March 2018
Vol. 39, No. 2

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

Chicago Hosts Facial Rejuvenation Meeting



Join your esteemed colleagues in Chicago, April 12-15, 2018, for Facial Rejuvenation: Master the Techniques. The Planning Committee and Advisory Board have secured renowned experts to share their methods, procedures, and personalized approaches. Not only will you receive exemplary training, but there will also be several opportunities for participants to interact and share with multidisciplinary faculty.

Many interesting and engaging sessions will cover the gamut of the latest techniques and procedures for browlifts, facelifts, implants, blepharoplasties, combination surgeries, laser resurfacing, skin tightening, filler injections, and more.

A breakout session on practice management will share how to grow your practice by 20 percent, meet prospective patients' needs, address legal issues, simplify human resources, and handle lifestyle choices.

See Prerecorded Surgeries, page 8

Trends Released: Selfies Remain Powerful, Up 13 Percent

The annual AAFPRS member survey results for 2017 are out, with few surprises. From selfies and prejuvenation to rhinoplasties and combination treatments, consumers continue to embrace their options to look and feel their best. Overall, the average number of procedures performed by members has increased 25 percent since 2012.

For the third consecutive year, "selfie-awareness" is a driving factor for patients to seek your assistance. Fifty-five percent of facial plastic surgeons saw patients who want to look better in selfies, which is up 13 percent from 2016. As the trend continues to gain steam, it is transforming the facial plastic surgery industry.

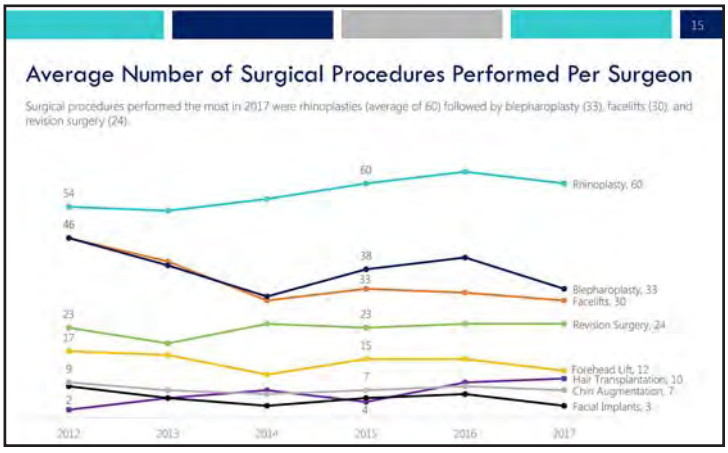
People have become more open about sharing their enhancements, aesthetic edits, and the road to renewed self-confidence. "More and more of our patients are using social media as a forum to gain a sense of solidarity when undergoing a major, potentially life-changing procedure. Consumers are only a swipe away from finding love and a new look, and this movement is only going to get stronger," says William H. Truswell, MD.

The tables are turning on what it means to look and to feel great, with a focus on health, vitality, and empowerment. This "prejuvenation" shift is creating a generation of educated consumers who are taking control of the aging process. More than half (56 percent) of our members saw an increase in cosmetic surgery or injectables with patients under age 30 last year.

This emerging segment is knowledgeable about high tech skincare and sun prevention and starts with facial injectables before they turn 30. "As more millennials come of age and gain disposable income for aesthetic treatments, our members have seen steady growth in the demand for cosmetic procedures," says Dr. Truswell.

Regardless of treatment, a natural-looking outcome is paramount for patients, with 33 percent stating a fear of looking unnatural as their top concern.

See Prejuvenation, page 8



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310 S. Henry St., Alexandria, VA 22314;
Phone: (703) 299-9291; Fax: (703) 299-8898
E-mail: info@aafprs.org; www.aafprs.org.

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Inclusion and Diversity in the AAFPRS



"Isn't it amazing that we are all made in God's image, and yet there is so much diversity among his people." - Desmond Tutu

We are on the map. We are well positioned in the smaller sphere of organized medicine and the larger universe of the public and the world. We are the face of and de facto representative of facial plastic surgeons in the United States and our specialty; thanks to our International Federation of Facial Plastic Surgery Societies partner, it is growing around the world.

As your elected representatives, we strive to promote and advance the core elements of the AAFPRS, which was formalized as our representative body over half a century ago. In the past, the core elements of our specialty's goals have been to educate, advocate, support research, work with industry, and sponsor medical missions in needy corners of the world. We have refined and expanded those goals over the course of five decades to meet the evolving demands of the science and technology. But, alongside our evolution, the culture mores, folkways, and appearance of western society have all changed, grown, and expanded. Have we?

In my message in the last issue of *Facial Plastic Times*, I discussed the challenges we uncovered in the Academy's office, structure, and culture; and how, under the new leadership of Steve Jurich, we have experienced tremendous improvements in these areas. We are a very proud organization—proud of our educational opportunities, of our research, and proud of the work we do. Now, however, I think it is time for us to turn inward and examine who we are and who we represent.

