August 2018
Vol. 39, No. 6

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

International Symposium in Dallas Promises Something for Everyone

Sponsored by the AAFPRS and the International Federation of Facial Plastic Surgery Societies (IFFPSS), join your colleagues in Dallas, October 15-18, 2018, for the 12th International Symposium, "Transform Our World—Enhance Your Practice."



Course chairs John L. Frodel, MD; Mary Lynn Moran, MD; and Krishna G. Patel, MD, have developed a program that highlights the best practices and perspectives in rhinoplasty, rejuvenation, reconstruction, innovations, and technologies. They have also secured world-class speakers from more than 35 countries with many opportunities to network and learn from each other.

The four-day program offers several tracks. This allows attendees to customize and choose the topics and workshops that best meet their educational needs. The tracks include: congenital and craniofacial abnormalities, emerging technology, facial reconstruction, facial rejuvenation, minimally invasive and nonsurgical procedures, practice management, and rhinoplasty.

Interesting add-on courses and workshops include an injectable workshop, hands-on cleft palate course, hands-on microvascular anastomosis and virtual surgery course, and hands-on microtia course. Take note, a full-day business forum for physicians will take place on Sunday, October 14, the day of the committee meetings.

There will also be unique breakfast and lunch learning opportunities sponsored by industry. Benjamin A. Talei, MD, will present, "Enhancing Surgical Outcomes with Energy Based Solutions," at Monday's Breakfast Symposium (by Candela). The first Lunch and Learn Seminar, "How to Maximize the Medical Aesthetics Component," will feature Mark M. Beaty, MD (by Rohrer Aesthetics).

On Tuesday, William J. Binder, MD, will present, "Advantages of Facial Implants in Rhytidectomy," at the Breakfast Symposium (by Implantech Associates). Yael Halaas, MD, will present, "The Aesthetic Impact of Moving Hair," at the Lunch and Learn Seminar (by Venus Concepts).

Patricia Schneider, CFA, a senior portfolio manager at Middleton & Company, will present, "The Voice of the Fearless Girl" at the Women in Facial Plastic Surgery Luncheon on Tuesday. Ms. Schneider is passionate about helping women advance and create leadership opportunities in their professions. As a certified financial analyst (CFA), she volunteers her time as a mentor and educator. Her presentation will provide a high-level framework for women to understand the employment landscape and be empowered in light of gender inequalities. Attendees will learn strategies to support professional development, to position yourself for leadership roles, and to utilize tools within your practice or organization.

Also on Tuesday, Galderma Laboratories will host an evening reception and live demo, "The Art of Innovation: Introducing the Latest Advancements from Galderma." Join Keith Marcus, MD, and Jason Bloom, MD, for an opportunity to learn Restylane® Lyft and the supporting science, injection technique, study data, and practice implementation to

See Industry-Sponsored Events, page 5

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Joined at the Hip
The Symbiosis between the ABFPRS and the AAFPRS



"It was no coincidence, that fear could move a person to extremes, just as seamlessly as love. They were the conjoined twins of emotion: If you didn't know what was at stake to lose, you had nothing to fight for."
Jodi Picoult

Separate entities though they may be, the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS) and the American Board of Facial Plastic and Reconstructive Surgery (ABFPRS) are interdependent sister organizations; they complement and rely on each other. The AAFPRS was birthed in 1964, the year I graduated from high school. The early years were a struggle for recognition, first from the field of otolaryngology—and then within organized medicine. Those recognitions *were* achieved, and we *are* the recognized specialty of **facial plastic and reconstructive surgery**. Next came our brand—the AAFPRS slogan, "Trust Your Face to a Facial Plastic Surgeon." Today, more patients seek us out because we are masters of our specialty, not jacks of all trades. For 40 years, we grew and flourished. The times were heady and breathtaking. Somewhere around the turn of the 21st century, cracks started to form in the structure of the Academy. By the start of the Great Recession in 2008, growth stopped and the slow down settled in as our finances struggled, membership became stagnant, industry donations tightened, and exhibit halls did not fill.

In my second through sixth President's Messages in the *Facial Plastic Times*, I outlined how starting in 2014, the immediate past and current leadership unearthed the causes, implemented fundamental changes, and set the AAFPRS on the path to recovery and excellence once again. If you haven't, I urge you to read those messages. We are now in a far better place than we were four years ago. This is in no small part due to the herculean efforts of Mr. Steve Jurich, our EVP/CEO, over only the last 15 months. It takes a long time to turn an ocean liner around. We are under way and gaining speed. We are moving into the right direction more and more every day. Thank you, Steve!

The ABFPRS was established in 1986 through the vision and outstanding efforts of senior and junior fellows of the AAFPRS. Its purpose was to improve and standardize the quality of facial plastic and reconstructive surgery available to the public. Our certification has been challenged in many recognition battles at state legislative levels, but whenever those challenges arose, the ABFPRS prevailed and was deemed ABMS equivalent. The ABFPRS defended itself admirably through the efforts of its leadership and the guiding hand of counsel Tom Rhodes. Offering facial plastic surgery certification is the major objective of the ABFPRS, while maintaining the integrity of the application process and the psychometric validity of the exam. These formidable tasks are accomplished by dedicated diplomates who serve on ABFPRS committees and are guided by Laurie Wirth, our executive director of the ABFPRS, who is without equal. Laurie is strong, consistent, and has a steady hand in leading the ABFPRS every day and into the future. Thank you, Laurie!

1964, 1986—We are born!

