



Introduction

- Cosmetic Surgery (CS) is a **multi-specialty** multi-disciplinary field that is not exclusive to a certain medical specialty.
 - Adding Cosmetic Surgery to a current practice involves multiple steps that can be implemented in an organized and structured way to provide patients with proper care meeting the acceptable standards.
 - Many Physicians, from Different specialties, recognize cosmetic surgery as complimentary to their current practice.
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- OB/GYN physicians performing abdominoplasty after pregnancy and delivery.
 - Bariatric surgeons performing body contouring after massive weight loss.
 - Breast surgeons performing a breast augmentation and reconstruction after mastectomies.
 - Different types of CS represent the continued care for patient's and fall naturally in place in the physician's practice.
 - Implementation needs to be properly done to provide patients with quality care.

Steps to add cosmetic surgery to current practice:

Join the AACS

*"The AACS is committed to advancing the **multi-specialty**, global discipline of cosmetic surgery and medicine for the benefit of patients and practitioners".*

If the goal is limited procedures, then courses and proctoring might suffice

If the goal is a wide range of CS procedures → AACS fellowship → Board certification by the American Board of Cosmetic Surgery (ABCS) and/or the American Board of Facial Cosmetic Surgery (ABFCS)

Steps to add cosmetic surgery to current practice:

- 1- Start with **internal marketing** to extend your services to your already established patients
- 2- Procedures are more cost effective in an **office-based surgery center** or **free-standing ambulatory surgery center** compared to hospital setting
- 3- Check your **State regulations** for office based and ambulatory Surgery centers in terms of sedation personnel (for example, RNs can administer Propofol in most of the States while a few States consider this as out of the RN scope of practice)
- 4- Operate in an **ACCREDITED** facility (AAAHC, AAAASF, JC, etc)
- 5- Check if **Certificate of Need (CON)** is required in your State and the extent it would affect your practice
- 6- Utilize the **different options** to perform CS **SAFELY** (Awake, oral sedation, IV sedation, general anesthesia)
- 7- Hemodynamic monitoring, pulse oximetry should be used. We also recommend BIS monitor if IV sedation is utilized. emergency cart should be available.

Utilize your supporting institutions:

Cosmetic surgery is NOT exclusive to a certain specialty

- Since its formation in 1985, the **AACS** has grown to become the leading representative of CS practitioners from a diverse array of original medical disciplines
- The **ABCS** accepts only those who have completed the most extensive, in-depth and focused CS training programs.
- By limiting candidacy to those who have completed a full year (or more) of training concentrated solely in CS, the ABCS reinforces its commitment to public safety and aesthetic surgery.



We need More

If you have not joined already, I strongly encourage you to join the American Medical Association (AMA) and participate by helping to amplify AACS's voice in their House of Delegates (HOD), on which AACS has a seat.

[Register your Cosmetic Surgery specialty on your AMA profile](#)