For some time, there has been an undercurrent of dissatisfaction with the way our meetings, courses, and symposia are presented. Attendees have talked openly and written in evaluations of too often seeing the same speakers, hearing redundant lectures, even viewing the same slides. There has been a growing desire for fresh faces, new outlooks, and a broader representation of the membership at the podium. Membership has dropped, in part, as the meetings have seemed as "more of the same" and other options for obtaining CMEs became available elsewhere. Two years ago, we sought to address this concern by creating a new meetings director position and appointed Phillip Langsdon, MD, to this post in 2015. We also hired Ada Phillips as our new director of meetings and CME. Ada is a full time, in-house AAFPRS employee.

For over two years, Dr. Langsdon, now our president-elect, worked with meeting and course chairs to expand the number and diversity of contributors at these events. This was not an easy task at first, but gentle persuasion and persistence paid off. The reviews of recent meetings have been increasingly enthusiastic. Our last Annual Meeting was a resounding success and highly praised. This was in great part due to the wide range of topics, presentations, and, very importantly, the diversity of speakers at the podium. For present and future meeting planning, we have taken Verna Myers quote to heart: "*Diversity is being invited to the party, inclusion is being asked to dance.*"

So, who are we? Who do we represent? Our Academy is more diverse than it has ever been—and that is a strength we need to fully harness!

Our members range in age and experience; and during any course, you can run into surgeons who have been in practice for only one year

and you can share tablespace with surgeons who have been in practice for 50 years. That is a testament to our specialty's dedication to mentoring younger generations and cherishing older ones. We enjoy diversity of religion, gender, and ethnicity. Practice settings include academic and university-based, large multi-specialty groups, private groups, and solo practices. We must understand these dynamics and embrace this wonderful group for their different experiences.

Over the last few years, the Academy and the Foundation began strategic assessments of our structure and mission. We are now undertaking important engagement initiatives to better involve members over the entire, diverse spectrum of the membership in all aspects of the Academy and the Foundation. As an early result of these efforts, we initiated steps in the last two Annual Meetings with the appointment of program chairs to work with the meeting director, Dr. Langsdon, to handle things differently than in the past. They engaged a significant diversity of members inclusive of all ages, genders, and ethnicities. The outcome of these efforts met with great success. That it is important to leverage this diversity and inclusion from newer members to the more seasoned and skilled surgeons in our educational efforts, meetings, and conferences was born out in our meeting in Phoenix this past fall.

Tapping into the knowledge and expertise of the different generational cohorts within the membership is essential for sustaining and ultimately growing the membership. The older members helped to forge the specialty, facial plastic and reconstructive surgery, and its Academy, in the early days. They were critical in differentiating our clinical capabilities from those of plastic surgery, in both the operating room and in the state legislatures. Now, the younger members are poised to help us better leverage new technologies and social media platforms to deepen our abilities and patient outreach in new and evolving ways.

In my first presidential message, I urged all members to send me ideas for the enrichment and improvement of the Academy A number of you have done so and we are working to strategize these suggestions to the betterment of our organization. I also reached out to the younger members to join committees, submit an abstract for a presentation, or participate in the workings of the AAFPRS. A number of you have responded enthusiastically.

At the Annual Meeting this past October, I attended the Women in Facial Plastic Surgery Committee and the Young Physicians Committee meetings. I was delighted to experience the energy and enthusiasm of these two groups. They are excited to participate and to be active AAFPRS members contributing in every way possible. This is a strong affirmation that the Academy's strategic initiative of diversity and inclusion is very much on target. We will continue our efforts for enhanced engagement with all existing members and potential members based on their unique needs across the membership lifespan and spectrum.

We are not Jacks of all trade. We are the master of one—facial plastic surgery! Today, we start creating our future. We have been elected to this role. Today, we start embracing that role, pushing up our sleeves, putting our minds together, and righting this ship of ours—fueled by the strength of our indispensable diversity.

"Diversity is the magic. It is the first manifestation, the first beginning of the differentiation of a thing and of simple identity. The greater the diversity, the greater the perfection." - Thomas Berry





William H. Truswell, MD



By Jason Bloom, MD, Chair, Emerging Trends and Technologies Committee

It is an honor to serve as chair of a committee I am passionate about, the Emerging Trends and Technologies Committee of the AAFPRS. This is a very exciting time for facial plastic surgery and aesthetic or cosmetic medicine. The market continues to grow by leaps and bounds each year and facial plastic surgeons are at the forefront of innovation, clinical practice, and research with respect to this industry's growth. It is increasingly important for facial plastic surgeons to continue to work with trusted industry partners to support both our research and clinical efforts because industry's novel technologies and innovations are fueling advances in the profession.

Emerging trends in facial plastic and reconstructive surgery are occurring in three main categories: (1) injectable therapies, (2) energy-based devices, and (3) improvements in surgical procedures and ancillary treatments. Accordingly, I would like to open a dialogue via this forum in each of these areas.

First, with respect to injectable therapies, the entire market will continue to expand with the introduction of new hyaluronic acid fillers and new indications for previously approved fillers, both of which are occurring in 2018. Also, new neuromodulators are in the pipeline that may be different from current offerings and bring about improvements in the field. One of my goals is for this committee to evaluate these new fillers, injectables, and indications and report back on their particular characteristics, benefits, and potential areas of concern. Ideally, this group will have regular emerging trends updates by AAFPRS members in the *Facial Plastic Times* and presentations at the Annual Meeting. The goal is to give our members expert information, so that they can make informed decisions about whether or not to adopt these new technologies or techniques into their practices.