I offered a brief outline of the genesis and evolution of facial plastic surgery in my July President's Message. As most of you know, these two years are the dates of our formal organization as a national academy and as a certifying board. Forward from 1964, the AAFPRS has been accepted into the ranks of organized medicine, and the ABFPRS has been recognized as an ABMS-equivalent certifying board in states such as California, Texas, and Florida.

It is of the utmost importance to understand why we can advertise, promote, and extol ourselves as **board certified facial plastic surgeons**. The advocacy of the AAFPRS has fought the battles locally in state legislatures to obtain legislative approval and recognition, which allows us to state who we are to the public and within organized medicine. As a result, the AAFPRS and its members hold seats on many of the national boards and state legislative bodies. Without the advocacy of the AAFPRS, we, as ABFPRS certified surgeons, may very well be saying, "Trust yourself to an otolaryngologist doing plastic surgery in the head and neck." That does not roll off one's tongue as well as, "Trust Your Face to a Facial Plastic Surgeon."

We have all worked hard and long to rise to the positions we hold in our profession. We sprinted through college, slogged through medical school, rose through residency, and soared in fellowship. And then we took the ABFPRS board exam and completed stringent certification requirements. We are board certified, a designation that each and every one of us takes great pride in, a designation we can shout from the rooftops without censure.

That privilege is earned not just through the ABFPRS certifying process. The AAFPRS loaned us the tools to reach the pinnacle of board certification. We would all be wise to remember that education in facial plastic surgery starts in residency and continues in fellowship programs sponsored and approved by the Education and Research Foundation for the AAFPRS. The AAFPRS also provides tools that offer a lifetime of continuing education for facial plastic surgeons by offering experiences through the LEARN portal, video library, the Annual Meeting, and the Advance in Rhinoplasty and the Facial Rejuvenation courses.

The American Board of Facial Plastic and Reconstructive Surgery was born over 30 years ago because of the brilliant foresight and steadfast dedication of the American Academy of Facial Plastic and Reconstructive Surgery. That steadfast dedication to protect and promote our specialty's certification continues via ongoing AAFPRS monitoring of upcoming legislation and regulations in state and national organizations. Legislative and regulatory challenges have, do, and will continue to arise at the state and national levels. On behalf of the ABFPRS, the AAFPRS funds legal representation to meet recognition challenges head on. Adverse legislation in one state could very well impact truth in advertising regulations for all ABFPRS certified surgeons. The membership dues of the AAFPRS funds the legal representation that protect ABFPRS certification as it continues to be recognized throughout the U.S. and Canada.

In closing, ABFPRS diplomates and AAFPRS members must remember that our specialty's survival depends on the ongoing strength and unity of both organizations—without one, the other will not be strong enough to stand alone.

"Unity is strength…when there is teamwork and collaboration, wonderful things can be achieved."

Mattie Stepanek



William H. Truswell, MD

A Call for Committee Volunteers

AAFPRS members have the unique opportunity to be more active and offer their services to the AAFPRS at the committee level. If you are interested in serving on a committee, please complete the form below and return it to AAFPRS by fax (703-299-8898) or by email (info@aafprs.org) on or before Monday, September 17, 2018.

Positions are expected to be available as current members fulfill their term of appointment. However, it is not possible to assure that everyone who applies will have a position. President-elect Phillip Langsdon, MD, will try to place interested individuals where they can make a difference.

Refer to the *2018 Membership Directory* for a list of committees (Academy on pages 9-11 and Foundation on pages 22-24) or visit www.aafprs.org/academy/committees and www.aafprs.org/foundation/committees.

Appointments will be announced in the fall. Thank you.

Name _____

Email _____

Please list the committee on which you would like to serve:

1st choice

_____

2nd choice

_____

3rd choice

_____

( ) No preference; any committee

FACE TO FACE UPDATE: HO CHI MINH CITY, VIETNAM 2017

October 8-13, 2017, four AAFPRS surgeons with FACE TO FACE participated in a Facial Plastic Surgery Review Course at the ENT Hospital and Cho Ray Hospital in Ho Chi Minh City, Vietnam. The FACE TO FACE team has been participating in the Facial Plastic Surgery Review Course since its start in 1999. This year, over 100 participants registered for the course.

The ENT Hospital serves over nine million people in Ho Chi Minh City alone and is dedicated to ENT and plastic surgery. The hospital treats about 3,000 patients per year in the plastic surgery department. There are 57 ENT physicians and three plastic surgery attendings at the ENT Hospital.

The FACE TO FACE trip was led by John "Mac" Hodges, MD, of Memphis, and Albert Fox, MD, of Dartmouth, Mass. Other team members included Philip Young, MD, of Seattle, and Kaete Archer, MD, of Melbourne, Fla. Several other surgeons including Eduardo Yap, MD, from the Philippines, also participated in the course.

The course began with clinic at the ENT Hospital to select surgical patients. We evaluated patients with a combination of reconstructive and cosmetic issues including cleft lip nasal deformity, augmentation rhinoplasty, Asian blepharoplasty, and eyelid ptosis. Over the next four days, we performed surgery in the mornings and presented facial plastic surgery lectures in the afternoons at the ENT Hospital. On the fifth day of the course, we were welcomed at Cho Ray Hospital, performed surgery, and gave several lectures to the ENT and plastic surgery departments. These surgeries included static repair for facial nerve paralysis, facial trauma, cleft lip nasal deformity, and reconstructive rhinoplasty. At both hospitals, the cases were streamed live into a lecture auditorium on closed circuit televison with two-way audio, allowing the audience to interact with the surgeons.

