

ABSTRACT BOOK



ANNUAL SCIENTIFIC MEETING
FEB 3-5 • 2022 • LAS VEGAS

IMMERSE IN PERFECTION

ADVANCES IN COSMETIC SURGERY



AMERICAN ACADEMY OF
COSMETIC SURGERY
COSMETICSURGERY.ORG

#AACs2022

<https://aacs2022.cosmeticsurgery.org/>

ABSTRACTS



AMERICAN ACADEMY
OF COSMETIC SURGERY

AACS 2022 Annual Scientific Meeting

February 3-5, 2022
Mandalay Bay Convention Center
Las Vegas, Nevada, USA

| | 2 WEDNESDAY | | 3 THURSDAY | | 4 FRIDAY | | 5 SATURDAY | | | |
|---------|---|--|--|---|--|---|--|---|--|--------------------|
| 6:30AM | | | BREAKFAST w/Courses | | BREAKFAST w/Courses | | | | 6:30AM | |
| 7:00AM | FACIAL COSMETIC SURGERY CADAVER COURSE offsite at MITI | SESSION 1 Face Lift | SESSION 2 - NON-CME Allied Health Non-Medical Session | | SESSION 14 Masters Session - Face and Eyes | SESSION 15 Women in Cosmetic Surgery Session | BREAKFAST w/Courses | | 7:00AM | |
| 7:30AM | | | | | | | | | SESSION 24 Breakfast with the Experts | 7:30AM |
| 8:00AM | | | SESSION 3 - NON-CME New Surgeons Session | | | | | | 8:00AM | |
| 8:30AM | | | | | | | | | 8:30AM | |
| 9:00AM | | | SESSION 4 Keynote | | | SESSION 16 Webster Lecture | EXHIBITS & POSTERS | SESSION 25 • NON-CME All About Injectables | SESSION 26 Rhinoplasty | EXHIBITS & POSTERS |
| 9:30AM | | | SESSION 5 Case Presentations from the Experts | | EXHIBITS & POSTERS | | | | | |
| 10:00AM | | COFFEE BREAK Exhibit Hall | | | SESSION 17 - NON-CME AACBS Business Meeting & Service Awards | | COFFEE BREAK Exhibit Hall | | 10:00AM | |
| 10:30AM | | SESSION 6 Legends of Cosmetic Surgery | | | SESSION 18 The Story Behind the Photo | SESSION 19 • NON-CME Practice Management Part 2 | SESSION 25 • NON-CME All About Injectables (continued) | SESSION 27 Lipo, High-Def Lipo and Complications | EXHIBITS & POSTERS | |
| 11:00AM | | SESSION 7 - NON-CME Specialty Updates | | | | | | | | |
| 11:30AM | | AACBS Fellowship Lunch | | LUNCH Exhibit Hall | | ABCBS Diplomates Lunch | FINAL EXHIBIT HOUR Lunch and Libations! | | 11:30AM | |
| 12:00PM | | | | | | | | | | 12:00PM |
| 12:30PM | | | | | Satellite Symposium • NON-CME | | SESSION 28 Complications: You Don't Want to Miss This! | | 12:30PM | |
| 1:00PM | | | | | | | | | 1:00PM | |
| 1:30PM | | | | | | | | | 1:30PM | |
| 2:00PM | | SESSION 8 Breast | SESSION 9 Skin and Body Treatments | SESSION 10 • NON-CME Practice Management Part 1 | EXHIBITS & POSTERS | SESSION 20 Poster Flash | SESSION 22 Male/Female Genital-Urinary | EXHIBITS & POSTERS | | |
| 2:30PM | | | | | | | | | | |
| 3:00PM | | COFFEE BREAK Exhibit Hall | | | | SESSION 21 • NON-CME Malpractice Industry Update | | | 3:00PM | |
| 3:30PM | | | | | | COFFEE BREAK Exhibit Hall POSTER SESSION | | | 3:30PM | |
| 4:00PM | | SESSION 11 Body Contouring | SESSION 12 Residents Forum | SESSION 13 Skin Rejuvenation and Hair Restoration | | SESSION 23 Masters Session - Full Body | | | 4:00PM | |
| 4:30PM | | | | | | | | | 4:30PM | |
| 5:00PM | | | | | | | | | 5:00PM | |
| 5:30PM | | WELCOME RECEPTION Exhibit Hall | | | | | | | 5:30PM | |
| 6:00PM | | | | | | | | | 6:00PM | |
| 6:30PM | | | | | | | | | 6:30PM | |
| 7:00PM | | | | | THE WEBSTER SOCIETY SUPPER CLUB 7:00-11:00PM In Mandalay Bay | | | | 7:00PM | |

Current as of January 6, 2022. All times are Pacific Time Zone.

HOW TO READ THIS BOOK

- If received, abstracts are included for the podium and poster presentations.
- The abstracts are listed in this book in the order they are scheduled to present.
- The abstract format is as follows.

| |
|---|
| <p>Session Number and Name Session Date Session Time Session Room</p> <p>Title of Presentation Presentation Number Presentation Time</p> <p>Presenting Author Presenting Author Location Biography of Presenting Author</p> <p>Take Home Message/Abstract</p> |
|---|

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By attending this program, in no way does it suggest that participants are trained and/or certified in the specialty of cosmetic surgery.

Registrants agree to abide by all policies and procedures of the AACS. Registrants waive any claim against AACS for injury or other damage resulting in any way from course participation.

CONTINUING MEDICAL EDUCATION CREDIT INFORMATION

Accreditation

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the American College of Surgeons and the American Academy of Cosmetic Surgery. The American College of Surgeons is accredited by the ACCME to provide continuing medical education for physicians.

AMA PRA Category 1 Credits™

The American College of Surgeons designates this live activity for a maximum of **28.25 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



AMERICAN COLLEGE OF SURGEONS
*Inspiring Quality:
Highest Standards, Better Outcomes*



AMERICAN COLLEGE OF SURGEONS
DIVISION OF EDUCATION

LEARNING OBJECTIVES

- Apply a contemporary understanding of techniques and research in their cosmetic surgery practice.
- Demonstrate existing limitations in their practice and develop judicious plans to overcome them or establish prudent practice restrictions.
- Improve patient care, safety and aesthetic outcomes.
- Diagnose various complications in face and body cosmetic surgery.
- Describe established techniques and options for various procedures.
- Introduce appropriate procedures and aesthetic offerings to patients with maximum benefit and safety.
- Distinguish the risks and benefits of surgical vs. non-surgical approaches through appropriate clinical analysis.
- Evaluate the value of new technologies and strategies for anti-aging effects.

DISCLOSURE INFORMATION

In accordance with the ACCME Accreditation Criteria, the American College of Surgeons must ensure that anyone in a position to control the content of the educational activity (planners and speakers/authors/discussants/moderators) has disclosed all financial relationships with any commercial interest (termed by the ACCME as “ineligible companies”, defined below) held in the last 24 months (see below for definitions). Please note that first authors were required to collect and submit disclosure information on behalf all other authors/contributors, if applicable.

- **Ineligible Company:** The ACCME defines an “ineligible company” as any entity producing, marketing, re-selling, or distributing health care goods or services used on or consumed by patients. Providers of clinical services directly to patients are NOT included in this definition.
- **Financial Relationships:** Relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.
- **Conflict of Interest:** Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a ineligible company with which he/she has a financial relationship.

The ACCME also requires that ACS manage any reported conflict and eliminate the potential for bias during the educational activity. Any conflicts noted below have been managed to our satisfaction. The disclosure information is intended to identify any commercial relationships and allow learners to form their own judgments. However, if you perceive a bias during the educational activity, please report it on the evaluation.

| SPEAKERS/MODERATORS /DISCUSSANTS/AUTHORS | NOTHING TO DISCLOSE | DISCLOSURE | | | |
|--|---------------------|------------|---|------------------|---|
| | | Company | Role | Received | Mitigation |
| Noel Adachi, MBA | X | | | | |
| Ehab Akkary, MD | X | | | | |
| Husain Ali Khan, MD, DMD | X | | | | |
| Rishal Ambaram, MD, DDS | X | | | | |
| Daisy A. Ayim, MD | X | | | | |
| Mo Banki, MD, DMD | X | | | | |
| Roxana Barad, MD | X | | | | |
| Sheila C. Barbarino, MD | | Merz | Advisory Board, Research Support, Speaker | Stipend, Product | Presentation will include validation of evidence-based content and a review of presentation slides. |

| SPEAKERS/MODERATORS /DISCUSSANTS/AUTHORS | NOTHING TO DISCLOSE | DISCLOSURE | | | |
|---|---------------------------|--|---------|------------|---|
| | | Company | Role | Received | Mitigation |
| Marco Barusco, MD | X | | | | |
| Gabriele Bellini | X | | | | |
| Margaret Bengtson | X | | | | |
| Mark Berman, MD | X | | | | |
| Wade Brock, MD | X | | | | |
| Cynthia A. Buono, DO | X | | | | |
| Richard Caleel, DO | X | | | | |
| Peter B. Canalia, JD | X | | | | |
| Albert E. Carlotti, MD | X | | | | |
| Joseph Castellano, MD | X | | | | |
| Victoria Ceh, MPA | X | | | | |
| Lisa Chipps, MD | X | | | | |
| Angelo L. Cuzalina, MD, DDS | X | | | | |
| Kamran Dastoury, MD | X | | | | |
| Neeley Dawson | X | | | | |
| Chad Deal, MD | | Inmode/Invasix ----- Solta Medical | Speaker | Honorarium | Presentation will include validation of evidence-based content and a review of presentation slides. |
| Carolyn DeLucia, MD | X | | | | |
| Desmer Destang, DDS | X | | | | |
| Maria M. Diaz, MD, MBA | X | | | | |
| Abby Bryant Duplechain, | X | | | | |
| J. Kevin Duplechain, MD | X | | | | |
| Ted Eisenberg, DO | X | | | | |
| T. William Evans, DDS, MD | X | | | | |
| John Ferguson, MD | | ThermiAesthetics | Stocks | Stocks | Presentation will include validation of evidence-based content and a review of presentation slides. |
| Elie M. Ferneini, MD, DMD | X | | | | |

| SPEAKERS/MODERATORS /DISCUSSANTS/AUTHORS | NOTHING TO DISCLOSE | DISCLOSURE | | | |
|---|---------------------------|-----------------------|----------------------------------|------------------------|---|
| | | Company | Role | Received | Mitigation |
| Dana Fox | X | | | | |
| Anita Fulton, MD | X | | | | |
| Ashu Garg, MD | X | | | | |
| Dan Georgescu, MD, PhD | X | | | | |
| Anthony J. Geroulis, MD | X | | | | |
| Mohsen Ghoreishi | X | | | | |
| Dan Grantham | X | | | | |
| Enrico Guarino, MD, PhD | | Ly pogold | Intellectual Property/Patents | Royalties | Presentation will include validation of evidence-based content and a review of presentation slides. |
| Justin Gusching, DO | | Cartessa | Consultant | Subnovii Plasma Pen | Presentation will include validation of evidence-based content and a review of presentation slides. |
| Wilbur W. Hah, MD | X | | | | |
| George Hahm, MD | X | | | | |
| Jacob Haiavy, MD | X | | | | |
| Daria Hamrah, DMD | X | | | | |
| C. William Hanke, MD | X | | | | |
| Steven B. Hopping, MD | X | | | | |
| Gail M. Humble, MD | X | | | | |
| Alton Ingram, MD, JD | X | | | | |
| Robert F. Jackson, MD | | Renuvion | Consultant | Stipend | Presentation will include validation of evidence-based content and a review of presentation slides. |
| Alisha Jefferson, MD | X | | | | |
| Jonathan Kaplan, MD | | KP Innovations LLC | Stocks | Stocks | Presentation will include validation of evidence-based content and a review of presentation slides. |
| Victoria Karlinsky, MD | X | | | | |
| Islam Kassem, BDS, MD | X | | | | |

| SPEAKERS/MODERATORS /DISCUSSANTS/AUTHORS | NOTHING TO DISCLOSE | DISCLOSURE | | | |
|---|---------------------------|--------------------------------|--|----------|---|
| | | Company | Role | Received | Mitigation |
| Joel Keirns, BS | X | | | | |
| Michael Kluska, DO | | Apyx Medical | Product Trainer | Stipend | Presentation will include validation of evidence-based content and a review of presentation slides. |
| James R. Koehler, MD | X | | | | |
| Trevor Larsen, RN | X | | | | |
| Jean-Paul Leva, DO | X | | | | |
| Emily Lo, MD | X | | | | |
| Mark X. Lowney, MD | X | | | | |
| Stephanie A. Luster, DO | X | | | | |
| Catherine L. Maley, MBA | X | | | | |
| David Mandell, JD | X | | | | |
| Mark Mandell-Brown, MD | X | | | | |
| E. Antonio Mangubat, MD | | Apyx Medical | Speaker | Stipend | Presentation will include validation of evidence-based content and a review of presentation slides. |
| Jeffrey Marvel, MD | X | | | | |
| Carlos Mata, MD | X | | | | |
| John S. McHugh, MD, DDS | X | | | | |
| Landon D. McLain, MD, DMD | X | | | | |
| J. Dan Metcalf, MD | X | | | | |
| Andrea S. Moreira, MD | X | | | | |
| Michael Morrissette, DDS | X | | | | |
| Arian Mowlavi, MD | | Apyx Medical ----- VASER | Consultant/Trainer ----- Speaker/Trainer | Stipend | Presentation will include validation of evidence-based content and a review of presentation slides. |
| Lauren Moy, MD | X | | | | |
| Tanuj Nakra, MD | X | | | | |
| Carey Nease, MD | X | | | | |
| Audrey Neff, BS | X | | | | |

| SPEAKERS/MODERATORS /DISCUSSANTS/AUTHORS | NOTHING TO DISCLOSE | DISCLOSURE | | | |
|---|---------------------------|------------------|--------------------|------------|---|
| | | Company | Role | Received | Mitigation |
| Joe Niamtu, DMD | X | | | | |
| Erik J. Nuveen, MD, DMD | X | | | | |
| Lotanna Nwandu | X | | | | |
| Suzan Obagi, MD | | Nextcell Medical | Scientific Advisor | Stipend | Presentation will include validation of evidence-based content and a review of presentation slides. |
| Samir Pancholi, DO | X | | | | |
| Gabriel H. Patino, MD | X | | | | |
| Sam Peek | X | | | | |
| Marco A. Pelosi, III, MD | X | | | | |
| Jane A. Petro, MD | X | | | | |
| Angelina Postoev, MD | X | | | | |
| Amiya Prasad, MD | X | | | | |
| Henry Ramirez, MD | X | | | | |
| Monica Ray, MD | X | | | | |
| Sahitya Reddy, MD | X | | | | |
| Donovan S. Reed, MD | X | | | | |
| Paul T. Rose, MD, JD | | Eclipse | Speaker | Honorarium | Presentation will include validation of evidence-based content and a review of presentation slides. |
| Soheila Rostami, MD | | Galderma | Speaker | Honorarium | Presentation will include validation of evidence-based content and a review of presentation slides. |
| Artur Rozentsvit, DO | X | | | | |
| Kevin S. Sadati, DO | X | | | | |
| Jose L. Salas, MD | X | | | | |
| Jabbar Saliba, MD | X | | | | |
| Masoud Saman, MD | X | | | | |
| Joshua R. Scurlock, MD | X | | | | |
| Alberico J. Sessa, MD | X | | | | |

| SPEAKERS/MODERATORS /DISCUSSANTS/AUTHORS | NOTHING TO DISCLOSE | DISCLOSURE | | | |
|---|---------------------------|--|---|--|---|
| | | Company | Role | Received | Mitigation |
| Kashaf Sherafgan, MD | X | | | | |
| Robert A. Shumway, MD | X | | | | |
| Alexander W. Sobel, DO | X | | | | |
| Kevin Spitz, MBA | X | | | | |
| Marsha H. Steed | X | | | | |
| Jeff Swetnam, MD | X | | | | |
| Mohan Thomas, MD, DDS | X | | | | |
| Howard A. Tobin, MD | X | | | | |
| Pasquale G. Tolomeo, MD, DDS | X | | | | |
| Jason W. Tuschman, JD | X | | | | |
| Cesar Velilla, MD | X | | | | |
| Ed Zimmerman, MD | | AMP ----- Apyx Medical ----- Benev | Speaker ----- Research Grant ----- Research Support | Honorarium ----- Grant ----- Product | Presentation will include validation of evidence-based content and a review of presentation slides. |

| SCIENTIFIC PLANNING COMMITTEE | NOTHING TO DISCLOSE | DISCLOSURE | | | |
|----------------------------------|---------------------------|--------------------------------|--|----------|---|
| | | Company | Role | Received | Mitigation |
| Wade Brock, MD | X | | | | |
| Lisa Chipps, MD, MS | X | | | | |
| J. Kevin Duplechain, MD | X | | | | |
| Daria Hamrah, DMD | X | | | | |
| Mark Mandell-Brown, MD | X | | | | |
| C. Shane McDaniel, MD, DDS | X | | | | |
| Arian Mowlavi, MD | | Apyx Medical ----- VASER | Consultant/Trainer ----- Speaker/Trainer | Stipend | Resusal from content planning if there is a conflict. |
| Tanuj Nakra, MD | X | | | | |
| Marco A. Pelosi, III, MD | X | | | | |
| Alexander W. Sobel, DO | X | | | | |

Unless otherwise noted, all meeting rooms are located in Mandalay Bay Convention Center, South Convention Center, Level 2

| WEDNESDAY FEBRUARY 2, 2022 | |
|-------------------------------------|--|
| LOADS 6:00AM DEPARTS 6:30AM | Bus for Facial Cosmetic Surgery Cadaver Workshop <i>Lower Level</i> |
| 8:00AM-5:00PM | FACIAL COSMETIC SURGERY CADAVER WORKSHOP (ticketed) <i>offsite at MITI</i> |
| 12:00PM-6:00PM | Exhibitor Set-Up <i>Mandalay Ballroom GH</i> |
| 3:00PM-7:00PM | Speaker Ready Room Reef D |
| 3:00PM-7:00PM | Registration Open <i>Mandalay Ballroom Foyer</i> |
| 5:30PM-6:00PM | Moderators Meeting <i>Mandalay Ballroom F</i> |
| 6:30PM-8:00PM | ANCILLARY MEETING ABFCS Board of Directors Meeting <i>Reef C</i> |
| 8:00PM-10:00PM | ANCILLARY MEETING ABCS Board of Directors Meeting <i>Reef C</i> |

| THURSDAY FEBRUARY 3, 2022 | |
|------------------------------------|--|
| 6:30AM-6:00PM | Registration <i>Mandalay Ballroom Foyer</i> |
| 6:30AM-6:00PM | Speaker Ready Room Reef D |
| 6:45AM-7:45AM | Breakfast with Course <i>in Session 1, 2, and 3</i> |
| 7:00AM-8:45AM | SESSION 1 Face Lift <i>Mandalay Ballroom F</i> |
| 7:00AM-7:45AM | SESSION 2 Allied Health Non-Medical Session <i>Mandalay Ballroom KL</i> |
| 8:00AM-8:45AM | SESSION 3 New Surgeons Session <i>Mandalay Ballroom KL</i> |
| 9:00AM-9:30AM | SESSION 4 Keynote <i>Mandalay Ballroom F</i> |
| 9:30AM-10:30AM | SESSION 5 Case Presentations from the Experts <i>Mandalay Ballroom F</i> |
| 9:30AM-10:30AM | Poster Presenters hang posters <i>Mandalay Ballroom GH</i> |
| 9:30AM-7:00PM | Exhibits Viewing <i>Mandalay Ballroom GH</i> |
| 9:30AM-5:30PM | VIP Lounge <i>Mandalay Ballroom GH</i> |
| 10:30AM-7:00PM | Poster Viewing <i>Mandalay Ballroom GH</i> |
| 10:30AM-11:00AM | Coffee Break with Exhibits & Posters <i>Mandalay Ballroom GH</i> |
| 11:00AM-12:00PM | SESSION 6 Legends of Cosmetic Surgery <i>Mandalay Ballroom F</i> |
| 12:00PM-12:30PM | SESSION 7 Specialty Updates <i>Mandalay Ballroom F</i> |
| 12:30PM-1:45PM | AACS Fellowship Lunch & Program Directors Meeting (ticketed) <i>Mandalay Ballroom KL</i> |
| 12:30PM-2:00PM | LUNCH Mandalay Ballroom GH |

| | |
|---------------|---|
| 2:00PM-3:30PM | SESSION 8 Breast <i>Mandalay Ballroom F</i> |
| 2:00PM-3:30PM | SESSION 9 Skin & Body Treatments <i>Mandalay Ballroom KL</i> |
| 2:00PM-3:30PM | SESSION 10 Practice Management – Part 1 <i>Mandalay Ballroom J</i> |
| 3:30PM-4:00PM | Coffee Break with Exhibits & Posters <i>Mandalay Ballroom GH</i> |
| 4:00PM-5:30PM | SESSION 11 Body Contouring <i>Mandalay Ballroom F</i> |
| 4:00PM-5:30PM | SESSION 12 Residents Forum <i>Mandalay Ballroom KL</i> |
| 4:00PM-5:30PM | SESSION 13 Skin Rejuvenation and Hair Restoration <i>Mandalay Ballroom J</i> |
| 5:30PM-7:00PM | WELCOME RECEPTION <i>Mandalay Ballroom GH</i> |

| FRIDAY FEBRUARY 4, 2022 | |
|----------------------------------|--|
| 6:30AM-5:30PM | Registration <i>Mandalay Bay Ballroom Foyer</i> |
| 6:30AM-5:30PM | Speaker Ready Room Reef D |
| 6:45AM-7:45AM | Breakfast with Course <i>in Session 14 and 15</i> |
| 7:00AM-9:00AM | SESSION 14 Masters Session – Face & Eyes <i>Mandalay Ballroom F</i> |
| 7:00AM-9:00AM | SESSION 15 Women in Cosmetic Surgery Session (ticketed) <i>Mandalay Ballroom KL</i> |
| 9:15AM-10:00AM | SESSION 16 Webster Lecture <i>Mandalay Ballroom F</i> |
| 9:30AM-4:30PM | Exhibits & Posters Viewing <i>Mandalay Ballroom GH</i> |
| 9:30AM-4:30PM | VIP Lounge <i>Mandalay Ballroom GH</i> |
| 10:00AM-10:30AM | SESSION 17 AACS Business Meeting & Service Awards <i>Mandalay Ballroom F</i> |
| 10:30AM-11:00AM | Coffee Break with Exhibits & Posters <i>Mandalay Ballroom GH</i> |
| 11:00AM-12:30PM | SESSION 18 The Story Behind the Photo <i>Mandalay Ballroom F</i> |
| 11:00AM-12:00PM | SESSION 19 Practice Management – Part 2 <i>Mandalay Ballroom KL</i> |
| 12:30PM-1:45PM | ANCILLARY EVENT ABCS President's Diplomat Lunch <i>Mandalay Ballroom KL</i> |
| 12:30PM-2:00PM | LUNCH Mandalay Ballroom GH |
| 1:00PM-1:30PM | Satellite Symposium <i>Mandalay Ballroom F</i> |

| | |
|----------------|---|
| 2:00PM-3:00PM | SESSION 20 Poster Flash <i>Mandalay Ballroom F</i> |
| 2:00PM-3:30PM | SESSION 22 Male/Female Genital-Urinary <i>Mandalay Ballroom KL</i> |
| 3:00PM-3:30PM | SESSION 21 Malpractice Industry Update <i>Mandalay Ballroom F</i> |
| 3:30PM-4:00PM | Coffee Break with Exhibits & Poster Session <i>Mandalay Ballroom GH</i> |
| 4:00PM-5:30PM | SESSION 23 Masters Session – Full body <i>Mandalay Ballroom F</i> |
| 4:00PM-4:45PM | AACS & CSF Industry Advisory Council <i>Reef C</i> |
| 4:45PM-5:15PM | CSF Board of Directors Meeting <i>Reef C</i> |
| 7:00PM-11:00PM | THE WEBSTER SOCIETY SUPPER CLUB (ticketed) <i>Mandalay Ballroom KL</i> |

| SATURDAY FEBRUARY 5, 2022 | |
|------------------------------------|--|
| 7:15AM-2:45PM | Registration <i>Mandalay Ballroom Foyer</i> |
| 7:15AM-2:30PM | Speaker Ready Room Reef D |
| 7:15AM-8:15AM | Breakfast with Course <i>in Session 24</i> |
| 7:30AM-8:30AM | SESSION 24 Breakfast with the Experts <i>Mandalay Ballroom KL</i> |
| 8:30AM-12:00PM | Posters Viewing <i>Mandalay Ballroom GH</i> |
| 8:30AM-1:00PM | Exhibits Viewing <i>Mandalay Ballroom GH</i> |
| 8:30AM-9:00AM | Coffee Break with Exhibits & Posters <i>Mandalay Ballroom GH</i> |
| 8:45AM-9:00AM | Poster Awards <i>Mandalay Ballroom F</i> |
| 9:00AM-10:15AM | SESSION 25 All About Injectables <i>Mandalay Ballroom F</i> |
| 9:00AM-10:15AM | SESSION 26 Rhinoplasty <i>Mandalay Ballroom KL</i> |
| 10:15AM-10:45AM | Coffee Break & Visit Exhibits <i>Mandalay Ballroom GH</i> |
| 10:45AM-12:00PM | SESSION 25 (cont.) All About Injectables <i>Mandalay Ballroom F</i> |
| 10:45AM-12:00PM | SESSION 27 Lipo, High-Def Lipo and Complications <i>Mandalay Ballroom KL</i> |
| 12:00PM-1:00PM | FINAL EXHIBIT HOUR LUNCH & LIBATIONS <i>Mandalay Ballroom GH</i> |
| 12:00PM-1:00PM | Posters Dismantle <i>Mandalay Ballroom GH</i> |
| 1:00PM-2:30PM | SESSION 28 Complications: You Don't Want to Miss This! <i>Mandalay Ballroom F</i> |
| 1:00PM-5:00PM | Exhibits Dismantle <i>Mandalay Ballroom GH</i> |

Session 1: Face Lift

Thursday, February 3, 2022

7:00-8:45 AM

Mandalay Ballroom F

The Brow Fat Flap Lift

S1-01

7:05-7:13 AM

Dan Georgescu, MD, PhD

Uptown Clinique, Fort Lauderdale, FL

Dr Dan Georgescu (Dr DAN) is a board-certified oculoplastic surgeon by the American Board of Ophthalmology (ABO) and the American Board of Facial Cosmetic Surgery (ABFCS). He is a fellow of the American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS) and the American Academy of Cosmetic Surgery (AACCS). Dr DAN specializes in the cosmetic and reconstructive surgery of the eyelids and the face. After completing medical school in Europe and graduate school at Yale University and UT Southwestern Medical Center, Dr DAN trained as an Ophthalmologist at Moran Eye Center, University of Utah. Following a 2-year fellowship in Oculo-facial Plastic Surgery at the Center for Facial Appearances with Dr Richard Anderson and John McCann, the most sought-after fellowship training pro-gram in the country, Dr DAN became a Professor of Oculo-facial Plastic Surgery at the Johns Hopkins MC. He has been in private practice for the past 9 years.

Abstract

Introduction: Age-related volume loss in the upper eyelid and brow leads to a concave shape of the eyelid-brow junction visualized by the patient as hanging skin. Medial pre-aponeurotic fat transposition at the time of upper blepharoplasty has been very successful in restoring the convexity of the upper eyelid-brow junction in the medial half of the eyelid. This technique, however, is only minimally effective on the lateral half of the eyelid and brow, with recurrent lateral hooding. This study presents a new technique of pedicle brow fat transposition that significantly improves the volume in the lateral half of the eyelid-brow junction and lifts the brow.

Methods: Video presentation of the surgical technique and retrospective chart review of the last 23 consecutive patients treated with the brow fat flap technique at the time of the fat transposition upper blepharoplasty. A group of 23 consecutive patients treated with upper blepharoplasty alone was used as control. Brow elevation was measured bilaterally on the pre- and post-operative clinical pictures using Image-J 1.40J software (Wayne Rasband, NIH, USA). The horizontal white to white diameter of the right eye was used to calibrate the measurements and attributed a value of 12 mm in each photograph. Medial, central, and lateral brow levels were measured as the distance between the medial canthus and the upper edge of the medial brow, the center of the pupil and the upper edge of the central brow and the lateral canthus and the upper edge of the lateral brow, respectively. A blind observer to the study was asked to grade the improvement in the eyelid-brow junction in each eye operated on a scale from 0 to 5 where 0 was given for no improvement and 5 for uniformly convex eyelid-brow junction. Paired T-test and two-way ANOVA with Bonferroni posttest were used for analysis.

Surgical technique: after the skin only removal, a 2mm strip of orbicularis oculi muscle was excised over the tarsal plate with the Bovie. The orbicularis muscle above the incision was separated from the septum all the way to the superior orbital rim. The septum was incised medially, and the medial pre-aponeurotic fat pad was mobilized into a pedicle and transferred laterally. An intragaleal brow fat pad flap was raised from the lateral orbital rim with the hinge medially at the junction of the lateral 1/3 with the medial 2/3 of the brow. The brow fat pedicle was rotated medially 180*under tension and sutured to the medial pre-aponeurotic pedicle and then

to the periosteum at the superior orbital rim with one interrupted 5.0 vicryl suture. The orbicularis oculi muscle was draped over the fat pedicles and the skin was closed with interrupted 6.0 plain gut sutures.

Results: All patients included in the study were very satisfied with the final cosmetic result at the last (6 months) postoperative visit. The average age was 65+/-1.5 years. The post-operative follow-up interval was 6.3+/-0.35 months. There was a 2.5+/-0.32 mm increase in the medial brow position, 3.15+/-0.35 mm in the central and 3.27+/-0.3mm in the lateral brow position with surgery (Fig.1). This contrasted with the 1.71+/-0.42 mm decrease in the medial, 1.53+/-0.47 mm in the central and 1.73+/-0.32 mm in the lateral brow position in the blepharoplasty only group (p < 0.01).

The average improvement in the convexity of the eyelid-brow junction was 4.56+/-0.08 in the brow fat flap group and 3.95+/-0.09 in the control group (p <0.01). There were no major complications encountered. One patient had a minor wound dehiscence in one eye that was re-sutured in the office.

Discussion: The brow fat flap is an effective adjuvant procedure for the fat transposition upper blepharoplasty. It redistributes the volumes in the lateral and central brow which significantly lifts the brow and restores the convexity of the eyelid-brow junction in the lateral half of the eyelid which is not corrected by the medial pre-aponeurotic fat transposition alone (Fig.2,3). In addition, it prevents lateral hooding recurrence by subtracting volume from the temporal part of the brow, situated outside of the lateral orbital rim, which becomes virtually flat. The magnitude of the brow lifting effect is equivalent to that of the endoscopic brow lift and superior to the internal brow suspension procedures^{1,2}. This is likely due to both brow volume augmentation and anchoring of the rigid brow fat flap (that acts like a spring) to the superior orbital rim periosteum which improves the superior and anterior projection of the central third of the brow. This is in sharp contrast to the 1.7 mm average drop in brow position with blepharoplasty alone.

Take Home Message

Although a larger, prospective study is warranted, this small retrospective study supports the safety and efficacy of the brow fat flap procedure. When performed at the time of fat transposition upper blepharoplasty, the brow fat flap significantly lifts the brow and improves the convexity of the eyelid-brow junction.

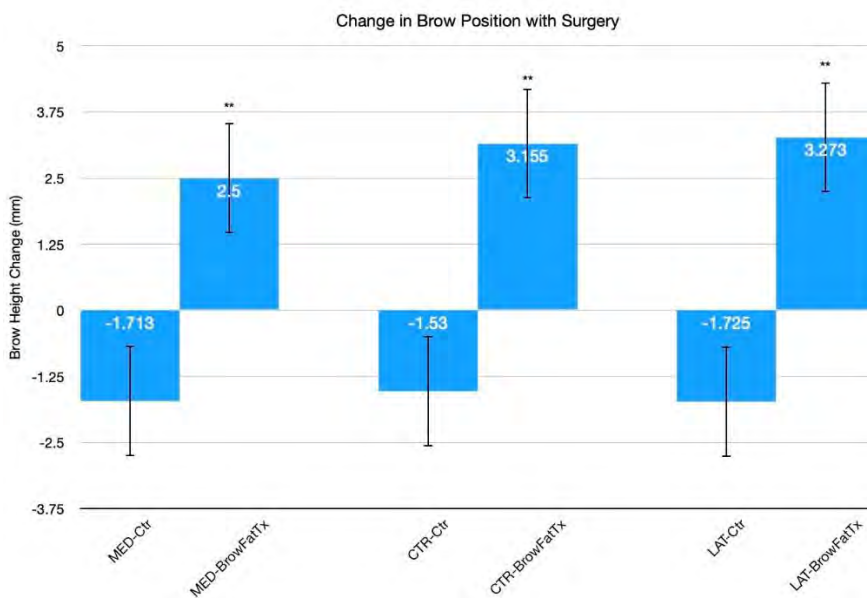


Figure 1

Before



After



Figure 2

Before



After



Figure 3

Session 1: Face Lift

Thursday, February 3, 2022

7:00-8:45 AM

Mandalay Ballroom F

Changing Chin Aesthetics: Advancement, Reduction, Implant, Genioplasty, Fillers and Contouring

S1-02

7:15-7:23 AM

Michael Morrisette, DDS, FACS

Morrisette Cosmetic Surgery, Ventura, CA

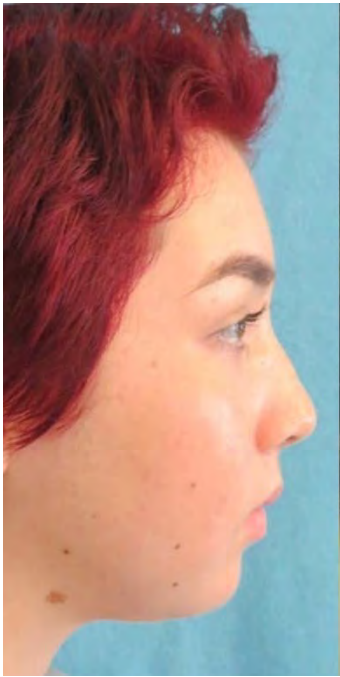
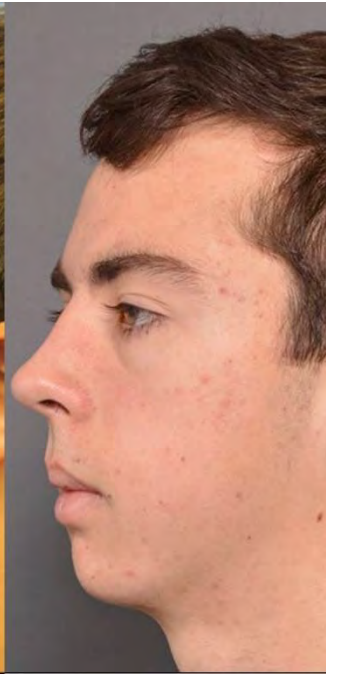
Dr. Michael Morrisette is a board certified oral & maxillofacial surgeon specializing in facial cosmetic surgery. He has been in practice for 30 years and is a Fellow of the American College of Surgeons. In his office accredited surgical center, he performs facial cosmetic surgery ranging from botox injections to face and necklifts. He has lectured internationally on numerous topics and techniques of facial cosmetic surgery and has extensive knowledge and experience with cosmetic chin surgery. In addition to cosmetic surgery, Dr. Morrisette has been a member of the Ventura County Cleft Lip and Palate Team since 1998. He regularly travels to Central and South America to perform surgeries as well as teach doctors and residents about cleft surgery. His previous missions included travel to Peru, Honduras, Argentina and most recently Brazil.

Abstract

Patient awareness of facial aesthetics has seen an increase in request for facial cosmetic treatment since 2018. Social media platforms like Instagram and Facebook are the "new referral" source for patients and search engines like Google have experienced a multi-fold increase in cosmetic related request. According to information published by the American Academy of Facial Plastic and Reconstructive Surgery, " In 2019 72% of patients reported they would like to improve the appearance their selfies". Chin aesthetics is a major subunit of facial aesthetics. An attractive chin is well balanced with the rest of the face and contributes to a beautiful profile, jawline, and neck. Chin aesthetics often has less to do with anti-aging and more to do with achieving facial balance. The amount of chin projection is often associated with the amount of nasal projection. Gender differences in most societies related to chin size prefer a more prominent chin in males and a somewhat recessive chin in females. In order to provide changes to chin aesthetics, accurate diagnosis requires photos, in some cases x-rays, and a thorough clinical exam. Directional changes to the chin can be related to the degree of difficulty with chin advancement being the easiest, and chin reduction the most difficult. This presentation will discuss the multitude of treatment options that are available for changing chin aesthetics ranging from surgical to non-surgical. The integration of the proper diagnosis and treatment (surgical or non-surgical) with reasonable patient expectations (temporary or permanent changes) can be the difference between a successful outcome and an unsuccessful outcome.

Take Home Message

Patients have become keenly aware of their chin aesthetics as a result of the increase in "selfies" and social media. The ability to provide changes to the chin ranges from non-surgical temporary changes to surgical permanent changes. Chin aesthetics is about facial balance. Improving facial balance with chin procedures whether surgical or non-surgical can result in a very satisfied and grateful patient. Changes to the nose and chin can also contribute to a greater self-esteem for many patients.



Session 1: Face Lift

Thursday, February 3, 2022

7:00-8:45 AM

Mandalay Ballroom F

SMAS Techniques with Facelift and my Personal Evolution Over 1,500 lifts

S1-03

7:25-7:33 AM

Joe Niamtu, III, DMD

Niamtu Cosmetic Facial Surgery, Richmond, VA

Dr. Niamtu is a board certified oral and maxillofacial surgeon and board certified cosmetic facial surgeon with a practice limited to cosmetic facial surgery. He is considered a Key Opinion Leader in numerous specialties and is very prolific in academics. He has authored 7 textbooks, contributed 34 chapters in other textbooks and has published hundreds of articles on cosmetic surgery. He has lectured on six continents and hosts an online video series and cosmetic surgery courses at his surgery center. Dr. Niamtu is well known for his intraspecialty participation and is frequently a speaker at plastic surgery, facial plastic surgery, dermatology, oculoplastic oral and maxillofacial and cosmetic surgery meetings. He has won "best Plastic Surgeon" or "Best Cosmetic Surgeon" 25 times in Virginia. Dr. Niamtu is married to April Niamtu and has two special needs children.

Abstract

Contemporary face and neck lift surgery requires SMAS management. There are many ways to safely and effectively manage the SMAS based on numerous factors including surgical training, experience and outcomes. This multimedia presentation will outline the author's 20-year experience and SMAS treatment evolution with over 1,500 face and neck lifts.

Take Home Message

To understand surgical techniques to safely manage the SMAS in facelift surgery.

Session 1: Face Lift

Thursday, February 3, 2022

7:00-8:45 AM

Mandalay Ballroom F

Facial Cosmetic Surgery in the Massive Weight Loss Patient

S1-04

7:35-7:43 AM

Erik J. Nuveen, MD, DMD, FAACS

Cosmetic Surgery Affiliates, Oklahoma City, OK

Dr. Nuveen has performed exclusively cosmetic surgery his entire 19-year career. He has been a member of the AACS since 2000. He has performed more than 19,000 major surgeries and written 21 first author articles and 9 textbook chapters on all aspects of cosmetic surgery. He is director of fellowship and has trained more than 15 fellows. His practice is located in Oklahoma City and treats patients from throughout the world.

Abstract

Massive weight loss results in extremes of facial ptosis, atrophy and laxity. We review the available literature and our 32-case experience in addressing the most common differences in management of facial restoration of the massive weight loss patient vs. routine aging faces. Techniques that have resulted in the most long-lasting outcomes will be reviewed and emphasized in this presentation for advanced and experienced facial surgeons.

Take Home Message

Massive weight loss patients are not simple aging face patients. They have unique characteristics that must be addressed with specialized techniques in order to reduce revision rates and improve long term patient satisfaction.

Session 1: Face Lift

Thursday, February 3, 2022

7:00-8:45 AM

Mandalay Ballroom F

Creating Almond Shaped Eyes In the Asian Indian Population - A Unique, Easily Reproducible, Surgical Technique

S1-05

7:45-7:53 AM

Debraj Shome, MD, FRCS, FACS, MBA

The Esthetic Clinics, India

Dr. Debraj Shome is a top Facial Plastic Surgeon, Cosmetic Surgeon and Oculoplastic Surgeon. Dr. Shome co-founded The Esthetic Clinics. The Esthetic Clinics are a group of top-class centers, based in Mumbai, Hyderabad, Kolkata & New Delhi, India and dedicated to the disciplines of aesthetic surgery and skin care of the body. Dr. Shome is a Surgeon super specialized in Facial Plastic Surgery, Oculoplastic Surgery & Cosmetic Surgery & is a consultant at Breach Candy Hospital; Saifee Hospital, Girgaon, Mumbai; Apollo Spectra Hospital, Chembur, Mumbai & SL Raheja Fortis Hospital, Mahim, Mumbai, India. Dr. Shome also runs a NGO called Debabrata Auro Foundation which plays a role in the upliftment of the downtrodden. Dr. Shome is the ex-Head of the Institute of Aesthetic Surgery, Apollo Hospitals, Hyderabad, India. Dr. Shome was Visiting Faculty to the Department of Head & Neck Surgery at MD Anderson Cancer Center, Houston, USA.

Abstract

Introduction: The shape of the eyes can significantly alter the way a person's face looks. With the proliferation of the internet, more and more people desire cosmetically appealing eye shapes. Cosmetic lateral canthoplasty is a procedure to change and enhance the shape of the eyes. It is becoming a common esthetic procedure performed for creating almond shaped eyes. The technique involves a lateral tarsal strip canthoplasty and canthopexy to create an upward slant of the lateral canthal region. It differs in Asians and Caucasians in terms of the technique used. Here we present 30 Asian Indian patients treated with our unique version of the lateral tarsal strip and Canthoplasty technique, to create symmetrical, almond shaped eyes.