Second, with respect to lasers and energy-based devices, technology is also moving at a rapid pace. In 2018, we are seeing second generation resurfacing systems that are producing great results with less downtime, as well as new entrants into the space. Some examples of these include combining microneedling with energy to treat soft tissue laxity and acne scarring and percutaneous energy-based devices to tighten down the neck and jowl soft tissue. The results from these procedures are excellent, which I previously would never have thought possible without surgery. I am hopeful this group will provide thoughtful comments about the myriad of devices, including the extent to which they are attracting new patients to practices and their return on investment. Along the same lines, I hope this group will discuss and publish tips for buying and leasing capital equipment.

The third group of emerging trends that I mentioned—improvements in surgical procedures and ancillary treatments—is more of a "catch-all" for any and all types of other new innovations. Perhaps it is a new technique in the operating room, a new implantable device to help patients breathe, or even something that you have implemented in your practice to simply improve the care of your patients, reduce adverse events, or make it easier to deliver treatments. Some other examples would be advances in surgical nutrition options, methods to reduce post-treatment bruising, or a novel device that is helping improve results in reducing the bony nasal dorsum in rhinoplasty. These are the types of things that should be discussed and reported upon to the broader membership.

Finally, I invite you to email me at drjbloom@hotmail.com with any questions and concerns or any new innovations, technology, or emerging trends where you would like more information. All the best! ■

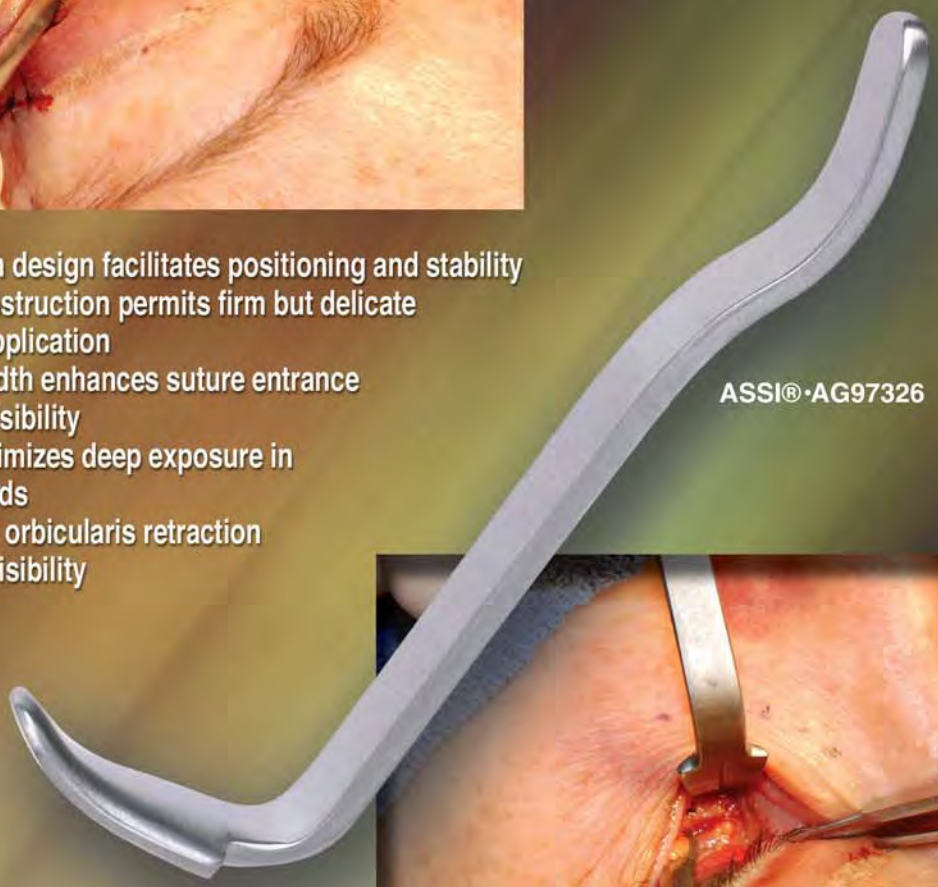


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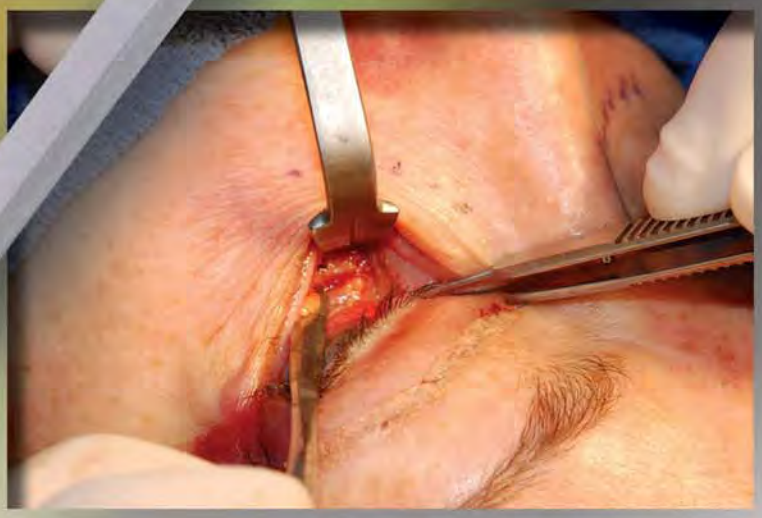


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Consumer Newsletter Highlights Trending Procedures

This spring, take advantage of the Academy's quarterly, consumer newsletter, *Facial Plastic Surgery Today (FPST)*. This four-color, award-winning publication is replete with the latest information on techniques, treatments, and procedures that will bring potential and current clients into your office. Use as content for your Web site, send to referring professionals, and provide to clients at the consultation appointment.