At the end of each day, our hosts shared Ho Chi Minh City with us. We enjoyed traditional Vietnamese food and wine, Vietnamese history and sight-seeing, visited the beach, and shopped at the Ben Thanh market. We were filled with inspiration, reward, and were extremely honored to be a part of this FACE TO FACE team.

After returning to the United States and reflecting on the trip, we decided that our favorite part was experiencing the camaraderie between our group and the Vietnamese teams. We enjoyed discussing surgeries and laughing around the dinner table. It is so much fun to come home with new tips and tricks that we learned from each other as well as from our Vietnamese colleagues! We look forward to our next trip in 2019; for more information, contact Karen Sloat via email at ksloat@aafprs.org.



Editor's Note: This article was written by Kaete Archer, MD, (seen here (left) with Dr. Hodges.



THE TEAM SEEN HERE INCLUDE (FROM LEFT) NGUYEN GIAP, MD; PHILIP YOUNG, MD; ALBERT FOX, MD; JOHN HODGES, MD; TRAN THUY, MD; KAETE ARCHER, MD; LE HANH, MD; AND NGUYEN HOANG BAC, MD.

India Teams Complete Four Separate Missions in One Month

During the month of January 2018, two separate FACE TO FACE teams visited four different sites in India, traveling to Ujjain, Indore, Jaipur, and Mumbai. The first team, Matthew Johnson, MD; Ryan Winters, MD; and Regina Rodman, MD, led teams at the Ujjain and Indore sites. The second team, led by Rahul Seth, MD, visited the Jaipur and Mumbai locations. Manoj Abraham, MD, oversaw both trips and was involved in all four locations.

In partnership with The India Project and Healing the Children Northeast, this two-team approach was employed for the second time, serving to alleviate the burden of cleft lip, cleft palate, and facial deformities in this region. The teams drew from volunteers across the country including Colorado, Illinois, Louisiana, New York, Pennsylvania, and Texas. Our teams were comprised of AAFPRS surgeons with a host of multi-disciplinary personnel, including OHNS/AAFPRS residents, pediatric anesthesiologists, CRNAs, pediatricians, nurses, technicians, coordinators, and speech and swallow therapists. This year, a medical tattoo artist accompanied

AND INDIA 2018

the trip. She provided services to camouflage and improve appearance of cutaneous depigmentation and other deformities.

In many cases, patients traveled for two to three days to obtain the expertise of the physicians and their team members. As with prior missions to India, the teams were enthusiastically greeted in all four cities. Although a snowstorm in the northeast disrupted flights and ultimately delayed the first team's arrival, nearly 500 patients were screened across the four sites, with 151 total surgeries reported to the FACE TO FACE database.

Surgical cases were primarily focused on cleft lip and palate care. Other conditions treated included several Tessier orofacial clefts, vascular lesions of the face, sequelae of nasal infection, facial burn scars, and other congenital defects of the nose and ear. Partnership with the local surgeon, Rahul Chhajlani, MD, allowed for the U.S. teams to undertake larger cases that involved close follow up and secondary procedures, such as the division and inset of interpolated flaps. Coordination with local providers at both sites has been instrumental in delivering quality care and ensuring post operative follow up.

Patient data was uploaded into the FACE TO FACE database, which is a web-based tool that allows for the tracking of patients to ensure appropriate follow up and care. On this particular trip, the database was utilized in recognizing returning patients from the previous year, allowing for quick retrieval of clinical information from prior visits. The resources provided by FACE TO FACE, Healing the Children, and The India Project, coupled with the generous efforts of dedicated volunteers continues to make AAFPRS trips such as this one successful.

The team is already planning for next year, with ongoing efforts





ABOVE: SEEN HERE WITH A YOUNG PATIENT IS RAHUL SETH, MD. BELOW: WORKING TOGETHER ON A PATIENT ARE MANOJ ABRAHAM, MD (RIGHT) AND SEAN ALEEMI, MD.

to expand patient recruitment and surgical care during the week. To get involved with charitable programs through FACE TO FACE, or to make a donation, please visit us online at www.aafprs.org. ■

Editor's Note: The India article was written by resident team members Jeffrey Cranford, MD, and Dr. Aleemi.

INDUSTRY SPONSORED EVENTS

From Cover Story, page 1

help patients achieve a complete look for both face and hand. This 90-minute workshop will feature the entire Galderma portfolio and include live demonstrations of face and hand injections.

Set aside the last night for an evening gathering with your colleagues. On Wednesday, the AAFPRS and the IFFPSS will host a reception to celebrate the collaboration of bringing this meeting together and for their long, successful partnership.

Register today for the 12th International Symposium and join physicians, medical experts, fellows, residents-in-training, medical students, nurses, aestheticians, and health professionals to collaborate, exchange ideas, discuss scientific research, and share best practices.

The agenda is enclosed in this issue of *Facial Plastic Times*. Latest updates to the program as well as housing and registration information, can be found on the Academy's Web site, under Meetings and Courses, www.aafprs.org, ■

COMMITTEE MEETINGS IN DALLAS

If you serve on an Academy or Foundation committee, please plan to attend the face-to-face committee meetings on Sunday, October 14, 2018. Your staff liaison will communicate with you directly regarding the agenda and room assignments. Meanwhile, here is a schedule-at-a-glance for all committee meetings.