Methods: 30 patients between the years March 2015 to April 2020 were treated to cosmetically change the way their eyes looked. They presented with complaints of not being happy with the symmetry and the shape of the eyes. Their ophthalmic examination was done to rule out any vision abnormality prior to surgery. All the patients underwent bilateral cosmetic canthoplasty surgery with the lateral tarsal strip technique. Post-operatively, the evaluation of the eyes was performed.

Results: 30 patients (10 males; 20 females) were treated to alter the shape of the eyes. Mean age of the patients was 25.5 years. The follow up periods ranged between 6 months to 2 years. All the patients presented with satisfactory and aesthetically acceptable results. The bilateral symmetry of the eyes was maintained. The pre-operative underwrite scleral show, if present, was also corrected and symmetrized in between the eyes in all the cases where present.

Conclusion: Lateral Tarsal Strip and Canthoplasty in the Asian Indian ethnic population is a unique procedure that makes the eyes appear almond shaped. It helps give the eyes a softer look by creating almond shaped eyes and thereby makes the face look more attractive. The authors think this procedure is a good and convenient method to perform and can be done as an out-patient procedure. Precision in surgical technique is essential to

have cosmetically pleasing results. We describe a unique technique to create almond shaped eyes in the Asian Indian population.

Take Home Message

The authors think this procedure is a good and convenient method to perform and can be done as an out-patient procedure. Precision in surgical technique is essential to have cosmetically pleasing results. We describe a unique technique to create almond shaped eyes in the Asian Indian population.



Session 1: Face Lift

Thursday, February 3, 2022

7:00-8:45 AM

Mandalay Ballroom F

Facial Liposculpture

S1-06

7:55-8:03 AM

Jose L. Salas, MD

Evoclinic, San Ysidro, CA

Dr. Jose Luis Salas considers the constant update and study of his specialty something basic to offer the best quality. At the same time, he believes it is fundamental to share his knowledge with his colleagues, which is why he created an Annual Surgical Workshop focused in Facial procedures in which he explains and shows the most modern techniques for these procedures. At the present time Jose Luis Salas M.D. is the director of Evoclinic in Tijuana, he is also member and founder of the Mexican Society of Rhinology and Facial Surgery, and he is also founder and president of the Mexican Academy of Cosmetic Surgery (AMCC).

Abstract

Objectives: Teach cosmetic surgeons the importance of performing a safe facial liposculpture, along with the orientation and variation from body liposculpture.

Methods: Clinical and surgical. Along with the presentation of the author's surgical approach which has been mastered for 20 years without any serious complications.

Results: We will present a Patients Statistics Report of several years, in which this technique was applied, and we will display postsurgical patient results with this technique.

We have been performing this procedure for over 20 years. We will explain who the ideal patients are for Face and Neck Liposuction; we will evaluate when a technique is required for this facial procedure and what are the safest and precise areas to perform it. We will explain the location of fat on face and neck and which one we can remove or manipulate. We will show with detail the surgical technique, the use of cannulas and when the syringe technique is required. We will evaluate Bichat Fat Pad Resection; surgical time, anesthesia. We will show video with Face and Neck surgical technique. We will instruct when fat is removed from under the SMAS and how it was performed. We will explain complications and how to treat them. We will show results from patients explaining the procedure. Results are based on a study of 500 patients over the course of the last 5 years that underwent this surgical procedure.

Take Home Message

Facial Liposculpture is different to body liposculpture. A surgical technique meant for cosmetic surgery. It is safe and conventional. Use of suitable surgical instruments and knowledge of anatomy is extremely important.

Session 1: Face Lift

Thursday, February 3, 2022

7:00-8:45 AM

Mandalay Ballroom F

3D Custom Wrap Around Mandibular Implants: Working Skeleton To Skin

S1-07

8:05-8:13 AM

Albert E. Carlotti, MD

The Carlotti Center, Scottsdale, AZ

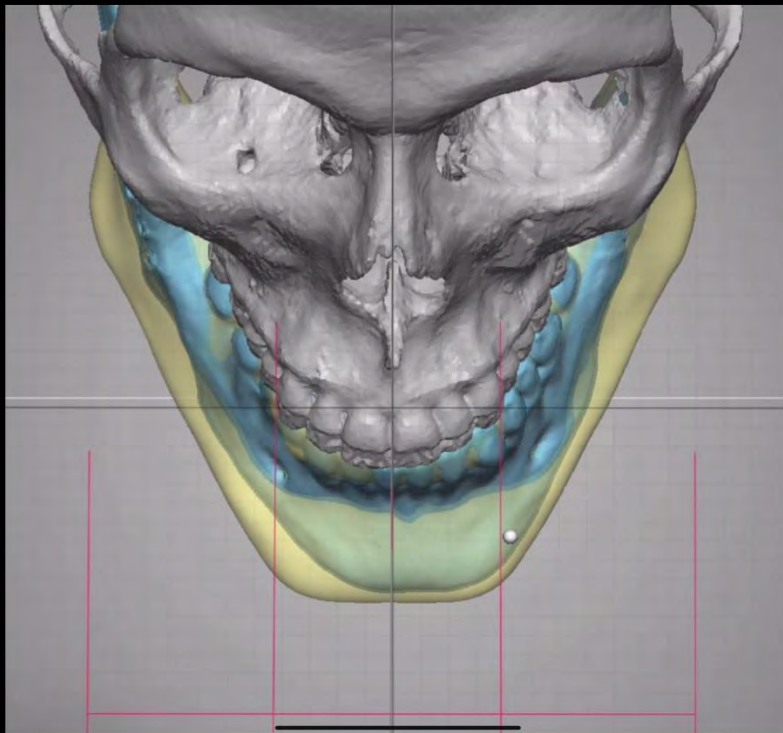
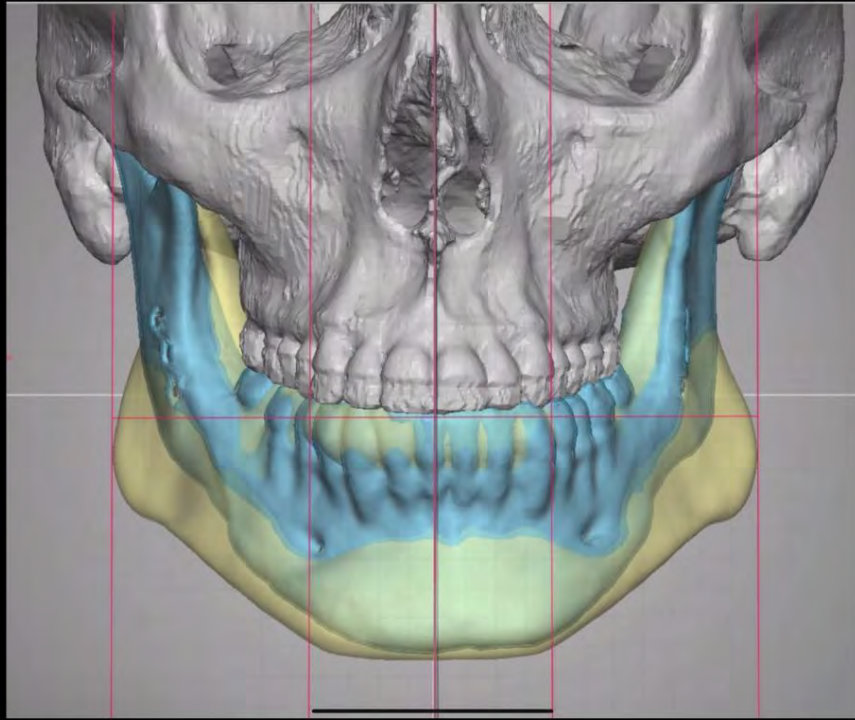
Dr. Albert Carlotti has been a Fellow of the AACS since 2004. He practices full scope Cosmetic & Reconstructive Surgery of the Face & Body in both Scottsdale, AZ and Austin, TX. Dr. Carlotti has presented numerous times to the AACS over the last 16 years and is Past President of the Cosmetic Surgery Foundation.

Abstract

The 4-Dimensional Facelift was first presented to the AACS by Dr. Stephen Watson in 2001. The concept in working from skeleton to skin meant performing facial rejuvenation in multiple planes and vectors starting in the subperiosteal plane. Facial augmentation with implants was an imperfect princess in the early years of facial contouring as asymmetry was impossible to exactly correct with stock-sized silicone implants and the amount of augmentation was limited. The advent of custom 3D facial implants now permits the surgeon to precisely augment and change the skeleton to eliminate asymmetry and develop contours favorable to patient preference and to properly support soft tissue with aging. Combining Custom 3D silicone implants with the 4-Dimensional facelifting techniques has now revolutionized the ability of the surgeon to achieve superior results. In this presentation, the diagnoses and design of the custom implants will be presented in combination with the proper sequencing in placement with total facial rejuvenation surgery.

Take Home Message

The audience will learn about the tremendous advantages of combining 3D custom facial implants in combination with total facial rejuvenation, especially with enhancing the jawline and chin.



Session 1: Face Lift

Thursday, February 3, 2022

7:00-8:45 AM

Mandalay Ballroom F

Combined LLFR Lift: The Most Powerful Non-Surgical Facelift

S1-08

8:15-8:23 AM

Mohan Thomas, MD, DDS

Dr. Mohan Thomas Aesthetics, Mumbai, India

Dr. Mohan Thomas is an American Trained and Board Certified Facial and General Cosmetic Surgeon and is also a Fellow of AACS. Dr. Thomas has made significant contributions to the Plastic and Aesthetic Surgery literature including more than 50 publications in all known peer reviewed publications such as PRS, ASJ, JPRAS, IJPS, Journal of Oral and Maxillo facial surgery and Clinics of North America. He has also published many chapters in books titled 'Integrative procedures in facial cosmetic surgery', 'Aesthetic and Regenerative Gynaecology' among others and edited by the pioneers in the field. Dr. Thomas has also been contracted to edit a 6- volume Surgical Manual on Cosmetic Surgery and Medicine to be published by Springer International shortly. Dr. Thomas is an innovator and teacher and participates in all the major international conferences so as to impart this knowledge to his peers and students. He offers a prestigious Cosmetic Surgery Fellowship (4) in India through the University which has a wait of 4 years. He has clocked over 9000 hours of continued medical education and has delivered over 500 lectures in the last 20 years.

Abstract

Objective: There are promising new technologies out there such as Cog threads along with ultrasound and radio frequency wave technology that are claiming to replace the surgical facelift. These technologies along with volume replacement by Fillers, lifting of the tissues using barbed threads and skin resurfacing by LASERS and Peels have shown promise in the cosmetic arena. These procedures can be used in combination to good effect in the right patient.

Methods: Non Invasive technology – Microfocussed Ultrasound (Ultherapy)/ radio frequency (Thermage/ Facetite) and / or thread lift was used in 25 patients over the last one year. They were analyzed for the improvements in their brow position, jowls and neck rhytides by photographs. These patients were followed up for a period of up to 6 months.

Results: We observed that people having thin skin and minimal rhytides showed good improvement as the skin tone was good. As the aging changes became more advanced the improvement seen was proportionately less.

Conclusion: There is no real substitute at this time for a true surgical facelift in which correction of volume and non-surgical lifting of the face can be done. I would assume that in the coming few years this certainly will be a possibility. In the meantime, it remains more of a short-term clinical improvement in the areas addressed. 'Thread lift' to an extent has shown improvement in the areas of concern if the skin laxicity is limited.

Take Home Message

There is no true, real substitute at this time for a true surgical facelift in which correction of volume and non-surgical lifting of the face can be done. I would assume that in the coming few years this certainly will be a

possibility. In the meantime, it remains more of a marketing hype with little appreciable clinical improvement in the areas. 'Thread lift' to an extent has shown improvement in the areas of concern if the skin laxicity is limited.

Session 1: Face Lift

Thursday, February 3, 2022

7:00-8:45 AM

Mandalay Ballroom F

Enhancing Facelift Contour via Interlocking-Plicating Horizontal Mattress SMAS Closure

S1-09

8:25-8:33 AM

Monica Ray, MD

TOC Eye and Face, Austin, TX

Monica Ray is an ophthalmologist, currently completing fellowship in Ophthalmic Plastic and Reconstructive Surgery through ASOPRS and Facial Cosmetic Surgery through AACS at TOC Eye and Face in Austin, TX. She attended the University of Michigan for her undergraduate degree, and Wayne State University School of Medicine where she earned her medical degree. She completed an internship at Beaumont Hospital in Dearborn Michigan. She finished ophthalmology residency at Case Western Reserve University in Cleveland, Ohio where she served as chief resident. She will be spending two years at TOC Eye and Face during which she will complete her two-year ASOPRS fellowship and a one-year AACS fellowship.

Abstract

Introduction: Face and necklift surgery has the power to release and resuspend the ptotic soft tissue of the lower face and neck, restoring youthful contour. Numerous techniques have been developed to plicate and resuspend the SMAS. (need extensive article list here, including original skoog article, MACS lift article, and original deep plane article in PRS.) Fixation techniques of the SMAS have numerous pros and cons; achieving a smooth contour and effective lift is the ultimate goal. The authors present here an interlocking-plicating horizontal mattress suture technique that can smoothly enhance facial contour, improve and re-distribute volume in the midface, and provide strong support for the underlying tissues during deep plane lower face lifting.

Methods: This is a retrospective analysis of all patients undergoing a facelift with the described suture technique utilized by a single surgeon (TN) at our facial cosmetic surgery practice. Patients underwent a high-SMAS deep plane technique, with asymmetric distribution of the SMAS depending on underlying facial symmetry needs, and the specific SMAS suturing technique. The patient charts were reviewed for subjective and objective outcomes, as well as post-procedure complications.

Results: 214 patients who underwent deep plane lower face lifting with interlocking-plicating horizontal mattress SMAS closure were assessed retrospectively. There were no intraoperative complications related to the suture technique in this patient cohort. A variety of facial cosmetic procedures were performed concurrently at the time of the studied procedure, and none were impeded by or negatively impacted the success of the procedure. All patients were satisfied with their final outcome, and there were no patients in need of revision for contour, symmetry, or patient dissatisfaction. WILL NEED TO INCLUDE A REASONABLE LIST OF COMPLICATIONS FOR THESE PATIENTS: HEMATOMA, SEROMA, SCAR REVISION, SUTURE PALPABILITY.... ESTIMATES: (3, 2, 4, 5)

Discussion: The deep plane facelift is a reliable, established cosmetic rejuvenative procedure that provides release and lift of the deep tissues of the mid and lower face. There are a variety of fixation strategies, all with advantages and disadvantages. The interlocking-plicating horizontal mattress suture technique has notable

advantages including reliable efficacy, excellent contour, and robust support of the SMAS. This suture technique provides consistent, reproducible and efficacious lift of the SMAS that aids in contouring of the deep tissues during facelift. This technique may be easily implemented with concomitant facial plastic reconstructive and cosmetic procedures of the neck, periocular, brow, and forehead.

Conclusion: This series spanning 10 years of patients demonstrates the efficacy, safety, and outcomes of deep plane face lifting with SMAS suspension utilizing interlocking-plicated horizontal mattress sutures.

Bibliography:

- Gordon NA, Adam SI 3rd. Deep plane face lifting for midface rejuvenation. Clin Plast Surg. 2015 Jan;42(1):129-42.
- Charafeddine AH, Drake R, McBride J, Zins JE. Facelift: History and Anatomy. Clin Plast Surg. 2019 Oct;46(4):505-513.
- Sadati K, Motakef S. Triple-C SMAS Plication Facelift for Natural Facial Rejuvenation. Plast Reconstr Surg Glob Open. 2019 Dec 26;7(12):e2575.

Take Home Message

In facelifting surgery an interlocking-plicating horizontal mattress suture resuspension of the SMAS can smoothly enhance facial contour, improve and re-distribute volume in the midface, and provide strong support for the underlying tissues during deep plane lower face lifting.



Session 2: Allied Health Non-Medical Session (Non-CME)

Thursday, February 3, 2022

7:00-7:45 AM

Mandalay Ballroom KL

True or False: Online Estimates are Inaccurate

S2-01

7:05-7:13 AM

Jonathan Kaplan, MD, MPH

Pacific Heights Plastic Surgery, San Francisco, CA

Dr. Jonathan Kaplan is a board-certified plastic surgeon based in San Francisco, CA and founder/CEO of BuildMyHealth, a price transparency-lead generation platform. He's also the author of a forthcoming book on the resurgence of the independent practice and price transparency in healthcare. You can watch him operate and educate @realdrbae on Instagram, Snapchat and TikTok.

Abstract

Data was collected from Dr. Tim Sayed, a plastic surgeon in San Diego, from May 1st through June 22nd, 2021.

Data included the estimated cost of procedures chosen by patients through a Price Estimator and chatbot on his website. These estimates were then compared to the actual cost of the procedure quoted to the patient once they came in for a consultation.

The perceived inaccuracy of online estimates is often cited as a reason not to provide pricing at all. The conventional wisdom being that consumers don't have enough fundamental knowledge to choose the "right" procedure from a list and are therefore surprised or disappointed to find out the procedure they expected is different than the procedure their doctor recommends.

Dr. Sayed's price estimator generated 86 unique leads over the course of the study. 14 patients came in for a consultation, a lead-to-consultation rate of 16.28%. 5 of the 14 consultations (35.71%) booked surgery during the short timeframe mentioned above.

All 5 patients that booked surgery selected a breast procedure when using the price estimator on his site and all five were candidates for breast procedures. There were some cases where they also needed a lift as part of their en bloc capsulectomy and implant removal or also needed fat grafting in addition to these en bloc resections. In all, the difference in cost between their estimated online quote and their actual procedure costs varied by 10.62%. This is comparable to being off by \$800 for an \$8000 procedure. With this relatively small variation, online estimates should be considered accurate enough to be helpful to the patient.

Take Home Message

Online estimates are accurate enough and close enough to the actual cost of a procedure to provide actionable insight to the patient prior to coming in for a consultation.

Session 2: Allied Health Non-Medical Session (Non-CME)

Thursday, February 3, 2022

7:00-7:45 AM

Mandalay Ballroom KL

Schedule Management Mastery

S2-02

7:15-7:23 AM

Dan Grantham

YellowTelescope, Miami, FL

Dan has consulted with practices for over a decade to increase patient conversions and improve practice efficiency. He works with YellowTelescope's roster of comprehensive clients, helping to staff new hires and spearheads the training and on-going management of Patient Care Coordinators and office staff to ensure that practice growth goals are achieved. After graduating from Florida State University College of Business, Dan started his own business at the age of 21 that grew to over 200 sales reps. As a Patient Care Coordinator, Dan worked with over 15,000 patients and personally sold \$28M in surgery with an 85%+ same day booking ratio. He consulted for and personally developed and implemented sales programs for a medical weight loss company that helped grow the company's revenue from \$4M annually to over \$80M annually in less than 3 years. Dan has been featured in MedEsthetics as well as served on faculty at the American Academy of Cosmetic Surgeons (AACS) meeting and Florida Combined Otolaryngology Meeting. He volunteers with local organizations benefiting students in at-risk communities and children with autism.

Take Home Message/Abstract

Simple scheduling tricks can significantly increase the numbers of non-surgical procedures that can be done in a day. Learn how to create a schedule that will grow your revenue and make patients happier.

Session 2: Allied Health Non-Medical Session (Non-CME)

Thursday, February 3, 2022

7:00-7:45 AM

Mandalay Ballroom KL

Powerful Strategies to Boost Conversion, Retention and Per-Patient Spend in Your Practice

S2-03

7:25-7:33 AM

Audrey Neff, BS

PatientNow, Altamonte Springs, FL

Audrey Neff is the Director of Marketing for PatientNow, which provides practice management & marketing solutions for over 3,000+ aesthetic practices worldwide. Audrey brings a decade of experience in sales & marketing -- six years of which has been in the medical aesthetics vertical. She is a frequent industry speaker on practice management strategies and is currently faculty for 18 medical associations and conferences across the U.S.

Abstract

According to AmSpa's last published State of the Industry report, 66% of practice revenue came from repeat business. Given the high cost of patient acquisition, it is increasingly vital that practices have a budget & plan in place for client retention. In this course, attendees will learn effective strategies for increasing per-patient spend and retention to scale and generate recurring revenue streams.

- Selling perceived 'value' vs. price
- Building a recurring revenue model with memberships & loyalty programs
- How to increase connectivity & drive consistent treatment activity with patients
- Easy ways to boost retail sales & leverage the e-commerce opportunity

Take Home Message

In this course, attendees will learn effective strategies for increasing lead conversion, per-patient spend and retention to scale and generate recurring revenue streams.

Session 3: New Surgeons

Thursday, February 3, 2022

8:00-8:45 AM

Mandalay Ballroom KL

AACS AMA Young Physician Section Representative Welcome

S3-01

8:00-8:05 AM

Kamran Dastoury, MD

Modern Surgical Arts of Denver, Englewood, CO

Dr. Dastoury is a double board-certified cosmetic surgeon, who has dedicated his practice to the art of aesthetic surgery where he practices as medical director of Modern Surgical Arts of Denver. In the historic city of New Orleans, he attended LSU School of Medicine where he received his medical degree. Dr. Dastoury also completed his general surgery internship at ILH Charity hospital, a Level I trauma hospital located in downtown New Orleans. Dr. Dastoury completed 6 years of surgical specialty training in maxillofacial surgery at ILH Charity Hospital in New Orleans. During that time, he trained in aspects of facial surgery such as cosmetic surgery, trauma, head & neck cancer, microvascular reconstruction, and pediatric craniofacial surgery. During his residency, he also had extensive training in anesthesia, which enabled him to attain his general anesthesia certificate in California and Colorado. After discovering his passion for aesthetic surgery, Dr. Dastoury pursued further subspecialty training in facial & body cosmetic surgery in order to provide the best aesthetic care for his patients. He completed another full year in general cosmetic surgery through the American Academy of Cosmetic Surgery fellowship program in Southern California.

Notes:

Session 3: New Surgeons

Thursday, February 3, 2022

8:00-8:45 AM

Mandalay Ballroom KL

10 Gimmicks I've Used to Build My Practice

S3-02

8:07-8:15 AM

Jonathan Kaplan, MD, MPH

Pacific Heights Plastic Surgery, San Francisco, CA

Dr. Jonathan Kaplan is a board-certified plastic surgeon based in San Francisco, CA and founder/CEO of BuildMyHealth, a price transparency-lead generation platform. He's also the author of a forthcoming book on the resurgence of the independent practice and price transparency in healthcare. You can watch him operate and educate @realdrbae on Instagram, Snapchat and TikTok.

Abstract

What actionable steps can you take to build your practice? What about a gimmick? How about 10 gimmicks?! A gimmick is a trick or device intended to attract attention, publicity or business. Because this is healthcare, a "trick" has a bad connotation. Maybe marketing principle is a better way to describe a gimmick that can build your practice like it has built mine. These 10 "gimmicks" are listed below. At first sight, they may sound strange but this presentation will explain each one in more detail and how they can apply to your practice.

1. Theme song
2. Logo/filter for social
3. Chatbot that provides automated quotes in exchange for contact info
4. Neon sign
5. Latte art
6. Contactless interactions
7. A social media "name"
8. A unique surgical procedure with a buzzy name
9. A non-surgical procedure with a unique technique
10. Something to make the patient's awake procedure less painful

Take Home Message

Ensure patient safety is always a priority and separate yourself from the competition with clever, entertaining and honest examples of your uniqueness.

Session 3: New Surgeons

Thursday, February 3, 2022

8:00-8:45 AM

Mandalay Ballroom KL

Board Certification in Context: Why Education, Training and Experience Beats Certification

S3-03

8:17-8:25 AM

Alexander W. Sobel, DO, FAACS

Anderson Sobel Cosmetic Surgery, Bellevue, WA

A past president of both the American Board of Cosmetic Surgery and American Board of Facial Cosmetic Surgery as well as current Vice Chair of the Washington State Osteopathic Medical Board, Dr. Sobel has been heavily involved in certification and restriction of commercial free speech matters for the past decade. He has been in the sole practice of cosmetic surgery since 2008 and is proud to offer fellowship training via the American Academy of Cosmetic Surgery.

Abstract

Physician Board Certification is the voluntary process by which a physician may demonstrate his or her mastery and expertise in the specialty and/or sub-specialty of medical practice through rigorous training, examination, and continuing education. Standards are not set by one organization as is recognized by many states and organizations. Training, experience, and methodical certification in cosmetic surgery is both invaluable to public safety and not being adequately performed via the ACGME and ABMS.

Several differences inherent to accredited ambulatory surgery center-based training from hospital-based training benefit training, experience, and certification to the highest level in cosmetic surgery. Competing boards within the ABMS all too often wish to make this an “us versus them” battle; this a battle that is for control, power and financial gain rather than patient safety and care. Using Medicare dollars to fund exclusive training programs in elective cosmetic procedures is not possible; yet the only traditional funding source is for physician training in residencies is Medicare. Further, cosmetic surgery is scarcely performed in large teaching hospitals and time off service training in cosmetic surgery would threaten the funding of the residency and diminish the hospital service workforce.

Therefore, teaching hospitals do not offer cosmetic surgery training and the ABMS does not offer board certification for cosmetic surgery. This unavailability of training and certification does not serve the public who deserve specialty-trained, deeply educated, and rigorously examination-certified surgeons performing high quality cosmetic surgeries. Only through collaboration, seeking the highest level of training, performance and integrity, will we give the public the best and safest results in cosmetic surgery.

Credible certifying entities should work together to educate and build awareness before the public to better ensure patient safety and care. A directly correlating board certification is an affirmative “AND” justification for competency within an ethically set scope of practice.

Take Home Message

Board Certification does not certify competence; whereas board certification, directly correlating to scope of practice, combined with defensible education, training, experience, and ongoing education in the same, is the true gold standard for safe, prudent, and excellent practice.

Session 3: New Surgeons

Thursday, February 3, 2022

8:00-8:45 AM

Mandalay Ballroom KL

Discover How Architectural Design Can Transform Your Practice Revenue

S3-04

8:27-8:35 AM

Mohsen Ghoreishi

The Kohan Group, Inc., San Francisco, CA

Mohsen Ghoreishi is the founder and President of The KOHAN Group, Inc. An architectural firm located in San Francisco California since 2002. Mohsen comes with 25 years of experience designing and working with healthcare facilities, specifically hospitals and private Surgery Centers. Mohsen created the “architects for aesthetic medicine” team at KOHAN architecture which designs and builds the next generation of surgery centers and medical facilities. You can reach Mohsen via e-mail at mohsen@kohaninc.com. Please find more information on The Kohan Group “KOHAN” online at www.kohaninc.com.

Abstract

This course will provide participants with evidence base numbers and analysis presenting important information and steps to overall physical environment layout, a road map to the juxtaposition of spaces and clinical services provided, volumetric essence and the feeling desired, coupled with the importance of clinical skills, integration of streamlined operations and its impact which can make or break financial stability and growth of the practice. Although it may not be customary to think an architecturally designed physical environment can transform any practice revenue as much as the ability and competency of one's clinical skills; however, it is proven by real examples, practice growth and financial improvement are directly related to architecturally well-designed spaces.

Take Home Message

The clear purpose is to present by way of evidence base case study, the importance of both architecturally well-designed practice and the providers Clinical Skills, which are equally important tools to enhance the patient experience, business growth, and prosperity.







Session 3: New Surgeons

Thursday, February 3, 2022

8:00-8:45 AM

Mandalay Ballroom KL

What to Avoid When Launching a Practice: A Lighting Round

S3-05

8:37-8:45 AM

Dan Grantham

YellowTelescope, Miami, FL

Dan has consulted with practices for over a decade to increase patient conversions and improve practice efficiency. He works with YellowTelescope's roster of comprehensive clients, helping to staff new hires and spearheads the training and on-going management of Patient Care Coordinators and office staff to ensure that practice growth goals are achieved. After graduating from Florida State University College of Business, Dan started his own business at the age of 21 that grew to over 200 sales reps. As a Patient Care Coordinator, Dan worked with over 15,000 patients and personally sold \$28M in surgery with an 85%+ same day booking ratio. He consulted for and personally developed and implemented sales programs for a medical weight loss company that helped grow the company's revenue from \$4M annually to over \$80M annually in less than 3 years. Dan has been featured in MedEsthetics as well as served on faculty at the American Academy of Cosmetic Surgeons (AACS) meeting and Florida Combined Otolaryngology Meeting. He volunteers with local organizations benefiting students in at-risk communities and children with autism.

Take Home Message/Abstract

Starting a new practice is a nerve-wracking time in the life of a Doctor. No matter the age or level of experience, the challenges of becoming a business owner are similar. After three decades of schooling, doctors are not given the tools needed to become owners. This course will give the main areas to avoid for doctors looking into opening a new practice. Learn the key pitfalls to avoid sputtering off of the launch pad.

Session 4: Keynote

Thursday, February 3, 2022

9:00-9:30 AM

Mandalay Ballroom F

The Art of Breast Reconstruction: A Sensitive Topic

S4-01

9:05-9:30 AM

Andrea A. Moreira, MD

Allegheny Health Network, Pittsburgh, PA

Dr. Moreira is a board-certified Plastic Surgeon and the director of the breast reconstruction program at Allegheny Health Network, Pittsburgh, Pennsylvania. She is also an adjunct staff at the Cleveland Clinic and an assistant professor at Case Western Reserve Lerner School of Medicine. She completed general and plastic surgery residencies at UNIFESP, Sao Paulo, Brazil. She relocated to the United States, and she pursued plastic surgery residency at the Cleveland Clinic. Dr. Moreira has accumulated extensive clinical knowledge in the field of breast reconstruction, and she is the author of several peer review papers. Her main areas of research focus on innovations on breast reconstruction and microsurgery, particularly robotic assisted DIEP flap harvest and breast resensation. Her overall vision is to develop state-of-art ways to care for breast reconstruction patients, through clinical knowledge and research.

Notes:

Session 5: Case Presentations from the Experts

Thursday, February 3, 2022

9:30-10:30 AM

Mandalay Ballroom F

Managing Advanced Capsular Contracture

S5-01

9:35-9:45 AM

Jane A. Petro, MD, FACS, FAACS

AACS and New York Medical College, Jamaica Plain, MA

Dr Petro is a former President of the AACS, and the prior Editor in Chief of the American Journal of Cosmetic Surgery. She is a retired Professor of Surgery at New York Medical College. now an Emerita Professor. She is retired from clinical practice but continues to mentor young surgeons, and those who are introducing new procedures into their practice. In her free time, Dr. Petro loves working in the garden, cooking, and sailing. Recent trips have included sailing around the Greek Islands, and off the coast of Israel. crossing the Pacific from Panama to Tahiti, and exploring the coast of Croatia, as well as the reef of Belize. Dr Petro is the author of over 60 papers in peer reviewed journals, 2 books and numerous book chapters. Dr Petro is proud to be board certified by the American Board of Cosmetic Surgery as well as the American Boards of General Surgery and Plastic Surgery. And especially proud of being part of the introduction to the Women in Cosmetic Surgery section of the AACS, in company with Dr. Suzan Obaji and Dr. Mark Mandel-Brown.

Notes:

Session 5: Case Presentations from the Experts

Thursday, February 3, 2022

9:30-10:30 AM

Mandalay Ballroom F

Breast Implants Illness

S5-02

9:47-9:57 AM

James R. Koehler, MD

Eastern Shore Cosmetic Surgery, Fairhope, AL

James Koehler, MD is in private practice at Eastern Shore Cosmetic Surgery in Fairhope, AL. He is a Board Certified and Fellowship trained cosmetic surgeon that has been practicing exclusively cosmetic surgery for 15 years. He is former faculty in the department of surgery at the University of Alabama in Birmingham, AL and at Oklahoma State University Medical Center in Tulsa, OK. He was past co-director for Fellowship training program at Tulsa Surgical Arts and past Chairman of the Fellowship Training Committee for the AACS. He serves on the board of trustees for the American Board of Cosmetic Surgery.

Take Home Message/Abstract

Current information on the management of patients with "Breast Implant Illness". Information on what treatment is indicated and how to educate your patients on what they can expect in terms of outcomes.

Session 5: Case Presentations from the Experts

Thursday, February 3, 2022

9:30-10:30 AM

Mandalay Ballroom F

Acellular Dermal Matrix: Good or Bad

S5-03

9:59-10:09 AM

Jacob Haiavy, MD

Inland Cosmetic Surgery, Rancho Cucamonga, CA

Dr. Jacob Haiavy is the medical director of Inland Cosmetic Surgery and has practiced cosmetic surgery, exclusively, in the fully accredited surgery center in Rancho Cucamonga since 2001. Dr. Jacob Haiavy has served as faculty for cosmetic breast, body, and facial rejuvenation courses and has written several journal articles on cosmetic surgery for leading publications. He is also a volunteer assistant clinical professor at Loma Linda University. Dr. Haiavy is also a fellowship director of an AACS approved full body & facial cosmetic surgery fellowship in Rancho Cucamonga, CA. Dr. Haiavy is a past president of the American Board of Cosmetic Surgery and also past president of the California Academy of Cosmetic Surgery. He has also served on the board of trustees for the AACS and Cosmetic Surgery Foundation which promote education and safety in the field of cosmetic surgery.

Take Home Message/Abstract

In this session we will present a case that could be treated with an Acellular Dermal Matrix or membranes for loss of support and discuss the pros and cons of using such materials in breast revision surgery.

Session 6: Legends of Cosmetic Surgery

Thursday, February 3, 2022

11:00 AM - 12:00 PM

Mandalay Ballroom F

Liposuction: Back to the Basics. Being the Best You Can Be

S6-01

11:05-11:30 AM

Howard A. Tobin, MD, FAACS

Cosmetic Surgical Center, Abilene, TX

Dr. Tobin has over 50 years of experience in Cosmetic Surgery. He was the director of the nationally recognized Facial Plastic & Cosmetic Surgical Center in Abilene, Texas. He is a past President of the American Academy of Cosmetic Surgery and the Cosmetic Surgical Society of Texas and has served in numerous leadership positions in state and national medical associations. Graduating from Princeton University with honors, he attended medical school at Baylor University College of Medicine in Houston. Postdoctoral training was then carried out in Houston, Virginia, and Cincinnati. He served in the United States Air Force with the rank of Major entering active duty in 1969 and being discharged in 1975 His assignment to Dyess Air Force Base in Abilene, TX led to his decision to call Abilene home. His initial practice was in the field of Head & Neck Cancer & Reconstructive Surgery. Over the next 6 years, his interest turned to Cosmetic surgery A sponsor of the Miss Texas USA pageant, he has also served as a judge for this and other pageants. His patients include many pageant contestants and winners up to the Miss Universe title. He is the author of more than 75 published articles and textbook chapters and has lectured throughout North and South America, Europe Asia, and Australia. In addition to his medical interests, Dr. Tobin is an accomplished Airline Transport jet-rated pilot, flying for over fifty years with over 6000 flying hours. He has owned and flown, single pilot, his Citation 501 - Stallion Jet for 30years. He is a principal volunteer pilot for the Veterans Airlift Command, flying wounded warriors on humanitarian missions. He is the recipient of the FAA Wright Brothers "Master Pilot Award". When not flying or operating, he operates and lives on a ranch in Ovalo, Texas.

Take Home Message/Abstract

Using liposuction as an example, we will focus I'm getting back to the basics. We will use this as an example of how concentrating on what is best for our patients, regardless of what is best for us, can make us better, happier and more satisfied surgeons. Surgery is only one of the tools we have to help make our patients feel better about themselves

Session 6: Legends of Cosmetic Surgery

Thursday, February 3, 2022

11:00 AM - 12:00 PM

Mandalay Ballroom F

Extended Multiplanar Multivector Facelift

S6-02

11:35 AM - 12:00 PM

T. William Evans, DDS, MD, FACS

Facial Aesthetic Surgery, LLC, Columbus, OH

Dr. Evans received his DDS from The Ohio State University College of Dentistry (Summa Cum Laude). After dental school, Dr. Evans entered the Oral and Maxillofacial Surgery residency at The Ohio State University Hospital. Concurrent with this residency he received a master's degree (M.Sc.) in Anatomy (head and neck). Dr. Evans received his from The Ohio State University College of Medicine. After medical school, Dr. Evans entered a medical residency at Grant Medical Center. During this time, he recognized a nationwide need for quality full-time medical care in hospital emergency rooms and intensive care units. Dr. Evans founded Emergency Medical Associates, Inc. (E.M.A.I.), one of the first organized private emergency physician groups in the United States. Dr. Evans was President of E.M.A.I. for 25 years and actively practiced Emergency Medicine concurrent with his surgery practice for 10 years. He lectured internationally about Emergency Medicine, particularly regarding the management of traumatic shock. He was instrumental in the formation of the American Board of Emergency Medicine. Dr. Evans founded Urgent Medical Care, Inc. (U.M.C.I.) in 1974. In 1975, he began what may have been the first urgent medical care center in the United States in Westerville, Ohio. Dr. Evans has developed or modified many facial surgical techniques that are used by surgeons worldwide. He was the first surgeon in the United States to perform the bilateral sagittal osteotomy of the mandible and arguably the first to perform a total maxillary osteotomy to shorten the long face. Dr. Evans is certified by the American Board of Oral and Maxillofacial Surgery and the American Board of Cosmetic Surgery (Facial). He is a member of many professional societies including the American Association of Oral and Maxillofacial Surgeons, the American Academy of Cosmetic Surgery, and the American Academy of Facial Plastic and Reconstructive Surgery.

Take Home Message/Abstract

The goal of facial aesthetic surgery is to achieve balance and harmony of the brow, face, and neck by surgical improvement and rejuvenation. The result should appear natural (nonsurgical) and remain stable for over 10 years. This is easily accomplished in the upper third of the face (forehead and eyebrows) but only occasionally obtained in the lower two-thirds (face and neck). The multiple surgical techniques for improvement and rejuvenation of the lower two-thirds of the face evidence the difficulty in achieving these goals in a simple, safe and effective fashion.

Session 7: Specialty Updates (Non-CME)

Thursday, February 3, 2022

12:00-12:30 PM

Advocacy Update/AMA House of Delegates

S7-01

12:05-12:10 PM

Anthony J. Geroulis, MD

North Shore Center for Facial Plastic and Cosmetic Surgery, Northfield, IL

As a pioneer in cosmetic and plastic surgery, founder Dr. Anthony Geroulis, offers a comprehensive range of advanced surgical services that focus on natural-looking results and the highest level of quality care for people from all walks of life. Dr. Geroulis' work is featured internationally in television and print media, and his clientele includes fellow physicians, business leaders, and celebrities from around the world. Dr. Geroulis is nationally known as a US News & World Report Top Doctor and is well-regarded for his innovative surgical techniques for eye lifts, endoscopic brow lifts, facial implants, and nose surgery. He has also assisted in pioneering the latest technique for the transconjunctival approach, a lower eyelid surgery to remove bags without scarring. The detailed surgical plans Dr. Geroulis creates focus on individual results and patient satisfaction. For those who want to restore their youthful appearance without surgery, Dr. Geroulis provides minimally invasive facial rejuvenation services, including Botox®, dermal fillers, and non-surgical facelifts. North Shore Center for Facial Plastic & Cosmetic Surgery also has its own private label skin care line of products and uses the latest InMode laser technologies, including FaceTite and AccuTite, to tighten and refresh skin. To learn more about the advanced facial surgery and non-surgical rejuvenation services available at North Shore Center for Facial Plastic & Cosmetic Surgery, schedule a consultation with Dr. Geroulis by phone or by using the online booking feature.

Notes:

Session 7: Specialty Updates (Non-CME)

Thursday, February 3, 2022

12:00-12:30 PM

AACS Fellowship Training Programs

S7-02

12:10-12:15 PM

Jacob Haiavy, MD

Inland Cosmetic Surgery, Rancho Cucamonga, CA

Dr. Jacob Haiavy is the medical director of Inland Cosmetic Surgery and has practiced cosmetic surgery, exclusively, in the fully accredited surgery center in Rancho Cucamonga since 2001. Dr. Jacob Haiavy has served as faculty for cosmetic breast, body, and facial rejuvenation courses and has written several journal articles on cosmetic surgery for leading publications. He is also a volunteer assistant clinical professor at Loma Linda University. Dr. Haiavy is also a fellowship director of an AACS approved full body & facial cosmetic surgery fellowship in Rancho Cucamonga, CA. Dr. Haiavy is a past president of the American Board of Cosmetic Surgery and also past president of the California Academy of Cosmetic Surgery. He has also served on the board of trustees for the AACS and Cosmetic Surgery Foundation which promote education and safety in the field of cosmetic surgery.

Notes:

Session 7: Specialty Updates (Non-CME)

Thursday, February 3, 2022

12:00-12:30 PM

American Board of Cosmetic Surgery

S7-03

12:15-12:20 PM

Mo Banki, MD, DMD, FACS

Brown University

Mo Banki, MD, DMD, FACS is a Diplomate of the American Board of Cosmetic Surgery (ABCS). He is also the Chairman of the AACS Membership as well as the Facial Cosmetic Surgery Fellowship Committees. Dr. Banki serves as a trustee of both AACS and ABCS. Dr. Banki completed his undergraduate and postgraduate surgical training at the University of Connecticut followed by an AACS-accredited General Cosmetic Surgery Fellowship. Dr. Banki is an Assistant Clinical Professor of Surgery at the Warren Alpert Medical School of the Brown University.

Notes:

Session 7: Specialty Updates (Non-CME)

Thursday, February 3, 2022

12:00-12:30 PM

American Board of Facial Cosmetic Surgery

S7-04

12:20-12:25 PM

Kevin Kalwerisky, MD, FACS, FAACS

The Consultant Clinic, Beverly Hills, CA

Dr. Kevin Kalwerisky is a recognized expert in the safe administration of hyaluronic acid fillers and serves as the Clinical Lead Physician for The Consultant Clinic. Dr. Kalwerisky is a board-certified Ophthalmologist, an Oculoplastic surgeon and ASOPRS member, a Fellow of the American College of Surgeons, a Fellow of the American Academy of Cosmetic Surgery and is currently the president-elect of the American Board of Facial Cosmetic Surgery. His practice is based in Beverly Hills, CA and Manhattan, NY where he specializes in cosmetic facial treatments with emphasis on hyaluronic acid dermal fillers. Dr. Kalwerisky lectures internationally on the topic of HA filler-related complications and runs a training academy in the United States aimed at teaching safe and effective use of HA dermal fillers to licensed US providers.

