeons and contributing to the field through clinical research," states Dr. Oyer. "I'd like to combine that with ongoing medical service trips to help provide care for patients in underserved areas and help educate local surgeons on facial plastic surgery techniques—especially facial reanimation of patients with facial paralysis."

Dr. Oyer is now an assistant professor at the Medical University of South Carolina in Charleston, where he plans to combine both cosmetic and reconstructive components of facial plastic surgery in his practice.

Mark V. Connelly, MD, ABFPRS president, adds this thought: "We're all extremely proud of Dr. Oyer and his accomplishment. The ABFPRS Board of Directors and I wish him every success as he pursues his career and, hopefully, ABFPRS certification."

The 2016 examination will be given June 25-26 in Washington, D.C. To register for the exam or to apply for certification, go to: [www.abfprs.org](http://www.abfprs.org) and click on Applying. Or contact the ABFPRS office by emailing: [info@abfprs.org](mailto:info@abfprs.org) or calling (703) 549-3223. ■

### CALL FOR ABSTRACTS AAFPRS SPRING MEETING 2016

The AAFPRS is participating in the 2016 Combined Otolaryngology Spring Meetings (COSM), which will be held in Chicago, May 18-22, 2016. (AAFPRS presentations will be May 19 and 20.)

Co-chairs Robert M. Kellman, MD, and Lisa E. Ishii, MD, would like to encourage submission of abstracts for this meeting.

The abstract submission site will be open until **December 1, 2015**. To submit an abstract, visit the AAFPRS Web site at [www.aafprs.org](http://www.aafprs.org), go to Meetings and Courses, and click on the "Submit Abstracts" link under AAFPRS Spring Meeting 2016.

We look forward to your submission and we hope to see you in Chicago!

Please note COSM regulation regarding your abstract: The material in this abstract has not been submitted for publication, published, or presented previously at another national or international meeting and is not under consideration for presentation at another national or international meeting including another COSM society. The penalty for duplicate presentation/publication is prohibition of the author from presenting at a COSM society meeting for a period of three years.

COSM participating societies include:

- AAFPRS
- American Broncho-Esophagological Association
- American Laryngological Association
- American Neurotology Society
- American Otological Society
- American Rhinologic Society
- American Society for Pediatric Otolaryngology
- The Triological Society

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Message from the OFPSA President, Debbie Carlisle

Welcome to the Fall Meeting 2015! As I complete my first year as president of the OFPSA, I am thankful for this past year. The officers have worked so well together in planning this meeting. We are all so excited to attend and then take back to our practices what we have gleaned.

It is a privilege to be part of the AAFPRS/OFPSA and for the Academy to recognize the need for our organization. When I think of a key word for this article (as well as the meeting), I am reminded how thankful I am—how thankful OFPSA is.

First, thankful that you, AAFPRS members, support us in so many ways. Thank you especially for sending your staff to the meeting and encouraging them to attend. Thank you for making it easier on your staff by absorbing the costs. Thank you for listening to the creative ideas and pearls of wisdom that they will want to share when they return to your practice—and then hopefully implementing them into your practice.

I am beyond thankful for the doctors who have agreed to speak: Stephen Park, MD; Steven Dayan, MD; Sam Lam, MD; Jon Mendelsohn, MD; Sam Most, MD; Edwin Williams, MD; and Charlie Finn, MD. We appreciate your time—not just being on our program, but the time you have spent preparing your talk. Please peruse our program and you will see why the officers and me are thankful and honored to be associated with such a distinguished group as the AAFPRS!

And to our dear OFPSA members, I am grateful to you. We would not have these meetings if not for your attendance...your involvement...your commitment to OFPSA. I hope to see new members as well as established members—not only to share and learn from, but also to form friendships and encourage one another. ■

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The development office needs your assistance!  
Our goal is to have 200, "1887" members by December 31, 2015. We thank the following for taking the lead and becoming 1887 members.  
(List as of August 25, 2015)

**1887 Members**

- |                            |                             |
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| Jose E. Barrera, MD        | Deirdre Smith Leake, MD     |
| Benjamin A. Bassichis, MD  | Keith A. Marcus, MD         |
| Rami K. Batniji, MD        | Jon Mendelsohn, MD          |
| Daniel G. Becker, MD       | Philip J. Miller, MD        |
| William J. Binder, MD      | Harry Mittelman, MD         |
| Roman P. Bukachevsky, MD   | Mary Lynn Moran, MD         |
| Sydney Butts, MD           | Jeffrey S. Moyer, MD        |
| Patrick J. Byrne, MD       | Craig S. Murakami, MD       |
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| Yadro Ducic, MD            | Jessica M. Lattman, MD      |
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Cumulative cash gifts (between January 1 and December 31) that total \$1,000+ automatically enrolls you as an 1887 member.

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

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

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



## When is a filler not an injectable?

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# ALEXANDER CUNO EARNS CLAUS D. WALTER AWARD

**A**lexander Cuno, MD, of Geneva, Switzerland, earned the highest score on the June, 2015 IBCFPRS examination, administered in cooperation with the ABFPRS in Washington, D.C. Dr. Cuno's score was the highest score achieved to date by an international candidate and he will be honored with the Claus D. Walter Award for Academic Excellence at the AAFPRS Fall Meeting in Dallas this October.

Dr. Cuno achieved his top score as an IFFPSS fellow who took the examination after completing a facial plastic and reconstructive surgery fellowship in Perth, Australia, with Tuan Pham, MD. Dr. Cuno stressed that Dr. Pham's "happiness-centered business culture," pursuit of perfection in the care of his patients, and his dedication to each of his fellows, has provided Dr. Cuno with the opportunity to grow as a facial plastic surgeon and expand his commitments to the IFFPSS and the development of the specialty throughout Europe.