6:45 a.m - 7:15 a.m.
Group VP and Committee Chairs

7:15 a.m. - 8:45 a.m.
ACPSE Fellowship Review
Membership/Residency Relations
Multimedia (and subcommitees)
Specialty Surgery

9:00 a.m. - 10:30 a.m.
FACE TO FACE
Fellowship Curriculum (until 10 a.m.)
Young Physicians

10:45 a.m. - 12:00 p.m.
(Joint) Research Committee and Evidenced-Based Medicine

11:00 a.m.-12:00 p.m.
CME
Emerging Trends and Technologies
Endowment Investment
Patient Safety, Quality Improvement, and Accreditation

12:30 p.m. - 1:30 p.m.
Women in Facial Plastic Surgery

12:30 p.m. - 2:30 p.m.
Fellowship

2:00 p.m. - 3:00 p.m.
LEARN
Public Information
Regulatory and Socioeconomic Affairs

PR Tips: Fall Marketing Makeovers

Do not rely on tired, old marketing campaigns this fall. Instead, hit refresh on the image of your practice and grow your patient population with these creative marketing and media engagement ideas.

September

Theme: Back to school events. The summer is over, and parents are counting down the days until school starts again. Plan an in-office, back-to-school breakfast or lunch for parents including prolific mommy bloggers. During the event, discuss the latest and greatest procedures and products that can help them look and feel their best this fall. Offer discounts on procedures booked and swag (including pens, adhesive cell phone wallets, or other useful items with your practice logo) for all attendees. While you are at it, hit up your media contacts and share the 411 on the latest treatments that can help mom and dad get fresh for fall.

Note that October 5 is World Teacher's Day. Consider collaborating with some local vendors and inviting teachers in for a teacher appreciation event including budget-friendly teacher makeovers.

Theme: Slough off summer skin damage. Consider an infographic or social media campaign on the top ways to get rid of summer skin damage from lasers and chemical peels to skin lighteners. Let the media know what solutions exist and how they can help rejuvenate skin while lowering skin cancer risk.

Tip: Make sure your media list is up to date. Local contacts can be especially important for pitching evergreen stories. Keep your eyes open for ideas.

October

Theme: #Worldsmileday. October 7 is World Smile Day. Offer an in-office primer on lip enhancement from plumpers to lifts, with a make-up artist on site to share some red-carpet secrets. Create an event hashtag, invite guests to take photos, and ask everyone to share on social media.

Tip: There are hundreds of other fun days with hashtags that can be used for festive, in-house events and robust social media campaigns.

Theme: Give back. October is Domestic Violence Awareness Month. AAFPRS members offer pro bono consultation and surgery to eligible individuals through FACE TO FACE: The National Domestic Violence Project. Get involved in your area and consider donating a set percentage of the month's profits to helping these individuals.

Theme: Meet and greet. Invite local media and influential bloggers for an informative lunch and learn. Discuss the highlights from your time at the AAFPRS Annual Meeting in Dallas, October 15 - 18, 2018.

Tip: Let your contacts know you will be in Dallas in case they are covering any stories or would be interested in a recap. You could blog about what you have learned or add new pages to your Web site if you will be incorporating new techniques and treatments to your existing menu of services. If you are speaking or presenting at the conference, let your media contacts know.

November

Theme: Healthy skin. November is National Healthy Skin Month. Plan social media posts around this overarching theme; mix educational posts on building blocks of healthy skin and surprising skin saboteurs with specials on skin rejuvenation techniques. Many of the educational posts can be expanded for blog posts to maximize your reach.

Theme: Free skin analysis. The VISIA® Complexion Analysis System can help convert consults to procedures and create loyal skin care customers. Consider offering a free analysis or discounts for the month of November; then ask patients to come back after they have tried a new treatment or skin care line to show them the results beneath the surface. This will keep them coming back again and again.

Theme: Asked and answered. At a cocktail party, cosmetic doctors are always in high demand. Everyone wants their ear and their insights; use this to your advantage. Invite media and VIPs for a 30-minute rap session where they can ask you anything about facial plastic surgery. Serve wine and cheese and offer discounts on procedures booked. As a value add, develop content, e.g., blog posts, for the top questions. ■

This column was provided by the Academy's PR firm, KELZ PR.

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

CLASSIFIED AD

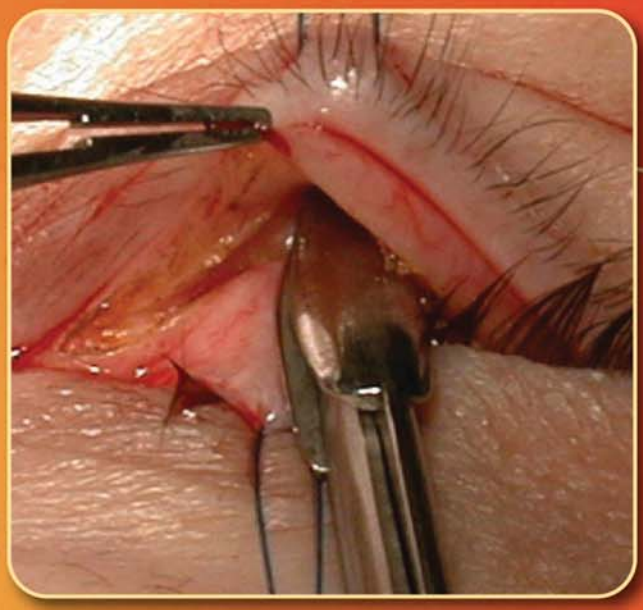
Oculofacial plastic surgery practice for sale in Bellevue, WA

Tremendous opportunity for facial plastic surgeon to purchase busy, well established oculofacial surgery practice in one of the most affluent and desirable communities in the U.S. Superb reputation, 100 percent cosmetic practice built over 20+ years with database of over 11,000 patients.