On the cover of this spring issue, "Selfie Awareness Prevails Again in 2017," clients will discover who had what and why, including the impact of social media, prejuvenation, and staying competitive in the workforce as a driving factor. Additionally, surgical and nonsurgical trends will be shared, with predictions for 2018.

"Youthful Neck Solutions," will be the main article to address how to fade age spots, tighten turkey neck, and shrink the double chin. This article will cover the gamut from minimally invasive treatments to surgical solutions.

What is baby Botox? Consumers Ask the Expert and also want to know who is a good candidate. The What's New section describes how platelet-rich fibrin is being used to treat the first signs of aging. The Health Tip offers four factors to address before having surgery: motivation, expectations, communication, and preparation.

Seventy-two percent of Academy members reported combining nonsurgical procedures as a rising trend. The final article, "I'll Take the Combo, Please," will discuss choices, such as novel lasers, hybrid lasers, and microneedling systems, and how facial plastic surgeons are able to treat a wide range of facial rejuvenation concerns in the span of one appointment.


FACIAL PLASTIC SURGERY TODAY

Winter Issue 2018, Vol. 32, No. 1

Cheers to the season: Why winter is the most popular for procedures

SUBMIT YOUR ANNUAL SUBSCRIPTION FOR FPST BEFORE APRIL 15, 2018, AND RECEIVE THE WINTER ISSUE AS A BONUS.

Be sure to order your digital copy—customizable with your practice information and photographs—before April 15, 2018, to receive the bonus of receiving the winter issue. Refer to the enclosed subscription form for details. ■

Women in Facial Plastic Surgery

In honor of Women's History Month in March, we're looking back to highlight women in the AAFPRS' history. One milestone was the formation in 2000 of the ad hoc committee, Women in Facial Plastic Surgery. Chaired by Donna J. Millay, MD, and Suzanne Yee, MD, this committee was created to encourage a greater leadership role for women in the AAFPRS. The committee is still active today with an annual luncheon at the Annual Meeting. The committee's mission today includes: to provide support to female members; recruit and encourage women to pursue careers in facial plastic surgery; and encourage participation by our female members in research, education, and leadership roles in the AAFPRS and the medical community."

We look forward to the rebirth of the Women in Facial Plastic Surgery column in the coming issues of *Facial Plastic Times* for some invigorating and inspiring reads. ■





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Prerecorded Surgeries

From Cover Story, page 1

There will also be CME injection sessions covering hyaluronic acid fillers and neuro-modulators with live demonstrations and panel discussions.

Six video sessions with the theme, "How I Do It," will include: Periorbital Rejuvenation: Non-Surgical, with Lisa Grunebaum, MD; Periorbital Rejuvenation: Surgical, with Fred G. Fedok, MD; My Approach to the Midface, with Roxana Cobo, MD; Facelift and Neck, with Phillip R. Langsdon, MD; and Perioral Rejuvenation, with Jeffrey S. Epstein, MD.

There will be three prerecorded live surgeries with discussion. Stephen W. Perkins, MD, will perform the Perkins endoscopic brow lift and lower lid blepharoplasty. The second surgery will be the Jacono deep plane face, with Andrew A. Jacono, MD. The third surgery will feature full facial fat grafting with Bruce VanNatta, MD.

This meeting would not be complete without innovative and thought-provoking panel discussions. Some of the highlights include, Assessment and Management of Lower Lid and Cheek (nonsurgical and surgical); Comprehensive Facial Assessment and Management (nonsurgical and surgical); Nonsurgical Skin Tightening of Face and Neck; Postop Management Pearls and Complications of the Facelift; Postop Management Pearls and Complications of Periorbital Rejuvenation; From Bruising to Blindness: Minimizing and Managing Filler Injection Complications (delayed nodules, biofilm formation); and Comprehensive Facial Assessment and Management (nonsurgical and surgical).

Finally, each morning and evening, we will have industry-sponsored lectures and live demonstrations you won't want to miss. It is not too late to register: www.facialrejuvenationmeeting.org. ■

Prejuvenation, Noninvasive

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A driving factor in the decision to have a cosmetic treatment is to stay relevant and competitive at work, as reported by 57 percent of members. Advancements in noninvasive and combination technologies are allowing men and women to refresh their appearance with little to no downtime.

Some of the most requested procedures were tailored to specific lifestyle concerns. Eyelid procedures to look less tired were reported as a rising trend by 73 percent of members, along with combined nonsurgical procedures by 72 percent of members.

Predictably, Botox, Dysport, and Xeomin remain the most popular minimally invasive treatments for both women and men, followed by fillers and skin treatments.

For surgical trends, rhinoplasty leads the way year after year (performed by 97 percent of surgeons in 2017) followed by blepharoplasty (95 percent) and facelifts (88 percent). The most popular treatment overall, Botox, was ranked first for women followed by rhinoplasty. For men, however, it was reversed with rhinoplasty as the top procedure followed by Botox.