Notes:

Session 7: Specialty Updates (Non-CME)

Thursday, February 3, 2022

12:00-12:30 PM

American Journal of Cosmetic Surgery

S7-05

12:25-12:30 PM

Jane A. Petro, MD, FACS, FAACS

AACS and New York Medical College, Jamaica Plain, MA

Dr Petro is a former President of the AACS, and the prior Editor in Chief of the American Journal of Cosmetic Surgery. She is a retired Professor of Surgery at New York Medical College. now an Emerita Professor. She is retired from clinical practice but continues to mentor young surgeons, and those who are introducing new procedures into their practice. In her free time, Dr. Petro loves working in the garden, cooking, and sailing. Recent trips have included sailing around the Greek Islands, and off the coast of Israel. crossing the Pacific from Panama to Tahiti, and exploring the coast of Croatia, as well as the reef of Belize. Dr Petro is the author of over 60 papers in peer reviewed journals, 2 books and numerous book chapters. Dr Petro is proud to be board certified by the American Board of Cosmetic Surgery as well as the American Boards of General Surgery and Plastic Surgery. And especially proud of being part of the introduction to the Women in Cosmetic Surgery section of the AACS, in company with Dr. Suzan Obaji and Dr. Mark Mandel-Brown.

Notes:

Session 8: Breast

Thursday, February 3, 2022

2:00-3:30 PM

Mandalay Ballroom F

Everything I Know About Breast Complications

S8-01

2:05-2:30 PM

J. Dan Metcalf, MD

Parkway Medical, Oklahoma City, OK

Dr. J. Dan Metcalf has been a fellow of the American Society of Cosmetic Breast Surgery since 1988. He has been a faculty member since 1989 and has been honored by the society as the surgeon faculty member who has contributed the most to the education and teaching of other surgeons. He was also voted by the board and elected President of this society. Dr. Metcalf is single and has two grown children. He completed his undergraduate studies at Oklahoma State University where he was an All-American distance runner. He also has run seven marathons. He completed medical school at the University of Oklahoma Medical School, with post graduate training at Mercy Hospital in Oklahoma City. For the past fifteen years he has limited his practice to cosmetic and reconstructive breast surgery. He has developed the internal mastopexy procedure which allows for a breast lift without the conventional scars of a breast lift. He also developed the axillary subfascial approach to breast augmentation which is now being done worldwide. This procedure gives the benefits of the submuscular approach without the undesirable side effects. He also has taught surgeons worldwide the art of cosmetic breast surgery, including the northern and southern hemispheres of Americas and also Europe, Asia and Australia. Dr. Metcalf has also developed many other techniques for the benefit of surgeons and patients worldwide. He also has been in the "free surgery" program by the society, providing reconstructive surgery for breast cancer survivors who can't afford surgery One of his patients writes: "he not only gave me back my breast, but gave me back my life."

Notes:

Session 8: Breast

Thursday, February 3, 2022

2:00-3:30 PM

Mandalay Ballroom F

Pro's and Con's of Free Nipple Grafts in Cosmetic Breast Surgery

S8-02

2:35-2:45 PM

Alberico J. Sessa, MD

Sarasota Surgical Arts, Sarasota, FL

Alberico Sessa, MD has been in a private Cosmetic Surgery practice in Sarasota, FL for the last 14 years. He has run an accredited fellowship for the last 4 years. Dr Sessa is a Diplomate of the American Board of Cosmetic Surgery for the last 11 years as well as an examiner for the last 4 years. His Practice is limited to General Cosmetic Surgery.

Abstract

Free Nipple grafts have traditionally been used for large breast reductions. I will make the case for an expanded use of this versatile procedure for mastopexy, and mastopexy with augmentations with large NAC movements.

Take Home Message

Mastopexy and reductions with or without an augmentation, can be done with little to no risk for a major complication like nipple loss.

Session 8: Breast

Thursday, February 3, 2022

2:00-3:30 PM

Mandalay Ballroom F

Saline Breast Implants: Top 10 Advantages for Cosmetic Breast Surgery

S8-03

2:47-2:57 PM

Ted Eisenberg, DO, FACOS, FAACS

Philadelphia College of Osteopathic Medicine/Nazareth Hospital, Philadelphia, PA

Ted S. Eisenberg, DO, FACOS, DFACOS, FAACS, of Philadelphia, is board-certified in both General Surgery and Plastic and Reconstructive Surgery. He is an Associate Professor of Surgery in the Division of Plastic Surgery at Philadelphia College of Osteopathic Medicine. He has lectured at conferences and universities nationally and internationally, including in Dubai and Nairobi. A frequent contributor to academic journals, Dr. Eisenberg's article on lowering deflation rates of saline implants through overfilling was published in *Aesthetic Plastic Surgery* in 2021. He has published on an innovative technique for augmentation mastopexy, the management of PONV in breast augmentation patients, repairing Tuberos Breast Deformity with saline implants, and the use of acellular dermal matrix in breast implant exposure. With his wife, Joyce, he is the author of *The Scoop On Breasts: A Plastic Surgeon Busts the Myths* (Incompra Press 2012).

Abstract

When it comes to breast implant selection, saline-filled implants are often considered second best to silicone gel. According to a 2016 survey of members of the American Society of Plastic Surgeons, 82% of respondents preferred silicone gel implants and 22% use silicone implants exclusively. However, saline implants offer many advantages that should make them a frontrunner. Drawing on the latest scientific research and my experience with more than 4,700 augmentation mammoplasty patients who chose saline-filled breast implants, I will detail the advantages of saline breast implants: 1. Palpable and visible rippling of saline and silicone breast implants is similar. 2. In a 2020 Mentor publication, the 10-year silicone rupture rate was approximately 24%, Allergan and Sientra~10%. In my 2021 published paper evaluating 4761 saline breast augmentation patients, the 8-year deflation rate was less than 2%. 3. Unfilled saline implants are placed through a smaller incision than prefilled silicone gel implants. 4. Saline implants are less expensive. 5. Saline implant deflation is obvious; silicone gel implants require ongoing MRI evaluation to detect rupture. 6. Mentor reports the 10-year capsular contraction rate for silicone implants at 10% versus 1% in my experience. 7. Saline implants can be used to correct tuberous breast deformity in a simpler one-stage procedure without needing to score breast parenchyma or lower the inframammary fold. 8. Smaller volume adjustments in asymmetric breasts can be made more easily with saline implants. 9. Breast tissues can be expanded with saline implants and often allow for slightly larger volumes than silicone implants with a comparable diameter. 10. With saline implants there is no worry of any "gel" bleed through the shell which may be associated with health issues.

Take Home Message

Since 2006, silicone gel implants have been the prosthesis of choice for cosmetic augmentation mammoplasty in the United States and Canada. Recent research points to saline-inflatable breast implants as an equal, if not superior alternative. Physicians will be educated about the surgical advantages of using saline implants and improved patient outcomes.

Session 8: Breast

Thursday, February 3, 2022

2:00-3:30 PM

Mandalay Ballroom F

Capsular Contracture: The Perpetual Thorn in the Side of Cosmetic Surgeons

S8-04

3:00-3:10 PM

Joshua R. Scurlock, MD

Avana Plastic Surgery / Miami Sleeve Center, Miami, FL

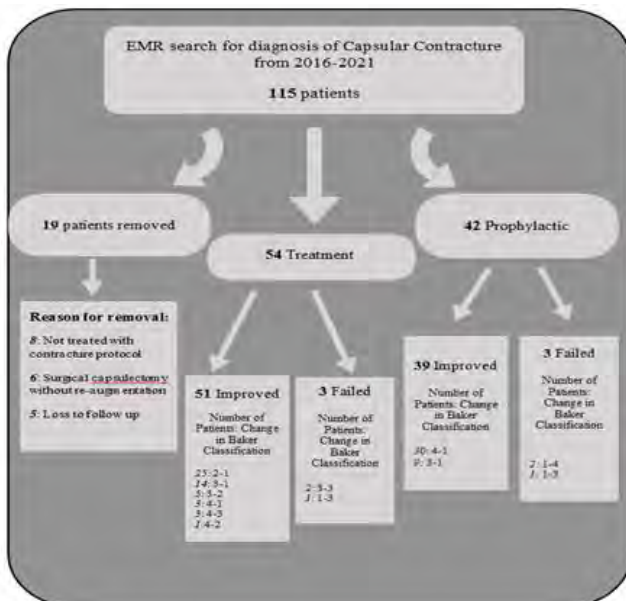
Dr. Joshua Scurlock is a cosmetic and bariatric surgeon practicing in Miami, Florida. He completed his general/bariatric surgery training at the University of Massachusetts. He then completed his cosmetic surgery fellowship through the AACS under Dr. Jacob Haiavy and Dr. Irene Tower in Southern California. He is board certified by the American Board of Cosmetic Surgery as well as the American Board of Surgery.

Abstract

In cosmetic breast surgery, Baker II, III and IV capsular contracture represents an ongoing problem for patients and surgeons alike. Many different therapies have been proposed. In reviewing the literature, it's apparent that the current treatment modalities ultimately culminate in reoperation. Unfortunately, patients undergoing surgical intervention for capsular contracture have a significantly increased risk of recurrence. The objective of this paper is to introduce the minimally invasive therapy we found most efficacious in the treatment and prevention of capsular contracture. We examined our regimen in two primary groups of patients. Principally, our protocol was instituted as treatment for newly diagnosed capsular contracture. Secondly, we used our regimen as prophylaxis after capsulectomy and re-augmentation. Our goal is to shift the currently accepted paradigm away from the surgery first approach.

Take Home Message

Capsular contracture can be successfully treated with a medical first approach as opposed to reoperation.



Session 9: Skin and Body Treatments

Thursday, February 3, 2022

2:00-3:30 PM

Mandalay Ballroom KL

Neck and Lower Face Contouring Using Plasma and RF Technology

S9-01

2:05-2:15 PM

Justin Gusching, DO

Reflections Cosmetic Surgery, Ringgold, GA

Dr. Gusching is triple board-certified by the American Board of Cosmetic Surgery (ABCS), the American Board of Facial Cosmetic Surgery (ABFCS) and the American Osteopathic Board of Surgery (AOBS). He did his cosmetic surgery fellowship through the American Academy of Cosmetic Surgery (AACS) at Southern Surgical Arts. He fulfilled his dream of building his own cosmetic surgical practice, Reflections Cosmetic Surgery, in Cartersville, GA in June 2020. He currently has a brand new, state of the art, operating suite. Dr. Gusching has since been refining his artistic eye and his excellence in cosmetic surgery, as is indicated in his Surgeon of Excellence in Cosmetic Surgery and Master Surgeon in Body Contouring designations. Dr. Gusching is sincere with each patient and always has the patient's best interest in mind. He takes great pride in helping his patients reach their goals and giving them options by using the latest technologies. And although somewhat early in career he has been recognized as a leading cosmetic surgeon.

Abstract

With the trend heading towards less and less invasive options, we need to stay ahead of the curve. Lower facelifts are being done less in my practice and a new combination procedure has emerged using Microneedling with RF and plasma technology for the lower face and neck. Under local tumescent anesthesia, the subcutaneous connective tissue is treated with plasma technology in a single treatment. If I am focusing on the neck only, at this point I will also use microneedling with RF of the neck. This allows for contraction of the fibroseptal fibers and neo-collagenesis as well as thickening of dermis by deposition of collagen and elastin. If treating the face, following the neck plasma procedure, I will have the patient return at a later date. Using topical anesthesia, the enveloping skin is treated using microneedling with RF. Addressing skin laxity and skin quality from a subdermal and intradermal approach has proven to be essential in my practice.

Take Home Message

With the trend heading towards less and less invasive options, we need to stay ahead of the curve. Lower facelifts are being done less in my practice and a new combination procedure has emerged using Microneedling with RF and plasma technology for the lower face and neck. Under local tumescent anesthesia, the subcutaneous connective tissue is treated with plasma technology. Using topical anesthesia, the enveloping skin is treated using microneedling with RF. This one-two combination is a knock-out!

Session 9: Skin and Body Treatments

Thursday, February 3, 2022

2:00-3:30 PM

Mandalay Ballroom KL

The Device Economy - Too Much of a Good Thing?

S9-02

2:17-2:27 PM

Sam Peek

Incredible Marketing, Lake Forest, CA

An entrepreneur at heart and an internet nerd by choice. Over his professional career, Sam has worked in law, technology, real estate management, market research and now Internet marketing. Boasting a diverse background allows him to understand what makes businesses thrive and do so quickly. Sam launched Incredible Marketing in Orange County, California, along with several team members that were just as fed up with the status quo as he was. A polarizing figure with a knack for saying all the right things at the wrong time, Mr. Peek has a diverse background that gives him a distinct advantage to understanding what makes the medical aesthetic industry thrive and the foresight to ensure you're always thinking in a proactive way, not reactive. He has become a trusted figure in the healthcare marketing space for his results-oriented and no-nonsense approach to digital communication strategies. Sam frequently speaks at industry meetings such as: ASPS (US), ASAPS (US & AUSTRALIA versions), ISAPS (Globally), FACE (UK), AMWC (Monaco), IMCAS World (Paris), GAC, VCS, TAS, and A4M.

Abstract

Introduction: In 2019 there were 1,469,752 industry-specific surgical procedures performed, and a whopping sixteen billion dollars plus was spent. The trends going into 2020 showed no signs of slowing down, and then the pandemic changed the trajectory. The pandemic created circumstances most businesses weren't prepared for. The desire and interest were there, but the uncertainty for the future created spending paralysis, decreasing final sales for many.

So, you want to open a practice? You've got 2500sq ft to work with, and you need to maximize your ROI; what do you do? Investing heavily into devices is a double-edged sword. Peer-reviewed studies back the results, but how do you sell your results when everyone can produce them? Machines have the accuracy, and precision consumers need to feel safe, but altogether remove the artistic individuality that makes your practice unique. Breaking down your business into two distinct parts, you have, what you offer, and what makes you unique, with some treatments/services falling into both categories. Procedures fall into both categories when they achieve the goal of delivering results while building your personal brand. Devices only reach part of the success on their own. Your patients will see results, but how are those different from what they could have received from the next closest competitor? Despite their shortcomings, devices can be profitable assets to your practice if you plan and put forward a strategy with the device in the sidecar and yourself in the driver's seat.

Methods: In this presentation, The Device Economy - Too much of a good thing? We will illustrate the downsides to the recent wave of industry-defining technology and how to build marketing strategies that sell you first and your devices second. Finally, we'll give you the top 4 things you need to do to avoid finding yourself with an office full of technology and an empty waiting room.

This presentation will explain how to leverage the following four rules of thumb:

- 1) You > Device - People want to connect with a person

- 2) No Sharing - Avoid content portals - it's not building your brand
- 3) Know your strengths - What makes your experience special? (luxury furniture, live streams of games, complimentary free services, mixed drink bar, etc.)
- 4) Profit is not always monetary - Trading services for exposure with influencer marketing

Results: By following and implementing the strategies described, you create a brand built around YOU. When you are the brand's driving force, you make something unique that can strike a chord, and build lasting connections. You bring individuality to the experience that cannot be replicated. As devices become more widely accessible, businesses that once relied strictly on the allure of the device will have to find a new way to differentiate themselves vs. their competitors.

Conclusion: Put yourself in the shoes of a consumer. You know what you want, and now you need to decide where to schedule your consultation. One business has a better price, the other is significantly closer, who books the appointment? If you want to develop a brand that people seek out, be authentic, be unique, be bold, and most importantly, be you first, then share what your business has to offer.

Take Home Message

In this presentation, The Device Economy - Too much of a good thing? We will illustrate the downsides to the recent wave of industry-defining technology and how to build marketing strategies that sell you first and your devices second. Finally, we'll give you the top 4 things you need to do to avoid finding yourself with an office full of technology and an empty waiting room.

Session 9: Skin and Body Treatments

Thursday, February 3, 2022

2:00-3:30 PM

Mandalay Ballroom KL

The Use of Intra-Lesional Bleomycin for Peri-Ocular, Low Flow, Vascular Anomalies: Establishing the Rules of the Game

S9-03

2:29-2:39 PM

Debraj Shome, MD, FRCS, FACS, MBA

The Esthetic Clinics, India

Dr. Debraj Shome is a top Facial Plastic Surgeon, Cosmetic Surgeon and Oculoplastic Surgeon. Dr. Shome co-founded The Esthetic Clinics. The Esthetic Clinics are a group of top-class centers, based in Mumbai, Hyderabad, Kolkata & New Delhi, India and dedicated to the disciplines of aesthetic surgery and skin care of the body. Dr. Shome is a Surgeon super specialized in Facial Plastic Surgery, Oculoplastic Surgery & Cosmetic Surgery & is a consultant at Breach Candy Hospital; Saifee Hospital, Girgaon, Mumbai; Apollo Spectra Hospital, Chembur, Mumbai & SL Raheja Fortis Hospital, Mahim, Mumbai, India. Dr. Shome also runs a NGO called Debabrata Auro Foundation which plays a role in the upliftment of the downtrodden. Dr. Shome is the ex-Head of the Institute of Aesthetic Surgery, Apollo Hospitals, Hyderabad, India. Dr. Shome was Visiting Faculty to the Department of Head & Neck Surgery at MD Anderson Cancer Center, Houston, USA.

Abstract

Introduction: Management of Vascular anomalies of the head and neck region using Intralesional bleomycin sclerotherapy has been done in the past. Various treatment options are available such as intralesional sclerotherapy, lasers, embolization and surgical excision. But a defined method of intervention is not yet established in the literature. This study aims to define a protocol for the management of extraoral head and neck vascular anomalies using intralesional bleomycin sclerotherapy.

Methods: A Prospective interventional study was carried out comprising of 10 patients aged between 18-65 years presenting with extra-oral vascular anomalies of head and neck region that have not been treated previously. Each vial containing 15 units of bleomycin solution (Bleocip; Cipla) was reconstituted with 2 ml of 0.9 % Normal Saline using BD 1 cc insulin syringe and a total of 30 Units reconstituted bleomycin solution was prepared. Reconstituted bleomycin solution was then injected 0.2 ml per site; 1 cm apart and simultaneous palpation of the regional vessels was performed. A total of 4 ml of 30 Units of bleomycin was injected intralesionally on each visit. A similar procedure was performed 4 weeks apart up to a minimum of 4 sessions for each patient. After 4 sessions, the reduction in the size was measured. Additional sessions were performed at multiple sites on the face when required. For the patients where the lesion was still present after 4 sessions, additional sessions were given. The maximum number of sessions for the study population were 8 sessions. The ice pack was applied for 15 minutes post procedure and changes such as bruising and local rise in temperature, pain, and pigmentation were observed. Post-operatively photographs were taken and also repeated during each visit.

Results: The mean age of patients was 38 years; presenting with Low flow Arteriovenous Malformation, lymphangioma, and hemangioma. A mean of 4 sessions were performed in all the patients. The reduction in size noted was approximately 45.83%. Additional 2 sessions were done in 3 patients and the reduction in the size of the lesion noted was 66.66%. In 1 patient, a total of 8 sessions were done and reduction in size was 85%. The

mean reduction between 4th and 8th session was found to be 39.17% ($p=0.0001$). Side effects noted were bruising and pigmentation. No adverse complications or recurrence were encountered.

Conclusion: Intralesional bleomycin sclerotherapy provides a safe, outpatient and non-surgical method for the management of the extra-oral vascular anomalies of head and neck. This study provides a defined protocol which was not established till now. It gives a quantifiable approach with significant reduction in the size within a mean of 4 sessions. It also dissipates the need for surgical intervention in such patients and it works well in patients who have had a recurrence post-surgery as well.

Take Home Message

Intralesional bleomycin sclerotherapy provides a safe, outpatient and non-surgical method for the management of the extra-oral vascular anomalies of head and neck. This study provides a defined protocol which was not established till now.



Session 9: Skin and Body Treatments

Thursday, February 3, 2022

2:00-3:30 PM

Mandalay Ballroom KL

Dermoscopy: A Tool for Assessing Wound Healing in Facial Cosmetic and Reconstructive Surgery

S9-04

2:41-2:51 PM

Donovan S. Reed, MD

Texas Oculoplastics Consultants - TOC Eye and Face, Austin, TX

Doctor Donovan Reed graduated Summa Cum Laude with Honors from East Tennessee State University with a degree in Chemistry. He then commissioned as an officer in the United States Air Force and graduated as class Valedictorian from the Uniformed Services University where he was elected to Alpha Omega Alpha. Doctor Reed completed his Internship in General Surgery and his Ophthalmology Residency at the San Antonio Uniformed Services Health Education Consortium where he served as Chief Resident of the Ophthalmology Residency. During his residency training, he was awarded the USAF Commendation Medal for meritorious service and named best ophthalmology resident and received the Major David S. Berry Graduate Medical Education Top Resident Award. Dr. Reed is a board-certified ophthalmologist and is the current American Academy of Cosmetic Surgery Facial Cosmetic Surgery fellow at Texas Oculoplastics Consultants, TOC Eye & Face under the guidance of Tanuj Nakra MD.

Abstract

Introduction: Dermoscopy, or epiluminescence microscopy, allows the clinician to observe and analyze skin lesions without the obstruction of skin surface reflections.¹⁻² Dermoscopy has been noted to increase the sensitivity for skin cancer detection, decrease biopsy of benign lesions, and enable diagnosis of thinner malignancies. ³⁻¹⁰ The utility of dermoscopy in analyzing scar healing, vascularity and pigmentation has been demonstrated.¹²⁻¹⁶ In this study, we aimed to evaluate dermoscopy as an objective assessment tool for analysis of scar maturation vascularity, pigmentation, and depth to better inform treatment.

Methods: Sequential patients presenting to a facial cosmetic surgery practice with routine post-surgical facial scars were evaluated with and without the assistance of dermoscopy. Standardized photographs were taken with the dermoscope. Specific factors, including depth, vascularity, pigmentation, and content components (if applicable) were assessed by the surgeon initially without, and then with the assistance of a dermatoscope. Specific factors that either aided or altered the decision-making process were assessed. This study was exempted by the University of Texas Dell Medical School Institutional Review Board and adhered to the Declaration of Helsinki.

Results: A total of 50 scars were evaluated. Overall, surgeons found the dermatoscope to be superior to the naked eye in identifying depth, pigmentation, and vascularity of facial scars. Furthermore, vascularity and dermoscopic patterns were more apparent compared to slit-lamp exam. Specific factors found to be most useful for management decisions were depth and vascularity of the scar. The ability to obtain high-quality magnified photographs directly from the dermatoscope and upload the images into the patient's electronic medical record (EMR)

Conclusions: Dermoscopy is an affordable and portable device that may be easily implemented in clinical practice, and it offers additional insights beyond slit-lamp examination. Dermoscopy is a valuable tool that can aid the clinician in highlighting features of facial scars that may inform treatment implementation. Finally, the

ability to upload high-quality magnified images directly into the patient's EMR was noted to be beneficial in monitoring progress and informing treatment decisions. Interventions undertaken in this patient cohort in concert with dermoscopic surveillance included application of topical corticosteroids, silicone and hydroquinone, as well as microneedling with 5FU (include reference), intense pulsed light (IPL) treatment, and scar revision.

Bibliography:

1. Russo T, et al. Dermoscopy of malignant skin tumors: what's new?. *Dermatology*. 2017. 233(1):64-73.
2. Weber P, Tschandl P, Sinz C, Kittler H. Dermoscopy of neoplastic skin lesions: recent advances, updates, and revisions. *Curr treat options oncol*. 2018. 19(11):56.
3. Wozniak-Rito A, Zalaudek I, Rudnicka L. Dermoscopy of basal cell carcinoma. *Clin Exp Dermatol*. 2018. 43(3):241-47.
4. Lallas A, et al. Dermoscopy in the diagnosis and management of basal cell carcinoma. *Future Oncol*. 2015. 11(22):2975-84.
5. Lallas A, et al. Accuracy of dermoscopic criteria for discriminating superficial from other types of basal cell carcinoma. *J Am Acad Dermatol*. 2014. 70(2):303-11.
6. Zalaudek I, Argenziano G. Dermoscopy of actinic keratosis, intraepidermal carcinoma and squamous cell carcinoma. *Curr Probl Dermatol*. 2015;46:70-6.
7. Non-invasive diagnostic techniques in the diagnosis of squamous cell carcinoma. *J Dermatol Case Rep*. 2015. 31;9(4):89-97.
8. Cheng CY, Su HJ, Kuo TT. Dermoscopic features and differential diagnosis of sebaceous carcinoma. *J Dermatol*. 2020. 47(7):755-62.
9. Satomura H, Ogata D, Arai E, Tsuchida T. Dermoscopic features of ocular and extraocular sebaceous carcinomas. *J Dermatol*. 2017. 44(11):1313-16.
10. Bryden AM, Dawe RS, Fleming C. Dermoscopic features of benign sebaceous proliferation. *Clin Exp Dermatol*. 2004. 29(6):676-7.
11. Yoo M.G., Kim I.-H.: Keloids and hypertrophic scars characteristic vascular structures visualized by using dermoscopy. *Ann Dermatol* 2014; 26: pp. 603-609.
12. Deng H, Li-Tsang CWP, Li J. Measuring vascularity of hypertrophic scars by dermoscopy: construct validity and predictive ability of scar thickness change. *Skin Res Technol*. 2020. 26(3):369-75.
13. Wei Y., Li-Tsang C.W.P., Luk D.C.K., Tan T., Zhang W., Chiu T.W.: A validation study of scar vascularity and pigmentation assessment using dermoscopy. *Burns* 2015; 41: pp. 1717-1723.
14. Deng H, Li-Tsang CWP. Measurement of vascularity in the scar: a systematic review. *Burns*. 2019. 45(6):1253-65.
15. Moscarella E, Argenziano G, Lallas A, Longo C, Jalbout SA, Zalaudek I. Pigmentation in a scar: use of dermoscopy in the management decision. *J Am Acad Dermatol*. 2013. 69(3):e115-6.

Take Home Message

Dermoscopy is a valuable tool that can aid the clinician in highlighting features of facial scars that may inform treatment implementation.





Session 9: Skin and Body Treatments

Thursday, February 3, 2022

2:00-3:30 PM

Mandalay Ballroom KL

Efficacy of a Combination Approach Using Subcision, Fillers, and Fractional Carbon Dioxide Laser for the Treatment of Facial Acne Scars

S9-05

2:53-3:03 PM

Debraj Shome, MD, FRCS, FACS, MBA

The Esthetic Clinics, India

Dr. Debraj Shome is a top Facial Plastic Surgeon, Cosmetic Surgeon and Oculoplastic Surgeon. Dr. Shome co-founded The Esthetic Clinics. The Esthetic Clinics are a group of top-class centers, based in Mumbai, Hyderabad, Kolkata & New Delhi, India and dedicated to the disciplines of aesthetic surgery and skin care of the body. Dr. Shome is a Surgeon super specialized in Facial Plastic Surgery, Oculoplastic Surgery & Cosmetic Surgery & is a consultant at Breach Candy Hospital; Saifee Hospital, Girgaon, Mumbai; Apollo Spectra Hospital, Chembur, Mumbai & SL Raheja Fortis Hospital, Mahim, Mumbai, India. Dr. Shome also runs a NGO called Debabrata Auro Foundation which plays a role in the upliftment of the downtrodden. Dr. Shome is the ex-Head of the Institute of Aesthetic Surgery, Apollo Hospitals, Hyderabad, India. Dr. Shome was Visiting Faculty to the Department of Head & Neck Surgery at MD Anderson Cancer Center, Houston, USA.

Abstract

Introduction: Acne is one of the most common skin diseases, causing scars as a common and persistent complication. A single modality of treatment is not completely effective, and hence a combination of therapeutic modalities is required for the treatment. As the condition is very distressing in nature and leaves an impact at a psychological level, the patient often seeks quick results.

Aims: Efficacy of combined approach using subcision and fillers followed by fractional carbon dioxide laser for the treatment of facial acne scars in Fitzpatrick IV–VI skin types.

Methods: One hundred sixty-five patients with Fitzpatrick IV–VI skin types and Grades 2–4 acne scars, as per Goodman and Baron Acne Grading Scale, were enrolled. Subcision followed by hyaluronic acid filler was performed initially, followed by fractional carbon dioxide laser 2 weeks later. Standardized digital global photographs were obtained before treatment, before every laser session, and 6 months after the last laser session.

Results: Using Goodman and Baron's Global Acne Scarring System, the patients showed significant improvement of both clinician and subjective scores in all grades of acne scars. No significant adverse events were noted.

Conclusion: To the best of our knowledge, this is the first study to date which involves the combined approach of subcision and fillers, followed by fractional carbon dioxide laser sessions for the treatment of acne scars. The results show significant and persistent improvement, without considerable complications, in Fitzpatrick's skin types IV–VI. This protocol should thus be considered for the management of acne scars of the face.

Take Home Message

This study evaluates the clinical assessment of efficacy and therapeutic response of facial acne scars post a combination treatment protocol consisting of subcision and filler injections, followed by multiple sittings of fractional carbon dioxide laser—the rationale behind using this combination treatment being their synergistic action.

Session 9: Skin and Body Treatments

Thursday, February 3, 2022

2:00-3:30 PM

Mandalay Ballroom KL

Early Experience with the Use of Plasma Energy for Skin Tightening

S9-06

3:05-3:15 PM

Ashu Garg, MD

La Belle Vie Cosmetic Surgery Center, Tukwila, WA

Ashu Garg is currently a fellow in training AACS Cosmetic Surgery under mentorship of Dr. Tony Mangubat. His clinical background include training in surgical Oncology, General Surgery and Radiology. Currently, Ashu Garg is doing a research project on J-plasma Renuvion. Ashu Garg will be presenting this topic with his fellowship program director Dr. Mangubat.

E. Antonio Mangubat, MD

La Belle Vie Cosmetic Surgery Center, Tukwila, WA

Dr. Tony Mangubat is in private practice in Seattle, WA and is Director of La Belle Vie Cosmetic Surgery Centers. Dr. Mangubat is also a Fellowship Director for the AACS and can take up to two fellows annually. He has been an active member of AACS since 1987. He is a graduate of the University of Washington School of Medicine, studied general surgery at the University of Kentucky and received his cosmetic surgery training from AACS founding president, Dr. Richard C. Webster. Cosmetic surgery has long held his interest and continues to be an area of on-going study. Dr. Mangubat performs a full spectrum of cosmetic surgeries in Seattle, Washington. Dr. Mangubat has made contributions to cosmetic surgery: the automated hair transplant graft cutter, the liposuction fat disruptor that more than doubles aspiration speed and improves liposuction results, scalp reconstruction for massive scalp defects, and the lipo-body lift for massive weight-loss that reduces time and complications. Dr. Mangubat utilizes his scalp reconstruction techniques as a volunteer for the Operation Restore Foundation of the ISHRS and has served patients in South America, Australia, Europe, and the United States. Dr. Mangubat believes in hands-on training and pioneered several hands-on live surgery workshops for the AACS for abdominoplasty, breast and hair surgery. His current project is the Procedure Proficiency Program (P3) that teaches and documents a surgeon's skills in a specific procedure. He teaches live surgery workshop throughout the world including South America, Australia, Europe, China, the Philippines, as well as in the USA. He is a former Trustee of the AACS, a past Webster Lecturer, and currently serves as chairman of the Advanced Cosmetic Surgery Review Course. Like his mentor, Richard Webster, Dr. Mangubat is committed to excellence in Cosmetic Surgery Education which is the future of the Cosmetic Surgery Specialty.

Abstract

Introduction: Skin tightening is a goal of many technologies. We assess the efficacy of the radiofrequency energy/helium plasma device by Apyx Medical in 30 consecutive liposuction patients.

Background: Cosmetic correction for sagging/ loose skin always bring challenges to the surgeon, which usually require surgical excision leaving unwanted scars. Soft tissue contraction requires tissue heating to 65°C. New radiofrequency/helium plasma technology permits maximum heating up to 85°C with ultra-short thermal relaxation times producing rapid and safe tissue contraction.

Methods: 30 patients were evaluated with photography from Jan 2021 and August 2021. Mean age of the patients 52.1 (age ranges 30 yrs. –78 yrs.). The BMI ranges from 21.6 to 38.4, with mean BMI was 26.7. 16 patients have liposuction of an area followed by plasma energy treatment without skin excision. We deliver at 3-6 passes of plasma energy. The number of passes were determined intraoperatively by manual assessment of skin tightness. 14 patients have liposuction of the same area followed by plasma energy treatment as adjuvant in addition to the surgical intervention (lipo-abdominoplasty, facelift, etc.). We delivered a minimum of 3 passes of plasma energy. Approximately an average of 29.1 kilojoules of plasma energy used to tighten abdomen, waist, flanks and adjacent back areas in 21 patients. About an average of 27.4 KJ were used in tightening the thighs in 5 patients. About an average of 4.1 KJ of plasma energy was used in facial cosmetic procedures with or without having associated skin excision surgery in 6 patients. An average of 32 KJ were used for upper back and axillary skin laxity in 4 patients. An average of 3.5 KJ was used in skin tightening of upper arms in 2 patients. 5 patients have additional surgical procedures of the different/unrelated body areas in the same sitting. Routine follow up were 3 days, 1 week and 3 weeks. Longest postop follow up in this series was 6 months. Also, we assess the effectiveness of this new technology intra-operatively by comparing the clinical skin tightness of the treated side with the untreated side. The palpable soft tissue contraction and skin tightening were clearly evident.

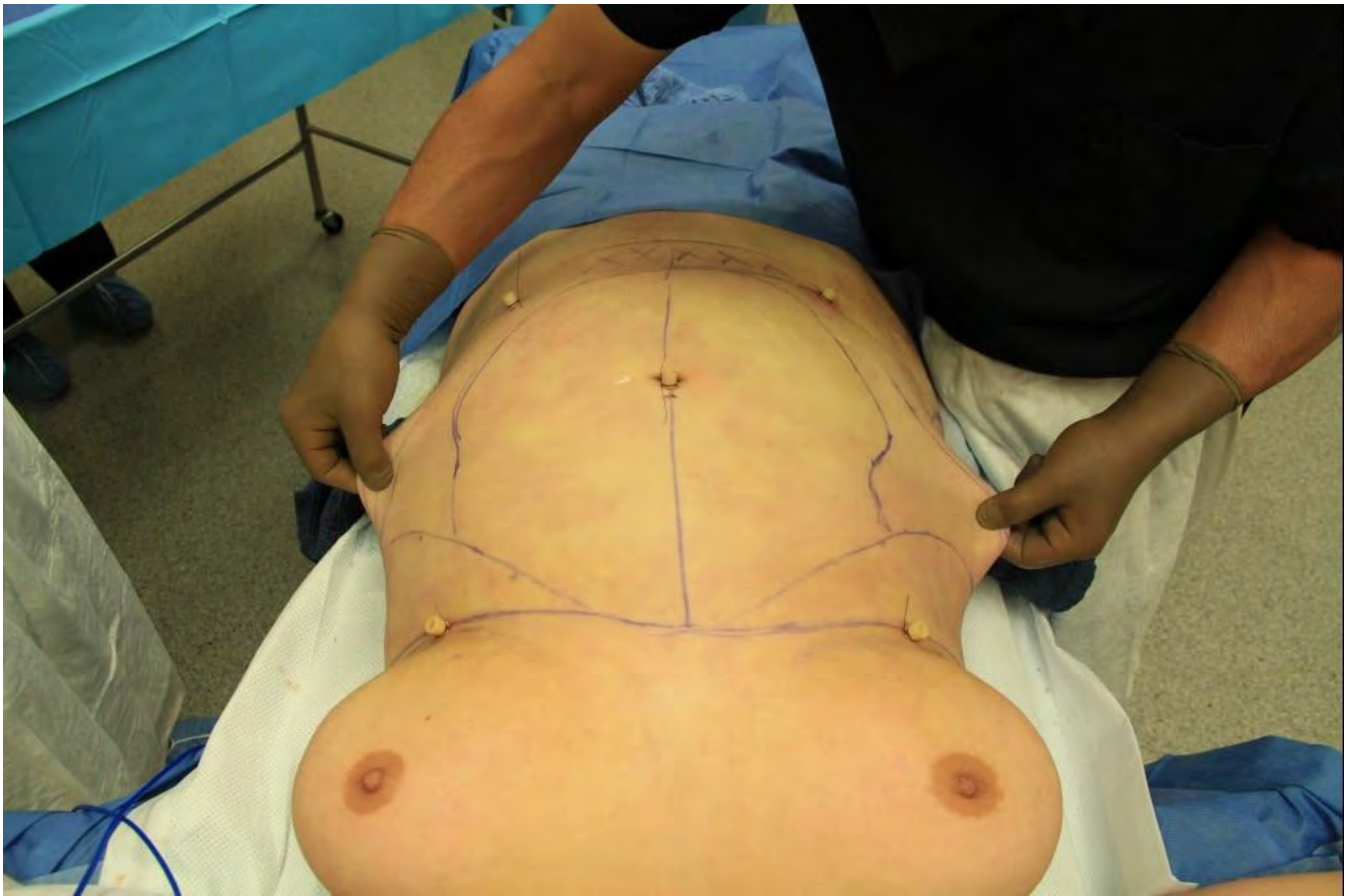
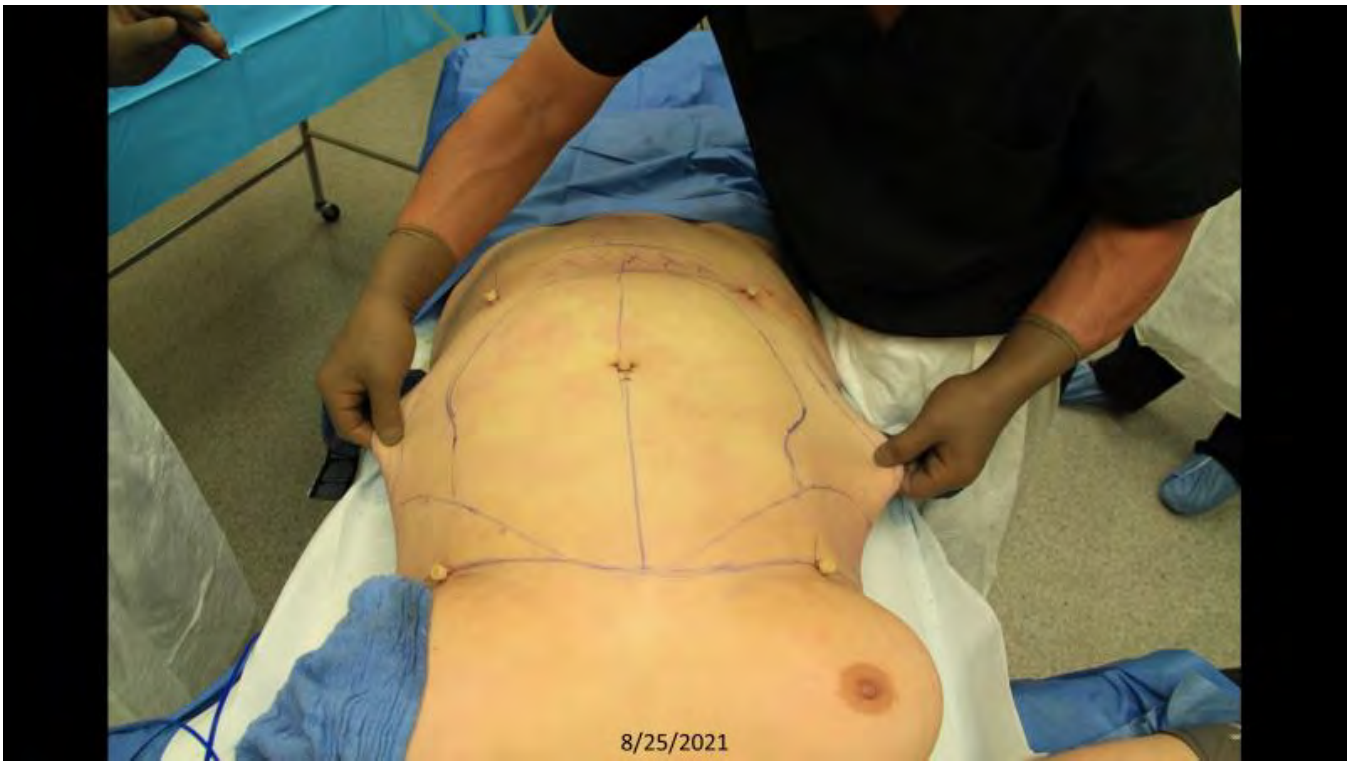
Results: Preliminary assessment demonstrated virtually instantaneous skin tightening using this technology when used following liposuction. Also, it is useful for enhancing aesthetic results when used with excisional surgical procedures as an adjuvant e.g., lipo-abdominoplasty, facelift, etc. From patient's perspective, the results are satisfying. In patients having the early follow ups, it appears that this technology may reduce the need for the lift procedure/ surgery. Energy delivery was subcutaneous and there were no skin burns. 3 patients out of 30 patients, has some skin/contour irregularities at anterior abdomen. This may be due to insufficient skin contraction, inadequate patient response, or inexperience with the new technology.

Conclusions: Plasma energy-based technology offers favorable results in shorter duration of time and seems a very useful tool to improve cosmetic outcomes. We are trying to establish the therapeutic end points and working on setting the protocols to achieve the best aesthetic outcomes.

Take Home Message

We recognize the specific need to establish therapeutic endpoints and protocols for achieving the safest and best outcome with this new technology.