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Visit the AAFPRS Video Learning Center in the Exhibit Hall at the 12th International Symposium of Facial Plastic Surgery in Dallas

Featuring over 275 Vdeos from the John Dickinson Memorial Library



NEW RELEASES

Live Injection Demonstrations Part I (filmed at the Facial Rejuvenation Meeting April 2018)
Moderator: Jonathan M. Sykes, MD; Injectors: Steven H. Dayan, MD, and Julius Few, MD

Live Injection Demonstrations Part II (filmed at the Facial Rejuvenation Meeting April 2018)
Moderator: Alexander Rivkin, MD; Injectors: Otto Placik, MD; Landon Pryor, MD; and Michael Somenek, MD

Practice Management and Pearls Series (filmed at the Facial Rejuvenation Meeting April 2018)
Led and facilitated by Steven H. Dayan, MD

Vertical Vector Extended Deep Plane Facelifting Incorporating Four Key Facial and Neck Ligament Releases with Adjunctive Fat Grafting, Lip Lift, and SMAS Lip Augmentation
By Andrew A. Jacono, MD

Transcutaneous Skin-Muscle Flap Lower Lid Blepharoplasty with Fat Transposition
Stephen W. Perkins, MD

Endoscopic Forehead Lifting Using Multiple Myotomies for Excellent Long-Term Forehead/Brow Aesthetic Results
Stephen W. Perkins, MD

Full Facial Fat Grafting—Mastering the Technique
By Bruce W. Van Natta, MD

Secondary Rhinoplasty Using Costal Cartilage and Micro-fat Infused Soft Tissue Augmentation
By Dean M. Toriumi, MD

Streaming Videos Now Available for Purchase via LEARN
www.aafprs-learn.org
Don't forget to check out the "free viewing" streaming videos for members before you make your purchase.

There are over 275 titles in the library that include office visits, live surgery, live demonstrations, cadaver labs, and lectures. A growing number of videos are available via streaming through the LEARN portal. A sample list of these streaming videos are listed here. All videos are still available in DVD format.

Upper Lid and Transconjunctival Lower Lid Blepharoplasty with Fat Pad Repositioning
Stephen W. Perkins, MD

Cosmetic Upper and Transconjunctival Lower Blepharoplasty with Skin Pinch
Peter A. Adamson, MD

Upper Lid and Modified Transcutaneous Lower Lid Blepharoplasty
E. Gaylon McCollough, MD

Upper and Lower Lid Blepharoplasty with a Skin Muscle Flap Suspension Technique to the Lower Lids
Stephen W. Perkins, MD

Direct Browlift
Peter A. Adamson, MD

Endoscopic Forehead Lift
Peter A. Adamson, MD

Bi-Plane Forehead Lift
Shan R. Baker, MD

The Pretricheal Forehead/Brow Lift
E. Gaylon McCollough, MD

Endoscopic Forehead with Mid Facelift
Vito C. Quatela, MD

Deep Plane Facelift and Four Lid Blepharoplasty
Norman J. Pastorek, MD

The Deep Plane Facelift: A Case Study
Peter A. Adamson, MD

Combined Temporal and Lower Eyelid Approach to the Midface Lift
Stephen W. Perkins, MD

Deep Plane Facelift with Forehead Lift and Blepharoplasty
Calvin M. Johnson, MD

Tri-Plane Rhytidectomy
Shan R. Baker, MD

Temporal-Parietal Flap for Frontal Alopecia, Patient B
Daniel E. Rousso, MD

Submalar and Malar Augmentation
William J. Binder, MD

Autologous Fat Grafting - Facial Rejuvenation
Thomas L. Tzikas, MD

Perioral Rejuvenation
Ross A. Clevens, MD

Injectable Neuromodulators
Corey S. Maas, MD

Cosmetic Otoplasty
Peter A. Adamson, MD

Deviated Nose with Dorsal Hump
Dean M. Toriumi, MD

Over-Projected Nose with Chin Augmentation
Dean M. Toriumi, MD

Primary Rhinoplasty with Dorsal Hump Reduction and Tip Rotation
Vito C. Quatela, MD

Primary External Rhinoplasty Showing Osteotomy Detail
Russell W. H. Kridel, MD

Primary Rhinoplasty
Dean M. Toriumi, MD

Primary Rhinoplasty: Endonasal Technique
Norman J. Pastorek, MD

Delivery Flap Approach for Double Dome Tip Rhinoplasties, Patient A
Stephen W. Perkins, MD

TCA and Jessner's Peel
William H. Beeson, MD

Facial Plastic Surgery Today: Fall Issue Highlights the Importance of Trust

Your current and potential patients will appreciate your efforts in providing them with authoritative and understandable information on the latest techniques, trends, and procedures in facial plastic surgery. The fall issue of *Facial Plastic Surgery Today* will cover the number one concern patients have when considering surgery—i.e., trusting the surgeon—as well as ultimate lips, HydraFacials, knitted laser fabric, selfie tips, and facial reconstructive surgery considerations.