Botox and hair transplants both notably increased in the past five years, with the number of Botox procedures increasing by 33 percent from 2012 to 2017. The number of hair transplants in the sample jumped by more than 538 percent in that time span. Noninvasive fat reduction and platelet-rich plasma injections are newer procedures that facial plastic surgeons are also seeing requested more often.

Trusting your face to a facial plastic surgeon remains a leading factor for consumers considering facial plastic surgery. With medical spas and centers continually emerging, one in four Academy members expressed concern about an increase in non-medical staff doing procedures that result in sub-optimal results.

What did our members predict for 2018? The selfie obsession will continue, along with prejuvenation and the proliferation of noninvasive treatments. There will be more flexible fillers that bend with facial animation. Stem cell injections will increase. Injectable rhinoplasty will become more popular. You may also see more transgender and feminization procedures and an increase in millennial men turning to cosmetic maintenance.

Thank you to the members who responded to the 2017 survey. Each year we rely on your feedback to deliver this information to the media—an integral part of our outreach and marketing efforts. ■

Thank you to all participants who completed the survey. As an incentive, we promised prizes. Following are the winners:

Anthony Sclafani, MD, of New York, grand prize, free registration to the AAFPRS Annual Meeting

Remy Nguyen, MD, of Montreal, Canada, set of patient brochures

Jeptha Cole, MD, of Jackson, Miss., your choice of five DVDs

David Holcomb, MD, of Sarasota, Fla., one copy of *The Face Book*

Jeffrey Spiegel, MD, of Newton, Mass., one copy of *The Face Book*

Jim Gilmore, MD, of Dallas, one copy of *The Face Book*

William H. Truswell, MD, of Easthampton, Mass., one copy of *The Face Book*

Louis DeJoseph, MD, of Atlanta, one copy of *The Face Book*

PR Column: Ripped from the Headlines... Making the Statistics Work for Your Practice

Once again, the AAFPRS annual statistics are making a big splash with the media.

Each year, we release our statistics to the media. What follows is story after story based on the trends that our members are reporting, and this year is no exception. We have already seen articles in *Allure*, Yahoo Style, MSN, New Beauty, and more. How can you get in on the action?

To start, look at the trends we spotted to see what resonates with your practice population. From selfies and their undeniable impact on aesthetics and injectables among patients under age 30 (i.e., prejuvenation) to increases in eyelid procedures to look less tired and combined nonsurgical procedures, there is a lot to choose from this year. Once you have decided which trends you would like to focus on, the fun really begins.

Creative ideas for in-house events

Breakfast clubs. Consider hosting a light breakfast for local reporters, influential bloggers, or VIPs that includes an informal discussion on the benefits of eyelid procedures that help us all look less tired than we are or #nofilter treatments for "tech neck" and other selfie saboteurs. Offering expert tips on how to take the perfect selfie can sweeten the pot for all comers. A "Breakfast at Tiffany's" themed event may be the closest thing that your patients get to the real thing, as reservations at Tiffany & Co's newly opened Blue Box Café are hard to get. A raffle featuring a piece of signature Tiffany jewelry for attendees is a sure crowd pleaser. Keep it short and sweet and offer discount codes to attendees.

Back-to-work nights. Close to 60 percent of facial plastic surgeons reported that staying relevant and competitive at work is a major driver for nips and tucks. Invite a local career counselor to come in and speak to moms who may be interested in getting back into the workforce. He or she can review resumes, chat about interview skills, and answer pressing questions, such as, how to explain a gap on a resume. As part of the event, provide an overview of some of the procedures that can make a subtle but significant difference in appearance, with a focus on those that have minimal downtime and maximum impact. Offer discounts or free consults to guests.

Monthly seminars on hot topics. Pick one night a month for a seminar that focuses on a hot topic such as platelet-rich plasma (PRP) injections. There is a lot of confusion about what PRP can and cannot do. Invite VIPs in to set the record straight. Make sure to promote upcoming events and the entire series across social media, via email blasts, and in person when meeting with patients. After a few months, review the format and return on investment to see how well it is working out. Offer a code so that you can tell who books a procedure as a result of these timely and informative seminars.

More food for thought

Pithy pitching often starts with crafting a local angle to a national story.

Reach out to local media and influential bloggers to provide that hometown perspective on national trends. Let them know what you are seeing, and how it echoes our AAFPRS national statistics and trends. If you have a patient who is willing to be featured on television, let local news and morning shows know, as this is great television material.

Use our statistics for social media fodder and "did you know?" posts across all your platforms. For example, "Did you know BOTOX® (Allergan), along with Dysport® (Galderma) and Xeomin® (Merz), remain the most popular minimally invasive procedures for both women and men, followed by fillers and skin treatments?" These posts perform well. Always include a call to action such as, find out more or schedule your appointment today, to further drive engagement.

If you have the bandwidth, create an infographic on some of the trends we identified, e.g., advances in eyelid rejuvenation or the anatomy of a nose that details what rhinoplasty can and cannot address. These get great pick up by the media and also do well on social platforms. Sample infographics are on the AAFPRS Web site.