Session 10: Practice Management - Part 1 (Non-CME)

Thursday, February 3, 2022

2:00-3:30 PM

Mandalay Ballroom J

The Power of the Patient Care Coordinator: Making You Millions

S10-01

2:05-2:13 PM

Dan Grantham

YellowTelescope, Miami, FL

Dan has consulted with practices for over a decade to increase patient conversions and improve practice efficiency. He works with YellowTelescope's roster of comprehensive clients, helping to staff new hires and spearheads the training and on-going management of Patient Care Coordinators and office staff to ensure that practice growth goals are achieved. After graduating from Florida State University College of Business, Dan started his own business at the age of 21 that grew to over 200 sales reps. As a Patient Care Coordinator, Dan worked with over 15,000 patients and personally sold \$28M in surgery with an 85%+ same day booking ratio. He consulted for and personally developed and implemented sales programs for a medical weight loss company that helped grow the company's revenue from \$4M annually to over \$80M annually in less than 3 years. Dan has been featured in MedEsthetics as well as served on faculty at the American Academy of Cosmetic Surgeons (AACS) meeting and Florida Combined Otolaryngology Meeting. He volunteers with local organizations benefiting students in at-risk communities and children with autism.

Abstract

Many Doctors and Administrators do not understand the value of the patient care coordinator or the qualities to seek when hiring one. A patient care coordinator is responsible for the majority of patient interactions and is therefore crucial to practice growth as well as patient satisfaction. This course will outline the reasons why a patient care coordinator is the most important hire in a practice, and the qualities to look for when searching for one. When selected and trained properly, they build deeper patient relationships, leading to higher patient satisfaction, more bookings and more referrals. Given the importance of this position, hiring for the role shouldn't be taken lightly.

Take Home Message

Course will outline the specific qualities a superior patient care coordinator possesses. Attendees will learn when to hire a surgical Patient Care Coordinator and when it is time to invest in a non-surgical Patient Care Coordinator (based on size and scope of your practice). Learn what qualities determines a successful patient care coordinator, both surgical and non-surgical.

Session 10: Practice Management - Part 1 (Non-CME)

Thursday, February 3, 2022

2:00-3:30 PM

Mandalay Ballroom J

Asset Protection 101: What Every AACS Physician Should Know

S10-02

2:15-2:23 PM

David Mandell, JD, MBA

OJM Group, Fort Lauderdale, FL

David B. Mandell, JD, MBA is an attorney in The Law Office of David B. Mandell, PC and principal of the nationally known wealth management firm OJM Group, LLC. Mr. Mandell is an author of more than fifteen books written specifically for doctors. These include the Category I CME Monograph Risk Management for the Practicing Physician, and the most recent Wealth Planning for the Modern Physician: Residency to Retirement. Mr. Mandell has addressed many of the nation's leading medical conferences, including annual meetings of AMSpa, American Academy of Dermatology, the American Society of Plastic Surgeons, the American Society of Aesthetic Plastic Surgeons, the American Academy of Facial Plastic & Reconstructive Surgery, and numerous others. Mr. Mandell holds a bachelor's degree, with honors, from Harvard University. His law degree is from the UCLA School of Law, and he also earned an MBA from UCLA'S Anderson School of Management.

Abstract

This talk reviews the importance of protecting assets for AACS members, who face liability in the areas of medical malpractice, employer liability, HIPAA breaches, etc. We introduce the asset protection "sliding scale" and discusses ways that physicians can increase the levels of protection for their personal and business assets. We also provide an overview of basic asset protection tools, including LLCs, trusts, exempt assets and retirement plans.

Take Home Message

AACS members know that they face potential liability at the practice and personally, yet few have taken the right steps to protect their practice and personal assets from this liability. Further, as the law is constantly changing, even those who have engaged in such planning in the past should understand the current state of the laws. This lecture discusses best practices as explained by an attorney who has worked with over 1,000 physicians and practices on protection planning.

Session 10: Practice Management - Part 1 (Non-CME)

Thursday, February 3, 2022

2:00-3:30 PM

Mandalay Ballroom J

Four Steps to Design and Building Your Practice

S10-03

2:25-2:33 PM

Mohsen Ghoreishi

The Kohan Group, Inc., San Francisco, CA

Mohsen Ghoreishi is the founder and President of The KOHAN Group, Inc. An architectural firm located in San Francisco California since 2002. Mohsen comes with 25 years of experience designing and working with healthcare facilities, specifically hospitals and private Surgery Centers. Mohsen created the "architects for aesthetic medicine" team at KOHAN architecture which designs and builds the next generation of surgery centers and medical facilities. You can reach Mohsen via e-mail at mohsen@kohaninc.com. Please find more information on The Kohan Group "KOHAN" online at www.kohaninc.com.

Abstract

The purpose of this session is to Identify the Four Steps Required in Building a Surgery Practice by Evaluating the Hierarchy of Parts and Functions Combined with Clinical Abilities, Practice Management Tools, and Integrating the Design of Physical Office Environments Distinguishing the Practice Among the Best in the Business.

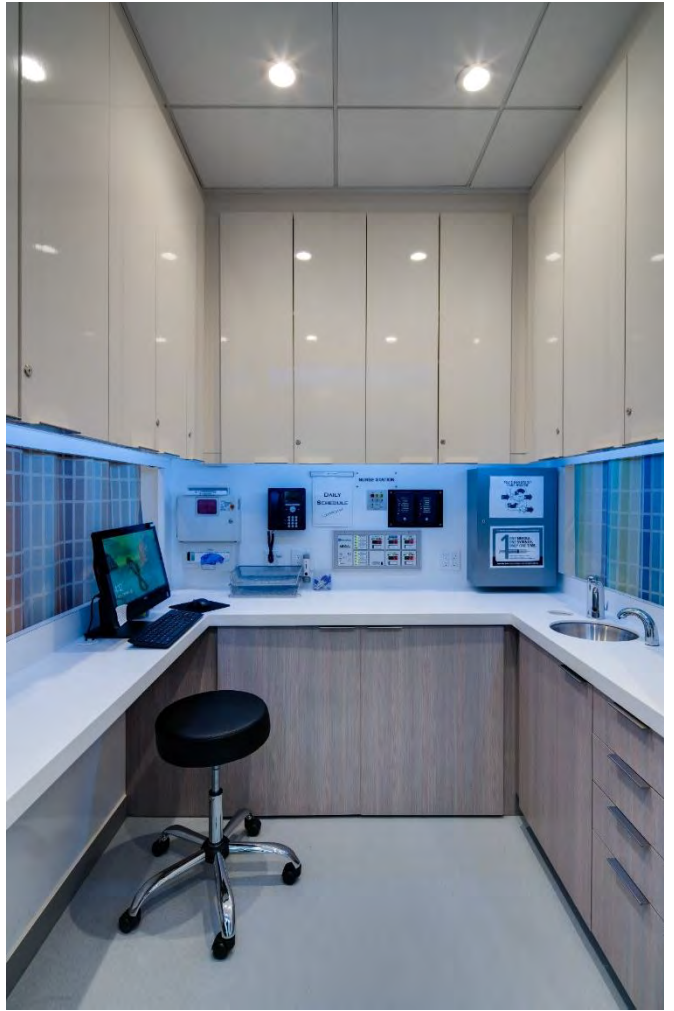
In this session, participants will be able to recognize their "Vision", identify a "Budget", outline a true "Timeline", and learn how to assemble a "Team" to execute their project.

Take Home Message

The very four ingredients everyone needs to know to realize a successful outcome are why one needs to Balance their Vision, Budget, and Timeline while having a great team to minimize their risk and achieve their goals.







Session 10: Practice Management - Part 1 (Non-CME)

Thursday, February 3, 2022

2:00-3:30 PM

Mandalay Ballroom J

Are Physicians Their Worst Enemy?

S10-04

2:35-2:43 PM

Ehab Akkary, MD, FACS, FAACS

Akkary Surgery Center, Morgantown, WV

Dr. Akkary started his practice in 2008 as an Academic Bariatric Surgeon and gradually shifted to Community based Cosmetic Surgery. He is Board Certified in General Surgery by the ABS and Board Certified in Cosmetic Surgery and Facial Cosmetic Surgery by the American Board of Cosmetic Surgery and the American Board of Facial Cosmetic Surgery. He practices in WV and PA where he performs wide variety of Cosmetic Surgery at AAAHC accredited facilities. Dr. Akkary is devoted to the field of Cosmetic Surgery, he is a Fellow of the AACS. He serves multiple committees at the AACS and the ABCS and he is a reviewer for multiple journals including JAACS.

Abstract

It is not surprising that practicing medicine nowadays is very challenging. Physicians struggle to deliver proper patient care while fighting many adversaries. Unfortunately, medicine has become over-regulated by the government and some health oversight agencies placing paperwork and documentation ahead of actual patient care.

Do you ever recall trying to order something that the patient needed, and the nurse was being prohibited from taking a verbal order from you? You then needed to find a computer, log in, go through multiple screens to give one order. With multiple patients and recurrent daily routine, this represents a simple example of inefficiency secondary to regulations. Over-regulation, high overhead, low reimbursement in addition to a ridiculously litigious environment create a less than healthy work atmosphere for physicians. Yet, the same circumstances create an awesome work environment for malpractice attorneys that love that physicians walk around with a gigantic target on their back called malpractice insurance that can provide some easy money for the attorney and the patient even in a case of recognized and well-known complications.

Other challenges include high overhead that, with every regulation, would continue to go up and low reimbursement that, with more government interference, would continue to go down. When you see such a poor setting to practice medicine, you would think that physicians will get together, unite and fight against their adversaries that include but not limited to government regulations, low reimbursements, high overhead, insurance companies and attorneys. Unfortunately, some physicians do not see it this way. This article does not intend to generalize or stereotype a group of physicians. However, my intention is to point out a small group of physicians whose actions hurt us all.

This is the type of physician that I call Self Appointed Expert Witness (SAEW). Complications, while unfortunate, are normal part of practicing medicine and performing surgical procedures. Patients with a complication might seek a 2nd opinion. If they stay within the same community, then the 2nd opinion will likely be from a competitor who immediately might assume the role of the SAEW manipulating the patient.

The manipulation would include that going to the competitor (1st Surgeon) means that they are going to less of a qualified surgeon and that is why they have complications, have they gone to this superhero SAEW first, they would not have had any issues at all. The SAEW starts the famous game of poisoning the well and turning the patient against their colleague. At the same time, the patient who is concerned about the complication is starting to see big \$ signs because we are a sue happy society!

A physician who acts as a real colleague would be honest with the patient and explain that recognized complications happen and help treat the patient rather than starting the SAEW game. I, myself, had an interesting experience with a physician who commented negatively about my surgery to the patient and pushed her to try to file a claim stating that some surgical steps were done wrong. Interestingly, in his own documentation, he admitted that he did not know exactly what surgery was done and did not read the operative report. These are the kind of physicians that live among us and are of great use to our opponents.

Let's assume that the patient fell for the manipulation of the SAEW and wanted to file a claim. The attorney will need to find a physician to sign an affidavit stating that the physician breached the standard of care. This will give the attorney the weapon to file the lawsuit against the physician. Now this Attorney Appointed Expert Witness "AAEW" will get money that he claims for his time not for his opinion. However, there is an obvious conflict of interest when reviewing cases for an attorney. If the AAEW does not give the attorney the report that he needs and subsequently prevent the attorney from filing a claim, the attorney might not use them again. There is an obvious conflict of interest right there. Some attorneys promise their AAEW that they won't need to testify in court and that after the claim is filed, they can get another expert witness. This usually happens when the initial expert witness is worried that there is really no case but at the same time, they are trying to maintain a business relationship with the attorney. Some attorneys even prepare the testimony for the Physician and all the AAEW needs to do is just to sign it in. Some physicians do not even read the affidavit that they sign and will be used to file a claim against a colleague of theirs.

Expert witnesses have legal protection of their opinion which serves them and the attorneys that hire them. However, they can frequently act against physicians and push cases through the legal system that are not real malpractice cases, and they are nothing more than a complication that it is well recognized.

So, the question is, how can we stop such behavior that hurts our community? This short-sighted approach from some physicians hurt the group as a whole including said physicians. Of course, some cases are real, and patient might deserve a compensation and an expert witness acting based on good faith has a very important role in this setting and also a well appreciated role to assist the patient. But we need to differentiate between good faith expert witnesses and bad faith expert witnesses. Physicians should be held accountable to their testimony. It is our duty to report affidavits that are based on bad faith. Appropriate entities would be the Physicians State Board of Medicine and the American Medical Association as well as the specific main society that such physician belongs to in their specialty.

Conclusion: While this talk might seem controversial, I have yet to meet a physician who did not encounter what we are discussing here in their practice. Even physicians fresh out of residency training encountered such behaviors during residency. I believe it is healthy to bring the issue out to light, discuss it and make sure that we, as physicians, work as colleagues and protect each other not work for our opponents. I am not saying by any means that we should not review legal cases and provide an expert opinion in malpractice disputes, but I am saying that we have to identify, report and take action against any physician that provides a substandard report claiming there was a breach of care when there was not.

Take Home Message

Physicians need to work as colleagues, identify their adversaries and understand the legal ramifications of their actions. Physicians that provide an expert witness opinion need to be held accountable to their opinion and know that it can and should be scrutinized.

Session 10: Practice Management - Part 1 (Non-CME)

Thursday, February 3, 2022

2:00-3:30 PM

Mandalay Ballroom J

Sustaining the Biggest Windfall in Recent History

S10-05

2:45-2:53 PM

Dana Fox

Industry Consultant, Emonds, WA

Dana has more than 30 years of experience in the areas of practice and business growth consulting, branding, and marketing strategies. She is recognized as one of the leading experts in practice and staff development in both private practice and the medical industry at large. She is an internationally known speaker, seminar leader and the author of *A Brand Apart*, the first non-physician author in the history of the American Society of Plastic Surgeons. Her second book will be released by ASPS "Making the Cut." In March 2022. She joined Plastic Surgery Studios as the Director of Client Strategies November 1, 2021. Her expertise in all facets of marketing has led to professional alliances, training seminars and consulting relationships with such groups as: The American Society of Plastic Surgery, American Society of Dermatology, and American Academy of Cosmetic Surgery.

Abstract

The cosmetic surgery industry got the biggest windfall in history and now the big question is, can it be sustained? If we learned nothing from the last two years, we learned being creative and resilient are critical to your success. This is the time to explore and adopt new business trends and new marketing opportunities. There are 8 main points to building a highly effective strategy that will take you into 2022 and beyond. Due to the 8-minute time frame of this course the presenter will focus on one of the most critical components for your success in 2022. How to build a marketing strategy for the current societal condition we are living in, and how increase profitability at the same time. The remaining content will be available to all attendees via a free webinar where you may view the course in its entirety. Information for how to login will be provided at the course.

Take Home Message

The two most important concepts to embrace in 2022 are being highly creative and stretching your comfort zone. And being resilient, disciplining your disappointments and quickly moving on. I've always found your Attitude determines your Altitude!

Session 10: Practice Management - Part 1 (Non-CME)

Thursday, February 3, 2022

2:00-3:30 PM

Mandalay Ballroom J

Gamification Marketing: Do You Want to Play a Game?

S10-06

2:55-3:03 PM

Sam Peek

Incredible Marketing, Lake Forest, CA

An entrepreneur at heart and an internet nerd by choice. Over his professional career, Sam has worked in law, technology, real estate management, market research and now Internet marketing. Boasting a diverse background allows him to understand what makes businesses thrive and do so quickly. Sam launched Incredible Marketing in Orange County, California, along with several team members that were just as fed up with the status quo as he was. A polarizing figure with a knack for saying all the right things at the wrong time, Mr. Peek has a diverse background that gives him a distinct advantage to understanding what makes the medical aesthetic industry thrive and the foresight to ensure you're always thinking in a proactive way, not reactive. He has become a trusted figure in the healthcare marketing space for his results-oriented and no-nonsense approach to digital communication strategies. Sam frequently speaks at industry meetings such as: ASPS (US), ASAPS (US & AUSTRALIA versions), ISAPS (Globally), FACE (UK), AMWC (Monaco), IMCAS World (Paris), GAC, VCS, TAS, and A4M.

Abstract

Gamification is used in almost every facet of our lives: from the rewards points you receive for ordering coffee to the avatar on your car's navigation system. The opportunity for you to capitalize on this growing trend allows for exponential possibilities. The question is then, how can you take gamification on a small scale and adapt it to your practice? To do this you must examine what typical elements of game play you can use to promote more patient engagement and thus, increased conversions. Plastic surgery is often a life-changing experience once you reach the final stages, but what if we could make the entire process — from initial inquiry to recovery — a rewarding one as well? Gamification unlocks our innate desire to reach goals, compete, and win, which releases dopamine — also known as the “happy hormone” — into the bloodstream. Implementing gamification methods, tactics, and reward systems, allows you to play into this mechanism, making it fun and gratifying to engage with your practice. Gamification has been proven effective in countless scientific studies, but can you have too much of a good thing? Yes and no. Gamification success relies on two main factors: A) who is being targeted and B) what the reward is. If one or both of those factors are not aligned with what you're asking from your audience, then the entire system can feel like a manipulation tactic, reflecting poorly on you and ultimately hurting your bottom line.

Take Home Message

We will discuss gamification strategy and look at several industry-specific, successful examples. From there, we will educate the audience on why gamification works. Finally, we will finish with specific takeaways you can implement in your practice going forward.

Session 10: Practice Management - Part 1 (Non-CME)

Thursday, February 3, 2022

2:00-3:30 PM

Mandalay Ballroom J

Simple Strategies for Targeting Millennial Patients

S10-07

3:05-3:13 PM

Audrey Neff, BS

PatientNow, Altamonte Springs, FL

Audrey Neff is the Director of Marketing for PatientNow, which provides practice management & marketing solutions for over 3,000+ aesthetic practices worldwide. Audrey brings a decade of experience in sales & marketing -- six years of which has been in the medical aesthetics vertical. She is a frequent industry speaker on practice management strategies and is currently faculty for 18 medical associations and conferences across the U.S.

Take Home Message/Abstract

The global facial injectable market size was estimated at USD 13.4 billion in 2020 and is expected to reach USD 15.3 billion in 2021. Within this total addressable market, Millennials represent the largest consumer group with full purchasing power, which makes it mission critical that modern practices have solid strategies in place to not only target Millennials, but also keep them coming back for more. In this session, attendees will uncover the simple yet powerful ways to connect, convert & build lifetime trust with the modern Millennial aesthetic patient, to help fuel the growth of your practice in 2022.

Session 11: Body Contouring

Thursday, February 3, 2022

4:00-5:30 PM

Mandalay Ballroom F

Management of Back Rolls a Nightmare for Women

S11-01

4:05-4:15 PM

Mohan Thomas, MD, DDS

Dr. Mohan Thomas Aesthetics, Mumbai, India

Dr. Mohan Thomas is an American Trained and Board Certified Facial and General Cosmetic Surgeon and is also a Fellow of AACS. Dr. Thomas has made significant contributions to the Plastic and Aesthetic Surgery literature including more than 50 publications in all known peer reviewed publications such as PRS, ASJ, JPRAS, IJPS, Journal of Oral and Maxillo facial surgery and Clinics of North America. He has also published many chapters in books titled 'Integrative procedures in facial cosmetic surgery', 'Aesthetic and Regenerative Gynaecology' among others and edited by the pioneers in the field. Dr. Thomas has also been contracted to edit a 6- volume Surgical Manual on Cosmetic Surgery and Medicine to be published by Springer International shortly. Dr. Thomas is an innovator and teacher and participates in all the major international conferences so as to impart this knowledge to his peers and students. He offers a prestigious Cosmetic Surgery Fellowship (4) in India through the University which has a wait of 4 years. He has clocked over 9000 hours of continued medical education and has delivered over 500 lectures in the last 20 years.

Abstract

Introduction: Back fat rolls have a negative impact on the feminine figure. There are many fibrous connections between the superficial fat of the back and the underlying fascia that often form into rolls with fat excess. This fat is hard to remove with liposuction, and the swelling is persistent because patients tend to lie on their back making the fluid collect in that region. Injection Lipolysis done over many sessions is a very useful technique to reduce these bulges in people who do not want surgery. Others with significant weight gain may need Liposuction and/ or removal of excess skin. Here I will present my experience with 90 people over 7 years who have undergone procedures for correction of back rolls.

Method: 90 patients who have undergone a combination of procedures-40 patients had undergone non-surgical treatment with local application of EMLA cream prior to the injections. Significant improvement was seen in the back rolls after 3 sessions of injection lipolysis using phosphatidyl choline done at intervals of 4 weeks. 44 patients wanted single stage treatment and were also undergoing liposuction of other body parts. They underwent VASER assisted liposuction. 6 patients who had skin laxicity underwent excision of the roll with primary suturing and healing.

Results: the results achieved showed significant improvement in the back rolls even in patients who had not worked out to reduce the body weight.

Conclusions: Treatment options which include non-surgical, minimally invasive and surgical excision should be available and the correct choice of treatment should be considered based on the clinical assessment to achieve a flat back devoid of rolls.

Take-Home Message

A combination of treatment which includes non-surgical, minimally invasive and surgical excision may be required to achieve a flat back devoid of rolls.

Session 11: Body Contouring

Thursday, February 3, 2022

4:00-5:30 PM

Mandalay Ballroom F

Brazilian Buttock Lift for the Weight Loss Patient

S11-02

4:17-4:27 PM

Arian Mowlavi, MD, FACS

Cosmetic Plastic Surgery Institute, Laguna Beach, CA

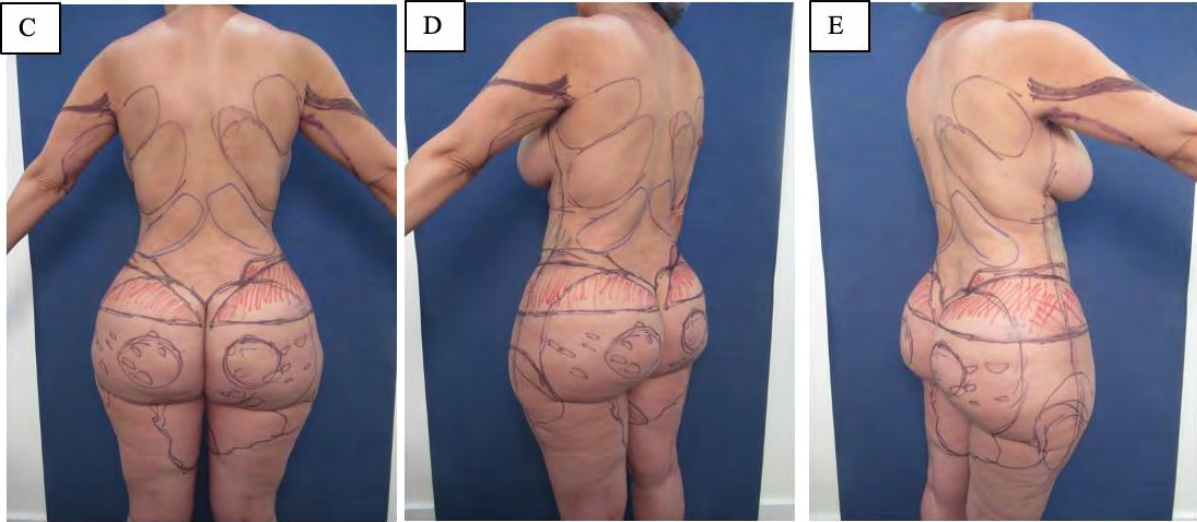
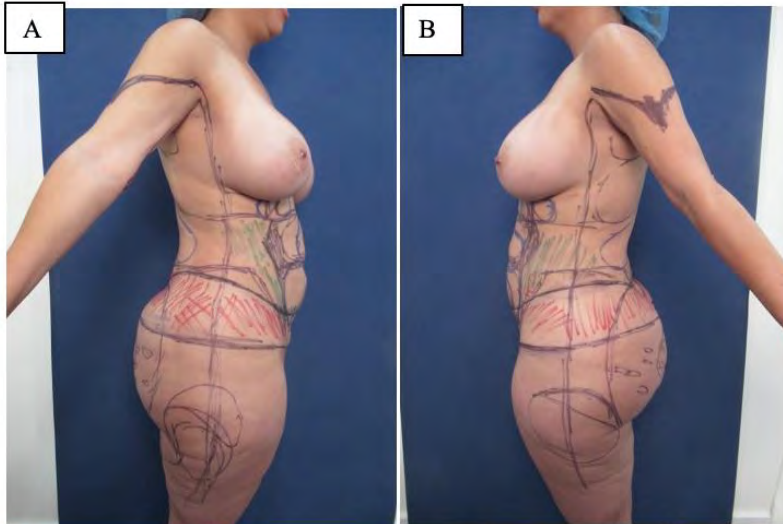
Dr. Mowlavi has dedicated himself to improving plastic and reconstructive surgery outcomes in order to achieve high-definition results. He has performed over 15,000 procedures and has been recognized by patients from around the globe. Dr. Mowlavi founded Cosmetic Plastic Surgery Institute in 2004 where he has developed the most advanced high-definition liposuction protocols and surgical algorithms. As a frequent speaker at national cosmetic and plastic surgery conventions, Dr. Mowlavi is well-regarded as a world-renowned face, body, and breast sculptor.

Abstract

Performing optimal gluteal augmentation using traditional methods in extreme weight-loss patients poses a surgical challenge as such patients typically present with 1) severe skin redundancy, 2) soft tissues containing more connective tissues than fat content, and 3) ptotic buttock cheeks. Excess skin redundancy requires consideration of supplemental excisional tucking to achieve optimal results. Additionally, subcutaneous tissues that maintain more connective tissue pose difficulty with fat removal using traditional liposuction techniques. As such, we present a novel surgical technique to optimally augment and volumize the buttock in patients who have undergone massive weight-loss. First, this procedure utilizes a lateral thigh and buttock tuck excision not only to lift the buttock cheek complex but also to create a fat flap that is transposed into the upper buttock pole to achieve upper buttock fullness. The remainder of the skin then undergoes ex-vivo liposuction while still sterile. This ex-vivo liposuction technique: 1) saves operative time and 2) allows for maximum fat removal while avoiding unnecessary trauma to the patient. This fat is then transferred to the mid- and lower buttock to complete fat transfer for the Brazilian Buttock Lift. In summary, we present a novel technique to augment the buttock in weight-loss patients that maximizes both patient safety and efficacy.

Take Home Message

We conclude that the upper buttock dermal fat flap technique is crucial for performing a Brazilian Buttock Lift on patients who have undergone extensive weight loss, as simple fat grafting transfer alone may not prove effective in achieving desired results. Combining both conventional in-vivo and non-conventional ex-vivo liposuction methods, we have modified traditional techniques to create a procedure that requires minimal operating time, has maximum fat harvesting capacity,⁴ and can be personalized for each patient's optimal outcome. The high satisfaction rate of patients alongside the minimal risk of complications associated with the procedure suggests that this particular technique is reliable and easily reproducible.





Session 11: Body Contouring

Thursday, February 3, 2022

4:00-5:30 PM

Mandalay Ballroom F

The Use of Botulinum Toxin in Rectus Plication in Radical Abdominoplasties Gives Less Postoperative Discomfort and Better Results

S11-03

4:29-4:39 PM

John S. McHugh, MD, DDS, FFDRCSI, FACCS, FAACS, LDSRCS (Eng.)(Edin)BSC(Hons)

Cosmetic and Maxillofacial Clinic/Royal Australian Navy, Penrith, Australia

Dr John S. McHugh is an Oral, Maxillofacial and Cosmetic Surgeon, with nearly thirty years' experience. Originally from London, he is UK and Australia Trained practicing in Sydney, Australia. He is also an active Service Surgeon holding the rank of Commander in the Royal Australian Navy and has deployed on several tours with United States Naval Ship Mercy in the pacific region delivering humanitarian Surgery as well Military Deployments with the Australian Defense Force. He has also delivered humanitarian surgery in the Amazon Basin and worked in South Africa. He practices full scope OMFS and facial breast and body cosmetic surgery. He is the founding president of the Society of Cosmetic, Maxillofacial and Reconstructive Surgeons. He is the father of five children, one of whom, Astrid, studying medical sciences, has helped with this presentation. He is a private pilot who enjoys flying with his teenage daughter Neave, who is training to be a commercial pilot. He has a close affiliation with San Francisco where his late Irish American Father resided.

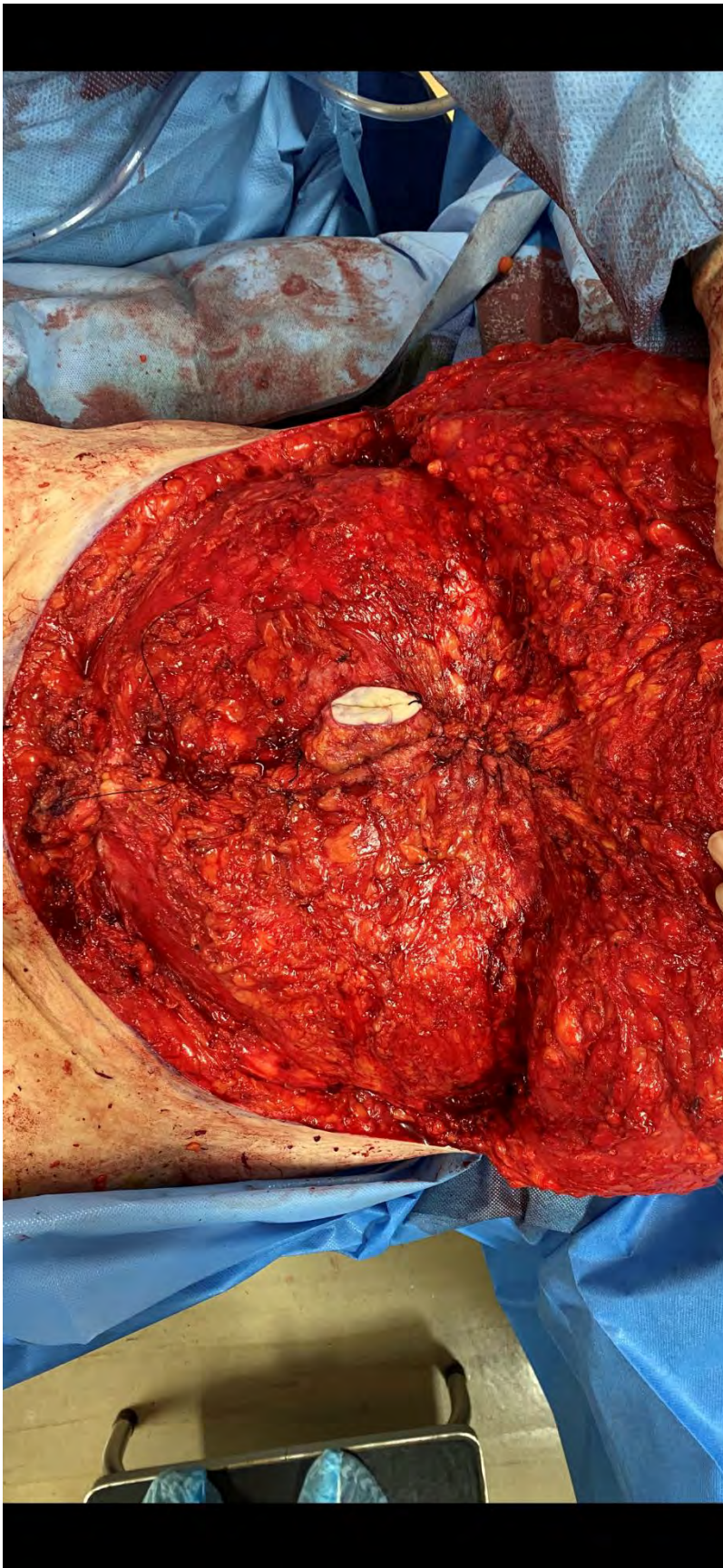
Abstract

The use of botulinum toxin in rectus plication gives less postoperative discomfort and less separation with better post-operative results. I present a series of thirty radical abdominoplasties for massive weight loss patients predominantly following bariatric surgery. It is suggested that there is less abdominal muscle contraction and spasm in the post operative period for significant plications which are generally required in the massive weight loss patient. In this clinician's experience there is a subjective improvement in this long-term waist contour as opposed to previous radical procedures without botulinum toxin by the same operator. Future suggestions in the objective analysis of such a claim might include post operative serial ultrasounds to assess the integrity of the plication in control series and one with the use of botulinum toxin.

Take Home Message

Botulinum toxin administration into the rectus muscles following plication reduces patient's subjective pain scoring from muscle contraction in the post operative period and improves body contour.





Session 11: Body Contouring

Thursday, February 3, 2022

4:00-5:30 PM

Mandalay Ballroom F

Current Trends for Body Contouring in Advanced Cosmetic Surgery

S11-04

4:41-4:51 PM

Michael Kluska, DO, FAACS, FACOS

Southern Surgical Arts, Chattanooga, TN

With an undergraduate degree in Art from Washington & Jefferson College, Dr. Kluska brings an aesthetic viewpoint to all of his plastic/ reconstructive and cosmetic surgery procedures. Triple board-certified in Cosmetic, Plastic/Reconstructive and General Surgery, Dr. Kluska's impressive resume includes seven years of elite membership on the American Academy of Cosmetic Surgery's Board of Trustees before his prestigious appointment as President in 2017. Along with esteemed positions as an adjunct professor in surgery at Lake Erie College of Osteopathic Medicine, Edward Via College of Osteopathic Medicine and surgical department advisory board member of the West Virginia School of Osteopathic Medicine, he is a fellow in the American Academy of Cosmetic Surgery (FAACS) and the American College of Osteopathic Surgery (FACOS).

Abstract

Body contouring has been a rapidly growing portion of cosmetic surgery over the last 10-20 years. Over that period, technology has increased to not only help expedite each procedure but improve the overall cosmesis and satisfaction of each patient. Surgeons must understand what technology is available, how it works, and which patient's it will benefit the most. Not only does the surgeon need to understand these technologies but needs to understand which procedures they may be used in conjunction with to obtain maximal results and become an advance body contouring specialist. In this presentation, we will examine three types of body contouring technology including: Radiofrequency assisted lipolysis, helium driven plasma energy, and vibrational amplification of sound energy at resonance.

Take Home Message

Current technologies offer advanced results for today's patient demands.

Session 11: Body Contouring

Thursday, February 3, 2022

4:00-5:30 PM

Mandalay Ballroom F

Use of Membranes in Complicated Breast Repairs

S11-05

4:53-5:03 PM

Jacob Haiavy, MD

Inland Cosmetic Surgery, Rancho Cucamonga, CA

Dr. Jacob Haiavy is the medical director of Inland Cosmetic Surgery and has practiced cosmetic surgery, exclusively, in the fully accredited surgery center in Rancho Cucamonga since 2001. Dr. Jacob Haiavy has served as faculty for cosmetic breast, body, and facial rejuvenation courses and has written several journal articles on cosmetic surgery for leading publications. He is also a volunteer assistant clinical professor at Loma Linda University. Dr. Haiavy is also a fellowship director of an AACS approved full body & facial cosmetic surgery fellowship in Rancho Cucamonga, CA. Dr. Haiavy is a past president of the American Board of Cosmetic Surgery and also past president of the California Academy of Cosmetic Surgery. He has also served on the board of trustees for the AACS and Cosmetic Surgery Foundation which promote education and safety in the field of cosmetic surgery.

Abstract

Since millions of women have breast implants and it remains one of the most popular cosmetic procedures performed to date the incidence of breast revision surgery is on the rise as well. Patients that present for breast revision surgery may have inadequate tissue support. They may also present with other challenges such as rippling, synmastia, double bubble deformity and bottoming out. We will review a few cases of patients presenting with these challenges and review the most commonly used membranes for support of the breast. In addition, we will review advantages and disadvantages of each membrane used.

Take Home Message

Patients presenting for breast revision may present with challenges that may require additional tissue support in the form of a membrane and the surgeon has to weigh the different options to help the patients make the best choice.

Session 11: Body Contouring

Thursday, February 3, 2022

4:00-5:30 PM

Mandalay Ballroom F

Update on BBL Patient Safety

S11-06

5:05-5:18 PM

Alton Ingram, MD, JD, FAACS

Ingram Cosmetic Surgery, Nashville, TN

Alton "Tup" Ingram MD JD FAACS is the owner of Ingram Cosmetic Surgery in Nashville, Tennessee, where he specializes in breast augmentation, breast lift, facelift, abdominoplasty, and BBL surgery. He is a graduate of Yale University, The University of Texas Southwestern's medical school and Plastic Surgery Residency, and Jeff Marvel's AACS fellowship in Nashville. Tup has been performing BBL surgery ever since completing a six-month fellowship with Ivo Pitanguy in 1995 and has presented on this procedure frequently in the past. He is a member of the ABCS Board of Trustees and the chairman of the Board's Access to Safe Cosmetic Surgery State Advocacy Committee; a section editor of The American Journal of Cosmetic Surgery; and a member of the AACS's Patient Advocacy Committee.

Take Home Message/Abstract

Buttock augmentation with autologous fat is one of the fastest growing plastic surgery procedures despite its relatively high mortality rate due to fat embolus syndrome. During the past six years, many international medical organizations have investigated the mechanism of injury which result in fat embolus, resulting in recommendations which appear to have cut the mortality rate of BBL in half. This talk will present an overview of the mechanisms of injury which are associated with macro and micro fat embolism syndrome, describe the ASERF Gluteal Task Force's current safety recommendations, and emphasize the importance of avoiding intramuscular fat injection in order to optimize patient safety in autologous fat injection.

Session 12: Residents Forum

Thursday, February 3, 2022

4:00-5:30 PM

Mandalay Ballroom KL

What Makes AACS Unique

S12-01

4:10-4:20 PM

Maria M. Diaz, MD, MBA

AACS Fellow, Bellevue, WA

Maria M. Diaz, MD, MBA Originally from Fontana, California, she received her MD from UCLA, and MBA from Kelley School of Business. She completed her OB/GYN residency at Loma Linda University and is currently doing a combined Facial and General Cosmetic Surgery Fellowship at Anderson Sobel Cosmetic Surgery in Bellevue, Washington. She is your typical So Cal girl who loves the sun and palm trees.

Notes:

Session 12: Residents Forum

Thursday, February 3, 2022

4:00-5:30 PM

Mandalay Ballroom KL

5 Things to do in Residency to Prepare Yourself for a Career in Cosmetic Surgery

S12-02

4:20-4:30 PM

Stephanie A. Luster, DO

Sarasota Surgical Arts, Sarasota, FL

Dr. Stephanie Luster D.O. is a graduate of Lake Eric College of Osteopathic Medicine. She recently completed her residency in General Surgery at Flushing Hospital Medical Center in New York where she was Chief Resident. She is the current cosmetic surgery Fellow at Sarasota Surgical Arts under Dr. Alberico Sessa.

Notes:

Session 12: Residents Forum

Thursday, February 3, 2022

4:00-5:30 PM

Mandalay Ballroom KL

Applying for a Cosmetic Surgery Fellowship: What You Need to Know

S12-03

4:30-4:40 PM

Victoria Karlinsky, MD

New Look New Life Cosmetic Surgical Arts, New York, NY

Dr. Victoria Karlinsky-Bellini is a highly trained cosmetic surgeon whose background tells a tremendous story of overcoming one’s circumstances. After immigrating to the U.S. from Russia when she was just 13, she and her family had to build their life here from scratch. The difficult times Victoria—as she prefers to be called—and her family faced fueled her drive to pursue higher education and achieve a successful life. She worked multiple jobs from the age of 14 to 22 before going to medical school. Dr. Karlinsky-Bellini and her husband Gabriele founded New Look New Life Cosmetic Surgical Arts in 2009. It was a brave step to break into the New York Cosmetic Market, but she knew they had something unique to offer. Dr. Karlinsky-Bellini’s extensive education, training, and areas of recognition include: - Bachelor’s Degree from Hunter College, City University of New York - Medical Degree from Ross University School of Medicine, concentrating on Cosmetic and Aesthetic Surgery - Residency at Beth Israel Medical Center, Department of Surgery in N.Y.C. - Cosmetic Surgery Fellowship at the Facial Plastic and Cosmetic Surgical Center in Abilene, Texas - Fellow of The American College of Surgeons. - Fellow and Member of the American Academy of Cosmetic Surgery (AACS) Before Dr. Karlinsky-Bellini and Gabriele started New Look New Life Cosmetic Surgical Arts, she worked at Lexington Plastic Surgeons. She is the Attending Surgeon at St. John Riverside Hospital, Interfaith Medical Center, and Wyckoff Heights Medical Center. Victoria is also Madame Chair of the American Academy of Cosmetic Surgery Fellowship Programs.

Notes:

Session 12: Residents Forum

Thursday, February 3, 2022

4:00-5:30 PM

Mandalay Ballroom KL

A Day in the Life of a Facial Cosmetic Surgery Training Fellow

S12-04

4:40-4:50 PM

Lauren Moy, MD

Moy Fincher Chipps Dermatology, Beverly Hills, CA

Dr. Lauren Moy attended a combined medical program of Siena College/Albany Medical College in New York and completed Dermatology residency at Loyola Medical Center in Chicago, IL. She is currently doing a Facial fellowship at Moy Fincher Chipps Dermatology in Beverly Hills, CA. In her spare time, she enjoys tennis, yoga, baking, and their new puppy

Notes:

Session 12: Residents Forum

Thursday, February 3, 2022

4:00-5:30 PM

Mandalay Ballroom KL

A Day in the Life of a General Cosmetic Surgery Training Fellow

S12-05

4:50-5:00 PM

Jean-Paul Leva, DO

New Look New Life, New York, NY

Dr. Jean-Paul Leva is a graduate of general surgery perusing a career in Cosmetic Surgery. He recently graduated from General Surgery Residency at Arnot Ogden Medical Center in New York and is now a Cosmetic Surgery Fellow at New Look New Life in New York City. He completed his Medical School Training in Touro College of Osteopathic Medicine in Harlem and his undergraduate studies at New York University. Follow him on Instagram @Dr_Leva.

Take Home Message/Abstract

A presentation detailing the responsibilities and duties of a Cosmetic Surgery training fellow.