Forty percent of patients say finding a doctor they can trust is their number one consideration, according to the AAFPRS recent survey; other top concerns include looking unnatural (33 percent), cost (10 percent), recovery time (nine percent), and only one percent of patients tell their doctors that pain or discomfort is their top worry. The cover article, "Patients Consider Trust Most Important," will discuss how to evaluate physician reputation and board certification. Additionally, patients will be reminded to select a board-certified surgeon who specializes in plastic surgery of the face, head, and neck before undergoing cosmetic surgery.

The inside article, "Ultimate Lips: Add or Take Away?" will capitalize on the recent buzz around Kylie Jenner's removal of her lip filler. Patients are wondering what they should or should not be doing to enhance their lip area. The article will explore the options of adding or removing implants and fillers, with the optimal goal of achieving an improved, natural result.

The "Ask the Expert" section explains what a HydraFacial is and who might be a suitable candidate for the treatment. While it is an effective, yet gentle resurfacing treatment for those with sensitive skin, patients are encouraged to come in for a complete skin evaluation and recommendation.

The "What's New?" features a wearable laser fabric that treats acne, psoriasis, and other inflamed skin issues. A photosensitizer cream is applied, wrapped with the fabric, and then treated by the laser. The laser fabric speeds up the reaction between oxygen and the cream beneath the skin, improving unwanted skin conditions with little side effects.

The "Health Tip" gives practical selfie tips that your patients will want to try immediately, such as angle the camera above the face and direct downward.

After trauma, surgery, or illness, the face can be affected both in appearance and in function. Facial plastic surgeons have the experience and ability to reconstruct facial structures for a return to full functionality and comfort with one's outside appearance. The final article, "Considering Facial Reconstruction," will review the most common reconstructive procedures: cleft lip and cleft palate, scar revision, nose reconstruction, Mohs reconstruction, and ear revision.

Customize the newsletter with your practice information and send to referral sources, add to your Web site, and offer as a takeaway at consultations. Refer to the enclosed subscription form included in this issue of *Facial Plastic Times* for details. ■



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Message from the Medical Editor: Sfumato, The Art



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

"Where the spirit does not work with the hand there is no art." — Leonardo da Vinci

From 1503 until the ending days of his life in 1519, Leonardo da Vinci continued to add to the oil brushed painted representation of a 24-year-old mother of two and wife of a prominent silk trader, Lisa del Giocondo, or better known to all of us as the "Mona Lisa."

One of the most celebrated works of art the world has ever known has shared wall space in the Fountainbleau, Versailles, and even once hung in the bedroom of Napoleon. After stolen in 1911 by an Italian nationalist who felt it deserved a home in Italy, it was recovered and returned to the Paris Louvre Museum where it has resided ever since. It is arguably one of the most engaging manmade creations to ever grace the face of the earth and also one of the most valued.

Today, its estimated worth has been placed over $800 million. But what exactly makes this portrait so famous and why? It was a question my 10-year-old daughter, Noa, posed to me as we stood in line. I was embarrassed to say I was not entirely sure. Interestingly, once we finally got to see it, she was spooked, and we quickly exited…that perhaps was my first hint into the mystery of the "Mona Lisa" and the genius of Leonardo.

To better answer my daughter's question, I thought it best to explore the man who painted it. I recently finished a biography on Leonardo by Walter Isaacson, who takes a deeper dive beyond the prefrontal cortex to the inner working of a genius mind. We often get stuck on Leonardo's famed, "Vitruvian Man," and his mastery of divine proportions. But to truly appreciate Leonardo's brilliance is to look beyond the obvious. Leonardo had an insatiable curiosity to understand not only the physical properties and mechanics of the natural sciences, but also how they engaged with the human element. Leonardo feared not challenging conventional wisdoms nor upsetting the cannons of acceptable knowledge. And his unique ability to illustrate how a bird's wings leads to lift is paralleled by his demonstrations of how human anatomy expresses emotions.

His lifelong devotion to the mastery of form, function, and meaning unify in the "Mona Lisa." She appears to be in motion as if she just sat down and is about to swing to the right. Her hands gently in her lap reveal a brief moment of satisfaction that the observers know will not last; the background leaves a surreal almost fantastical impression, but it melts into her being as if reality and dream are one in the same. But it is the intricacies in her face where the painting really separates itself from all others. Her eyes famously follow you around the room regardless of where you stand. Leonardo was not the first to do this but his level of detail in the irises is unmatched by others. In fact, one pupil is slightly larger than the other. Whether she exhibited anisocoria like 20 percent of the population or it is the manner in which the light from the foreground sun is hitting one pupil more so than the other. Regardless, you cannot help but be subconsciously impacted by her gaze.

Then there is the smile. Perhaps the most famous smile in the world, or is it a smile? Walter Pater, an English writer, commented that Mona Lisa's smile holds an "emotional ambiguity," revealing first a "promise of an unbounded tenderness," but soon after also a "sinister menace." According to Harvard neuroscientist, Margaret Livingstone, her smile flickers depending on where your eyes are looking. When looking directly at her mouth, its image falls on your fovea and she appears to not be smiling; but when your peripheral vision interprets her expression by processing the information from the shadows of her cheeks and lips, she conversely seems to be smiling. It seems Leonardo, a master of light optics and facial anatomy, engineered this conundrum to tease and disrupt his viewer.

Forensic evaluations of the mouth reveal multiple layers of paint and a technique of painting that obscures where the mouth starts and where it ends. In other words, the mouth blends into the cheek and lips just as the deeper layers of muscle, dermis fat, and connective tissue blend into surrounding soft tissues of the face. Leonardo so well understood this relationship, and to properly represent this tenet of reality required a shift in technique and philosophy, known as sfumato. "Sfumato," an Italian word meaning smoke, is also used to describe a technique of blending.