With the proper outreach and allocation of resources, you will reap the dividends of our annual statistics. ■

This column is provided by the Academy's public relations firm, KELZ PR.

NOTE FROM KELZ PR

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

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

Face to Face News: New Site for Cambodia

In conjunction with Northwest Medical Volunteers and Smile Cambodia, a FACE TO FACE team led and completed another successful medical mission trip to Cambodia, January 8 - 12, 2018. The last several trips were in the capital city of Phnom Penh; however, this year a new site was established in Siem Reap. This is to provide better access to patients in the northwest provinces of the country, many of whom previously traveled several days to seek medical care in the capital to the south. Sam Most, MD, of Stanford University, and Craig Murakami, MD, of Virginia Mason Medical Center, in Seattle, led the trip.

Twenty-five other volunteers from the University of Washington, Stanford University, and other institutions, made up the team: Jon Paul Pepper, MD, of Stanford University; Kathleen Sie, MD; Michael Nuara, MD; and Amit Bhrany, MD, of the University of Washington; Travis Tollefson, MD, of University of California, Davis; Charles Shih, MD, of Kaiser Permanente, in Oakland, Calif.; and Scott Bevans, MD, of the U.S. Army. The team also had wonderful pediatric support from Arash Babaoff, MD, of Cincinnati Children's Hospital, and Andy Standish, a child-life specialist, of the Standish Foundation. Additional supporting medical staff from the University of Washington and Stanford University provided anesthesia, nursing care, and administrative assistance.

The Northwest Medical Volunteer group worked closely with Smile Cambodia and local plastic surgeon Theavy Mok, MD. The Cambodian staff, nurses, and medical trainees were indispensable in helping to successfully screen and provide preoperative, intraoperative, postoperative, and follow-up care for patients. This close partnership allowed for several opportunities to provide medical and cultural education between the two teams as well.

During the 2017 trip to Phnom Penh, over 100 patients were screened; the surgical team performed 43 operations, including 10 cleft lip repairs, seven palatoplasties, one cleft rhinoplasty, nine microtia repairs and otoplasties, and 16 scar revisions. During the 2018 trip to Siem Reap, over 70 patients were screened; the surgical team performed 37 operations, including six cleft lip repairs, three palatoplasties, four cleft rhinoplasties, seven microtia repairs, seven otoplasties, and 10 scar revisions.



Some of the patients screened also underwent surgery by a concurrent mission through Smile Cambodia from a Malaysian surgical craniofacial team, performing 13 operations. Some of these patients had been previously seen on prior missions and returned for second stage surgeries, providing excellent continuity of care. In particular, one patient with bilateral microtia underwent his three previous microtia surgeries with Dr. Most and the team, and returned for his final second stage microtia repair on this mission. The boy and Dr. Most are pictured above.

On the final day of the mission, volunteers participated in Walk for Smile-Angkor, a 20km walk to the beautiful temples just outside of Siem Reap to raise awareness and celebrate another successful mission in Cambodia. The group is already planning future trips to Cambodia, and excited to collaborate with local medical staff to continue providing high quality and consistent surgical services to the people of Cambodia. ■

CALL FOR AWARDS
In an effort to present these prestigious awards to well-deserved facial plastic surgeons, consider nominating your colleagues. Email Glenda Shugars at the AAFPRS office, gshugars@aafprs.org, to receive a nomination form or visit www.aafprs.org/research/awards/ for more information.

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

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

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

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

Benefits of a Business Consultant

By Donna Fay, OFPSA President

Although many elements are at play in creating a successful practice, the advice and counsel of a business consultant can pay enormous dividends for a practice that is ready, willing, and able to grow. Steve Pearlman, MD, has built a successful facial plastic surgery practice, Pearlman Aesthetic Surgery, and has benefited from a long and productive relationship with Ms. Glenn Morley, a senior consultant at BSM Consulting.

Asked why he was interested in a consulting firm, Dr. Pearlman shares, "As a physician, I learned how to operate and take care of patients, not how to run a practice and manage employees. Staff learned their jobs through courses, working, and advancing in the industry or through training with other employees. In retrospect, this was not fair to my team or the practice. Having a consultant, like Glenn, is like having an extremely high-level administrator who can come in and help the staff and operations function at a much higher level."

In this Q&A, Dr. Pearlman and Ms. Morley share some of their secrets to practice success.

Q: Dr. Pearlman, what was the catalyst for you reaching out to Ms. Morley for assistance?

Dr. Pearlman: I have always felt there are some things better communicated by an outside perspective. For me—and my entire team—Glenn has been able to provide a valuable outside perspective. Since she regularly spends time with us every quarter, she can quickly answer questions or analyze business opportunities between visits. Our growth over the past five years has been explosive—in a good way. Since we started working with Glenn, our practice operations have become smoother, individual roles and responsibilities are more clearly defined, and our development plans are clearer for every single team member in our practice, including me! I really appreciate having a highly educated person who understands practice management and operations inside and out to be able to observe the staff and how they function with an external objective eye.

Q: Ms. Morley, when you think about practices that you've worked with and have experienced growth, what have been the key success factors at play?