Session 12: Residents Forum

Thursday, February 3, 2022

4:00-5:30 PM

Mandalay Ballroom KL

Timeline to Opening a Cosmetic Surgery Practice

S12-06

5:00-5:10 PM

Daisy A. Ayim, MD, FACOG, FAACS

Ayim Surgical Arts and Park West Women's Associates, Houston, TX

Daisy A. Ayim MD FACOG FAACS Triple Board-Certified Cosmetic Surgeon by the American Board of Cosmetic Surgery, American Board of Facial Cosmetic Surgery and American Board of Obstetrics and Gynecology. Double fellowship-trained Cosmetic Surgeon by the American Academy of Cosmetic Surgery, founder & owner of Park West Women's Associates and Ayim Surgical Arts based in Houston TX. Dr Ayim has been voted Top Doctor Houston by physician peers yearly since 2017 in Houstonia Magazine, named Top Doctor by H Texas magazine, voted super doctor Texas rising star 2017, voted castle connolly top doctor 2021, body expert with hautebeauty network and many more distinguished accomplishments both nationally and internationally. Dr Ayim is a talented surgeon with an aesthetic eye who is championing her vision of private practice ownership with a keen perspective on beauty, health and wellness. Dr Ayim is an innovator, trailblazer, thought leader and savvy businesswoman bridging the gap of cosmetic surgery and OBGYN. Dr. Ayim has always been focused and driven to excel in her craft. She has garnered the love of her patients over the years of her boutique style private practice to provide superb care and enhanced clients desire for aesthetic surgery. Dr. Ayim's gentle approach to personalized care and emphasis on sustainable cosmetic surgery results is warmly welcome by her clients.

Take Home Message/Abstract

The pearls and pitfalls to a successful cosmetic private practice. Having a clear vision, path and resources are valuable as you navigate post cosmetic surgery fellowship. This presentation will highlight ways to kick start your private practice, realistic expectations, understanding the journey to build your practice, measure growth and project outcome.

Session 12: Residents Forum

Thursday, February 3, 2022

4:00-5:30 PM

Mandalay Ballroom KL

Board Certification: Why it is Important

S12-07

5:10-5:20 PM

George Hahm, MD, MBA, FACS, FAACS

Hahn Cosmetic Surgery, Las Vegas, NV

George Hahm, MD, FACS, FAACS. Board certified by the American Board of Surgery and American Board of Cosmetic Surgery. Dr. Hahm is Co-Chair of the Young Surgeons Committee and Trustee (elect) of American Academy of Cosmetic Surgery. Dr. practices full face, body and breast cosmetic surgery in Las Vegas, NV.

Take Home Message/Abstract

Highlighting the importance of American Board of Cosmetic Surgery certification.

Session 13: Skin Rejuvenation and Hair Restoration

Thursday, February 3, 2022

4:00-5:30 PM

Mandalay Ballroom J

Adipose Allograft Matrix Derived from Donated Skin

S13-01

4:05-4:13 PM

Roxana Barad, MD

Aesthetic Skin & Laser Center, Pittsburgh, PA

Roxana Barad, MD is a board-certified physician and oculoplastic surgeon. She attended medical school at Albany Medical College, followed by an internship at Pacific Medical Center in San Francisco. She completed her residency in ophthalmology at the prestigious Wills Eye Hospital in Philadelphia, followed by fellowship training in oculoplastic surgery at Harvard. With over 20 years' experience in medical aesthetics, she has gained a wide breadth of experience as this field constantly expands. Dr. Barad is a fellow of the American Academy of Cosmetic Surgery and the American Society for Laser Medicine and Surgery. She is a member of the Allegheny County Medical Society and the Pennsylvania Medical Society.

Take Home Message/Abstract

Introduction and overview of Renuva use for aesthetic applications.

Session 13: Skin Rejuvenation and Hair Restoration

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Mandalay Ballroom J

Lyogold Method: A Standardized Injection Technique of Fat-Rich in Vascular Stromal Fraction for a Soft Face-Lift and Regenerative Effect

S13-02

4:15-4:23 PM

Enrico Guarino, MD, PhD

Elite Aesthetic Institute LLC

Abstract

Introduction: Regenerative cells found in human fat are a mixed population of stromal and vascular cells found around blood vessels and between adipocytes in the matrix of fat. Most of these cells are covalently bound to small blood vessels in the matrices of fat that surround adipocytes. By definition, Stromal Vascular Fraction (SVF) is composed of stromal and vascular cells. A small proportion of the stromal cells are stem cells, which have been shown to be capable of differentiating into different structures (pluripotency). SVF cells have been shown to have beneficial effects associated with numerous trophic factors, growth factors, cytokines, cell signaling molecules, etc., and represent an orchestra of regenerative cells that can be found in human fat. In order to have the highest percentage of SVF and stem cells, the best system involves the use of enzymes that we cannot use in normal outpatient activities. The quality of fat that allows us to have the highest percentage of SVF and SC is represented by the nano fat. Nano fat technology based on Tonnard and Verpaele's original work is characterized by the fat and tissue parcel size, which is 400 to 600 μm or less. A series of devices are used to modify harvested fat into smaller parcels and nano fat. These products each have different injectability characteristics and are used for different applications, including deep fat compartment and periosteal grafting, superficial fat compartment grafting, and dermal and epithelial nano fat delivery. In this preliminary work, we decided to use an FDA-approved device (MiniTC) that gave us the guaranty of the quality and quantity of nano fat stable for all patients. The aim of our job was to evaluate the use of a definite dosage of stable nano fat quantity injected with a standard quantity in the retains face ligaments for obtaining a lifting effect connected with the fat injected and a regenerative effect related to the adult mesenchymal cells present in this kind of fat.

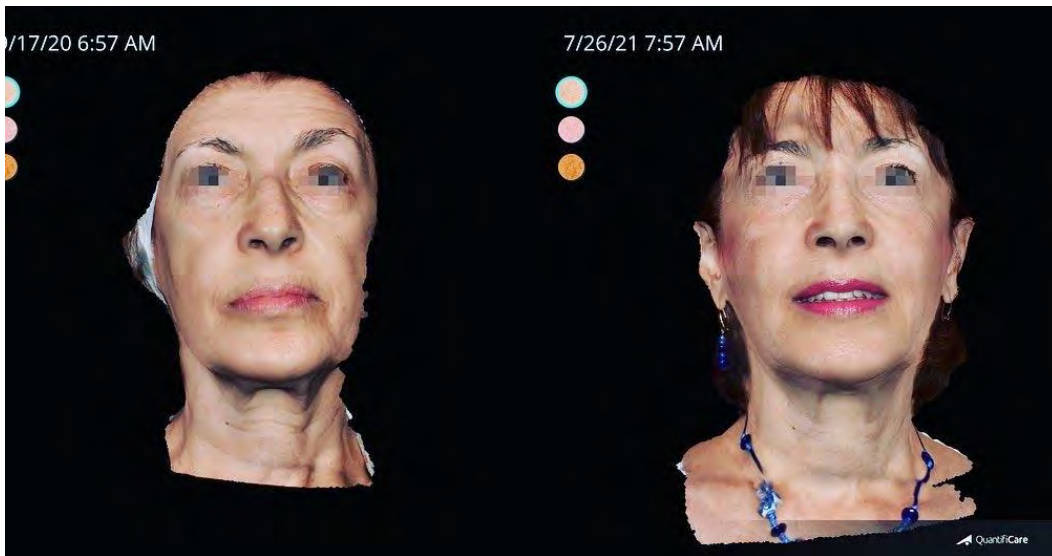
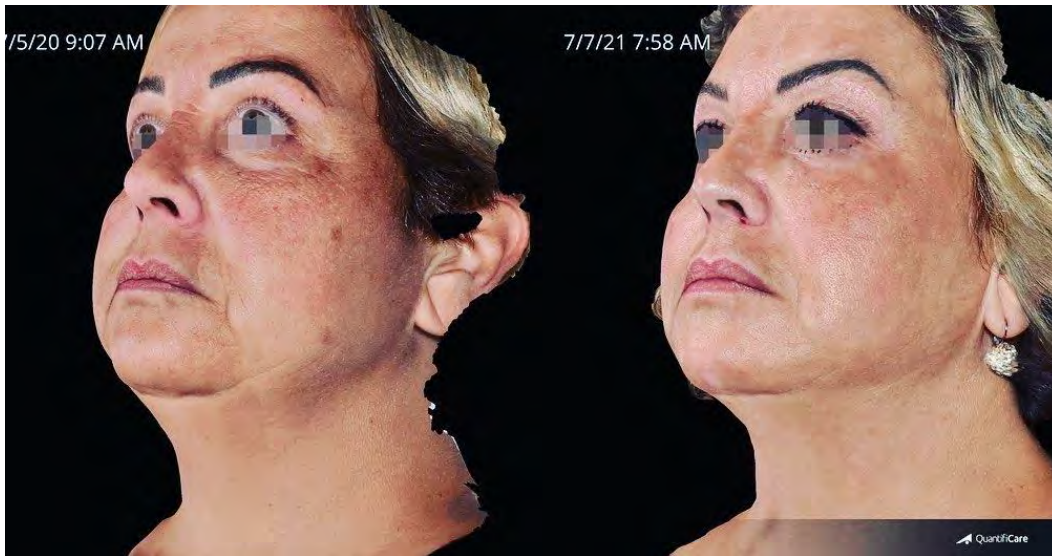
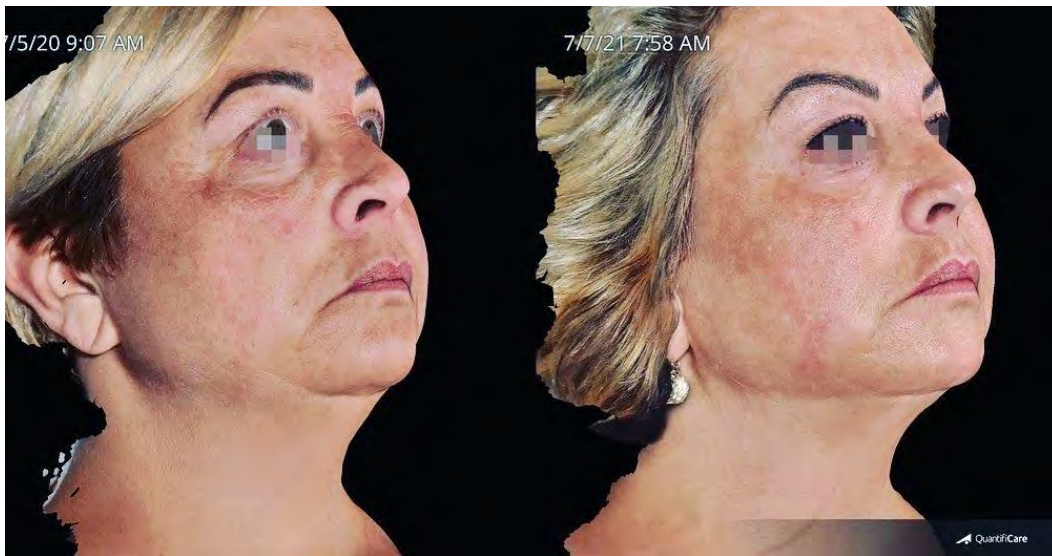
Materials and Methods: Patients who required non-surgical facial treatment were enrolled. Were excluded patients who all patients who had undergone facial surgery in the past three years or patients had been treated with fillers or traction threads in the past twelve months; pregnant patients were also excluded. On the day of treatment, we took the patient took pictures with a standard method and with a device capable of reconstructing the volumes and profiles of the face (Quantificare). After local anesthesia with Klein solution with infiltration of solution 2 to 1, we remove 40 cc of fat for processing with the Mini TC fat kit. Once ready, the nano fat was injected, in standard quantities, into the deep insertion planes of the ligaments. For each side of the face were injected 2.5 cc of nano fat with the use of a 23G sharp needle. All patients were subjected to a follow-up visit after 1, 6, and 12 months with photos taken and administering a satisfaction test of the results.

Results: From January 2019 to February 2021, we treated 40 patients (32 women, 8 men) with a median age of 56yy (36 - 69yy). All the patients completed the protocol. After the 1 month, we observed a reduction of less than 10 % of the volume obtained with the fat injection in 20 patients, 20 % in 5 patients, and no evidence of a reduction in the 15 remaining patients.

Take Home Message

We want to demonstrate the usefulness of the fat-derived adult mesenchymal cells for a regenerative action on the retains face ligaments for a no surgical face lifting. With this method, after a simple procedure of fat grafting and fat processing, we obtain a standard volume of nano fat to inject into anatomical areas in the origin of the ligament with a standard procedure like the use of hyaluronic acid.





Session 13: Skin Rejuvenation and Hair Restoration

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Mandalay Ballroom J

Utilizing the Klotho Protein and Second Generation Growth Factors for the Treatment of Facial Photo-Aging: A Clinical Experience with Ten Cases

S13-03

4:25-4:33 PM

Gail M. Humble, MD

Klotho Skin, San Francisco, CA

Dr. Humble is a medical doctor specifically in aesthetic anti-ageing based in San Francisco and Los Angeles locations. Her undergraduate studies were in genetics and regenerative medicine has been her passion. She lectures nationally and internationally on anti-ageing and aesthetic medicine. She is a frequent lecturer at the World Congress of Anti-Ageing Medicine and is a published author of research-based, medical and non-medical articles. Her published medical research articles can be found within medical journals including Dermatologic Surgery and the Journal of Facial and Plastic Surgery. With a core belief that our external beauty should reflect the beauty we feel inside, Dr. Humble founded Klotho Skin with the intention to achieve a truly effective method to maintain youthful skin.

Abstract

Background: The clinical sequelae of photodamage including wrinkling, pigmentary changes, texture change, laxity, and Transepidermal Water Loss (TEWL), can all result in the appearance of aging skin.² Underlying these visible signs are various histological and cytological changes induced by acute or chronic ultraviolet (UV) exposure, inclusive of collagen breakdown and oxidative damage on a cellular level. The Klotho gene is an age suppressor gene originally identified in a mouse strain.¹ A defect in Klotho expression in mice leads to a syndrome resembling accelerating aging,¹ whereas overexpression of Klotho in mice extends their life span.² In view of the cell injury induced by UVB, the Klotho protein may be an ideal therapy to eliminate UVB-induced cell damages and the associated signaling pathways. The Klotho protein protects cells and tissues from oxidative stress, by increasing FOXO1 and Sodium Oxide Dismutase, which acts as a cellular anti-oxidant.^{5,6,9} Furthermore cellular studies show an increase in collagen 3 after UVB radiated cells were exposed to a mixture of the Klotho protein with growth factors.¹⁷

Objective: We developed a patented process in which we utilize a promoter gene and a vector on an adult mesenchymal stem cell in vitro, to upregulate the Klotho gene and produce the Klotho protein with highly potent growth factors. We collected the Klotho protein and these growth factors in the cell conditioned medium which makes 25% of our facial serum, Klotho Skin. This study evaluated the reduction of visible signs of photoaging, texture, and wrinkles for Fitzpatrick skin types II through V. Efficacy of the serum was documented by improvement in facial photoaging, texture and wrinkles, utilizing the VISIA Skin Analysis system.

Methods: 10 Subjects were instructed to apply Klotho Skin twice daily, once in the morning and once in the evening for a three-month period. Subjects were evaluated at baseline and after 4, 8, and 12 weeks of product usage. Clinical evaluations were conducted at each visit. A self-assessment questionnaire was conducted at week 4, week 8, and week 12. The self-assessment questionnaire included product efficacy evaluation as well as any significant changes in skin care routine and sun exposure. VISIA facial assessment scanning was conducted at baseline, week 4, week 8, and week 12. Clinical evaluations were made by analyzing skin texture, elasticity, and sun damage through the VISIA, furthermore capturing key visual information on the surface and in the

deeper layers of the skin. The multispectral imaging measured facial wrinkles and fine lines under uniform white light.

Results: Since this study is ongoing preliminary results presented here are for the 4- and 8-week mark only. Based on clinical assessment 80% patients showed a decrease in wrinkles (40%), improvement of texture (50%), and decline of photodamage (80%) in both supraorbital and periorbital regions.

Conclusion: The application of the Klotho protein and second-generation growth factor in a serum was found highly effective in improving visible signs of photoaging, inclusive of texture and wrinkles. This result is most likely due to the increase resistance of oxidative stress occurring on a cellular level. This may prove to be the first all-inclusive skin care being preventative, protective, and regenerative.

Take Home Message

What if your skin did not have to age like everyone else's? The future of skincare is here, working with genetically modified cells. Klotho Skin may prove to be the first all-inclusive skin care line being preventative, protective, and regenerative.

June 1st 2021:

Understanding percentile: The percentile score of 68% means that out of every 100 men his age with his skin type, his skin is better than 68 of them.



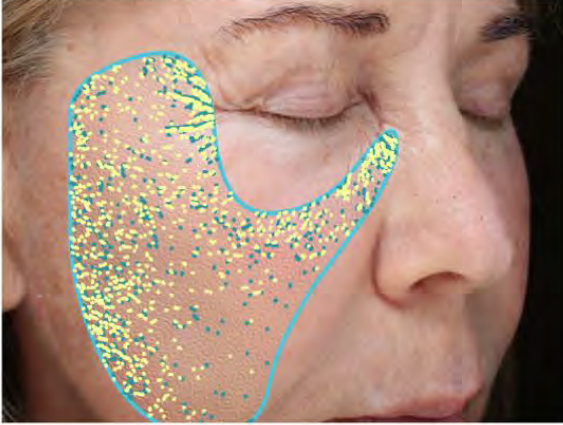
July 1st 2021:

Out of 100 people, patient wrinkles have improved and skin is better than 80/100 individuals with his skin type.



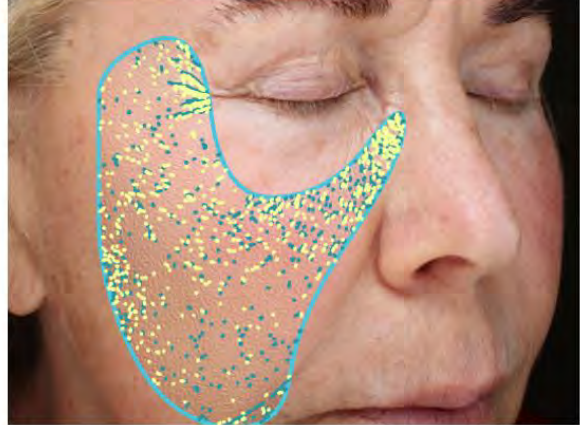
June 1st 2021:

Out of 100 people, patients' facial texture is better than 77/100 individuals with her skin type.



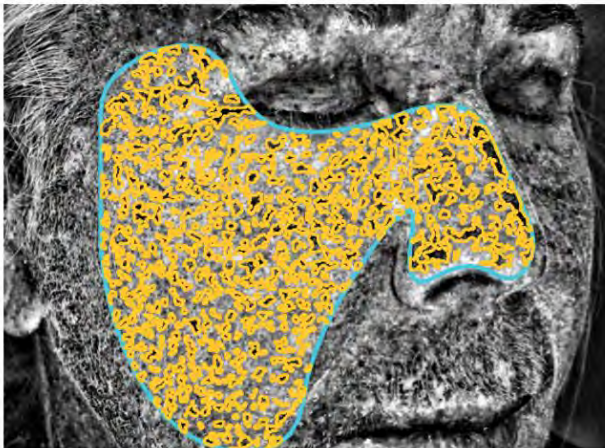
July 1st 2021:

Out of 100 people, patients' facial texture has improved and skin is better than 82/100 individuals with her skin type.



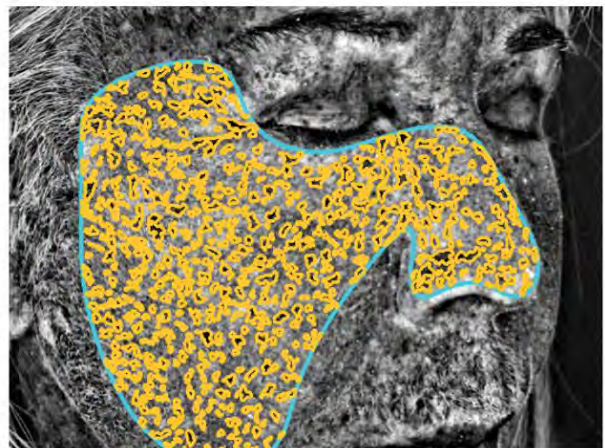
June 1st 2021:

Out of 100 people, patients' skin is better than 20/100 individual with facial UV spots and her skin type.



July 1st 2021:

Out of 100 people, patients' skin is better than 34/100 individuals with facial UV spots and her skin type.



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Evaluation of Efficacy of a Novel Biomimetic Peptide Formulation in Post-Hair Transplant Patients

S13-04

4:35-4:43 PM

Debraj Shome, MD, FRCS, FACS, MBA

The Esthetic Clinics, India

Dr. Debraj Shome is a top Facial Plastic Surgeon, Cosmetic Surgeon and Oculoplastic Surgeon. Dr. Shome co-founded The Esthetic Clinics. The Esthetic Clinics are a group of top-class centers, based in Mumbai, Hyderabad, Kolkata & New Delhi, India and dedicated to the disciplines of aesthetic surgery and skin care of the body. Dr. Shome is a Surgeon super specialized in Facial Plastic Surgery, Oculoplastic Surgery & Cosmetic Surgery & is a consultant at Breach Candy Hospital; Saifee Hospital, Girgaon, Mumbai; Apollo Spectra Hospital, Chembur, Mumbai & SL Raheja Fortis Hospital, Mahim, Mumbai, India. Dr. Shome also runs a NGO called Debabrata Auro Foundation which plays a role in the upliftment of the downtrodden. Dr. Shome is the ex-Head of the Institute of Aesthetic Surgery, Apollo Hospitals, Hyderabad, India. Dr. Shome was Visiting Faculty to the Department of Head & Neck Surgery at MD Anderson Cancer Center, Houston, USA.

Abstract

Background: Surgical hair restoration with Hair Transplant is an increasingly sought-after treatment for hair loss. Despite good results, hair loss post-transplant is an ongoing and unavoidable process which needs some maintenance therapy to achieve the desirable results.

Aim: To evaluate the efficacy of a novel biomimetic peptide hair growth factor formulation in post hair transplant patients after 6 months.

Method: Thirty male patients in the age group of 35-55 years, with complaints of hair loss, 6 months post hair transplant therapy were selected, & divided into 2 groups: Group A (Growth Factor) & Group B (placebo). Intradermal injections of the novel growth factor formulation & placebo (normal saline) were given in each group, respectively, at 3-week intervals, for a total of 8 sessions. Video microscopic assessment, global photographic assessment and patient subjective assessment were evaluated at baseline, after 6 months and 1 year.

Results: Significant improvement was noted in photographic assessment in Group A. Video microscopic evaluation showed that hair density, terminal hair density, vellus hair density and shaft diameter were significantly better in growth factor formulation group ($p < .005$) than the placebo group. Satisfaction rating with the self-assessment test was also higher in this group, as compared to placebo group.

Conclusion: The intradermal administration of our novel biomimetic peptide hair growth factor formulation proved to be safe and more effective as a maintenance therapy for hair fall reduction in post hair transplant patients, as compared to placebo. A comparative study with long term follow-up is needed to widen our scope of knowledge.

Take Home Message

Intradermal injection of our novel biomimetic peptide hair growth factor formulation, is an effective modality for the treatment of hair loss in patients with post hair transplant surgery. The growth factor formulation helps in reducing hair fall and also regrowth of new hair. Moreover, when combined with mesotherapy, it can be beneficial as it stimulates the blood circulation and removes DHT from the scalp.

Session 13: Skin Rejuvenation and Hair Restoration

Thursday, February 3, 2022

4:00-5:30 PM

Mandalay Ballroom J

A Prospective, Multi-Center, Single Arm Clinical Study Evaluating the Use of a Helium-Plasma Dermal System for Dermal Resurfacing

S13-05

4:45-4:53 PM

Ed Zimmerman, MD

Aesthetic Revolution Las Vegas, NV

Edward M. Zimmerman, MD, has degrees from Johns Hopkins, Georgetown, and the George Washington University School of Medicine. He is a Diplomate of the American Board of Family Practice and the American Board of Laser Surgery. Zimmerman is a Fellow of the American Society of Laser Surgery and Medicine since 1994; and a member of the American Academies of Cosmetic Surgery since 1998. Dr. Z serves as President and an Examiner for the American Board of Laser Surgery. He has served on the Board of Trustees of both the California and American Academies of Cosmetic Surgery. He is Treasurer and serves on the Board of Trustees of the Cosmetic Surgery Foundation. Dr. Z is an Adjunct Clinical Professor of Cosmetic Surgery at Touro University School of Osteopathic Medicine. He directs Aesthetic Revolution Las Vegas, a State Licensed, Nationally Accredited facility dedicated to the refinement and delivery of surgical and non-surgical aesthetic procedures.

Abstract

Purpose: To demonstrate the safety and effectiveness of a Helium-Plasma Dermal System for use in dermal skin resurfacing.

Design: A prospective, multi-center, evaluator-blinded study of 55 subjects who received a procedure for the purpose of improving facial appearance by reducing facial wrinkles and rhytides. The study was conducted at four investigational centers in the United States. All study subjects were treated with a Helium-Plasma Dermal System. Each study subject received one procedure. Follow-up was at 1 day, at 6 (+2) days, at 10 (-1/+4) days, 30 (+7) days, 90 (+10) days, and 180 (+14) post-procedure.

Primary Effectiveness Endpoint was the proportion of subjects with at least one-point improvement from baseline in the Fitzpatrick Wrinkle and Elastosis Scale (FWS) at 90 days as determined by 2 out of 3 blinded Independent Photographic Reviewers. Additional Endpoints included: (1) Whether or not (yes/no) at least 2 out of 3 blinded Independent Photographic Reviewers (IPRs) correctly identify the 90-day image of a subject from the pair of Baseline and 90-day images. (2) Magnitude of improvement measured by the mean change in FWS from baseline to 90-day visit as determined by Investigators. (3) Subject modified Global Aesthetic Improvement Scale (GAIS) at 90-day visit. (4) Investigator modified GAIS at 90-day visit. (5) Subject satisfaction with procedure recorded at the 90-day visit.

Primary Safety Endpoint was the evaluation of adverse events up to the 90-day visit after treatment.

Findings: Primary endpoint met; 100% of subjects had at least one-point improvement; IPR Average Improvement in FWS was 3.6 points. Additional Endpoints: (1) 100% of subjects had correct identification of 90-day image by IPRs. (2) Investigator Average Improvement in FWS was 4.4 points at D90 and 4.4 points at D180. (3) 96.4% of subjects self-rated as Improved, Much Improved, or Very Much Improved at D90 and 98.1% of subjects also self-rated levels of improvement at D180. (4) 100% of investigators rated subjects as Improved,

Much Improved, or Very Much Improved at D90 and 98.1% of investigators rated levels of improvement at D180. (5) Subject satisfaction at D90 was 96.4% were happy with the results of the procedure, 94.5% noted skin texture improvement and skin looks tighter, 92.7% noted fine lines and wrinkles improvement and skin feels tighter, and 90.9% noted skin seems more youthful.

Safety endpoint: Expected treatment effects that occurred in all subjects were erythema, crusting, and swelling. 54.55% of subjects experienced pain, 29.09% milia, 25.45% itching, 14.55% hypertrophic scarring, 10.91% post-inflammatory hyperpigmentation and telangiectasias, 5.45% temporary discoloration/hypopigmentation. Other adverse events were experienced in 3.64% or less.

Summary: This study demonstrated success for all effectiveness endpoints. Other than facelifts, phenol peels, dermabrasion and fully ablative laser resurfacing procedures, there are few treatment options for both physicians and patients to achieve the level of wrinkle improvement demonstrated in this study. The primary safety data from this study provides evidence of an acceptable risk profile for the Renuvion Dermal System for dermal resurfacing procedures. There were no serious adverse events reported in the study that were related to the study device or the study procedure.

Take Home Message

Helium Plasma is an efficacious and safe modality for facial skin resurfacing and rejuvenation of Fitzpatrick 1-3 skin types.

Session 13: Skin Rejuvenation and Hair Restoration

Thursday, February 3, 2022

4:00-5:30 PM

Mandalay Ballroom J

Complications in Hair Transplantation: Who Not to Transplant

S13-06

4:55-5:03 PM

Marco Barusco, MD, FISHRS

Tempus Hair Restoration, Port Orange, FL

Dr. Marco Barusco is originally from Brazil, where he did his initial training in General Surgery. In 1998 he moved to the US where he pursued specialized training in Hair Restoration Surgery. His practice - Tempus Hair Restoration - is dedicated exclusively to hair restoration surgery and is located in Port Orange, on the East Coast of Florida. Dr. Barusco is the Medical Director for Tempus Hair Restoration and also serves as Assistant Professor of Surgery at the University of Central Florida (UCF) College of Medicine in Orlando, Florida. He is a Diplomate, Examiner, and Past-President of the American Board of Hair Restoration Surgery (ABHRS), the current Co-Chair of the Education and CME Committee of the AACS, and the current Chair of the American Society of Hair Restoration Surgery (ASHRS).

Take Home Message/Abstract

The goal for this lecture is to expose the attendees to various complications that may occur in hair transplant procedures, using them as an educational tool on complication management and prevention.

Session 13: Skin Rejuvenation and Hair Restoration

Thursday, February 3, 2022

4:00-5:30 PM

Mandalay Ballroom J

Current Medical Therapies for Androgenetic Alopecias

S13-07

5:05-5:13 PM

Paul T. Rose, MD, JD, FAAD, FISHRS

Hair Transplant Institute Miami, Miami, FL

Dr. Paul Rose has over 20 years of experience in hair restoration and is recognized internationally for achieving natural hair transplantation results. He is Past President and Board Member of the International Society of Hair Restoration Surgery (ISHRS) and has served as a trustee of the Hair Foundation, American Academy of Cosmetic Surgery and the Cosmetic Surgery Foundation. Dr. Rose is certified by the American Board of Dermatology and is a Fellow of the American Academy of Dermatology and the International Society of Hair Restoration Surgery. He has served on the clinical faculty of the University of South Florida. He is active in hair loss research and has published numerous articles on medical and surgical hair restoration. Dr. Rose developed the “ledge” trichophytic closure technique which minimizes donor scars by directing hair to grow through the line where the donor strip was taken. He is a recipient of the ISHRS Golden Follicle Award presented for outstanding and significant clinical contributions to the field of hair restoration.

Notes:

Session 14: Masters Session - Face and Eyes

Friday, February 4, 2022

7:00-9:00 AM

Mandalay Ballroom F

Triple-C SMAS Plication for Natural Facial Rejuvenation

S14-01

7:05-7:17 AM

Kevin S. Sadati, DO

Gallery of Cosmetic Surgery, Newport Beach, CA

Dr. Kevin Sadati is a Board-Certified facial plastic surgeon in Newport Beach, California, whose practice is primarily focused on facial rejuvenation performed under local anesthesia. Dr. Sadati has over a decade of experience and has performed over 5000 face and neck lift procedures using local anesthesia and twilight sedation. Utilizing his self-developed facial muscle tightening techniques, Dr. Sadati can provide his patients with long lasting, incredibly natural results that do not indicate surgical intervention. His technique has been published in the American Journal of Cosmetic Surgery, and Plastic & Reconstructive Journal. He is honored to have presented his technique at multiple national meetings. Along with years of studying and training, Dr. Sadati has experience as a painter and sculptor, which embodies his artistic eye for, and appreciation of, aesthetic harmony. He believes that this is key to creating beautiful, natural looking results in cosmetic surgery

Abstract

Various methods are used to manipulate the SMAS during facelift procedures. This study presents a novel, radially oriented, layered SMAS plication: the triple-C SMAS plication. This technique utilizes customizable vectors in the pattern of a "C" to plicate the SMAS in three layers to lift and tighten the deep structures of the face.

The triple-C SMAS plication is a radially oriented SMAS plication technique that is performed in three layers. The first layer of SMAS plication is performed with interrupted, buried 2-0 Mersiline sutures. This represents the "load-bearing" layer of SMAS plication. The second layer is performed with 2-0 Vicryl sutures. This layer of running, locking sutures buries the underlying Mersiline sutures. The third layer is performed with 2-0 Vicryl sutures. This layer of running, locking sutures allows for additional contouring and refinement of the underlying SMAS.

A retrospective review was performed of patients undergoing the triple-C SMAS plication over a one-year period. Patients with a length of follow-up less than 100 days were excluded from the study. Demographic data, operative data, complication rates, and satisfaction rates were assessed.

191 consecutive patients underwent a triple-C SMAS plication over a 12-month period. 110 patients met inclusion criteria. Average follow up was 404.5 days. The majority of patients underwent a primary facelift (81.8%). Secondary (14.5%) and tertiary (3.6%) facelifts were also performed. Average operative duration for isolated facelifts was 162.3 minutes. Average operative duration for facelifts performed with adjunct procedures was 195.8 minutes. Complications assessed included temporary facial nerve neuropraxia (0.91%), major hematoma (1.82%), minor hematoma (2.73%), seroma (4.54%), GAN injury (0%), postauricular skin slough > 2 cm (1.82%), and infection (0.91%). Two revision procedures were performed (1.82%). Patient satisfaction rate was 96.4%.

Traditional SMAS plication techniques involve single layer, straight-line plications to lift the lower face and neck, limiting their versatility. The triple-C SMAS plication represents a novel technique to safely and effectively elevate the deep structures of the face in a radial pattern to restore a more youthful contour to the malar area, jawline, and neck. This represents an evolution in the senior author's personal technique for facial rejuvenation. Long term data from a cohort of 110 patients demonstrates that the triple-C SMAS plication is a reliable, reproducible, efficient, and safe method for facial rejuvenation. This represents a unique strategy for face lifting by which excellent results can be consistently obtained.

References

1. Alpert BS, Baker DC, Hamra ST, Owsley JQ, Ramirez O. Identical twin face lifts with differing techniques: a 10-year follow-up. *Plast Reconstr Surg.* 2009 Mar;123(3):1025-33; discussion 1034-6.
2. Andrew A Jacono, A Sean Alemi, Joseph L Russell. A Meta-Analysis of Complication Rates Among Different SMAS Facelift Techniques. *Aesthet Surg J.* 2019 Sept; 39(9); 927-42.
3. Sadati, K., & Corrado, A. C. The Double "C" Plication Technique: A Reliable Technique for Lower Facial Rejuvenation: Review of 1500 Cases. 2011. *AJCS.* 28(1), 12-18.

Take Home Message

The Triple-C Plication provides an alternative technique to a Modified Deep Plane Facelift. It produces natural and long-lasting results and minimizes facial nerve injuries. It is an excellent procedure for secondary and tertiary facelifts. The procedure can be performed with local anesthesia and twilight sedation without the need for general anesthesia.



Session 14: Masters Session - Face and Eyes

Friday, February 4, 2022

7:00-9:00 AM

Mandalay Ballroom F

Extended Zygomatic: Temporal Dissection During Endoscopic Brow and Forehead Lifting

S14-02

7:19-7:31 AM

Monica Ray, MD

TOC Eye and Face, Austin, TX

Monica Ray is an ophthalmologist, currently completing fellowship in Ophthalmic Plastic and Reconstructive Surgery through ASOPRS and Facial Cosmetic Surgery through AACS at TOC Eye and Face in Austin, TX. She attended the University of Michigan for her undergraduate degree, and Wayne State University School of Medicine where she earned her medical degree. She completed an internship at Beaumont Hospital in Dearborn Michigan. She finished ophthalmology residency at Case Western Reserve University in Cleveland, Ohio where she served as chief resident. She will be spending two years at TOC Eye and Face during which she will complete her two-year ASOPRS fellowship and a one-year AACS fellowship.

Abstract

Introduction: Brow ptosis is an important component of facial aging. Many techniques have been developed to address the gravitational descent of the brow. Effective lifting requires complete soft tissue release from the superior, lateral, and inferolateral orbital rim and sufficient zygomatic-temporal dissection to facilitate elevation and suspension of these tissues. Traditional approaches which only address the superior orbital rim may effectively raise the brow; however, full release of the zygomatic-temporal region provides release of the intermediate fat pad and the superior aspect of the SMAS which leads to improved aesthetic results and allows suspension of the zygomatic soft tissue and midface. Presented here is our technique of extended dissection of the zygomatic region providing enhanced outcomes in cosmetic endoscopic brow and forehead lifting.

Methods: This is a retrospective analysis of patients undergoing cosmetic endoscopic brow and forehead lifting with a modified extended dissection in a single oculofacial plastic practice by three physicians (MS, EB, TN) . The patient charts were reviewed for subjective and objective outcomes, as well as post-procedure complications.

Results: Five hundred patients who underwent endoscopic brow and forehead lifting with extended zygomatic-temporal dissection were assessed retrospectively. There were no intraoperative complications within this patient cohort, post operative complications included edema, ecchymosis, temporary alopecia and prolonged wound healing with minimal effect on final outcomes. A variety of facial plastic reconstructive and cosmetic procedures were performed concurrently at the time of brow lifting. Patients who underwent concurrent midface lift or lower face lift were excluded in order to evaluate the effect of the extended midface dissection. All patients were satisfied with their outcome, and there were no patients in need of revision for contour, symmetry, or patient dissatisfaction.

Discussion: Endoscopic brow and forehead lifting is a common procedure performed in aesthetic facial cosmetic surgery. There are a variety of surgical and non-surgical approaches to elevate the brow, and multiple nuances to endoscopic forehead dissection, all with advantages and disadvantages. The authors herein present a technique of extended zygomatic and temporal dissection for endoscopic brow lift, which has notable advantages including reliable reproducibility, consistent efficacy, and improved aesthetic results with minimal

additional surgical time. This technique enhances concomitant cosmetic facial surgery of the lower face and neck, midface and periocular region by mobilizing the SMAS, and allowing access to the deep components of the facial ligaments.

Conclusion: This series of 500 patients highlights the efficacy, aesthetic outcomes, and safety of extended zygomatic temporal dissection as part of cosmetic endoscopic brow and forehead lifting surgery.

Take Home Message

In Endoscopic and forehead lifting full release of the zygomatic-temporal region provides improved aesthetic results and allows suspension of the zygomatic soft tissue and midface.

Session 14: Masters Session - Face and Eyes

Friday, February 4, 2022

7:00-9:00 AM

Mandalay Ballroom F

Perfecting the Chin-Neck Angle

S14-03

7:33-7:45 AM

Angelo L. Cuzalina, MD, DDS, FAACS

Tulsa Surgical Arts

Dr. Cuzalina is triple board certified by the American Board of Cosmetic Surgery, the Oral & Maxillofacial Board as well as the American Board of Facial Cosmetic Surgery. He has practiced exclusively cosmetic surgery in Tulsa, Oklahoma since 1998. Dr. Cuzalina was elected as the 2013 President of the American Board of Cosmetic Surgery (ABCS) and as the 2011 President of the American Academy of Cosmetic Surgery (AACS). Dr. Cuzalina routinely authors articles on all aspects of cosmetic surgery. He has written well over 30 book chapters on topics such as endoscopic forehead and brow lifting, blepharoplasty, face and neck lifting, facial implants, submentoplasty, liposuction, breast lifts, breast augmentation, Brazilian butt lifting and rhinoplasty. Dr. Cuzalina has also published countless articles on abdominoplasty, aesthetic breast surgery, and body contouring following massive weight loss and is on the editorial board for several cosmetic surgery publications. He is a frequent guest lecturer for cosmetic surgery courses throughout the US and internationally having given well over 200 lectures on cosmetic surgery. Dr. Cuzalina is the program chairman for several accredited live cosmetic surgery workshops each year and is chairman of an AACS approved cosmetic surgery fellowship training program.

Take Home Message/Abstract

The presentation will discuss specific surgical techniques to maximize the chin-neck angle. Difficult neck options will be reviewed to allow even the most challenging neck anatomy to be altered safely to achieve a much more pleasing and youthful neck. Specific techniques such as deep fat sculpting, chin augmentation, jawline enhancement, platysmal resection and submandibular gland debulking techniques used by the author will be discussed and demonstrated in the lecture and slides.

Session 14: Masters Session - Face and Eyes

Friday, February 4, 2022

7:00-9:00 AM

Mandalay Ballroom F

Deep Plane Face and Neck Lift

S14-04

7:47-7:59 AM

J. Kevin Duplechain, MD, FACS, FAACS

Private Practice, Lafayette, LA

J. Kevin Duplechain, MD is a diplomate of the American Board of Cosmetic Surgery, the American Board of Facial Cosmetic Surgery, the American Board of Facial Plastic Surgery, the American Board of Cosmetic Surgery, and a fellow of the American Society of Laser Medicine, the American Head and Neck Society, the American Academy of Cosmetic Surgery, and the American Academy of Facial Plastic Surgery. He is the current Vice President of the American Academy of Cosmetic Surgery and has served as president of the Cosmetic Surgery Foundation, Secretary of American Academy of Cosmetic Surgery, and served as the Chair for the ASCLS. He also served on the American Board of Cosmetic Surgery including service on the executive committee as secretary and treasurer. During his tenure on the American Board of Cosmetic Surgery he instituted the "Campaign of 100", a fundraising campaign which has raised over 1 million dollars. The campaign's primary function is to promote public awareness in the safe practice of cosmetic surgery. He is a cosmetic surgeon who practices in Lafayette, Louisiana and serves as an adjunct instructor for the Department of Otolaryngology, division of Facial Plastic Surgery at Tulane University in New Orleans. He is a Magna Cum Laude graduate of Louisiana State University with a degree in biochemistry and received his Medical Degree from LSU- New Orleans. Dr. Duplechain's practice is focused on aesthetic surgery of the face and body, and laser medicine. Dr. Duplechain is the co-founder and managing partner of Laser Skin Care of Louisiana. He has published many peer-reviewed articles and authored several chapters in textbooks. He has been chosen as one of the Best Doctors in America by his peers for over 20 consecutive years and has been voted one of the Top Doctors in Louisiana as well.

Take Home Message/Abstract

Discussion of the current approach to the deep plane facelift will be discussed including discussion of entry points, extent of dissection, and benefits of this approach.