What can aesthetic physicians learn from sfumato and a 16th century painter?

Leonardo's contemporaries were unambiguously delineating facial features, subjects, and objects within a painting leading to perfectly defined supra-reality representations of a human face. But Leonardo, in contrast, attempted to capture the reality and essence of the humanity by blurring the transitional zones between the facial features. And like most perfectionists, he was never satisfied in his ability to perfectly capture the intangible gift granted by the prime mover—perhaps why he famously left so many works undone. Yet in the "Mona Lisa," he has delivered to

human kind a representation of the living soul that far surpasses the inanimate productions common to many others. We are not quite sure if Mrs. Giocondo was smiling, smirking, doubting, or mocking. But that is not what teases the collective subconscious; rather, it is her gamut of emotions in motion that leaves us dynamically perplexed. This is not too far off from what we experience in one another at any moment.

Humans rarely express at the extremes; rather, emotions and expression are moment to moment blends reflecting waves of feelings. Faces that statically express an extreme—whether a smile, grimace, or frown—project an unnatural ingenuine impression. And if the stone-like facial features are further bathed by a stark contrasting light, a face assumes a frightening appearance. Unlike other artist who were unmistakably defining facial features, Leonardo, a masterful scientist and anatomist, realized that facial features are best appreciated when recognizing their relativity to surrounding features. There is a harmonious balance between the eyes, nose, and lips, just as there is between emotions, expression, and anatomy. And a smile or a frown in isolation has no meaning. Eyes that complement the lips and blend into the cheeks enables a face to tell its story. And this is where we come in.

Traditionally, western medicine, aesthetic medicine in particular, has been taught from a narrowed perspective of individualized systems or features. Specialties are defined by areas treated, e.g., urology, ENT, ophthalmology, nephrology, dermatology, etc. Aesthetics, book chapters, and conferences are sectioned by features of the face. Scales used for FDA approval are based on efficacies limited to one area of the face. We force ourselves to look at a face as if made up by individual components. And when we treat one area of the face without taking into consideration a nearby feature, the face assumes an out of balance appearance. It is no wonder we are troubled by unnatural outcomes.

Even if the horizontal plane of facial features is respected within the context of its surrounding features, Leonardo showed us that the way light bounces and shadows bathe a surface is only but an inverse reflection of the vertical layers that lie below. It is not solely the dermis, fat pads, muscle, or bone, but the layering of all these tissue that gives depth to an appearance.

Where we learn the most from Leonardo's genius is when we appreciate how he used Mrs. Giocondo's facial anatomy as a vehicle to bring forth the sweet emotions of her soul. Leonardo did not just understand the anatomy, the layers of tissue, and the light shadow effect, but he was a master at blending components of humanism with its physical manifestations to birth life. You cannot help but be curious, to want to talk with Mrs. Giocondo to understand her. We are attracted to her. And while she may not be the most beautiful Florentine woman, she certainly is the most captivating.

As plastic surgeons who alter faces, we are students of anatomy and science. But it is important to realize that facial features do not exist in isolation. When we treat a nasolabial fold, we are impacting the lips; and when we alter the nose, we are influencing the eyes. Each facial feature works in concert with one another to deliver a harmonious and genuine interpretation of a person. And when a feature is treated in isolation and out of context to its balancing features, a cognitive dissonance ensues. It is when we use sfumato philosophy and technique to merge facial anatomy, expression, and emotion, that we unveil the authentic. ■

As we enter the latter months of the 2018 membership year, your membership status will take on new significance. Did you know that your membership must be paid and current for you to vote in the upcoming leadership elections? Additionally, registration is now open for the 12th International Symposium of Facial Plastic Surgery. To take advantage of preferred registration rates, your membership needs to also be current.

If you have received a notice indicating your dues payment is still outstanding, please take a moment in the coming week to make your payment via the "Renew AAFPRS Membership" link at the top of the AAFPRS Web site, www.aafprs.org.

Feeling social? We are pleased and excited to announce the AAFPRS LinkedIn group has been re-activated. Take a moment to join or "follow" the group next time you log in to your LinkedIn account. You will be able to find topical news stories, member news, AAFPRS updates, and more. It's a great forum to network and stay in touch with your peers and your profession.

New position? New office? New home? It is an exciting time of the year for Academy members. It is important that we have your current contact information in our records in order to communicate with you. We will also begin preparations for our *2019 Membership Directory*. If you have experienced a change in your email, telephone, or mailing address, please visit the Academy's site, www.aafprs.org, Members Only section, and log in to your member record as soon as possible to update your information. If you are not able to log in or if you have any questions about your membership, contact the AAFPRS director of member relations at the Academy office, Leigh A. McGuire at lmcguire@aafprs.org. ■

2019 GRANTS AND SCHOLARSHIPS

Are you interested in conducting research to further the specialty of facial plastic and reconstructive surgery? If so, please take a moment to learn more about what our Foundation offers members to support research endeavors.

AAFPRS Foundation Grant Announcements for 2019

The Educational and Research Foundation for the
American Academy of Facial Plastic and Reconstructive Surgery
is pleased to announce the available grants and scholarships for the 2019 funding year.

BERNSTEIN GRANTS

Leslie Bernstein Grant
A $25,000 grant may be awarded annually to an Academy member.