Ms. Morley: The ability to embrace and implement a servant leadership mentality, at all levels of the practice, is the most important success factor. Traditional leadership generally involves the accumulation and exercise of power. In my view, this leads to lack of ownership and accountability and sadly, a lot of

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Message from the Medical Editor: The Ever-elusive Male Market

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



Here we go again…I recently fielded a call from a budding reporter, "Dr. Dayan would you be willing to comment about the upsurge in men seeking cosmetic treatments? Don't you believe there is an increased sensitivity and vanity in the modern evolved man? Isn't it true that today men care more about their appearance than ever before?" My uncomfortably long pause prompted her to reengage, "Dr. Dayan are you there, Dr. Dayan?"

I was slow to speak because my answer was the same to this reporter as it was to her ancestral bookend a decade ago. "There really hasn't been a significant change in the number of men seeking cosmetic treatments in my practice since I first went into practice 18 years ago."

Despite the fact I have made concerted efforts to appeal to men, my practice patient population is 10 percent male and remains 10 percent male—it has never wavered. What am I doing wrong? I questioned myself. Am I the only one who is experiencing a similar stagnant male patient growth? After a bit of reflection, conferring with a few colleagues and research, I stumbled across some interesting tidbits.

According to the latest statistics published by the American Society of Aesthetic Plastic Surgeons, 1.036 million (8.9 percent) of all those undergoing nonsurgical aesthetic procedures last year were male, as opposed to over 10. 6 million (91.1 percent) of females. That is down from 2004, when the percentage of males receiving nonsurgical cosmetic procedures was 10.6 percent, a continuing downward slope from 1997, when males made up 13.7 percent of all aesthetic procedures. And while the male market has increased 15 percent since 2014, and 260 percent since 1997, the female market has increased 33 percent and 506 percent respectively. The female market is growing at two times the rate as male and is 10 times bigger.[1]

If my anemic percentage of male patients is substantiated by similar reports from friends, plus one of the most comprehensive statistical analysis on the cosmetic seeking populous, why then the continuous talk and bombardment from a gesticulating media and industry touting a rapidly growing male market? For the media, could a public relations manufactured, warm-hearted piece about the evolving man be a welcomed narrative? For a wealthy, aesthetic industry consumed primarily with one gender, quite obviously there is an untapped other half of the market to develop.

But for a small business owner who survives by being practical, I have to question if devoting precious resources, attention, and time to pursuing a male market of patients that is 10 times smaller and growing at half the rate as the female market is a prudent decision. And even if I decide to pursue the niche of neglected males desiring beautification, is my office ready to receive the enlightened modern metrosexual male?

Our waiting room is decorated with fresh flowers, skin care promotions, cushy couches, lighter colors, and almost always there exists a stylish woman or two accompanied by a designer bag with recently purchased boutique clothing. Our guests are greeted by a young female host serving fresh berry-infused water and offering the latest in tinted moisturizers. Most likely, such an environment would be uncomfortable if not intimidating to a discreet gentleman. I am sorry if it seems as though I am generalizing, but I do believe there is a difference between men and women.

As a father of three daughters, I can say with complete certitude my household is a lot different than the Johanssen's at the end of the cul-de-sac who have three boys. As a student of human behavior, there is no doubt that appealing to primitive visceral instincts in both men and women is a successful strategic tactic to altering behavior or stimulating action. And it is my educated impression that men and women have different motivations for seeking cosmetic treatments.

But first to understand my logic, we are going to have to dive deeper into the male mind and it is not pretty, nor politically correct. If you are easily offended you may want to stop reading here.

A priori, humans are not as advanced as we would like to believe. Homo sapiens split off from genus homo 150-250,000 years ago. The first evidence of culture was 50,000 years ago; the first cities were 8-10,000 years ago. This means that humans have been civilized for less than one percent of their evolution! Human brains and behaviors have been developing for eons with a solitary mission to find an ideal mate, procreate, and ensure genetic reign. Humans think and behave in a way that is meant to survive the harshest environments of evolution. Humans are unique in that their primitive desires can be tempered and controlled, but it would be naïve to deny that these visceral instincts of humanity exist. There are reasons that humans shy away from a growling animal,

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A Servant Mentality, A Cultural Norm

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blame when things do not go as expected. By comparison, the servant-leader team shares power, puts the needs of others first, and helps those around them to develop and perform as highly as possible.

In every practice I consult with, we work hard to understand what real accountability and a blameless environment looks and feels like. A servant mentality is a cultural norm in the most successful practices, and I see several positive outcomes when it all comes together for a team, including: accountability at all levels, owner happiness, staff happiness, excitement and energy for the work being done, patient satisfaction, and impressive revenue growth.

My own company works this way, and I can say with complete conviction that every person working at BSM Consulting absolutely loves their job and feels enormously privileged to work there. It starts at the top and the energy of this type of culture is infectious, trickling down to every employee. I want that for every client.

Q: Dr. Pearlman, do you feel you have achieved a culture that embraces a servant mentality?

Dr. Pearlman: When Glenn started working with us, we all struggled with the pressures of New York's fast-paced, high-energy environment. She was gentle with us, but never wavered in her belief that our team could be low-drama, high-energy servant leaders. The difference in my practice has been substantial. It has been an evolution as we implemented one hundred little—but related—things. Today, I cannot say enough about the work my entire team does daily to make this "culture" happen. They are real superstars, and I am grateful to them.

Q: Ms. Morley, how does a practice start on the road to developing a servant mentality and culture? Is there a book available to help one understand how a practice can create this kind of positive culture?