Now that Dr. Cuno has finished his IFFPSS fellowship, he has begun his own practice in Geneva and is also working as a facial plastic surgery consultant for the ENTOURAGE clinic in Lausanne.

"I extend my most sincere thanks to the IBCFPRS for granting me the Claus D. Walter prize," relates Dr. Cuno. "It truly is a great honor for me and I am proud to offer this to my mentor, Dr. Pham. I also have to express my gratitude to the Australian Academy of Facial Plastic Surgery for this opportunity."

"The IBCFPRS examination has been established to encourage applicants for certification to reach for and achieve the highest standards in our profession. That Dr. Cuno not only passed the examination, but achieved the highest score, is a testament to his knowledge and commitment to be the best that he can be. I am sure that



he will carry these characteristics forward in his career and in doing so will have an opportunity to improve the lives of many patients and also promote the advancement of our specialty," notes Peter A. Adamson, MD, IBCFPRS president. ■

The 2016 examination for international candidates will be given June 25-26 in Washington, D.C. To apply for IBCFPRS certification, please go to [www.iffpss.org](http://www.iffpss.org) and click on IBCFPRS for additional details and to download an IBCFPRS application.

## Academy Awards

Congratulations to the following members for receiving the Academy awards in 2015. These individuals will be recognized at the upcoming Annual Fall Meeting in Dallas on Saturday, October 3, 2015.

Community Service Award  
Craig S. Murakami, MD, Seattle, WA



DR. MURAKAMI



DR. CHATHAM

F. Mark Rafaty Award  
Donn R. Chatham, MD, New Albany, IN

John Dickinson Teacher Award  
David W. Kim, MD, San Francisco, CA



DR. D. KIM



DR. SHOCKLEY

William K. Wright Award  
William W. Shockley, MD, Chapel Hill, N.C.

John Orlando Roe Award - \$1000  
Sang W. Kim, MD, East Syracuse, N.Y.  
Paper: *Determining the Volumetric Threshold for Perception of Artificial Appearing Lips*



DR. S. KIM



DR. HU

Sir Harold Delf Gillies Award - \$1000  
Melissa Hu, MD, Houston, TX  
Paper: *Mesenchymal Stem Cells and the Production of Anti-inflammatory Cytokines in Post-Ischemic Cutaneous Flaps*

The Awards Committee would like to ask recent fellowship graduates to consider submitting your research papers for the Ben Schuster and Ira Tresley awards, as well as encourage medical student and resident application for the residency travel awards for next year's fall meeting. For more information on the AAFPRS awards or to nominate a colleague for next year's ceremonies, visit the AAFPRS Web site: <http://www.aafprs.org/research/awards/>.

## CLASSIFIED ADS

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

Our group of four board certified otolaryngologists and a doctor of audiology is looking to expand our practice. We are the oldest otolaryngology specialty group in Las Vegas, Nevada, established in 1972; and the only private practice that has received NCQA recognition west of the Mississippi.

We are looking for an enthusiastic, bright, ethical, well-trained specialist who has done a large number of cases during his or her residency and/or fellowship training. This opportunity offers a competitive benefits package.

Las Vegas currently has two medical schools and two more will admit their freshman classes in 2017. Las Vegas has approximately two million residences and the economy has again started a strong rebound from the national recession in 2008.

I look forward to speaking to you regarding this opportunity in Las Vegas. Please contact Ryan Miller at (702) 835-9755 or at [Ryan.miller@ohsinc.com](mailto:Ryan.miller@ohsinc.com).

Enclosed in this September/October issue of *Facial Plastic Times* is the Facial Rejuvenation Brochure.



# FACIAL PLASTIC TIMES

## SEPTEMBER/OCTOBER 2015

### 2015

SEPTEMBER 30  
COMMITTEE AND BOARD MEETINGS  
Dallas, TX

SEPTEMBER 30  
ESSENTIALS IN FACIAL PLASTIC  
SURGERY  
Dallas, TX

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

OCTOBER 28 - NOVEMBER 1  
\*1ST ANNUAL GLOBAL AESTHETICS  
CONFERENCE  
Miami Beach, FL  
Program Chairs: Renato Saltz, MD, and  
S. Randolph Waldman, MD

\*Endorsed by the AAFPRS Foundation

### 2016

JANUARY 20-24  
\*4TH BIENNIAL CARIBBEAN FPS  
UPDATE: A WINTER WARM UP  
MEETING  
Hilton Barbados  
Co-chairs: Stephen W. Perkins, MD;  
Capi Wever, MD; and Rami Batniji, MD

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

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

October 6-8  
FALL MEETING  
Nashville, TN  
Program Director: Phillip R. Langsdon, MD

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

Interested parties should contact Susan Sullivan directly at [Sullivan@williamsfacialsurgery.com](mailto:Sullivan@williamsfacialsurgery.com).

Facial Plastic Surgeon Partnership Opportunity, work in or buy in. Expanding plastic surgery private practice, gorgeous spa space, onsite accredited OR. Ideal combination of reconstructive and cosmetic. Collegiality and collaboration, assistance from PA, minimal call responsibility. Interest and experience with hair transplantation and social media desirable. Option for academic affiliation, resident teaching, micro-vascular reconstruction, and international mission trips. Westchester, Mid-Hudson Valley country living, beautiful estates, top notch schools, easy access to four season recreational activities, within one hour to New York City. Contact MT Abraham MD; [www.NYfaceMD.com](http://www.NYfaceMD.com), [info@NYfaceMD.com](mailto:info@NYfaceMD.com) with CV.

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