Session 14: Masters Session - Face and Eyes

Friday, February 4, 2022

7:00-9:00 AM

Mandalay Ballroom F

Management of Lower Eyelid Retraction and Ectropion

S14-05

8:01-8:13 AM

Wade Brock, MD, FACS

Arkansas Oculoplastic Surgery, PLLC, Little Rock, AR

Wade D. Brock, M.D. is a board-certified ophthalmologist and facial cosmetic surgeon. He is the founding and managing member of Arkansas Oculoplastic Surgery, PLLC in Little Rock, AR. Dr. Brock serves as an Adjunct Clinical Assistant Professor in the Department of Ophthalmology at the UAMS College of Medicine. A native of Arkansas, Dr. Brock received his Bachelor of Science degree in Microbiology from the University of Arkansas in Fayetteville and his medical degree from the University of Arkansas for Medical Sciences (UAMS). He completed a medical/surgical internship in Tucson, AZ, and an ophthalmology residency at UAMS. After his residency, he graduated from a two-year fellowship in ophthalmic plastic and reconstructive surgery at the University of Alabama at Birmingham/Callahan Eye Foundation Hospital. Dr. Brock is a fellow of the American Academy of Ophthalmology, the American Society of Ophthalmic Plastic and Reconstructive Surgeons, the American College of Surgeons, and the American Academy of Cosmetic Surgery. He was voted Best Doctors by his peers locally and nationwide from 2011-2020. He received the Robert F. Jackson Award for attaining the highest score on the American Board of Cosmetic Surgery Oral Examination in 2013. In 2019, he received 1st place in the AACS Annual Scientific Meeting Poster contest for the presentation of his cosmetic lower eyelid blepharoplasty techniques. In his free time, he enjoys fly-fishing, dinners with friends, reading and spending time with his family.

Take Home Message/Abstract

Lower eyelid retraction and ectropion following cosmetic lower eyelid blepharoplasty are challenging to manage for several reasons; they can be devastating to the patient and physician. Dr. Brock will discuss surgical concepts and techniques to avoid lower eyelid complications and how to best correct them when they occur. He will also provide pearls on the more intangible, but equally important aspects of treatment, to include communicating with the patient and referring physician, and managing expectations.

Session 14: Masters Session - Face and Eyes

Friday, February 4, 2022

7:00-9:00 AM

Mandalay Ballroom F

Fat Transposition and Fat Grafting in Lower Blepharoplasty

S14-06

8:15-8:27 AM

Tanuj Nakra, MD, FACS

TOC Eye and Face, Dell Medical School, The University of Texas at Austin

Tanuj Nakra, MD, FACS is a triple board-certified facial cosmetic & oculoplastic surgeon. Born in London, UK, Dr. Nakra was educated at Washington University in St. Louis, Rush Medical College in Chicago, and UCLA. After residency and fellowship training at UCLA, he served on their faculty and built private practices in Beverly Hills and Santa Barbara. He moved to Austin in 2008 to join TOC Eye and Face. He has been a recognized Top Doctor by Austin Monthly, Texas Monthly, Castle Connolly, and Who's Who in Medicine annually since 2011. Dr. Nakra is a faculty member of the Dell Medical School at the University of Texas at Austin and is an AACS Facial Cosmetic Surgery Fellowship Program Director. He also a preceptor for an ASOPRS Oculofacial Plastic Surgery Fellowship. He has been an invited keynote speaker at major conferences around the world, including USA, Colombia, Australia, New Zealand, India, and Israel. Dr. Nakra has authored over 55 peer-reviewed articles and has led multiple grant-supported research projects in reconstructive and cosmetic surgery. He has served on the Executive Committee of the American Board of Facial Cosmetic Surgery, and as a Board Member of the Cosmetic Surgery Foundation. Dr. Nakra channeled his facial aesthetic expertise into co-founding AVYA, a skincare line that blends advanced science with Ayurvedic medicine. He also co-founded Global Cosmetic Surgery, an international webinar platform that educates thousands of doctors each year in facial aesthetics.

Take Home Message/Abstract

In this practical presentation, we will review pertinent anatomy, and explore modern, effective techniques for effacing lower eyelid-midface aging contour deformities with fat transposition nuances and fat grafting techniques. We will review potential complications as well as pearls for optimizing results.

Session 14: Masters Session - Face and Eyes

Friday, February 4, 2022

7:00-9:00 AM

Mandalay Ballroom F

Asian Upper Lid Blepharoplasty

S14-07

8:29-8:41 AM

Amiya Prasad, MD, FACS

Prasad Cosmetic Surgery

Dr. Amiya Prasad is a Diplomate of the American Board of Cosmetic Surgery and a fellowship trained Oculofacial Plastic Surgeon in private practice for over 25 years in New York City and Long Island. Dr. Prasad's practice focus is on facial cosmetic surgery, cosmetic eyelid surgery, revision eyelid surgery, injectables, lasers and hair loss.

Take Home Message/Abstract

Dr. Prasad will present his approach to the diagnosis and management of patients interested in Asian eyelid surgery

Session 15: Women in Cosmetic Surgery

Friday, February 4, 2022

7:00-9:00 AM

My Personal Journey

S15-01

7:05-7:35 AM

Andrea A. Moreira, MD

Allegheny Health Network, Pittsburgh, PA

Dr. Moreira is a board-certified Plastic Surgeon and the director of the breast reconstruction program at Allegheny Health Network, Pittsburgh, Pennsylvania. She is also an adjunct staff at the Cleveland Clinic and an assistant professor at Case Western Reserve Lerner School of Medicine. She completed general and plastic surgery residencies at UNIFESP, Sao Paulo, Brazil. She relocated to the United States, and she pursued plastic surgery residency at the Cleveland Clinic. Dr. Moreira has accumulated extensive clinical knowledge in the field of breast reconstruction, and she is the author of several peer review papers. Her main areas of research focus on innovations on breast reconstruction and microsurgery, particularly robotic assisted DIEP flap harvest and breast resensation. Her overall vision is to develop state-of-art ways to care for breast reconstruction patients, through clinical knowledge and research.

Notes:

Session 15: Women in Cosmetic Surgery

Friday, February 4, 2022

7:00-9:00 AM

Owning Your Own Business: Challenges and Advice

S15-02

7:45-8:15 AM

Daisy A. Ayim, MD, FACOG, FAACS

Ayim Surgical Arts and Park West Women's Associates, Houston, TX

Daisy A. Ayim MD FACOG FAACS Triple Board-Certified Cosmetic Surgeon by the American Board of Cosmetic Surgery, American Board of Facial Cosmetic Surgery and American Board of Obstetrics and Gynecology. Double fellowship-trained Cosmetic Surgeon by the American Academy of Cosmetic Surgery, founder & owner of Park West Women's Associates and Ayim Surgical Arts based in Houston TX. Dr Ayim has been voted Top Doctor Houston by physician peers yearly since 2017 in Houstonia Magazine, named Top Doctor by H Texas magazine, voted super doctor Texas rising star 2017, voted castle connolly top doctor 2021, body expert with hautebeauty network and many more distinguished accomplishments both nationally and internationally. Dr Ayim is a talented surgeon with an aesthetic eye who is championing her vision of private practice ownership with a keen perspective on beauty, health and wellness. Dr Ayim is an innovator, trailblazer, thought leader and savvy businesswoman bridging the gap of cosmetic surgery and OBGYN. Dr. Ayim has always been focused and driven to excel in her craft. She has garnered the love of her patients over the years of her boutique style private practice to provide superb care and enhanced clients desire for aesthetic surgery. Dr. Ayim's gentle approach to personalized care and emphasis on sustainable cosmetic surgery results is warmly welcome by her clients.

Roxana Barad, MD

Aesthetic Skin & Laser Center, Pittsburgh, PA

Roxana Barad, MD is a board-certified physician and oculoplastic surgeon. She attended medical school at Albany Medical College, followed by an internship at Pacific Medical Center in San Francisco. She completed her residency in ophthalmology at the prestigious Wills Eye Hospital in Philadelphia, followed by fellowship training in oculoplastic surgery at Harvard. With over 20 years' experience in medical aesthetics, she has gained a wide breadth of experience as this field constantly expands. Dr. Barad is a fellow of the American Academy of Cosmetic Surgery and the American Society for Laser Medicine and Surgery. She is a member of the Allegheny County Medical Society and the Pennsylvania Medical Society.

Cynthia A. Buono, DO, MS, MSPH

Cosmetic Surgery of Chicago & Medical Spa, Chicago, IL

Dr. Cynthia Buono, a double Board-Certified Surgeon, has a tailored and multifaceted background of academics and aesthetics that highlights her innate passion for aesthetics. Her career began as a licensed Cosmetologist and Teacher of Cosmetology, specializing in skin care, she was the youngest to be offered the position of the east coast educator for a major skin care corporation. She was then presented with the most coveted opportunity to study and teach at the world-renowned Intercoiffure in Paris, France. While her natural aesthetic talent was recognized, she decided to continue her education. Earning a degree in Psychology and a minor in Cognitive Neuroscience, she added to her undergraduate academic endeavors her pre-medical requisites for her Bachelor's degree. She then went on to earn two

Master of Science degrees at Thomas Jefferson University, one in Biomedical Chemistry and the second in Public Health-Clinical Trials; she defended her second thesis while completing her medical degree at the Philadelphia College of Osteopathic Medicine. Dr. Buono arrived in Chicago where she completed a 5-year General Surgery Residency, which included Trauma Surgery and Burn surgery at the highly reputable Stroger Cook County Hospital, over which time her mentors witnessed and promoted her natural talent in aesthetics. Dr. Buono was then accepted into the highly competitive American Academy of Cosmetic Surgery Fellowship program. Dr. Buono is double Board Certified in General Surgery and Cosmetic Surgery and is licensed in the states of Illinois, Wisconsin, Indiana, and Ohio. She is on staff at Weiss Memorial Hospital.

Notes:

Session 15: Women in Cosmetic Surgery

Friday, February 4, 2022

7:00-9:00 AM

Work-Life Balance: Things I Would Do Differently

S15-03

8:15-8:45 AM

Jane A. Petro, MD, FACS, FAACS

AACS and New York Medical College, Jamaica Plain, MA

Dr Petro is a former President of the AACS, and the prior Editor in Chief of the American Journal of Cosmetic Surgery. She is a retired Professor of Surgery at New York Medical College, now an Emerita Professor. She is retired from clinical practice but continues to mentor young surgeons, and those who are introducing new procedures into their practice. In her free time, Dr. Petro loves working in the garden, cooking, and sailing. Recent trips have included sailing around the Greek Islands, and off the coast of Israel, crossing the Pacific from Panama to Tahiti, and exploring the coast of Croatia, as well as the reef of Belize. Dr Petro is the author of over 60 papers in peer reviewed journals, 2 books and numerous book chapters. Dr Petro is proud to be board certified by the American Board of Cosmetic Surgery as well as the American Boards of General Surgery and Plastic Surgery. And especially proud of being part of the introduction to the Women in Cosmetic Surgery section of the AACS, in company with Dr. Suzan Obagi and Dr. Mark Mandel-Brown.

Suzan Obagi, MD, FAACS

UPMC Cosmetic Surgery and Skin Health Center, Pittsburgh, PA

Suzan Obagi, M.D. is an associate professor of dermatology and plastic surgery at the University of Pittsburgh School of Medicine and director of the UPMC Cosmetic Surgery and Skin Health Center. Her academic commitments include training residents from both the dermatology and plastic surgery departments at UPMC. She is the Chair of the Education Work Group with the American Society of Dermatologic Surgery. She is a past-vice president of the board of directors of the American Board of Cosmetic Surgery and past-president of the Cosmetic Surgery Foundation. Dr. Obagi has been quoted extensively in print publications and in media interviews at a national level. Dr. Obagi has written many articles and book chapters on skin health restoration, autologous fat augmentation (fat transfer), Botox and soft tissue fillers, chemical peeling, dermabrasion, and lasers. Additionally, Dr. Obagi has been invited to give lectures to various medical specialties on these topics. While Dr. Obagi's emphasis is on the scientific approach to skin health restoration, she continues to be abreast of the latest technologic advances in cosmetic surgery including the use of the latest laser and radio-frequency technologies. Her research interests include ways to improve adipocyte (fat) survival after transplantation to further enhance the results of autologous fat augmentation surgery. In addition, she has done research on patient safety in skin resurfacing, laser treatment for improving Raynaud's phenomenon, and ultrasound measurement of long-term fat graft survival after transplantation. After receiving her medical degree from the University of Pittsburgh School of Medicine, Dr. Obagi completed a medical internship at the UC Irvine and her dermatology residency at Pitt. She also did a cosmetic surgery fellowship approved by the American Academy of Cosmetic Surgery at Pitt. Dr. Obagi received Bachelor of Arts and Bachelor of Science degrees from UC San Diego.

Alisha Jefferson, MD

Marvel Cosmetic MedSpa + Surgery, Columbia, TN

Dr. Jefferson is a graduate of Johns Hopkins University, where she earned a bachelor's degree in Neuroscience and Women's Studies. She continued her studies at Johns Hopkins and received a master's degree in Biotechnology. She relocated to Charleston, SC to obtain a Doctorate in Medicine from the Medical University of South Carolina. Her medical career continued in east Tennessee where she completed a residency program in general surgery. Afterward, she successfully completed a rigorous fellowship in Cosmetic Surgery in Nashville, Tennessee. Dr. Jefferson is dual board certified. She is a diplomate of the American Board of Cosmetic Surgery and the American Board of Surgery. She is an Associate Fellow of the American College of Surgeons and the American Academy of Cosmetic Surgery where she serves on the new surgeon's committee.

Notes:

Session 16: Webster Lecture

Friday, February 4, 2022

9:15-10:00 AM

Mandalay Ballroom F

Webster Lecture

S16-01

9:30-9:55 AM

C. William Hanke, MD, MPH, FACP

Ascension St. Vincent Hospital, Indianapolis, IN

C. William Hanke, MD, MPH, FACP, is Program Director for the ACGME-accredited Micrographic Surgery and Dermatologic Oncology (MSDO) Fellowship Training Program at Ascension St. Vincent Hospital in Indianapolis. He founded the training program in 2004, and also the Mohs Surgery Fellowship Training Program at Indiana University. He was formerly Professor of Dermatology, Professor of Pathology and Laboratory Medicine, and Professor of Otolaryngology-Head and Neck Surgery at Indiana University School of Medicine. Dr. Hanke has served as President of the American Academy of Dermatology (AAD), The American Society for Dermatologic Surgery (ASDS), the American College of Mohs Surgery (ACMS), and the International Society for Dermatologic Surgery (ISDS). He has received the highest award from each of the four organizations: The Gold Medal (AAD), The Samuel J. Stegman, MD Award for Distinguished Service (ASDS), The Frederic E. Mohs, MD Award for Career Achievement (ACMS), and The President's Gold Medal (ISDS). Dr. Hanke has served on 22 Boards of Directors and has been President of the Accreditation Association for Ambulatory Health Care, the American Academy of Cosmetic Surgery and five other medical organizations. He has made over 400 contributions to the medical literature including 103 book chapters and 29 books.

Take Home Message/Abstract

Richard C. Webster, MD was a noted plastic surgeon and the founding President of the AACS. The Webster Lecture is given in his honor at every AACS Annual Meeting. This year's Webster Lecture will discuss the history of AACS and several notable past-presidents and members including Thomas H. Alt, Samuel J. Stegman, and Saul S. Asken. The books of liposuction will be outlined as well as the evolution of tumescent local anesthesia; and its application to various entities including lipedema.

Session 18: The Story Behind the Photo

Friday, February 4, 2022

11:00 AM - 12:30 PM

Mandalay Ballroom F

Story 1

S18-01

11:05-11:22 AM

Paul T. Rose, MD, JD, FAAD, FISHRS

Hair Transplant Institute Miami, Miami, FL

Dr. Paul Rose has over 20 years of experience in hair restoration and is recognized internationally for achieving natural hair transplantation results. He is Past President and Board Member of the International Society of Hair Restoration Surgery (ISHRS) and has served as a trustee of the Hair Foundation, American Academy of Cosmetic Surgery and the Cosmetic Surgery Foundation. Dr. Rose is certified by the American Board of Dermatology and is a Fellow of the American Academy of Dermatology and the International Society of Hair Restoration Surgery. He has served on the clinical faculty of the University of South Florida. He is active in hair loss research and has published numerous articles on medical and surgical hair restoration. Dr. Rose developed the “ledge” trichophytic closure technique which minimizes donor scars by directing hair to grow through the line where the donor strip was taken. He is a recipient of the ISHRS Golden Follicle Award presented for outstanding and significant clinical contributions to the field of hair restoration.

Notes:

Session 18: The Story Behind the Photo

Friday, February 4, 2022

11:00 AM - 12:30 PM

Mandalay Ballroom F

Story 2

S18-02

11:24-11:39 AM

Jane A. Petro, MD, FACS, FAACS

AACS and New York Medical College, Jamaica Plain, MA

Dr Petro is a former President of the AACS, and the prior Editor in Chief of the American Journal of Cosmetic Surgery. She is a retired Professor of Surgery at New York Medical College. now an Emerita Professor. She is retired from clinical practice but continues to mentor young surgeons, and those who are introducing new procedures into their practice. In her free time, Dr. Petro loves working in the garden, cooking, and sailing. Recent trips have included sailing around the Greek Islands, and off the coast of Israel. crossing the Pacific from Panama to Tahiti, and exploring the coast of Croatia, as well as the reef of Belize. Dr Petro is the author of over 60 papers in peer reviewed journals, 2 books and numerous book chapters. Dr Petro is proud to be board certified by the American Board of Cosmetic Surgery as well as the American Boards of General Surgery and Plastic Surgery. And especially proud of being part of the introduction to the Women in Cosmetic Surgery section of the AACS, in company with Dr. Suzan Obaji and Dr. Mark Mandel-Brown.

Notes:

Session 18: The Story Behind the Photo

Friday, February 4, 2022

11:00 AM - 12:30 PM

Mandalay Ballroom F

Story 3

S18-03

11:41-11:56 AM

Neeley Dawson

Cake Websites

Neeley has extensive experience in creative networking, envisioning and executing marketing strategies and brand-building. She helps CAKE clients create and maintain a consistent look and message that connects to their current audience while engaging new communities. In her spare time, Neeley produces and edits documentary films, gardens and raises chickens with her family—all while chasing a rambunctious toddler.

Take Home Message/Abstract

Marketing: To be remembered, you must have/be/tell a story. What is your story? It can't just be that you are an expert cosmetic surgeon or injector — too many people can claim the same, and that alone won't seal you in people's memories. How to use originality and storytelling to set your practice apart.

Session 18: The Story Behind the Photo

Friday, February 4, 2022

11:00 AM - 12:30 PM

Mandalay Ballroom F

Story 4

S18-04

11:58 AM - 12:13 PM

Mark Mandell-Brown, MD, FAACS

Mandell-Brown Plastic Surgery Center, Cincinnati, OH

Cincinnati and Centerville plastic surgeon Dr. Mark Mandell-Brown is a board-certified facial plastic surgeon and body cosmetic surgeon. In 2020, Dr. Mandell-Brown was elected President of the American Academy of Cosmetic Surgery, the world’s largest physician organization with a specialty in Cosmetic Surgery. Dr. Mandell-Brown is one of only 100 doctors in the country with triple board certification in Facial Plastic Surgery, Body Cosmetic Surgery and Head & Neck Surgery. He uses his facial plastic expertise to perform minimal incision body cosmetic surgery. Recognized for his public speaking and teaching, Dr. Mandell-Brown has lectured throughout the United States and Canada on facial plastic and body plastic surgery. Dr. Mandell-Brown has edited four medical textbooks and published over a dozen medical articles as well as several facelift textbook chapters for plastic surgeons.

Notes:

Session 18: The Story Behind the Photo

Friday, February 4, 2022

11:00 AM - 12:30 PM

Mandalay Ballroom F

Story 5

S18-05

12:15-12:30 PM

Joe Niamtu, III, DMD

Niamtu Cosmetic Facial Surgery, Richmond, VA

Dr. Niamtu is a board certified oral and maxillofacial surgeon and board certified cosmetic facial surgeon with a practice limited to cosmetic facial surgery. He is considered a Key Opinion Leader my numerous specialties and is very prolific in academics. He has authored 7 textbooks, contributed 34 chapters in other textbooks and has published hundreds of articles on cosmetic surgery. He has lectured on six continents and hosts an online video series and cosmetic surgery courses at his surgery center. Dr. Niamtu is well known for his intraspecialty participation and is frequently a speaker at plastic surgery, facial plastic surgery, dermatology, oculoplastic oral and maxillofacial and cosmetic surgery meetings. He has won “best Plastic Surgeon” or “Best Cosmetic Surgeon” 25 times in Virginia. Dr. Niamtu is married to April Niamtu and has two special needs children.

Notes:

Session 19: Practice Management - Part 2 (Non-CME)

Friday, February 4, 2022

11:00 AM - 12:30 PM

Mandalay Ballroom KL

Artificial Intelligence is Changing Healthcare: A Digital Marketing Revolution

S19-01

11:02-11:10 AM

Sam Peek

Incredible Marketing, Lake Forest, CA

An entrepreneur at heart and an internet nerd by choice. Over his professional career, Sam has worked in law, technology, real estate management, market research and now Internet marketing. Boasting a diverse background allows him to understand what makes businesses thrive and do so quickly. Sam launched Incredible Marketing in Orange County, California, along with several team members that were just as fed up with the status quo as he was. A polarizing figure with a knack for saying all the right things at the wrong time, Mr. Peek has a diverse background that gives him a distinct advantage to understanding what makes the medical aesthetic industry thrive and the foresight to ensure you're always thinking in a proactive way, not reactive. He has become a trusted figure in the healthcare marketing space for his results-oriented and no-nonsense approach to digital communication strategies. Sam frequently speaks at industry meetings such as: ASPS (US), ASAPS (US & AUSTRALIA versions), ISAPS (Globally), FACE (UK), AMWC (Monaco), IMCAS World (Paris), GAC, VCS, TAS, and A4M.

Abstract

Introduction: Artificial intelligence is a topic that sparks much debate, but it is a conversation that one cannot afford to avoid, as it is no longer just a dream for the future. Science fiction often portrays AI as an omniscient force capable of world-changing effects, both good and evil. Although the current capabilities of AI do not include being able to predict a person's life-long partner or initiate a nuclear war against mankind, the changes and possibilities that AI is already bringing to the tech world are, in fact, altering the world as we know it. AI can be used to improve almost everything, from our sleep cycle to creating your perfect social media experience. This is because its learning algorithms mimic cognitive functions — such as learning, problem-solving, and pattern recognition — at efficiency levels unparalleled by humans. Current artificial intelligence can curate new content, help decrease the cost of acquiring new patients, lower the cost per conversion, and determine how to wisely allocate your budget among marketing tactics. Utilizing the tools at your disposal will help you get ahead now, leaving others to face insurmountable barriers later.

Methods: In this presentation, Artificial Intelligence is Changing Healthcare - A Digital Marketing Revolution, we will discuss instances of AI technology being used effectively in our industry. From there, we will discuss the magnitude of AI technology, and what it means for our industry. Then, taking a look into the future, we will discuss what is on the horizon for AI technology, and how you can use AI on a small scale to give your practice a competitive edge.

Results: AI algorithms are self-contained systems that bring in new leads, nourish them, and learn from failures to create individually custom and curated experiences as we advance. These systems can more accurately predict human interactions than we can. This, therefore, allows it to create unique, personally-tailored experiences on the fly, conduct predictive analysis, and generate sales. Although relinquishing control to an automated AI system sounds risky, the reality is that AI can become your perfect practice manager, your best social media expert, and your most knowledgeable ad specialist, without ever tiring.

Conclusion: AI technology is the future and will become more widely adopted as the algorithms continue to get more advanced. Time is money, and we have already reached the point where AI can outperform humans in various tasks. AI is the new face of productivity; when you need to analyze data and spot trends on immense scales, there is no substitute for what AI offers (Higher Efficiency = Better ROI). AI technology is still in its infant stages, and the possibilities of what can be accomplished with machine learning may be even more exciting than the current capabilities. Therefore, it is important to begin integrating AI into your marketing practices now, lest you be left behind during this technological revolution.

Take Home Message

This presentation will discuss what is on the horizon for AI technology, and how you can use AI on a small scale to give your practice a competitive edge.

Session 19: Practice Management - Part 2 (Non-CME)

Friday, February 4, 2022

11:00 AM - 12:30 PM

Mandalay Ballroom KL

Tax Reduction 101: How AACS Practices Can Take Advantage of The New Tax Laws

S19-02

11:12-11:20 AM

David Mandell, JD, MBA

OJM Group, Fort Lauderdale, FL

David B. Mandell, JD, MBA is an attorney in The Law Office of David B. Mandell, PC and principal of the nationally known wealth management firm OJM Group, LLC. Mr. Mandell is an author of more than fifteen books written specifically for doctors. These include the Category I CME Monograph Risk Management for the Practicing Physician, and the most recent Wealth Planning for the Modern Physician: Residency to Retirement. Mr. Mandell has addressed many of the nation's leading medical conferences, including annual meetings of AMSpa, American Academy of Dermatology, the American Society of Plastic Surgeons, the American Society of Aesthetic Plastic Surgeons, the American Academy of Facial Plastic & Reconstructive Surgery, and numerous others. Mr. Mandell holds a bachelor's degree, with honors, from Harvard University. His law degree is from the UCLA School of Law, and he also earned an MBA from UCLA'S Anderson School of Management.

Abstract

This presentation explains how the new tax legislation impacts aesthetic medical practices, and physicians and outlines the best ways to take advantage of the new law to reduce income taxes today and in the future. We will focus on (1) corporate structure for the practice and other related ancillaries; (2) how to reduce taxes at the practice and personal level; (3) benefit planning including the use of qualified and non-qualified plans.

Take Home Message

Taxes are typically the top expenses for an AACS practice beyond personnel and one of the top expenses for surgeons personally. Yet there is a tremendously wide range within physician and practices in what type of tax planning is implemented, due to the fragmented nature of tax advice. This lecture discusses best practices in the over 1,000 physicians and practices the speaker has worked with over 25 years.

Session 19: Practice Management - Part 2 (Non-CME)

Friday, February 4, 2022

11:00 AM - 12:30 PM

Mandalay Ballroom KL

Dealing with the Unhappy Cosmetic Surgery Patient

S19-03

11:22-11:30 AM

Joe Niamtu, III, DMD

Niamtu Cosmetic Facial Surgery, Richmond, VA

Dr. Niamtu is a board certified oral and maxillofacial surgeon and board certified cosmetic facial surgeon with a practice limited to cosmetic facial surgery. He is considered a Key Opinion Leader in numerous specialties and is very prolific in academics. He has authored 7 textbooks, contributed 34 chapters in other textbooks and has published hundreds of articles on cosmetic surgery. He has lectured on six continents and hosts an online video series and cosmetic surgery courses at his surgery center. Dr. Niamtu is well known for his intraspecialty participation and is frequently a speaker at plastic surgery, facial plastic surgery, dermatology, oculoplastic oral and maxillofacial and cosmetic surgery meetings. He has won "best Plastic Surgeon" or "Best Cosmetic Surgeon" 25 times in Virginia. Dr. Niamtu is married to April Niamtu and has two special needs children.

Abstract

Dealing with happy cosmetic surgery patients is a joy, but every surgeon will have unhappy patients that can cause stress, reputation problems and sometimes lawsuits. The elective nature of cosmetic surgery and the tendency of Body Dysmorphic Disorder can complicate patient satisfaction. Knowing how to handle these patients can make a huge difference in the experience.

This lecture will discuss some key points of making the unhappy patient satisfied.

Take Home Message

All surgeons will have unhappy patients and knowing how to navigate that experience is paramount.

Session 19: Practice Management - Part 2 (Non-CME)

Friday, February 4, 2022

11:00 AM - 12:30 PM

Mandalay Ballroom KL

Top 10 Practice Strategies from Beauty and the Biz Podcast Surgeon Interviews

S19-04

11:32-11:40 AM

Catherine L. Maley, MBA

Cosmetic Image Marketing, Sausalito, CA

Since Year 2000, Catherine Maley, MBA has been a cosmetic practice growth business and marketing consultant. She is also an author, speaker, trainer, blogger and podcaster. Her popular book, *Your Aesthetic Practice/What Your Patients Are Saying* has been studied by thousands of plastic surgeons and their staff all over the world. Catherine is an International speaker (including London, Australia and Saudi Arabia) and regular contributor to the top medical publications in the industry and has been interviewed by the New York Times, ABC News and Newsweek. Catherine and her team specialize in growing cosmetic revenues using creative patient attraction, conversion, follow up and retention strategies as well as staff training to turn team members into converting rock stars.

Abstract

For my 100th episode of Beauty and the Biz podcast, I compiled 10 take-a-ways from more than 30 interviews I did with successful surgeons all over the US. Success leaves clues so I will present 10 attributes that contribute to successful cosmetic practices.

Take Home Message

There is not much luck in success. It takes hard work, focus and a growth mindset to adapt to change.

Session 19: Practice Management - Part 2 (Non-CME)

Friday, February 4, 2022

11:00 AM - 12:30 PM

Mandalay Ballroom KL

Balancing Patient Engagement and Practice Profits

S19-05

11:42-11:50 AM

Jason W. Tuschman, JD, MBA

Red Spot Interactive, Jupiter, FL

Jason Tuschman is the CEO and Founder of Red Spot Interactive. Red Spot Interactive provides the only end-to-end patient engagement CRM platform that integrates with practice management systems to create ROI-driven patient communication, acquisition, and retention. From the inception of a patient phone call, text, or web lead through to automating that patient's lifetime of communication RSI's software will make your practice more effective and profitable during every aspect of the patient journey. Over \$400,000,000 in aesthetic patient revenue has been created through the RSI platform since 2012.

Abstract

Patient expectations are higher than ever in the digital age. The patient demand for speed of response, 24/7 access, and participation in their overall care has created efficiency challenges in the entire medical industry. With competing priorities already overwhelming the typical front desk, how do you set your practice up for success in engaging with patients while maintaining profitability? This presentation will review the key technologies needed at your front desk to ensure effective patient engagement while maintaining a productive and happy staff. Learn how to integrate your phone, email, text, digital presence, and practice management data into a powerful system of valuable data and automation to drive your practice to the next level of patient satisfaction and profitability.

Take Home Message

Achieve high-value patient engagement without compromising profits and staff through leveraging technology at the front desk.

Session 19: Practice Management - Part 2 (Non-CME)

Friday, February 4, 2022

11:00 AM - 12:30 PM

Mandalay Ballroom KL

Pursuing Perfection Through AAAHC Accreditation

S19-06

11:52-12:00 PM

Noel Adachi, MBA

AAAHC, Skokie, IL

Noel Adachi brings a lifetime of success as a “builder” of new strategies, execution plans, and organizational reshaping efforts that have accelerated growth and allowed organizations to be successful. She has focused most of her 35-year career on leading organizations whose mission is to improve quality compliance and patient access to quality care. Recognizing that the real health frontier is ambulatory care she joined the Accreditation Association of Ambulatory Health Care (AAAHC) as President/CEO. For past four years, Noel has led the transformation of this organization by developing a cultural shift to 1095 STRONG / quality every day. This is not just a tagline, but a philosophical platform that infuses a dedication to ongoing learning and staying quality-strong throughout the 1,095-days between onsite surveys that is key to building best practices and improving long-term results—for patients, for practices, and for the AAAHC.

Abstract

Improving quality of health care is a global priority. More than ever the healthcare landscape makes a focus on quality and safety all the more important as patients are increasingly choosing outpatient and ambulatory care centers for their care. During my presentation, we’ll explore this shifting landscape that has, over the past 42 years, led us to this heightened focus. We’ll look at the cosmetic surgery quality roadmap as demonstrated by AAAHC accreditation results.

Let’s explore the ways that AACS doctors and practitioners can lead the charge on ensuring quality, safe patient care by pursuing perfection through accreditation. It requires a steadfast commitment to staying on top of best practice not only in the surgical suite but across the entire continuum of care from patient selection and pre-screening through post-surgical care.

Take Home Message

- Outline the accreditation value proposition.
- Identify criteria for selecting an accreditor.
- Discuss key elements of change management and buy-in.
- Review the self-assessment approach.
- Identify common deficiencies in compliance to best practice standards for care and mechanisms to address deficiencies.

Session 20: Poster Flash

Friday, February 4, 2022

2:00-3:00 PM

Mandalay Ballroom F

Defining Facial Beauty Standards in Asian Indian Women

S20-01

2:04-2:06 PM

Debraj Shome, MD, FRCS, FACS, MBA

The Esthetic Clinics, India

Dr. Debraj Shome is a top Facial Plastic Surgeon, Cosmetic Surgeon and Oculoplastic Surgeon. Dr. Shome co-founded The Esthetic Clinics. The Esthetic Clinics are a group of top-class centers, based in Mumbai, Hyderabad, Kolkata & New Delhi, India and dedicated to the disciplines of aesthetic surgery and skin care of the body. Dr. Shome is a Surgeon super specialized in Facial Plastic Surgery, Oculoplastic Surgery & Cosmetic Surgery & is a consultant at Breach Candy Hospital; Saifee Hospital, Girgaon, Mumbai; Apollo Spectra Hospital, Chembur, Mumbai & SL Raheja Fortis Hospital, Mahim, Mumbai, India. Dr. Shome also runs a NGO called Debabrata Auro Foundation which plays a role in the upliftment of the downtrodden. Dr. Shome is the ex-Head of the Institute of Aesthetic Surgery, Apollo Hospitals, Hyderabad, India. Dr. Shome was Visiting Faculty to the Department of Head & Neck Surgery at MD Anderson Cancer Center, Houston, USA.

Abstract

Background and Purpose: Facial attractiveness plays a remarkable role in our daily lives. However, the definition of an attractive and beautiful face is subjective, with many included factors- social, cultural, ethnic, and age. Different cultures have their own concepts of beauty, each with its own history and evolution. The Asian Indian ethnicity forms a major portion of the world's population. The aim of our paper was to try to establish whether any common, measurable aesthetic parameters could be extracted from faces which are considered as beautiful in Asian Indians.

Materials and Methods: A total of 50 women, who had been included in multiple leading award lists for the most beautiful women in India, were selected. Frontal photographs of all 50 subjects were obtained from Internet databases, oriented, and sized. A photogrammetric analysis was performed on each subject to obtain the angle and proportion measurements.

Results: With the help of the measurements obtained, we were able to define a set of objective criteria to define the facial anthropometric parameters in a beautiful Asian Indian female. Using a morphing software, these parameters were used to create, what could be considered as an ideal, good looking female Indian face.

Conclusions: Objective aesthetic criteria are important for patient evaluation and analysis during aesthetic surgeries and procedures, in order to obtain better outcomes. This is the first study conducted in the Asian Indian population, to the best of our knowledge, in an attempt to establish objective criteria to define facial beauty.

Take Home Message

With this study, we attempt to put forward an objective criterion to define facial beauty standards in the Asian Indian population. This would help cosmetic practitioners and surgeons to effectively evaluate their patients and provide them with an appropriate treatment plan to achieve the best outcomes.

Session 20: Poster Flash

Friday, February 4, 2022

2:00-3:00 PM

Mandalay Ballroom F

COVID-19 Induced Telogen Effluvium and the Role of a Novel Biomimetic Peptide Hair Growth Formulation in the Management of Telogen Effluvium

S20-02

2:06-2:08 PM

Debraj Shome, MD, FRCS, FACS, MBA

The Esthetic Clinics, India

Dr. Debraj Shome is a top Facial Plastic Surgeon, Cosmetic Surgeon and Oculoplastic Surgeon. Dr. Shome co-founded The Esthetic Clinics. The Esthetic Clinics are a group of top-class centers, based in Mumbai, Hyderabad, Kolkata & New Delhi, India and dedicated to the disciplines of aesthetic surgery and skin care of the body. Dr. Shome is a Surgeon super specialized in Facial Plastic Surgery, Oculoplastic Surgery & Cosmetic Surgery & is a consultant at Breach Candy Hospital; Saifee Hospital, Girgaon, Mumbai; Apollo Spectra Hospital, Chembur, Mumbai & SL Raheja Fortis Hospital, Mahim, Mumbai, India. Dr. Shome also runs a NGO called Debabrata Auro Foundation which plays a role in the upliftment of the downtrodden. Dr. Shome is the ex-Head of the Institute of Aesthetic Surgery, Apollo Hospitals, Hyderabad, India. Dr. Shome was Visiting Faculty to the Department of Head & Neck Surgery at MD Anderson Cancer Center, Houston, USA.

Abstract

Introduction: Telogen Effluvium in a post Covid-19 patient causes excessive shedding of hair. Although it is a self-limiting type of hair loss, the psychological impact it causes is severe and no definite treatment is available till now. In the past studies, a novel biomimetic peptide hair growth formulation has shown promising results in various types of alopecia, both in men and women.

Aim: In this study we aim to establish efficacy of a novel biomimetic peptide hair growth formulation administration in Covid-19 induced persistent Telogen Effluvium for hair re-growth.

Materials and Methods: 20 adult patients (all females) presenting with persistent Telogen Effluvium starting few weeks after recovery from Covid-19 infection and continued beyond 6 months were included for the study. 1.5 ml solution of a novel biomimetic peptide hair growth formulation was administered in the scalp per session. A total of 8 sessions (one session every four weeks) were done. The results were assessed at the baseline, 4th session, and 1 month after 8th session.

Results: Most patients showed significant reduction in hair fall; 89% patients showed excellent hair growth. Global photographic assessment score showed marked improvement, which maintained even post therapy. Videomicroscopic assessment showed increase in the hair count (mean=29.32) after 8th session, that further improved even post therapy. The subjective assessment scores for overall hair growth, appearance of hair, reduction in visibility of the scalp and hair loss were 4, 4.5, 4.25 and 5 respectively.

Conclusion; The Covid-19 stress induced persistent Telogen Effluvium can be daunting on the patients post Covid-19 as they are recovering from that stress, trauma and hospitalization. Management of Covid-19 induced persistent Telogen Effluvium has been unclear and futile so far. The present study suggests a definitive and quantifiable role of the novel biomimetic peptide hair growth formulation in the Covid-19 induced persistent

Telogen Effluvium patients for significant improvement in hair density and hair count, and also reduces the hair fall.

Take Home Message

Management of Covid-19 induced persistent Telogen Effluvium has been unclear and futile so far. The present study suggests a definitive and quantifiable role of the novel biomimetic peptide hair growth formulation in the Covid-19 induced persistent Telogen Effluvium patients for significant improvement in hair density and hair count, and also reduce the hair fall.



Session 20: Poster Flash

Friday, February 4, 2022

2:00-3:00 PM

Mandalay Ballroom F

Proper Steps to Add Cosmetic Surgery to Your Current Practice

S20-03

2:08-2:10 PM

Ehab Akkary, MD, FACS, FAACS

Akkary Surgery Center, Morgantown, WV

Dr. Akkary started his practice in 2008 as an Academic Bariatric Surgeon and gradually shifted to Community based Cosmetic Surgery. He is Board Certified in General Surgery by the ABS and Board Certified in Cosmetic Surgery and Facial Cosmetic Surgery by the American Board of Cosmetic Surgery and the American Board of Facial Cosmetic Surgery. He practices in WV and PA where he performs wide variety of Cosmetic Surgery at AAAHC accredited facilities. Dr. Akkary is devoted to the field of Cosmetic Surgery, he is a Fellow of the AACS. He serves multiple committees at the AACS and the ABCS and he is a reviewer for multiple journals including JAACS.

Abstract

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. For example, 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 cosmetic surgery 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.

Natural Progression and continuity of care

Steps to add cosmetic surgery to current practice:

- 1- Join the American academy of cosmetic surgery (AACS); "the AACS is committed to advancing the multi-specialty, global discipline of cosmetic surgery and medicine for the benefit of patients and practitioners".
- 2- If the goal is limited procedures, then courses and proctoring might suffice
- 3- If the goal is a wide range of CS procedures, then an AACS fellowship program is recommended, followed by Board certification by the American Board of Cosmetic Surgery (ABCS) and/or the American Board of Facial Cosmetic Surgery (ABFCS)
- 4- Start with internal marketing to extend your services to your already established patients
- 5- Procedures are more cost effective in an office based surgery center or free standing ambulatory surgery center compared to hospital setting
- 6- State laws vary significantly, check your State regulations for office based and ambulatory Surgery centers in terms of sedation personnel (for example, RNs can administer Propofol in the majority of the States while a few States consider this as out of the RN scope of practice)
- 7- Operate in an accredited facility (AAAHC, AAAASF, JC, etc.)

- 8- Check if Certificate of Need (CON) is required in your State and the extent it would affect your practice (Example, WV requires CON to administer general anesthesia while other States don't have such requirement)
- 9- Utilize the different options to perform CS safely (Awake, oral sedation, IV sedation, general anesthesia)
- 10- 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 American Academy of Cosmetic Surgery has grown to become the leading representative of CS practitioners from a diverse array of original medical disciplines
- The American Board of Cosmetic Surgery (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.

Take Home Message

- Cosmetic Surgery is NOT exclusive to a certain specialty - Introducing Cosmetic Surgery to your practice needs to be done in a safe and structured approach meeting the standard of care - Understand your specific State laws
- Utilize the resources and support of the AACS and ABCS - Register as a Cosmetic Surgeon on your AMA profile

Session 20: Poster Flash

Friday, February 4, 2022

2:00-3:00 PM

Mandalay Ballroom F

Standardized Approach for Transumbilical Breast Augmentation

S20-04

2:10-2:12 PM

Ehab Akkary, MD, FACS, FAACS

Akkary Surgery Center, Morgantown, WV

Dr. Akkary started his practice in 2008 as an Academic Bariatric Surgeon and gradually shifted to Community based Cosmetic Surgery. He is Board Certified in General Surgery by the ABS and Board Certified in Cosmetic Surgery and Facial Cosmetic Surgery by the American Board of Cosmetic Surgery and the American Board of Facial Cosmetic Surgery. He practices in WV and PA where he performs wide variety of Cosmetic Surgery at AAAHC accredited facilities. Dr. Akkary is devoted to the field of Cosmetic Surgery, he is a Fellow of the AACS. He serves multiple committees at the AACS and the ABCS and he is a reviewer for multiple journals including JAACS.