Ms. Morley: I have a recommended reading list a mile long and would be happy to share it! To read about servant leadership you can't do better than reading *The Question Behind the Question (QBQ)*, by John Miller. This book is a very quick and easy read and is eminently suitable for a practice seeking to strengthen their culture of accountability and servant leadership.

Private practice owners are entrepreneurs by nature and tend to be independent risk-takers. For some, it can be difficult to ask for external help. However, none of us knows everything about growing and managing a business. Sometimes it makes sense to seek the counsel of others and knowing who is right for you and your business is very important.

Next month, stay tuned for simple, important guidelines on how Dr. Pearlman's office selected a business consultant. ■



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favor fertility, and desire the quick hit of energy found in a packet of sugar. Mother nature doesn't make mistakes.

In a frequently cited study[2] done at the University of Florida in the early 1980s, a male confederate in the quadrangle approached a random female and asked three questions: 1) Would you go out tonight? 2) Will you come over to my apartment? 3) Would you go to bed with me? What percentage of women do you think said yes to any of those questions? Then the situation was reversed and a confederate female went into the same quadrangle, approached a random male with the same three questions. What percentage of men said yes?

It may be no surprise to you that zero percent of women said yes to going to bed with a random male. However, the reverse was quite different, 75 percent of the men said yes to bedding an unknown inquiring female. The study concluded that the genders are wired differently when it comes to carnal desires. If the study was repeated today, while the numbers may change slightly, I doubt it would be by much. The primitive male mind may be quicker to accept an offer, where as a female conscious is more calculating before selecting. And in a strictly primitive sense, it is understandable. The consequence of conception is of greater physical and temporal burden to a female than a cruising male. Therefore, she is best off choosing a reliable, resource ample, genetically well-endowed mate. But how is she to know when the courting male is her evolutionarily matched Prince Charming?

Today, of course, there are many facets that contribute to an ideal male candidate, some of which are much different from our primitive ancestors. But from an evolutionary perspective, a male with a strong brow, chin, and cheek would be at a selective advantage to bring home a meal. Such a well-shielded hunter would appreciate the eye and neck protection their facial skeleton would provide when fighting off a foe or beast. And the primitive decoders in the human amygdala subliminally identify these physical features as attractive. It is not random that all heroes from Superman and Batman to Brad Pitt and Dwayne the Rock Johnson project a dominant facial skeleton.

Men not blessed with a strong aquiline jaw or chin can temporarily compensate with facial hair or a goatee, or more permanently remedy with facial fillers and implants. And the overwhelming evidence points to them doing it for good reason.

Male cadets at West Point with dominant facial features achieve higher military rank in their senior year and in their profession.[3] Furthermore, the profits of the top 25 and bottom 25 companies on the Forbes 1000 can be correlated to the facial appearances of their CEOs.[4] Additionally, better looking attorneys are more likely to make more money.[5] We like our male leaders tall, dominant appearing, and with a full head of hair. The man looking for a competitive edge at the workplace may be open to undergoing a chin, cheek, or jawline cosmetic treatment if he knew it contributed to an increase in his employment status. However, at the extreme, too prominent of a brow, chin, or jaw creates a Frankenstein like appearance. It likely will strike fear, detracting a casual observer, and negatively impacting the response in actions and behaviors. Men born with these features may benefit from softening or masking fear-provoking physical traits.

Facial symmetry, evolutionarily speaking, is an outward sign of health and parasite free. While an important denominator to the attractiveness calculus for both genders, males in particular with symmetrical facial features might be treated to more sexual encounters with multiple women.[6, 7, 8] While the fleshy benefits of symmetry are good fodder for a cocktail conversation, it also may help to explain the motivation of young, recently divorced or a flirting male population of patients seeking aesthetic services.

Of course, I am just scratching the surface of the male psyche and oversimplifying. Not all males are the same; but generalizations are a component to develop markets and to appeal to the majority of those seeking a product or service. And if we treat men and women the same, appeal to them with the same advertisement, assume that they are interested in the same things, and use the same techniques and products on them, then it shouldn't come as any surprise that many men leave aesthetic offices appearing feminized ala Kenny Rogers. This likely turns off many more men and contributes to the stagnant relative growth in the male market.

Men who seek out cosmetic surgery do it for three reasons: 1) increase attractiveness for mate selection; 2) temper aggressively characterized facial features; and, 3) youthful appearance to compete in the workplace. If aesthetic practices are being pressured by a persuasive media and industry to cater to the male population, then it will require a meaningful investment in time, energy, and resources to restructure offices, marketing materials, and thinking.

As a few colleagues who have successfully built a male-dominated practice have told me, their offices look more like a barber shop then beauty shop. To cultivate a male market, we are better off appealing to the primitive evolutionary preserved corners of the male mind—which is rather simple in theory, but arduous

Do They Want?

and expensive in practicality. Likely, it will take more than just a few brochures in the front office and a beautifully produced marketing campaign from an industry partner.

If you have been unsuccessful but desiring to grow a male market of patients don't fret; it will take a while, along with a transformation in thought and action. In the meantime, however, there is a rapidly expanding and ever-present female population just waiting to be wowed by an impressive, reliable, and honest suitor. ■

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Injectables Course Chair: Steven H. Dayan, MD
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