Leslie Bernstein Resident Research Grant
This 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
One, $15,000 grant may be awarded each year.

Applicants for the Bernstein grants must submit a Letter of Intent to Centralized Otolaryngology Research Efforts (C.O.R.E) by **December 15, 2018,** and their proposals for review by the C.O.R.E. by **January 15, 2019**. Visit www.entnet.org/CORE for information on the application process.

CLINICAL RESEARCH CENTER GRANTS

AAFPRS Research Scholar Award
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.
All applicants must submit a Letter of Intent online through C.O.R.E. by December 15, 2018.
All additional materials must be submitted online to C.O.R.E. by January 15, 2019.
Visit www.entnet.org/CORE for information on the application process.

AAFPRS Clinical Research Scholarship
Each scholarship will be for $15,000 and is intended to fund education in clinical research.
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, 2019.

Wally K. Dyer Clinical Investigation Award
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, 2019. Deadline for the AAFPRS Fall meeting is July 1, 2019.

To learn more about any of those grant and scholarship opportunities, please visit www.aafprs.org/research/researchcenter or contact Karen Sloat at (703) 650-9226 ksloat@aafprs.org .

Tips for Hiring the Right Staff

By Donna Fay, OFPSA President



Hiring the right staff can be difficult. Onboarding the wrong team member can easily cost you hundreds of thousands in practice revenue not including the opportunity cost. The right team member knows the practices core values and lives them each and every day. The goal is to attract and develop the best possible talent in your community and work together to meet your practice objectives.

Below are five tips for finding the right talent for your team.

1) Build a strong brand for the practice. You might overlook this, but the strength of your brand is most likely your strongest recruiting tool. Make sure your Web site, social media and online content is congruent to the practice branding. People want to work for the best, make sure your online presence reflects that.

2) Make sure the candidate shadows for a day or two so he or she can experience a "day in the life" of the practice. This is an opportunity for you to spend more meaningful time with the candidate.

3) Improve the interview process. Have a layered interview process that includes a first line employee, manager, and the physician. Conduct the interviews on different dates, as anyone can knock it out of the park on one day. By asking them to come in two to three times, it also gauges his or her level of interest and engagement.

4) Check out their social media profiles. Disclaimer: Only ask for social media profiles if they are public. This is a bit of a tough subject. People can certainly have their social lives; however, at the very least, cross reference LinkedIn profiles to make sure they correlate with resumes.

5) Ask for at least three references (one of which includes a former employer). It is critical to reach out to people who worked with your candidate or are at least willing to vouch for them.

Incorporate these tips when hiring in order to get the best candidate for your practice.

Tips like these and more will be offered to you at the OFPSA Annual Meeting in Dallas, October 15-18, 2018. Make sure you register by the early bird deadline of September 6 to save $200. Visit the meeting site, www.aafprs.org/international, to register and to view the OFPSA four-day program. ■

Enclosed in this August issue of *Facial Plastic Times* are the 12th International Symposium of Facial Plastic Surgery Brochure and FPST Subscription Form.

Facial Plastic Times August 2018

2018

AUGUST 3-5
*PORTLAND RHINOPLASTY COURSE
Portland, OR
Co-chairs: Tom D. Wang, MD; Michael Kim, MD; and Myriam Loyo, MD

OCTOBER 15-18
12TH INTERNATIONAL SYMPOSIUM OF FACIAL PLASTIC SURGERY
Dallas, TX
Co-sponsored by the International Federation of Facial Plastic Surgery Societies (IFFPSS)
Co-chairs: John L. Frodel, Jr., MD; Mary Lynn Moran, MD; and Krishna Patel, MD
(OCTOBER 14, Physician Business Forum and Committee Meetings)

2019

APRIL 4-7
Advances in Rhinoplasty
Orlando, FL
Co-chairs: Fred G. Fedok, MD; Oren Friedman, MD; and Brian J.K. Wong, MD

MAY 1-2
AAFPRS Spring Meeting
in conjunction with COSM
Austin, TX

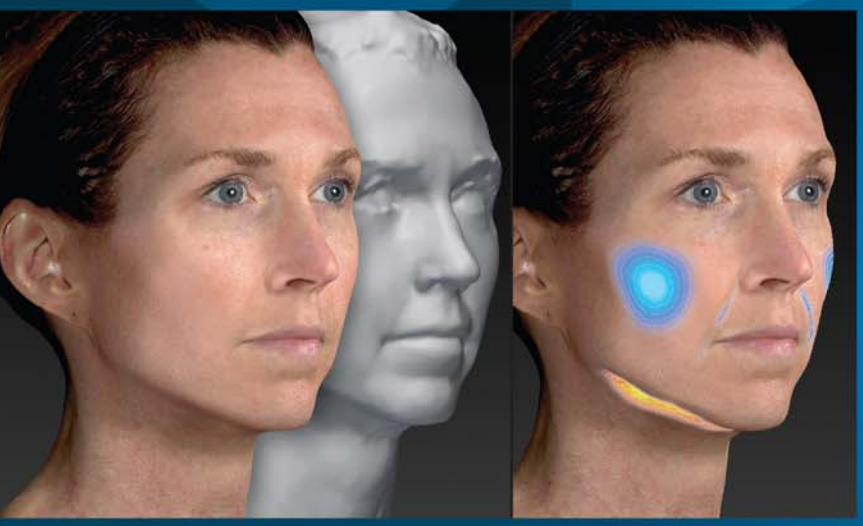
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