Abstract

Introduction: TUBA involves placement of saline breast implants above or below the pectoralis major muscle through the umbilicus. TUBA, while implementing the principles of breast augmentation utilized in other approaches as periareolar, trans axillary or inframammary, it requires a different skill set including endoscopic skills, tactile feedback and intermittent blind, yet safe, dissection. Here, I present our technique for TUBA. the technique varies with subpectoral versus subglandular placement of the implants.

Operative technique: Proper tumescence anesthesia is key in performing a successful TUBA. The technique very is slightly based on subpectoral versus subglandular pocket creation. In our practice, tumescence is prepared using 1 L of lactated Ringer's mixed with 750 mg lidocaine and 1.5 mg of epinephrine 1/1000. Tumescence is injected using 20 gauge spinal needle connected to tumescence infusion pump. usually 500 mL of tumescence is injected into each breast in subglandular TUBA, 250 mL in subpectoral and 100 - 150 ml into each abdominal wall tunnel including the umbilicus.

Tumescence technique for subglandular TUBA:

- 1) The breast is gently lifted and the subglandular plane is accessed medial to the nipple areolar complex (NAC).
- 2) The needle is kept in parallel position to the rib cage to avoid violation of the pleural space.
- 3) After infusing enough volume medially, The lateral subglandular plane is injected.
- 4) Tumescence is infiltrated into the umbilical region and the planned subcutaneous abdominal wall tunnels.

Tumescence technique for subpectoral TUBA:

- 1) The lateral edge of the pectoralis major muscle is lifted up laterally and the initial access is under the lateral edge of the muscle.
- 2) The needle is kept in parallel position to the rib cage to avoid violation of the pleural space.
- 3) The breast is firmly lifted and the subpectoral plane is accessed lateral to the nipple areolar complex (NAC).
- 4) The medial part of the pocket is infiltrated by placing the needle under the muscle parallel to the ribs.

Operative steps:

- The incision is created using 15 blade scalpel under the under the superior umbilical fold respecting the boundaries of the umbilical ring.
- Long scissors are used to dissect the subcutaneous tunnels.
- Bullet dissectors are then used, in gradually increasing size, to access the planned pocket through the inframammary fold (IMF).
- For subglandular dissection: The IMF is incised medial to the NAC.
- For subpectoral dissection: The IMF is incised lateral to the NAC.
- A critical note when performing TUBA is to use this SAP consistently as the only access to the pocket during the entire procedure. The error of creating multiple access points will weaken the inframammary attachments and can eventually lead to bottoming out of the implants.
- All instruments were kept parallel to the rib cage to avoid thoracic injury.
- A hockey stick dissector is used to take down the inferomedial attachments of the pectoralis major in subpectoral dissection and used to lower the IMF if needed.
- The tissue expander is then delivered into the pocket using the mammotube. It is then removed after confirming proper dissection.
- A 10/0 or 10/30 degree endoscope, placed in a mammotube, is used to examine the pocket during the different stages of the procedures.
- The pocket is irrigated with antibiotic irrigation flushed through mammotube that is placed in the pocket .
- Saline implants are placed into the pockets using the mammotube.
- The patient is sat up to confirm proper implant position.
- The fill tubes are disconnected and the umbilical incision is closed using 4-0 chromic interrupted subcuticular suture.

Take Home Message

TUBA is an underutilized approach for breast augmentation. The procedure is virtually scarless and while it needs different skill set than traditional approaches for breast augmentation, Surgeons can adopt it to their practice and reach the learning curve by following a systematic standardized approach for the surgery.

Session 20: Poster Flash

Friday, February 4, 2022

2:00-3:00 PM

Mandalay Ballroom F

Tumescence Beyond Cosmetic Surgery

S20-05

2:12-2:14 PM

Ehab Akkary, MD, FACS, FAACS

Akkary Surgery Center, Morgantown, WV

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Abstract

Introduction: Tumescence anesthesia has become tremendously popular in cosmetic surgery and other specialties. However, the field of general surgery has not widely adopted tumescence anesthesia. Many general surgeons and anesthesiologists are not familiar with the technique and how to implement it into their practice. In this article, we present a case of tumescence anesthesia in a critically ill general surgery patient who presented with an acute life-threatening surgical emergency. The patient was assessed to be a very high risk for general anesthesia, and after collaborative discussion between the surgical and anesthesia teams, the decision was made to proceed with surgery under monitored IV sedation with tumescence anesthesia. The patient had an uneventful recovery and survived a very high mortality surgical emergency.

Case Presentation:

I] Emergency Department Course: An 81-year-old male nursing home resident with very limited mobility who had multiple comorbidities, including atrial fibrillation, type 2 diabetes mellitus, diabetic neuropathy, hypertension, hyperlipidemia and history of CVA 4 years prior. The patient also had a chronic right inguinoscrotal hernia. He presented to the emergency room with nausea, vomiting and abdominal pain of 1 day duration. On physical exam, weight was 99.8 kg, BMI 30.8 kg/m², the patient was borderline hypotensive (blood pressure 94/62), tachycardic (120 beats/min), and tachypneic (34 breaths/min). He had a distended abdomen with incarcerated large right inguinoscrotal hernia. Lab work demonstrated potassium 5.1 mEq/L, creatinine 1.4 mg/dl, and WBC 18,400 cells per cubic millimeter. CT scan showed bilateral pulmonary infiltrates, large right inguinoscrotal hernia with high-grade small bowel obstruction. There was extensive gas in a branching pattern throughout the left hepatic lobe extending to the surface of the liver consistent with portal venous air and suspected bowel necrosis (See attached figure). On presentation, the patient was in atrial fibrillation with rapid ventricular response, he was also anticoagulated on apixaban 5 mg po bid. The patient was placed on diltiazem infusion achieving heart rate control (a decrease in his heart rate to the 70s), and was resuscitated with IV fluids. Patient and family requested "everything to be done". The patient was subsequently taken to the OR on an emergency basis.

II] Pre-Operative Course: Preoperatively, the surgical and anesthesia teams conducted a collaborative discussion regarding the patient's condition and his high risk of general anesthesia given his extensive comorbidities, ASA 4E status, hemodynamic instability, portal venous air, gangrenous bowel, strangulated hernia, poor functional status, and lung infiltrates on imaging. Spinal anesthesia was a consideration but was ruled out secondary to apixaban therapy. After weighing all the options, tumescent anesthesia with monitored IV sedation was decided upon. On airway examination, the patient had a Mallampati III airway, with normal TM distance, limited neck extension, fair mouth opening, and poor dentition with many missing teeth. No wheezing, no appreciable rales, and no heart murmurs were present. The patient arrived to the preoperative holding area with two peripheral IVs; a 22g in the right forearm, and a 20g in the left antecubital fossa. Initially, diltiazem 5 mg . hr⁻¹ was the only vasoactive infusion. A left NG tube was in place. The patient was retching, and during the anesthesia interview, he began to show altered mental status with progressive worsening, indicating potential rapid decompensation. His HR was 150s-160s with transient increases into the 180s.

While planning to utilize tumescent anesthesia and monitored anesthesia care (MAC), a backup of conversion to general endotracheal anesthesia (GETA) was available. Upon arrival to the OR, his HR was reduced to the 100-120s using boluses of esmolol. A bolus of fentanyl 25mcg was given. A propofol infusion of 10 mcg . kg . min⁻¹ was started. In addition to generous amounts of intravenous fluids, two boluses of phenylephrine 50 mcg were also given. As the patient became sedated, his vital signs stabilized with a MAP in the 70s.

III] Operative Surgical Course: Operative surgical course: Each liter of tumescent solution contained lidocaine 500mg, and epinephrine 1mg in 1000 ml Lactated Ringer's solution. Total tumescent volume infiltrated for analgesia during the surgery was 1,700 ccs (850 mg lidocaine or 8.5 mg . kg⁻¹), well beneath a published maximum dose of 28 mg . kg⁻¹ for tumescent anesthesia without liposuction. The abdomen was prepped and draped in the standard surgical fashion after IV sedation commenced. Serial injections of the abdominal wall were made in the midline with tumescent solution using a 20 cc syringe with a 25-gauge needle. A small incision was made in the supra-pubic area and the supra-umbilical area in the midline using a 15 blade scalpel. Then the tumescent infusion cannula was introduced and a tumescent infusion pump was used to infiltrate the abdominal wall. The abdominal cavity was accessed without difficulty. There was transudate noted on entry and this was suctioned. Exploratory laparotomy revealed severe bowel dilation and the bowel had emerged through the incision upon entry of the abdomen indicating compartment syndrome. Examination of the abdomen showed no evidence of succus, stools or pus in the peritoneal cavity. The bowel was gently reduced back into the peritoneal cavity and a gangrenous loop was identified in a strangulated right inguiscrotal hernia. There were extensive adhesions in the right lower quadrant and there was also omentum incarcerated in the hernia. Lysis of adhesions was done using sharp dissection and electrocautery freeing the bowel and omentum. No tumescence was needed for gentle digital bowel manipulation, but tumescence was injected using a 25-gauge needle into the prospective planes prior to any cutting, suturing or cauterization throughout the procedure. Continuous communication with the anesthesia team was maintained to determine when more tumescent injections were needed. This was extremely important in providing proper analgesia. The surgery performed was exploratory laparotomy, lysis of adhesions, right inguinal hernia repair, small-bowel resection, ileostomy and complex abdominal wall closure.

IV] Operative anesthesia course: Tumescent local anesthetic was first administered 15 minutes following entry to the OR. The patient, while altered and disoriented, could still give feedback for comfort and pain levels. He was comforted throughout the entire procedure. He appeared subjectively comfortable during the operation. Operative time was 6 hours and 2 minutes. The patient was given two boluses of midazolam 1mg. He received intermittent boluses of fentanyl 25 mcg throughout for a total of 500 mcg. Ninety minutes into the procedure, the anesthesia team attempted to increase the propofol rate to 20 mcg . kg . min⁻¹ to increase the patient's comfort, but the patient's BP wouldn't tolerate even this small increase, despite calcium supplementation and further boluses of phenylephrine. Instead, the anesthesia team started boluses of ketamine 10mg, for a total of 50 mg by the end of the case. The surgeon re-localized as needed throughout the procedure. Despite

maintaining the diltiazem at 5 mg . hr⁻¹ the patient continued to need repeated esmolol boluses totaling 170 mg. At several points during the procedure, the patient required boluses of vasopressin 1mg (total 6mg), and a phenylephrine drip was started and titrated as needed keeping MAP above 65 mmHg. A total of 2,600 ml of IV crystalloid fluid was given, with 120 ml of urine output, and 1,150 ml of gastric output. Blood loss was 30 ml. Although the anesthesia team was continuously prepared to convert to GETA if needed, general anesthesia was avoided.

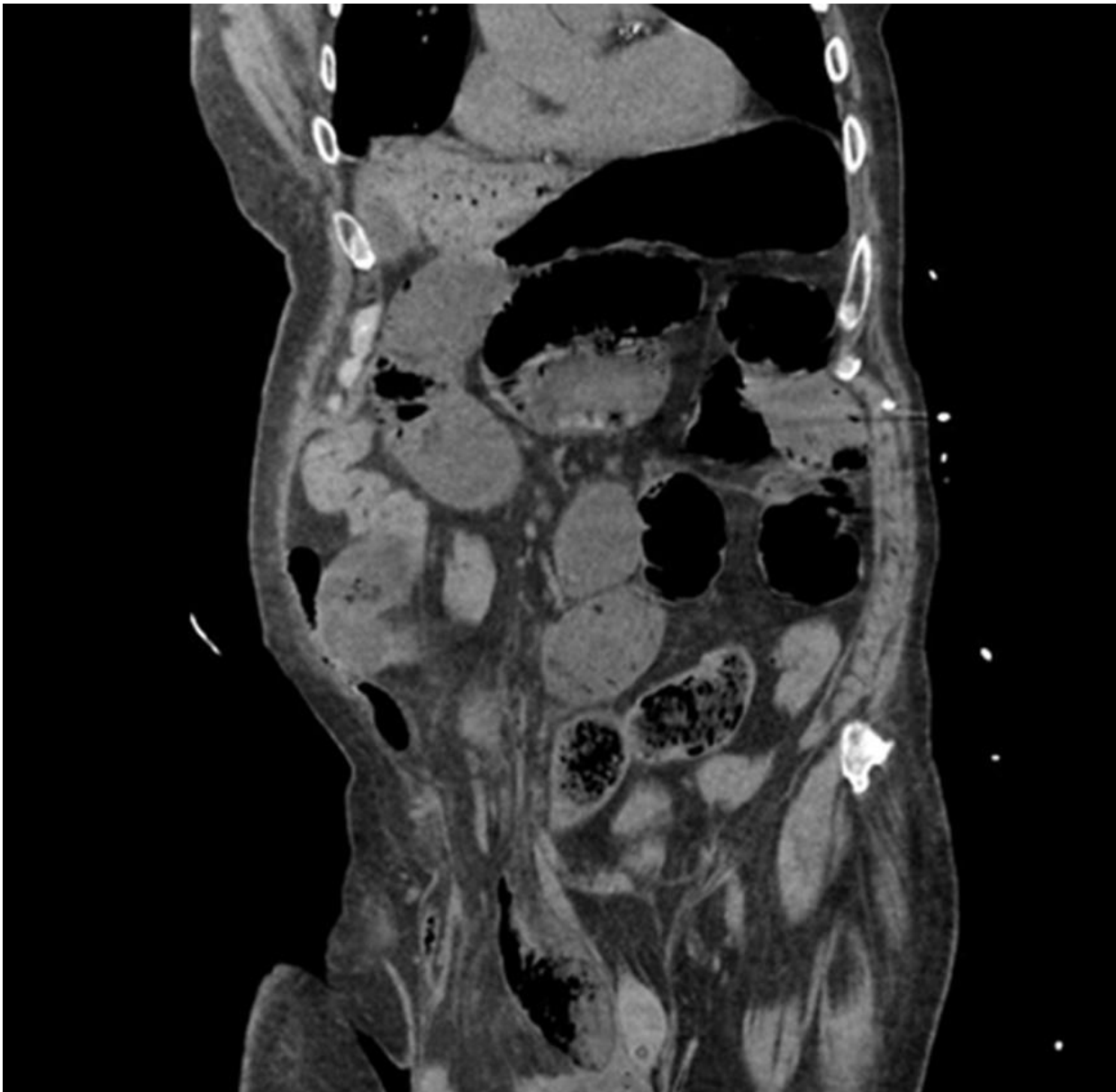
V] Postoperative Course: Within an hour of PACU arrival, the patient was doing much better. He was now calm, no longer retching, and was back to baseline mental status; alert and oriented x 4. Within a few hours, the patient was taken off the phenylephrine drip. Lactate improved from 4.7 to 3.1 mmol . L⁻¹ He was complaining of mild SOB, which was treated with incentive spirometry, and his SOB resolved by POD 2. His NG tube was removed on POD 3. His right IJ central venous catheter was removed, and a PICC line was placed on POD 4. Intermittent diltiazem infusions were required through POD 11, but he was eventually transitioned to oral metoprolol and digoxin. HR was controlled in the 80s to 100s at the time of discharge. At the time of discharge, he was tolerating a regular diet, and having regular bowel movements through his ileostomy. He maintained normal oxygen saturation on room air, and he was transferred to the floor on POD 12. He was then discharged back to the nursing home on POD 13.

Discussion: The diagnosis of gangrenous bowel carries a very poor prognosis. Literature review shows a mortality rate higher than 95% if the condition is not treated appropriately. Operative intervention reduces the mortality rate to approximately 70%. In our case, the patient had the grave diagnosis of gangrenous bowel in addition to extensive comorbidities and compromised cardiac and pulmonary statuses. Strategic and thorough planning took place between the surgery and anesthesia teams to be able to get the patient through this surgery while minimizing risk. Spinal anesthesia was not an option as the patient was actively on anticoagulation. General anesthesia would have posed a very high risk in this patient with an expected prolonged postoperative course, prolonged ICU stay, and the possible need for a tracheostomy eventually if he survived general anesthesia. The finalized plan was to proceed with local anesthesia using tumescent solution under monitored IV sedation with general anesthesia as the backup plan. The complex procedure was completed successfully without the need for intubation or general anesthesia. The postoperative course of the patient was excellent and relatively without incident. The patient was awake, alert and oriented in PACU and was very thankful to the surgery and anesthesia teams that he survived the surgery. He continued to recover in ICU and was subsequently transferred back to the nursing home in stable condition after approximately a 2-week hospital stay. While this is not expected to be a routine everyday approach for exploratory laparotomy with bowel resection and complex closure, it is a technique that is worth knowing and mastering for when the need arises. Based on the assessment and evaluation of this patient, this was our best approach to get him through the surgery and postoperative recovery safely. To our knowledge, this is the first case report, to date, describing the use of tumescent anesthesia in an emergency bowel resection. Tumescent anesthesia is used routinely in cosmetic surgery, and general anesthesia is commonly used in general surgery. Here, we implemented what can be described as a crossover between specialties where tumescent anesthesia was used in an extremely critical general surgery patient. There are very few articles in the literature describing the use of local anesthesia in bowel surgery electively. Sebastian et al published their experience with 8 patients who underwent oncologic colon resections. They concluded that doing these procedures under local anesthesia with sedation was feasible in properly selected cases. Another study by Tavassoli et al looked at performing sigmoid resection under local anesthesia in patients who are high risk for general or regional anesthesia. The study included 14 patients and concluded that local anesthesia was a reasonable option in these high risk properly selected patients. Overall, there is a paucity of research in the literature when it comes to using local anesthesia for bowel surgery. The daily reality of life in the operating room shows that sometimes there are extreme cases where such a course of action becomes necessary to maximize patient safety. Local anesthesia is not a common approach for bowel cases, nor is there an expectation for it to become common in the near future. Ultimately, though, it is another potential tool in our armamentarium that we should keep in mind and use if the need arises.

Conclusion: Tumescence anesthesia with MAC is here reported as an alternative to general anesthesia in the care of a moribund patient with multiple comorbidities requiring open abdominal surgery. Close cooperation between the surgeon and the anesthesiologist made the successful conduct of this case possible.

Take Home Message

Tumescence anesthesia is widely used in cosmetic surgery as well as dermatology, vascular surgery, reconstructive plastic surgery, breast surgery and other specialties. The use of tumescence anesthesia in general surgery has been limited. Tumescence anesthesia with sedation might represent an appropriate method to undergo surgical intervention in critically ill patients if the need to avoid general anesthesia arises.



Session 20: Poster Flash

Friday, February 4, 2022

2:00-3:00 PM

Mandalay Ballroom F

The Safety of Transabdominal Bilateral Tubal Ligation During Abdominoplasty

S20-06

2:14-2:16 PM

Anita Fulton, MD, MMM, FACOG

RGV Cosmetic Surgery and Vein Center, Spring, TX

Anita Fulton, MD, MMM, FACOG obtained her medical degree from UCLA School of Medicine. As a solo practitioner, she had a keen interest in business and received a Master of Medical Management from Marshall Business School from USC in 2013. She completed her residency training in Obstetrics and Gynecology from Charles R. Drew University of Medicine and Science and has been board certified in OB/GYN since 2005. During her tenure as a resident, she received the award for excellence in laparoscopic surgery. She has been in solo private practice in Houston, Texas since 2008 and has always had an interest in improving the lives of women by promoting health and beauty. Additional training via the cosmetic surgery fellowship was a logical transition and addition to her practice.

Abstract

Introduction: Abdominoplasty is a safely performed procedure to restore the abdominal contour of women after childbirth. We routinely inquire about contraception at the time of cosmetic surgery consultations and offer permanent sterilization as part of our protocol if the patient desires. Bilateral tubal ligation is a safe and effective form of permanent birth control for women. Normally, tubal ligation is performed as an adjunct to cesarean delivery or as a laparoscopic outpatient, elective procedure. We sought to establish the safety of transabdominal bilateral tubal ligation at the time of abdominoplasty surgery.

Methods: We obtained medical records from RGV Cosmetic Surgery and Vein Clinic over the past 10 years and identified 10 patients that underwent bilateral tubal ligation concurrent with their abdominoplasty. All cases were performed under general anesthesia along with local and tumescent analgesia. The average age of the patients were 36.5 (range) years, and the average BMI was 28.25 (range). All patients received 5000 units of heparin and sequential compression devices were placed bilaterally prior to induction of anesthesia to prevent deep venous thrombosis (DVT). The procedure was performed with the patient in trendelenberg as part of the abdominal flap exposure to the costal margin using the modified Avelar technique. Prior to plication of the diastasis recti, a vertical fascial incision was performed from the umbilicus to the symphysis pubis to expose the fallopian tubes. Sterilization was performed using the modified Pomeroy method. Closure of the vertical laparotomy incision was performed with 0-vicryl sutures in a continuous fashion. This closure was then imbricated during plication of the diastasis recti with 0-ethibond suture. Mid-isthmus tubal segments were sent to pathology for identification. All tubal ligations were performed by a board-certified OB/GYN and all abdominoplasty procedures were performed by a board certified cosmetic surgeon.

Results: Patients were seen as per protocol on post-op day 1, 1-week, 2-weeks and then at 6 weeks. Recovery proceeded as normal with no additional complications noted from the bilateral tubal ligation. Drains were removed at normal time intervals.

Conclusion: Based on these limited data, we conclude that transabdominal tubal ligation can be safely performed at the time of abdominoplasty surgery.

Take Home Message

Bilateral Tubal Ligation during abdominoplasty can be safely performed without any additional morbidity or complications.

Session 20: Poster Flash

Friday, February 4, 2022

2:00-3:00 PM

Mandalay Ballroom F

Gaining Market Share in 2022: Advanced Growth Concepts for Leading Practices

S20-07

2:16-2:18 PM

Jon Hoffenberg

YellowTelescope, Miami, FL

Jon Hoffenberg is the founder and president of YellowTelescope, SEOverSite, and iScreamSocialMedia. He is a graduate of the Wharton School at the University of Pennsylvania.

Jon has been awarded and honored for his philanthropy and business acumen. The South Florida Business Journal named Jon as one of "40 Under 40" Business Leaders in South Florida. Further, he was named the "HYPE Entrepreneur of the Year" by the Greater Miami Chamber of Commerce, as well as a "Top Workplace Professional" by the Sun Sentinel. Jon is a frequent lecturer and published writer. He has spoken at, or been featured in, Start-up Nation, Modern Medicine, ISAPS Journal, AE Magazine, New Retina MD, AAFPRS, ASPS, NYRSPS, ASCRS-ASOA, SFO-NFO, Millennial Eye, HT360: Volume 3 and more. SEOverSite has been named a preferred Affiliate of RealSelf.com, Wyncode Academy, PracticeDock.com, eMerit.com, and SiteStaff.com. Jon currently sits on the Board of Directors of the Miami-Dade County Library System Friends organization.

Originally from Chicago, Jon now resides in Miami Beach. He is a whisky connoisseur, world-traveler, poker player, paddle boarder, podcaster, avid reader, live music festival-goer, sports fan, father and husband.

Abstract

There is an undeniable boom in plastic surgery and aesthetic procedures post pandemic. However, it will not last forever! How does your practice maximize the increase in leads and secure market share that will last well past the surge slows? Attendees will learn the key growth concepts that have resulted in hundreds of millions of dollars in closed surgeries. Take this rare opportunity to peek inside the brain of one of the industry's top business minds to learn what concepts he is teaching clients to maximize their growth.

Take Home Message

Attendees will learn techniques to set themselves up to continue gaining market share once the post pandemic surge cools down. Attendees will learn how to utilize the increased business to secure themselves a growing practice even after things settle down.

Session 20: Poster Flash

Friday, February 4, 2022

2:00-3:00 PM

Mandalay Ballroom F

The Marketing Ladder: Prioritization in a World of Confusion

S20-08

2:18-2:20 PM

Jon Hoffenberg

YellowTelescope, Miami, FL

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Abstract

Websites, SEO, Pay-per-click, social media, print/radio/tv, billboards, email blasts and snail mail, oh my! What is the proper order, process for budgeting, and accountability structure for a proper plastic surgery practice? Join us as we outline, based on the size and scope of your practice, the order and steps you must take to minimize risk while maximizing growth in 2022. With so many marketing options it is hard for the average practice to understand where and how to allocate their marketing budget to maximize growth. Doctor and practice administration attendees will learn to budget your marketing dollars in a way that maximizes exposure and builds the marketing program for success.

Take Home Message

Course will discuss the specific order we feel best sets up your marketing program for success (when to go from site build to organic SEO, to pay-per-click, to social media, to ratings and reviews, etc.) Attendees will be able to strategize the best marketing plan for 2022 to maximize growth.

Session 20: Poster Flash

Friday, February 4, 2022

2:00-3:00 PM

Mandalay Ballroom F

Effect of the Klotho Protein on the Expression of a Panel of Telomere Relative Genes

S20-09

2:20-2:22 PM

Gail M. Humble, MD

Klotho Skin, San Francisco, CA

Dr. Humble is a medical doctor specifically in aesthetic anti-ageing based in San Francisco and Los Angeles locations. Her undergraduate studies were in genetics and regenerative medicine has been her passion. She lectures nationally and internationally on anti-ageing and aesthetic medicine. She is a frequent lecturer at the World Congress of Anti-Ageing Medicine and is a published author of research-based, medical and non-medical articles. Her published medical research articles can be found within medical journals including Dermatologic Surgery and the Journal of Facial and Plastic Surgery. With a core belief that our external beauty should reflect the beauty we feel inside, Dr. Humble founded Klotho Skin with the intention to achieve a truly effective method to maintain youthful skin.

Abstract

Introduction: In mice, the overexpression of the Klotho gene extends the life span, whereas mutations to the Klotho gene shorten the life span. The human Klotho gene encodes the α -Klotho protein, which is a multifunctional protein that regulates the metabolism of phosphate, calcium, and vitamin D. It is known that telomeres regulate the cellular aging process. This study was designed to interpret the function of the Klotho protein and how it may play a critical role in cellular life extension by regulating telomere length and activity. The theory is that other significant genes which are relative to telomere life may be affected and either an increased or decreased in the expression of other relevant genes. For the purpose of this study, we used Advicell K. Advicell K is the cell conditioned medium containing the Klotho protein and second-generation growth factors which was harvested after using our patented process to upregulate the Klotho gene in stem cells.

Objective: The objective of this study was to measure the effect of the test material, Advicell K, on the expression of a panel of genes of interest, using quantitative PCR. The effect of the test substance, Advicell K, on cell viability being unknown.

Methods: Normal adult human dermal fibroblasts were incubated with the non-diluted (100%) Advicell K at 4%, 0.8% and 0.04% in DMEM/10%FBS. After 24h, tissues were rinsed, and RNA was extracted and purified and the expression of the genes of interest was measured by real-time quantitative multiplex Polymerase Chain Reaction. Genes were considered differentially expressed if they were detected in all samples (<35 cycles to detection), the p value, as determined by the two-tailed t-test, was ≤ 0.1 and the modulation was ≥ 1.5 .

Results: Advicell K was tested at three non-cytotoxic concentrations and its effect on the expression of genes of interest was compared to water-treated controls. The highest tested concentration of Advicell K (4%), induced a strong expression of the matrix metalloproteinase MMP1. Although MMPs are required for recycling of old and damaged components of cells and the extracellular matrix (ECM), the upregulation of MMP1 is not generally viewed as beneficial in the cosmetic industry. Two other genes, coding for TLR6 and hTERT, were downregulated by the highest tested dose of Advicell K. TLR6 is a transmembrane receptor important for innate immunity. Its activation leads to nuclear translocation of nuclear factor- κ B (NF- κ B), resulting in the production of pro-inflammatory cytokines. hTERT is a catalytic subunit of the enzyme telomerase, responsible for the maintenance

of chromosome terminal sequences (telomeres). It protects telomeres from damage, fusion with neighboring chromosomes and from shortening leading to cellular senescence. The medium concentration of Advicell K (0.8%), also increased MMP1 expression but to a much lesser extent than the highest dose (2 times vs. 10 times). hTERT was not repressed, but, to the contrary, the expression of this gene was moderately increased. The lowest tested concentration of Advicell K (0.04%), showed the continuation of the trend observed with the two higher doses. The expression of MMP1 was totally normalized, while the heightened expression of the telomerase reverse transcriptase was maintained. Furthermore, the dilution of Advicell K to 0.04%, unmasked the upregulation of another important gene – SIRT6. Sirtuin 6 is a stress-responsive protein implicated in telomere maintenance, caloric restriction, and life span expansion.

Conclusion: This project allowed us to uncover valuable potential properties of Advicell K towards telomere protection and cellular life extension by possibly having a positive effect on two other important genes for telomere life, hTERT and SIRT6. These two activities with regard to telomere protection and cellular life extension are at the forefront of cosmetic sciences.

Take Home Message

The Klotho gene and Klotho protein up-regulate telomere relevant genes which result in the preservation of telomere length and therefore cellular life.

Session 20: Poster Flash

Friday, February 4, 2022

2:00-3:00 PM

Mandalay Ballroom F

Effect of AdviCell K on the Output of Prostaglandin E2, Type I and IV Collagen by the Human Dermal Fibroblasts

S20-10

2:22-2:24 PM

Gail M. Humble, MD

Klotho Skin, San Francisco, CA

Dr. Humble is a medical doctor specifically in aesthetic anti-ageing based in San Francisco and Los Angeles locations. Her undergraduate studies were in genetics and regenerative medicine has been her passion. She lectures nationally and internationally on anti-ageing and aesthetic medicine. She is a frequent lecturer at the World Congress of Anti-Ageing Medicine and is a published author of research-based, medical and non-medical articles. Her published medical research articles can be found within medical journals including Dermatologic Surgery and the Journal of Facial and Plastic Surgery. With a core belief that our external beauty should reflect the beauty we feel inside, Dr. Humble founded Klotho Skin with the intention to achieve a truly effective method to maintain youthful skin.

Abstract

Introduction: The Klotho gene is an age suppressor gene originally discovered in a mouse strain. A defect in the Klotho gene expression in mice results in a syndrome resembling early ageing. Whereas overexpression of the Klotho gene extends the life span of this mouse strain by 31%. In the mouse model, The Klotho gene has been documented to affect many systems, including the integumentary system. In this model, upregulation of the Klotho gene delays or reverses skin atrophy. The same results seem to hold true with our human model. Skin atrophy occurs naturally with ageing but is accelerated with UV damage. In this study, we evaluated the protective effects of the Klotho protein and growth factors harvested from Klotho overexpressed mesenchymal stem cell in their cell conditioned medium (Advicell K) against ultraviolet radiation B (UVB)-induced photoaging in neonatal human dermal fibroblasts.

Method: The objective of this project was to explore the effect of the test material listed in Table I on the output of prostaglandin E2 (PGE2), type I and type IV collagen by human dermal fibroblasts. Samples of non-cytotoxic concentrations of Advicell K were added in three repeats to exponentially growing neonatal human dermal fibroblasts. Cultures were pursued overnight. The following day, half of each experimental condition was UVB-irradiated (according to Ochiai and coll., 2006) while the other half was kept in the dark. At the end of the experiment (24h post UVB irradiation), the target antigens were quantified in formalin-fixed cultures (type IV collagen) or in the cell culture-conditioned medium (type I collagen and PGE2) by ELISA assays using reagents listed in Table II. MAP was the positive control for type I collagen. The negative control was sterile distilled water.

Results: Compared to water, AdviCell K had no statistically significant modulatory effect on type I collagen and prostaglandin E2 secretion by human dermal fibroblasts therefore not actually increasing or decreasing inflammatory markers, however, significantly increasing type IV collagen output by these cells.

Conclusion: Collagen IV is the primary collagen found in the extracellular basement membranes separating a variety of epithelial and endothelial cells. It is a major component of the dermal-epidermal junction, where it is

mostly found in the lamina densa. Collagen IV is also of importance in wound healing and it is essential for skin repair due to photo-ageing. This leads us to believe the Klotho protein is highly effective in reversing the damages of photo-ageing.

Take Home Message

The Klotho protein along with second generation growth factors could be highly effective in increasing collagen production after UV-damage.

Session 20: Poster Flash

Friday, February 4, 2022

2:00-3:00 PM

Mandalay Ballroom F

Digital Workflow from Gummy Smile

S20-11

2:24-2:26 PM

Islam Kassem, BDS, MD, FDS RCS

Imaxfax, Alexandria, Egypt

Senior Consultant Maxillofacial surgeon start my residency in Egypt ,UK I declare my self as an academic surgeon with 20 international publications Currently I maintain a private practice limited to maxillofacial & facial plastic surgery I work as a head of Maxillofacial surgery department in Alamin Hospital the 7th largest hospital in Egypt special internist in facial aesthetics.

Abstract

Dealing with gummy smile present a challenge for physicians, multiple modalities for treatment such as neurotoxin, orthognathic surgery, laser ginigivectomy & orthodontic treatment. The authors show how to use a digital workflow start from 3D photos and CBCT to provide an accurate evaluation and print a facial guide to perform treatment.

Take Home Message

Safe approach for gummy smile treatment.

Session 20: Poster Flash

Friday, February 4, 2022

2:00-3:00 PM

Mandalay Ballroom F

Tissue Preserving Mastopexy in Large Breasts: A Series of 10 Skin Only/Minimal Tissue Resection Mastopexies in Larger Breasts is Demonstrated

S20-12

2:26-2:28 PM

John S. McHugh, MD, DDS, FFDRCSI, FACCS, FAACS, LDSRCS (Eng.)(Edin)BSC(Hons)

Cosmetic and Maxillofacial Clinic/Royal Australian Navy, Penrith, Australia

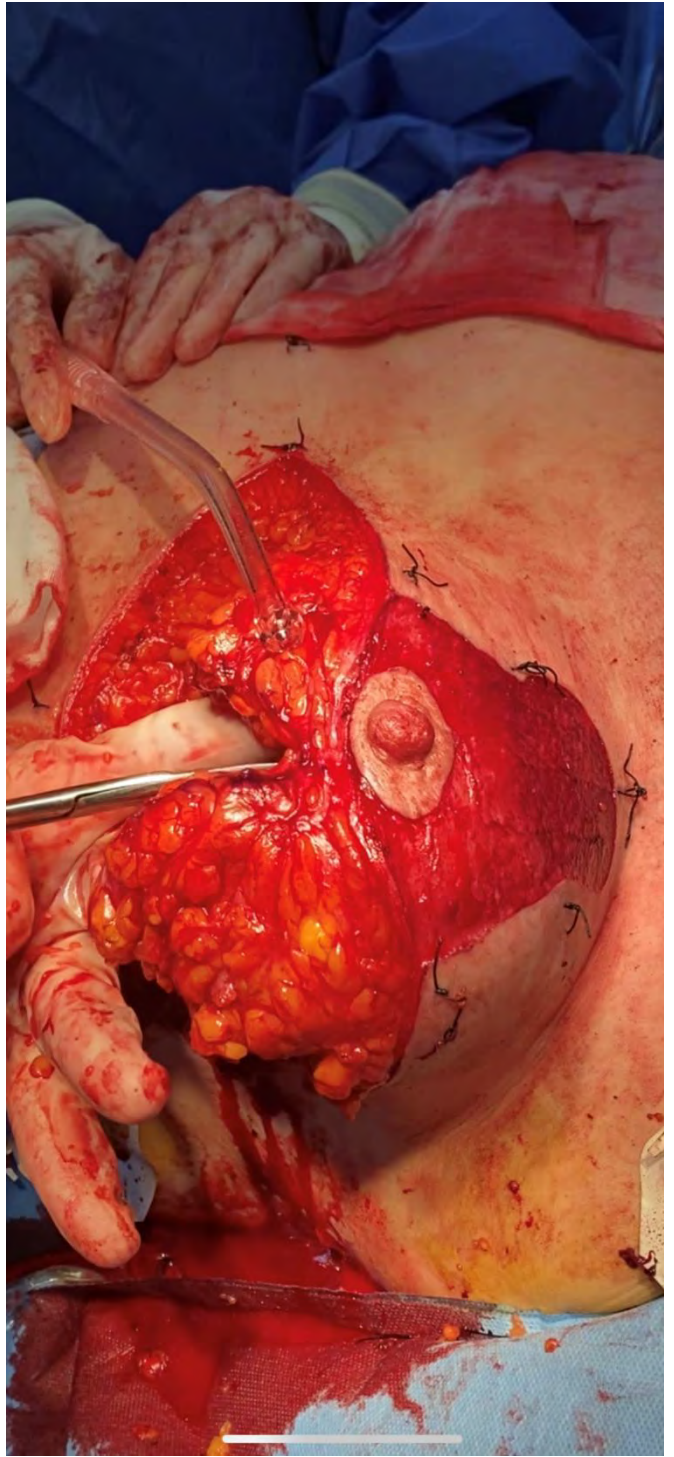
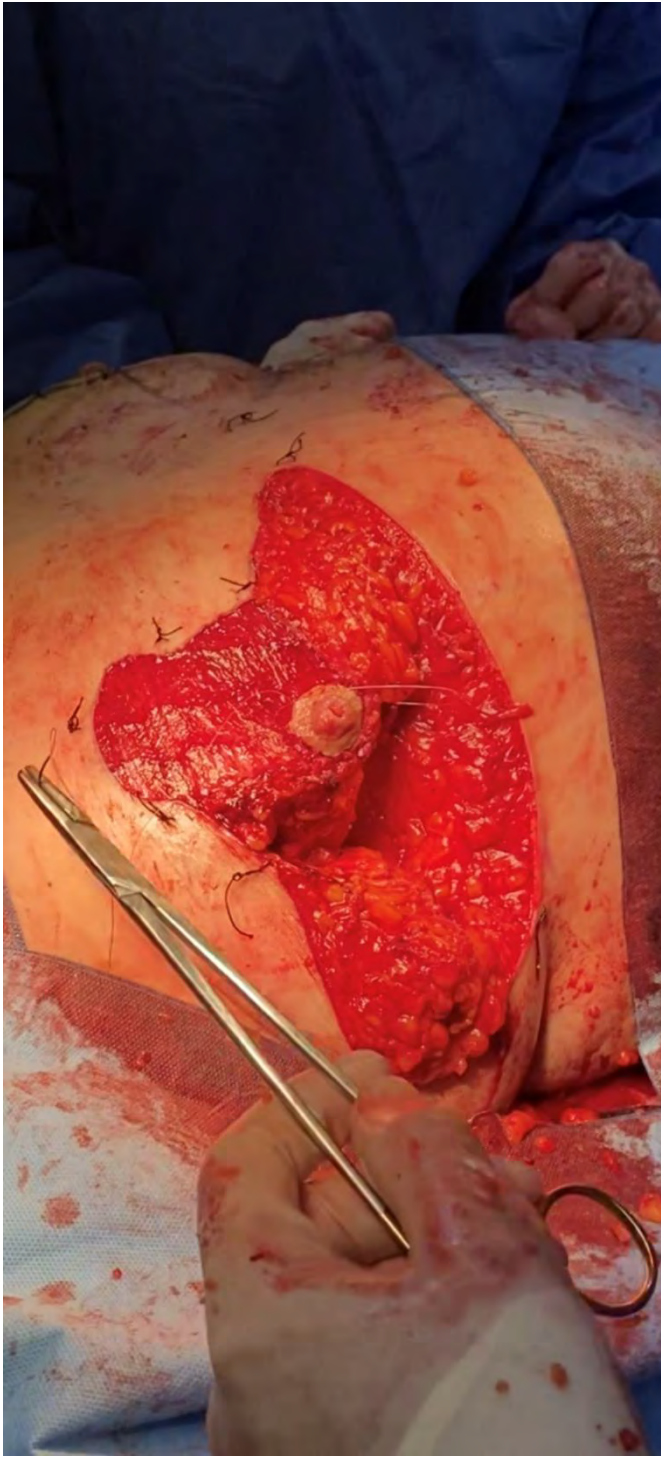
Dr John S. McHugh is an Oral, Maxillofacial and Cosmetic Surgeon, with nearly thirty years' experience. Originally from London, he is UK and Australia Trained practicing in Sydney, Australia. He is also an active Service Surgeon holding the rank of Commander in the Royal Australian Navy, and has deployed on several tours with United States Naval Ship Mercy in the pacific region delivering humanitarian Surgery as well Military Deployments with the Australian Defense Force. He has also delivered humanitarian surgery in the Amazon Basin and worked in South Africa. He practices full scope OMFS and facial breast and body cosmetic surgery. He is the founding president of the Society of Cosmetic, Maxillofacial and Reconstructive Surgeons. He is the father of five children, one of whom, Astrid, studying medical sciences, has helped with this presentation. He is a private pilot who enjoys flying with his teenage daughter Neave, who is training to be a commercial pilot. He has a close affiliation with San Francisco where his late Irish American Father resided.

Abstract

In some women with larger breasts, the patient's preference is for mastopexy with preservation of as much tissue as possible to concord with the patient's body habitus. This presentation demonstrates Tissue preserving mastopexy in large breasts- A series of 10 skin only/minimal tissue resection mastopexies in larger breasts is demonstrated using the combination of superomedial pedicle and wise pattern skin excision, including keel type incisions producing a superomedial and lateral component of the breast with extensive of dissection laterally and superiorly. This enables maximal rotation of the pedicle reducing the requirement for breast tissue removal conserving size. This technique is also useful for mastopexies in weight loss patients with minimal residual breast parenchyma with significant ptosis where preservation of tissue is required.

Take Home Message

This series demonstrates that skin only mastopexies or minimal tissue resection preserves optimal breast volume whilst effecting adequate superior repositioning of the nipple areolar complex in larger ptotic breasts.





Session 20: Poster Flash

Friday, February 4, 2022

2:00-3:00 PM

Mandalay Ballroom F

Classification of Massive Weight Loss Skin Excess and Laxity: The Stokes Scale

S20-13

2:28-2:30 PM

Erik J. Nuveen, MD, DMD, FAACS

Cosmetic Surgery Affiliates, Oklahoma City, OK

Dr. Nuveen has performed exclusively cosmetic surgery his entire 19-year career. He has been a member of the AACS since 2000. He has performed more than 19,000 major surgeries and written 21 first author articles and 9 textbook chapters on all aspects of cosmetic surgery. He is director of fellowship and has trained more than 15 fellows. His practice is located in Oklahoma City and treats patients from throughout the world.

Abstract

Background: In recent years, there has been an increase in demand for cosmetic surgeries in patients with a history of massive weight loss (MWL). To assist in the assessment and surgical treatment plan process, this study proposes the Stokes Scale. This scale seeks to classify severity of excess skin and skin laxity in the body after massive weight loss on a 5-point scale. The Stokes Scale is intended to be used for physical assessment and communication between medical professionals. Previous studies have been limited by small patient selection (n=36) and inclusion of female patients only.

Methods: 100 patients were selected for evaluation with the proposed rating scale. Selected patients included male and female individuals with a history of massive weight loss (weight loss of 50% or greater of excess weight through lifestyle modification or bariatric surgical intervention) from a single office-based surgery facility from 12/2014-09/2020. The scale included 9 body areas that were common concerns of the patients: male chest, female chest, axilla, arms, abdomen, flank, back, buttocks, mons, and thighs. Six medical professionals reviewed photographs of the 100 patients and assigned a grade of 0, 1, 2, 3, or 4 based on severity.

Discussion: Classification systems seek to objectify the subjective. This allows for more consistent communication between medical professionals and stratification of risks and complications in medical research on the massive weight loss patients. Past classification systems have utilized females only and in limited numbers. Our study was developed to improve statistical power through larger case numbers and test interobserver reliability, with the addition of male MWL patients. Past studies have had limited power and have lacked male subjects. 6 observers were utilized: 3 Board Certified and fellowship trained cosmetic surgeons, one fellow in training, one Advanced Practice Registered Nurse and one Medical Assistant associated with consultation and follow care specific to MWL patients. Each was provided a photographic anthology of 9 body regions and asked to rank the severity of skin laxity and excess based purely on the photos presented. No further information was provided to the medical professional. A scale of severity was provided as:

0: No laxity

1: Mild laxity; Ideal skin position not requiring surgery

2: Moderate skin laxity with mild excess skin

3: Severe skin laxity with moderate excess skin with redundancy

4: Extreme skin excess and redundancy requiring extensive undermining, advancement and resection throughout the anatomical region.

Our findings support the Stokes Scale as consistent and with high interobserver reliability in this study of 100 patients. This study is the largest of its kind ever published and adds to the ability of practitioners to communicate and plan surgical intervention for the massive weight loss patient.

Take Home Message

The MWL population has extreme variation in severity of skin excess and laxity. Our classification system was developed to more objectively stratify the wide range of complexity in body contour as a result of MWL. This classification should be use in communication with other medical providers, insurance carriers and patients to enhance diagnosis and associated treatment planning.

Session 20: Poster Flash

Friday, February 4, 2022

2:00-3:00 PM

Mandalay Ballroom F

Plastic Surgery Utilization and Access in the Elderly

S20-14

2:30-2:32 PM

Lotanna Nwandu

Carle Illinois College of Medicine, Champaign, IL

I am Lotanna Nwandu, a second-year medical student at the Carle Illinois College of Medicine. I have a background in biomedical engineering with an undergraduate degree from the Rose Hulman Institute of Technology, where I concentrated on biomaterials. I will be presenting: Plastic Surgery Utilization and Access in the Elderly.

Abstract

Background: Plastic surgery has an important role in treating elderly patients. This includes various operations such as breast reconstruction post-mastectomy, cosmetic procedures, and hand surgery. As the aging population of the United States increases, it is important to investigate the accessibility of plastic surgery for the elderly. Previous studies have examined the anatomical changes the body goes through as we age. To date, there have been relatively few studies evaluating access and utilization of plastic surgery in the elderly. The availability of CMS Medicare data by US county represents a valuable resource to investigate the demographics of elderly patients with respect to plastic surgery.

Objectives: The purposes of this study were to (1) assess geographic trends in access to plastic surgery in the elderly; (2) assess the characteristics of regions that had a mismatch between access and utilization; (3) analyze socioeconomic factors that correlated with utilization of plastic surgeons.

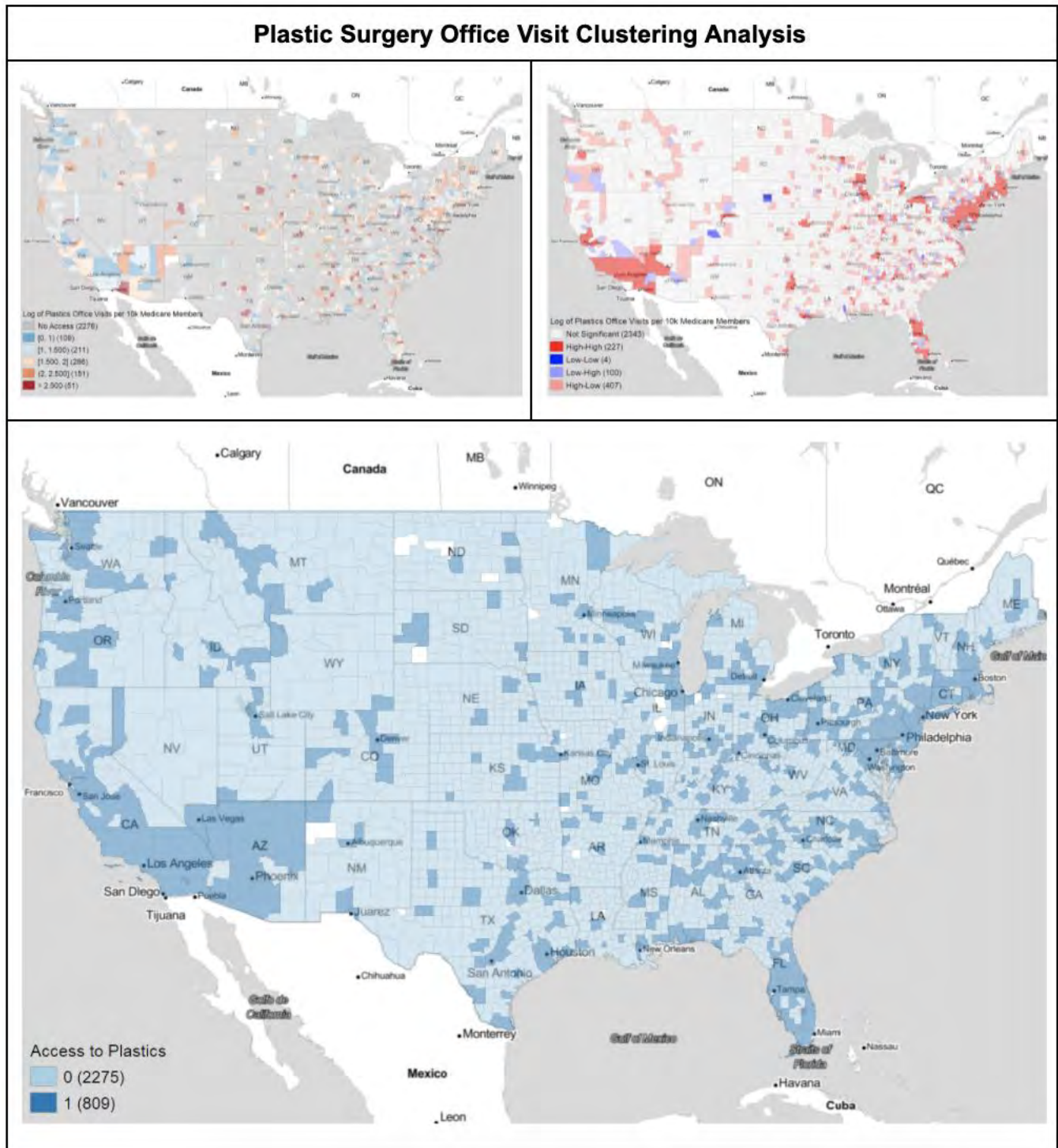
Methods: We reviewed multiple county-level national databases including CMS Demographic Data, Medicare billing data, CMS chronic disease data, US Census demographics, and the USDA Atlas of Rural and Small-Town America. The analysis was conducted using the average of all Medicare billing information from 2014-2018. Office visit billing was tracked to determine access. Specifically, CPT billing codes 99202, 99203, 99204, 99205, 99212, 99213, 99214, and 99215 were aggregated to obtain the total number of plastic surgery office visits per county. We utilized a Python-based script for database building and GeoDa (a statistical map-based graphing software) to chart demographic, geographic, and socioeconomic trends. We used Moran's I clustering coefficient for the statistical evaluation of geospatial clusters. Finally, we used factorial ANOVA to evaluate statistically significant demographic components that contributed to the formation of these clusters.

Results: High utilization clusters were found in the Northeast and Southwest regions of the United States, as well as throughout Florida. There were relatively few low utilization clusters identified, and they did not adhere to any particular geographic distribution. Further evaluation of these clusters demonstrates that the majority of plastic surgery utilization was in urban centers surrounded by rural counties. Factorial ANOVA revealed that plastic surgery office visits were higher in patients with a GED and/or college degrees. A small portion of the population was unemployed (5%) or uninsured (9-14%). A small fraction (2-3%) had a history of breast cancer.

Conclusion: There are statistically significant geographic trends in access and utilization of plastic surgery in the elderly. Socioeconomic factors remain key considerations in the utilization of plastic surgery.

Take Home Message

There are statistically significant geospatial clusters in the utilization of plastic surgery by the elderly in the United States. These are high-utilization clusters that appear in the Northeast, Southwest, and Florida. There are relatively few low-utilization clusters that do not conform to a particular geographic distribution. Educational background, employment, and medical history are statistically significant contributors to the formation of these clusters.



Session 20: Poster Flash

Friday, February 4, 2022

2:00-3:00 PM

Mandalay Ballroom F

Analysis of Surgeon Gender of Upper Blepharoplasty Performed in the United States

S20-15

2:32-2:34 PM

Donovan S. Reed, MD

Texas Oculoplastics Consultants - TOC Eye And Face, Austin, TX

Doctor Donovan Reed graduated Summa Cum Laude with Honors from East Tennessee State University with a degree in Chemistry. He then commissioned as an officer in the United States Air Force and graduated as class Valedictorian from the Uniformed Services University where he was elected to Alpha Omega Alpha. Doctor Reed completed his Internship in General Surgery and his Ophthalmology Residency at the San Antonio Uniformed Services Health Education Consortium where he served as Chief Resident of the Ophthalmology Residency. During his residency training, he was awarded the USAF Commendation Medal for meritorious service and named best ophthalmology resident and received the Major David S. Berry Graduate Medical Education Top Resident Award. Dr. Reed is a board-certified ophthalmologist and is the current American Academy of Cosmetic Surgery Facial Cosmetic Surgery fellow at Texas Oculoplastics Consultants, TOC Eye & Face under the guidance of Tanuj Nakra MD.

Abstract

Introduction: Gender disparities persist amongst surgical specialties in compensation, leadership roles, and career advancement opportunities.¹⁻⁶ This disparity is evident in ophthalmic surgery: female ophthalmologists in 2021 perform fewer cataract surgeries on average than male counterparts, even controlling for clinical volume and physician experience.¹ In this study, we surveyed the surgical volume of male and female surgeons performing upper blepharoplasty on Medicare beneficiaries in the United States to determine if a similar inequality exists.

Methods: The 2018 Medicare Provider Utilization and Payment Data: Physician and Other Provider dataset, specifically narrowed by provider and service, was queried for blepharoplasty surgeries utilizing the Current Procedural Terminology Code 15283. All Medicare claims filed under ambulatory surgical services and centers were excluded, so as only to include claims filed under individual providers. Surgeons were identified by their National Provider Identification numbers and subsequently matched to the Physician Compare National Downloadable File, from which physician characteristics including reported gender were attained. Gender differences in regard to total surgical volume were assessed. Welch two-sample t-tests were performed to determine significance between the number of blepharoplasties performed by male and female surgeons. All analyses were performed in R version 4.0.3 (R Foundation for Statistical Computing, Vienna, Austria). This study was exempted by the University of Texas at Austin Dell Medical School Institutional Review Board and adhered to the Declaration of Helsinki.

Results: Altogether, 38,611 blepharoplasty procedures performed by 1,085 surgeons were assessed. 834 (76.9%) male surgeons performed 30,248 (78.3%) blepharoplasty surgeries as compared to 251 (23.1%) female surgeons who performed 8,347 (21.6%) blepharoplasty procedures. On average, blepharoplasty procedures per surgeon were 36.3 for men, versus 33.3 for women (95% confidence interval [CI] -6.97 - 0.94, p = 0.135).

Conclusions: In the United States, more upper blepharoplasty is performed by male as compared to female surgeons. However, when analyzing procedures performed per surgeon, no statistically significant gender difference was noted. While this parity data is reassuring, continued awareness and analysis of gender disparity across surgical specialties is recommended.

Bibliography:

1. Feng PW, Ahluwalia A, Adelman RA, Chow JH. Gender differences in surgical volume among cataract surgeons. *Ophthalmology*. 2021. 128(5):795-796.
2. Spector ND, Overholser B. Examining gender disparity in medicine and setting a course forward. *JAMA Network Open*. 2019. 2(6):e196484.
3. Ahmad S, Ramulu P, Akpek E, et al. Gender-specific trends in ophthalmologist Medicare collections. *Am J Ophthalmol*. 2020. 214:32-39.
4. French DD, Margo CE, Campbell RR, Greenberg PB. Volume of cataract surgery and surgeon gender: the Florida Ambulatory Surgery Center experience 2005 through 2012. *J Med Pract Manage*. 2016. 31(5):297-302.
5. Gong D, Winn BJ, Beal CJ, et al. Gender differences in case volume among ophthalmology residents. *JAMA Ophthalmol*. 2019. 137(9):1015-1020.
6. Epstein A, Homer N, Watson A, Nakra T, Bratton E, Somogyi M. Female cosmetic surgeons: past and present perspectives. *Am J Cosm Surg*. 2021. 00(0): 1-5.

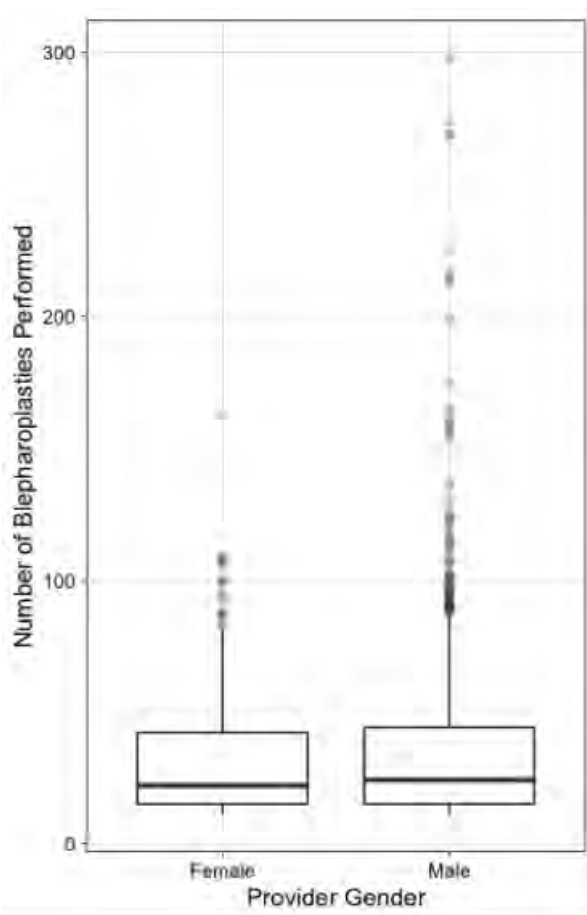
Take Home Message

In the United States, more upper blepharoplasty is performed by male as compared to female surgeons. However, when analyzing procedures performed per surgeon, no statistically significant gender difference was noted.

| Gender | Count | Mean <u>Blephs Done</u> | Standard Deviation | Minimum | Maximum |
|---------------|--------------|--------------------------------|---------------------------|----------------|----------------|
| Male | 834 | 36.3 | 34.9 | 11 | 298 |
| Female | 251 | 33.3 | 25.5 | 11 | 163 |

Table 1. Number of functional upper blepharoplasties performed by male and female surgeons.

Total Blepharoplasty Procedures Performed by Gender



Session 20: Poster Flash

Friday, February 4, 2022

2:00-3:00 PM

Mandalay Ballroom F

Upper Blepharoplasty Skin Closure, Analysis of Outcomes from Subcuticular Vs. Running Suture and Absorbable vs Nonabsorbable Suture

S20-16

2:34-2:36 PM

Donovan S. Reed, MD

Texas Oculoplastics Consultants - TOC Eye And Face, Austin, TX

Doctor Donovan Reed graduated Summa Cum Laude with Honors from East Tennessee State University with a degree in Chemistry. He then commissioned as an officer in the United States Air Force and graduated as class Valedictorian from the Uniformed Services University where he was elected to Alpha Omega Alpha. Doctor Reed completed his Internship in General Surgery and his Ophthalmology Residency at the San Antonio Uniformed Services Health Education Consortium where he served as Chief Resident of the Ophthalmology Residency. During his residency training, he was awarded the USAF Commendation Medal for meritorious service and named best ophthalmology resident and received the Major David S. Berry Graduate Medical Education Top Resident Award. Dr. Reed is a board-certified ophthalmologist and is the current American Academy of Cosmetic Surgery Facial Cosmetic Surgery fellow at Texas Oculoplastics Consultants, TOC Eye & Face under the guidance of Tanuj Nakra MD.

Abstract

Introduction: Technique choice for closure of upper blepharoplasty incisions includes sutured and sutureless techniques.¹⁻⁷ The utility of subcuticular closure of upper eyelid blepharoplasty incisions has been previously validated as a safe and effective closure technique.^{1,7} However, compared to running closure, subcuticular technique has a learning curve, requires increased surgical time, and removal can be more challenging suture removal procedure. Furthermore, absorbing sutures The purpose of this analysis was to compare the aesthetic and functional outcomes of subcuticular closure to running approximation of upper eyelid blepharoplasty incisions, utilizing both permanent and absorbable sutures.

Methods: This is a retrospective analysis of patients who underwent upper eyelid blepharoplasty incision site closure with subcuticular or running approximation with either 6-0 polypropylene suture (prolene) or 6-0 plain gut suture. Medical records of 20 consecutive patients who underwent subcuticular closure were compared to 20 consecutive patients who underwent running approximation. Each group had a 50:50 ratio of absorbing vs. nonabsorbing sutures. Patient charts were reviewed for objective outcomes including postoperative discomfort and aesthetic surgical site healing. Postoperative complications such as wound dehiscence or soft tissue infection were also assessed. PLEASE PROCEED WITH UT-AUSTIN IRB

Results: Subcuticular closure offered earlier and less noticeable incision site scarring than running approximation. There were no cases of dehiscence or infection in this patient cohort. Running closure with absorbing suture produced the most cases of epidermal inclusion cysts, followed by running closure with absorbing suture. There was no significant difference in regard to postoperative pain. The surgical site scar was more noticeable to both the patient and surgeon when running approximation was utilized.

Conclusions: In this series, the outcomes of subcuticular closure of upper blepharoplasty incisions with either 6-0 polypropylene or 6-0 plain gut sutures were superior to running approximation, with no difference in safety or

efficacy of closure. Utilization of subcuticular approximation with absorbable sutures offers surgeons versatility and avoids the need for suture removal during the postoperative period, while providing similar aesthetic results to nonabsorbable suture techniques.

Bibliography:

1. Joshi AS, Janjanin S, Tanna N, Geist C, Lindsey WH. Does suture material and technique really matter? Lessons learned from 800 consecutive blepharoplasties. *Laryngoscope*. 2007. 117(6):981-4.
2. Farhangi M, Abugo UE, Cockerham KP. Novel approach to skin closure following upper eyelid blepharoplasty. *Ophthalmic Plast Reconstr Surg*. 2017. 33(4):314.
3. Perin LF, Helene A, Fraga MF. Sutureless closure of the upper eyelids in blepharoplasty: use of octyl-2-cyanoacrylate. *Aesthet Surg J*. 2009. 29(2):87092.
4. Kashkouli MB, Jamshidian-Tehrani M, Sharzad S, Sanjari MS. Upper blepharoplasty and lateral wound dehiscence. *Middle East Afr J Ophthalmol*. 2015. 22(4):452-6.
5. Jaggi R, Hart R, Taylor SM. Absorbable suture compared with nonabsorbable suture in upper eyelid blepharoplasty closure. *Arch Facial Plast Surg*. 2009. 11(5):349-52.
6. Veloudios A, Kratky V, Heathcote JG, Lee M, Hurwitz JJ, Kazdan MS. Cyanoacrylate tissue adhesive in blepharoplasty. *Ophthalmic Plast Reconstr Surg*. 1996. 12(2):89-97.
7. Scaccia FJ, Hoffman JA, Stepnick DW. Upper eyelid blepharoplasty a technical comparative analysis. *Arch Otolaryngol Head Neck Surg*. 1994;120:827-830.

Take Home Message

Utilization of subcuticular approximation with absorbable sutures offers surgeons versatility and avoids the need for suture removal during the postoperative period, while providing similar aesthetic results to nonabsorbable suture techniques.

Session 20: Poster Flash

Friday, February 4, 2022

2:00-3:00 PM

Mandalay Ballroom F

New Upper Blepharoplasty Technique to Address Lateral Eyelid Hooding

S20-17

2:36-2:38 PM

Artur Rozentsvit, DO

Beaumont Hospital, General Surgery Residency, Trenton & Dearborn, Allen Park, MI

Undergrad: Binghamton University Medical School: NYIT-COM Residency: Beaumont Health General Surgery resident at Beaumont Hospitals in Michigan. Interests include abdominoplasty, body-contouring, blepharoplasty. I am passionate about discovering and implementing new, less invasive techniques to achieve satisfactory results. I am always learning about different ways to do things and accomplish patient satisfaction.

Abstract

Introduction: Blepharoplasty is the third most common cosmetic procedure performed in the United States. Therefore, it is not surprising that the approach to surgical eyelid rejuvenation has seen considerable changes over the centuries that it has been performed. The modern blepharoplasty technique was developed and coined by Salvador Castanares in 1951, marking a new era for the procedure which now addressed both the skin laxity and the fat herniation: the two culprits behind eyelid aging.

The most dreadful and inevitable-seeming problem with upper lid blepharoplasty is lateral hooding of the eyelid. To remedy this technical dilemma, we developed a new technique, which utilizes lateral upper eyelid periosteal tacking sutures with either permanent or absorbable sutures. In such, we were able to address lateral hooding without ancillary incisions and unaesthetic scars.

Methods: We compared the results of our new technique for upper lid blepharoplasty with those of conventional techniques by conducting a five-year retrospective review of two surgeon's case series. We compared the results using patient-completed satisfaction surveys, in-person clinical assessments, and photographs taken pre- and post-operatively.

Results: Patients who received upper lid blepharoplasty with a minimal lateral brow skin excision and periosteal tacking suture reported greater satisfaction with the appearance of their surgical scar and had an obvious and significant reduction in lateral eyelid hooding as compared to those in the conventional surgery group.

Conclusion: This new technique for blepharoplasty is a safe and effective new variation on an old method developed to combat the bane of the blepharoplasty procedure: the lateral eyelid hooding and the often-visible lateral eyelid blepharoplasty scar.

Take Home Message

Blepharoplasty is the third most common cosmetic procedure performed in the United States. Therefore, it is not surprising that the approach to surgical eyelid rejuvenation has seen considerable changes over the centuries that it has been performed. The authors for this abstract developed a new technique, which utilizes lateral upper eyelid periosteal tacking sutures with either permanent or absorbable sutures. As a result, they we

were able to address lateral hooding without ancillary incisions and unaesthetic scars. This new technique for blepharoplasty is a safe and effective new variation on an old method developed to combat the bane of the blepharoplasty procedure: the lateral eyelid hooding and the often-visible lateral eyelid blepharoplasty scar.

Session 20: Poster Flash

Friday, February 4, 2022

2:00-3:00 PM

Mandalay Ballroom F

Can Body Contouring Surgery Improve Mild to Moderate Stress Incontinence: A Single Centre Analysis of 110 Patients

S20-18

2:38-2:40 PM

Mohan Thomas, MD, DDS

Dr. Mohan Thomas Aesthetics, Mumbai, India

Dr. Mohan Thomas is an American Trained and Board Certified Facial and General Cosmetic Surgeon and is also a Fellow of AACS. Dr. Thomas has made significant contributions to the Plastic and Aesthetic Surgery literature including more than 50 publications in all known peer reviewed publications such as PRS, ASJ, JPRAS, IJPS, Journal of Oral and Maxillo facial surgery and Clinics of North America. He has also published many chapters in books titled 'Integrative procedures in facial cosmetic surgery', 'Aesthetic and Regenerative Gynaecology' among others and edited by the pioneers in the field. Dr. Thomas has also been contracted to edit a 6- volume Surgical Manual on Cosmetic Surgery and Medicine to be published by Springer International shortly. Dr. Thomas is an innovator and teacher and participates in all the major international conferences so as to impart this knowledge to his peers and students. He offers a prestigious Cosmetic Surgery Fellowship (4) in India through the University which has a wait of 4 years. He has clocked over 9000 hours of continued medical education and has delivered over 500 lectures in the last 20 years.

Abstract

Introduction: Stress incontinence happens when physical movement or activity — such as coughing, laughing, sneezing, running or heavy lifting — puts pressure (stress) on the bladder, causing leakage of urine. The lax abdominal and pelvic muscles prevent the adequate amount of constriction at the bladder neck. Normally the increase in intraabdominal pressure is associated with constriction of the sphincters of the bladder neck.

Methods: 110 patients who had undergone abdominoplasty with or without abdominal wall tightening over 5 years from 2015 to 2020 were taken up for the study. Questionnaire was sent which recorded the presence/absence of divarication or abdominal wall hernia, surgery undertaken and the pre surgery and post-surgery urinary symptoms.

Results: 56 out of 110 patients had abdominal wall weakness and underwent plication of the muscle wall. 75% of the patients who underwent abdominal wall plication had a moderate SUI and the remaining 25% had mild SUI. 25% of patients who did not undergo muscle tightening had moderate SUI, 25% had mild SUI and the remaining 50% were completely continent. Post-surgery there was an improvement in 90% of the patients who underwent muscle wall tightening while in those who had not undergone this step of the procedure the improvement was seen in only 50% of the patients having symptoms.

Conclusion: There is a significant improvement in the condition of stress incontinence in ladies who have had muscle wall weakness due to pregnancy or hernia and who have undergone abdominoplasty with muscle plication.

Take Home Message

There is a significant improvement in the condition of stress incontinence in ladies who have had muscle wall weakness due to pregnancy or hernia and who have undergone abdominoplasty with muscle plication.

Session 20: Poster Flash

Friday, February 4, 2022

2:00-3:00 PM

Mandalay Ballroom F

Use of Muscle Blocks to Relieve Pain After Breast Surgery

S20-19

2:40-2:42 PM

Mohan Thomas, MD, DDS

Dr. Mohan Thomas Aesthetics, Mumbai, India

Dr. Mohan Thomas is an American Trained and Board Certified Facial and General Cosmetic Surgeon and is also a Fellow of AACS. Dr. Thomas has made significant contributions to the Plastic and Aesthetic Surgery literature including more than 50 publications in all known peer reviewed publications such as PRS, ASJ, JPRAS, IJPS, Journal of Oral and Maxillo facial surgery and Clinics of North America. He has also published many chapters in books titled 'Integrative procedures in facial cosmetic surgery', 'Aesthetic and Regenerative Gynaecology' among others and edited by the pioneers in the field. Dr. Thomas has also been contracted to edit a 6- volume Surgical Manual on Cosmetic Surgery and Medicine to be published by Springer International shortly. Dr. Thomas is an innovator and teacher and participates in all the major international conferences so as to impart this knowledge to his peers and students. He offers a prestigious Cosmetic Surgery Fellowship (4) in India through the University which has a wait of 4 years. He has clocked over 9000 hours of continued medical education and has delivered over 500 lectures in the last 20 years.

Abstract

Introduction: Postoperative pain management after breast surgery specially cancer surgery has always been a concern. Regional anesthesia for pain relief has very few cardiovascular or pulmonary side-effects, as compared with general anesthesia. Pectoral nerve block is a relatively new technique, with fewer complications than other regional anesthesia and a correct execution of this block under ultrasound guidance can provide near painless experience for the patient in the post-operative period.

Methods: 78 patients who underwent Breast reduction or lift, breast augmentation and primary breast reconstruction in the last 2 years were taken up for the study. We performed Pecs I and Pec II block simultaneously as primary anesthesia under moderate sedation in breast augmentation patients and in association with general anesthesia in patients who needed breast reduction or breast reconstruction.

Results: 85% of patients experienced near total pain relief not requiring pain killer injections in the first 12 hours. The extent of mobility in the shoulder joint on the operated side specially in patients who had undergone cancer surgery was 75% of the normal side. Patients who underwent augmentation under sedation with block were allowed to go home in 3 hours after the surgery and their feedback was of absolutely no discomfort except for the heavy feel on the chest.

Conclusion: Regional anesthesia for pain relief and for undertaking limited surgery is a very safe alternative to general anesthesia with its own set of complications. This not only limits hospital stays but also expedites the recovery process.

Take Home Message

Regional anesthesia for pain relief and also for undertaking limited surgery is a very safe alternative to general anesthesia with its own set of complications. This not only limits hospital stays but also expedites the recovery process.

Session 20: Poster Flash

Friday, February 4, 2022

2:00-3:00 PM

Mandalay Ballroom F

Leveraging Patient Relationship Management Software for Patient Engagement Success

S20-20

2:42-2:44 PM

Jason W. Tuschman, JD, MBA

Red Spot Interactive, Jupiter, FL

Jason Tuschman is the CEO and Founder of Red Spot Interactive. Red Spot Interactive provides the only end-to-end patient engagement CRM platform that integrates with practice management systems to create ROI-driven patient communication, acquisition, and retention. From the inception of a patient phone call, text, or web lead through to automating that patient's lifetime of communication RSI's software will make your practice more effective and profitable during every aspect of the patient journey. Over \$400,000,000 in aesthetic patient revenue has been created through the RSI platform since 2012.

Abstract

A Patient Relationship Management (PRM) software will allow your practice to achieve not only patient engagement success but also maximize practice scale and profitability. Learn how to integrate software into a smart and automated system of phone, text, email, and patient status management that will satisfy the needs of today's demanding digital patient while at the same time reduce the workload on your staff and create practice scale.

Take Home Message

Learn how to integrate patient communication and status into a single source communication software that will drive patient engagement and practice profitability.

Session 20: Poster Flash

Friday, February 4, 2022

2:00-3:00 PM

Mandalay Ballroom F

Treatment Options for the Parenthesis Deformity

S20-21

2:44-2:46 PM

Abby Bryant Duplechain

Tulane University School of Medicine, New Orleans, LA

Abby Duplechain, Second Year Medical Student at Tulane University School of Medicine. Originally from Lafayette, Louisiana, I have always wanted to pursue my medical school education in New Orleans. I am very interested in Facial and Body Reconstructive Surgery, with a real passion for pediatric craniofacial surgery. I hope to contain my training with a residency in Plastic Surgery in the fall of 2024.

Rishal Ambaram, MD, DDS

Fellow, New Orleans, LA

- MD, DDS-Oral/Maxillofacial Surgery: The University of Connecticut Health Center
- MD: The University of Connecticut Health Center
- DDS: University of California, Los Angeles

Notes:

Session 21: Malpractice Industry Update (Non-CME)

Friday, February 4, 2022

3:05-3:30 PM

Mandalay Ballroom F

Malpractice Industry Update

S21-01

3:05-3:30 PM

Joel Keirns, BS

MedPro Group, Fort Wayne, IN

Joel joined MedPro Group in 2003 and has more than 18 years of experience in the healthcare liability insurance industry. In addition to his long-time role as Vice President of Sales for MedPro's Dental Division, Joel serves as Vice President in the Mideast Region working with MedPro's distribution partners in Kentucky and Tennessee to deliver innovative healthcare liability solutions for physicians, surgeons, hospitals and healthcare facilities. During Joel's time at MedPro, he has built a career servicing clients, underwriting accounts, and providing education on malpractice solutions. Due to his experience, Joel has been invited to lecture and present at schools, residency training programs and industry meetings. Joel attended Indiana University Bloomington, where he obtained a Bachelor of Science in Management. He currently resides in Fort Wayne, Indiana. In his spare time, Joel enjoys spending time with his two children and playing golf.

Kevin Spitz, MBA, CPCU

MedPro Group, Fort Wayne, IN

A biography was not provided.

Take Home Message/Abstract

This presentation will provide a brief overview of the current healthcare liability market as well as discuss a new initiative related to the AACS & MedPro malpractice insurance program.

Session 22: Male/Female Genital-Urinary

Friday, February 4, 2022

2:00-3:30 PM

Mandalay Ballroom KL

Modern Concept of Genital Rejuvenation

S22-01

2:05-2:15 PM

Mohan Thomas, MD, DDS

Dr. Mohan Thomas Aesthetics, Mumbai, India

Dr. Mohan Thomas is an American Trained and Board Certified Facial and General Cosmetic Surgeon and is also a Fellow of AACS. Dr. Thomas has made significant contributions to the Plastic and Aesthetic Surgery literature including more than 50 publications in all known peer reviewed publications such as PRS, ASJ, JPRAS, IJPS, Journal of Oral and Maxillo facial surgery and Clinics of North America. He has also published many chapters in books titled 'Integrative procedures in facial cosmetic surgery', 'Aesthetic and Regenerative Gynaecology' among others and edited by the pioneers in the field. Dr. Thomas has also been contracted to edit a 6- volume Surgical Manual on Cosmetic Surgery and Medicine to be published by Springer International shortly. Dr. Thomas is an innovator and teacher and participates in all the major international conferences so as to impart this knowledge to his peers and students. He offers a prestigious Cosmetic Surgery Fellowship (4) in India through the University which has a wait of 4 years. He has clocked over 9000 hours of continued medical education and has delivered over 500 lectures in the last 20 years.

Abstract

Objective: People due to weight loss, post pregnancy and aging undergo a lot of changes in the genital area and suffer from a range of inconveniences which include inability to wear tight dresses, continue with sporting activity or just plain embarrassment during sexual activity. The treatment plan depends on a combination of criteria which will be discussed in detail in this presentation.

Methods: 40 patients who underwent genital rejuvenation since Jan. 2016 were taken up for the study. The extent of loose skin, fat deposits, and hooding were studied in detail and recorded. The post rejuvenation treatment results were reviewed with a minimum follow up of 6 months.

Results: 92% of patients were very happy and satisfied with the improvement seen after the rejuvenation using the newer principles. Only 8% patients needed some touch-up to improve the areas.

Conclusions: Modern concepts of genital rejuvenation which includes a combination of procedures that maintains the fourchette anatomy gives a very pleasing result with adequate normal sensation during sexual activity.

Take Home Message

Modern concepts of genital rejuvenation which includes a combination of procedures that maintains the fourchette anatomy gives a very pleasing result with adequate normal sensation during sexual activity.

Session 22: Male/Female Genital-Urinary

Friday, February 4, 2022

2:00-3:30 PM

Mandalay Ballroom KL

Management of the Mons Pubis

S22-02

2:17-2:27 PM

Marco A. Pelosi, III, MD, FACOG, FACS, FICS, FAACS

Pelosi Medical Center, Bayonne, NJ

Marco Antonio Pelosi, III, MD, is an American board-certified Gynecologist and a postgraduate-trained Cosmetic Surgeon with a strong interest in surgical technologies and techniques. He is a Fellow of the American College of Obstetricians & Gynecologists, the American College of Surgeons, the International College of Surgeons, and both Fellow and Trustee of the American Academy of Cosmetic Surgery. Over a decade ago, he, along with Marco Antonio Pelosi, II, MD, coined the term cosmetogynecology reflecting the unique, evolving nature of their expanding cosmetic surgical practice including elements of aesthetic body contouring standards such as liposuction, abdominoplasty, and breast surgery, as well as the new wave of cosmetic vaginal surgery (vaginal rejuvenation, vaginoplasty, perineoplasty, labiaplasty, mons pubis cosmetics, etc.). Well-known for their innovative work in gynecologic surgery, they found intense interest in cosmetogynecology while networking at professional meetings within their large following of colleagues nationally and worldwide. They launched the International Society of Cosmetogynecology (ISCG) in 2004, to foster education, training, collaboration and excellence. This marked the birth of the field of cosmetic gynecology which has been growing ever since. Dr. Pelosi III has published over one hundred scientific articles and delivered over nine hundred presentations throughout the United States, Europe, South America and the Pacific related to surgical technologies and techniques in gynecology and in cosmetic surgery. A key opinion leader (KOL) in female aesthetics & therapeutics with a large global network, he is consulted frequently by major specialty societies, surgical technology development teams and the media for his insights and experience.

Take Home Message/Abstract

The mons pubis is managed using a classification system. The system grades the mons pubis on the basis of fullness and laxity. Treatment via liposuction, monsplasty, abdominoplasty, or a combination thereof is selected on the basis of the grade. Experience with this management approach is explained and demonstrated.

Session 22: Male/Female Genital-Urinary

Friday, February 4, 2022

2:00-3:30 PM

Mandalay Ballroom KL

Vaginoplasty: 25 Years' Experience

S22-03

2:29-2:39 PM

Marco A. Pelosi, III, MD, FACOG, FACS, FICS, FAACS

Pelosi Medical Center, Bayonne, NJ

Marco Antonio Pelosi, III, MD, is an American board-certified Gynecologist and a postgraduate-trained Cosmetic Surgeon with a strong interest in surgical technologies and techniques. He is a Fellow of the American College of Obstetricians & Gynecologists, the American College of Surgeons, the International College of Surgeons, and both Fellow and Trustee of the American Academy of Cosmetic Surgery. Over a decade ago, he, along with Marco Antonio Pelosi, II, MD, coined the term cosmetogynecology reflecting the unique, evolving nature of their expanding cosmetic surgical practice including elements of aesthetic body contouring standards such as liposuction, abdominoplasty, and breast surgery, as well as the new wave of cosmetic vaginal surgery (vaginal rejuvenation, vaginoplasty, perineoplasty, labiaplasty, mons pubis cosmetics, etc.). Well-known for their innovative work in gynecologic surgery, they found intense interest in cosmetogynecology while networking at professional meetings within their large following of colleagues nationally and worldwide. They launched the International Society of Cosmetogynecology (ISCG) in 2004, to foster education, training, collaboration and excellence. This marked the birth of the field of cosmetic gynecology which has been growing ever since. Dr. Pelosi III has published over one hundred scientific articles and delivered over nine hundred presentations throughout the United States, Europe, South America and the Pacific related to surgical technologies and techniques in gynecology and in cosmetic surgery. A key opinion leader (KOL) in female aesthetics & therapeutics with a large global network, he is consulted frequently by major specialty societies, surgical technology development teams and the media for his insights and experience.

Take Home Message/Abstract

Vaginoplasty is managed efficiently using a strategy that eliminates the variables most commonly responsible prolonged operations. The strategy divides vaginoplasty into anatomical zones and dictates specific work and specific retraction techniques for each zone to achieve maximum efficiency. Experience with this strategy is explained and demonstrated.

Session 22: Male/Female Genital-Urinary

Friday, February 4, 2022

2:00-3:30 PM

Mandalay Ballroom KL

In Pursuit of HapPenis

S22-04

2:41-2:51 PM

Ed Zimmerman, MD

Aesthetic Revolution Las Vegas, NV

Edward M. Zimmerman, MD, has degrees from Johns Hopkins, Georgetown, and the George Washington University School of Medicine. He is a Diplomate of the American Board of Family Practice and the American Board of Laser Surgery. Zimmerman is a Fellow of the American Society of Laser Surgery and Medicine since 1994; and a member of the American Academies of Cosmetic Surgery since 1998. Dr. Z serves as President and an Examiner for the American Board of Laser Surgery. He has served on the Board of Trustees of both the California and American Academies of Cosmetic Surgery. He is Treasurer and serves on the Board of Trustees of the Cosmetic Surgery Foundation. Dr. Z is an Adjunct Clinical Professor of Cosmetic Surgery at Touro University School of Osteopathic Medicine. He directs Aesthetic Revolution Las Vegas, a State Licensed, Nationally Accredited facility dedicated to the refinement and delivery of surgical and non-surgical aesthetic procedures.

Take Home Message/Abstract

The story of developing phallus injections, from fat to fillers is discussed.

Session 22: Male/Female Genital-Urinary

Friday, February 4, 2022

2:00-3:30 PM

Mandalay Ballroom KL

Radiofrequency Vulvar Remodeling

S22-05

2:53-3:03 PM

Henry Ramirez, MD

Southern Oklahoma Women's Health, Ardmore, OK

Dr. Henry Ramirez is a cosmetic gynecologist licensed to practice in several states. Dr. Ramirez was the Pioneer of the radiofrequency vulvar remodeling scarless labiaplasty known as Aviva/FemTite. He is owner of the Aesthetic Training Institute where he takes part in a hands-on liposuction instruction for doctors around the country. Dr. Ramirez is a respected speaker, distinguished lecturer and has traveled the world speaking to fellow physicians on the latest advancements in cosmetic surgery. In addition, he is also a Fellow of Integrative Medicine and has successfully built a practice that not only has great cosmetic results but focuses on a patient's overall wellness.

Take Home Message/Abstract

Minimally invasive procedure, using bipolar radiofrequency, that restores the function and appearance of the vulva by offering a non-excisional alternative to labiaplasty

Session 22: Male/Female Genital-Urinary

Friday, February 4, 2022

2:00-3:30 PM

Mandalay Ballroom KL

Menopause Management on Steroids and Beyond

S22-06

3:05-3:15 PM

Carolyn DeLucia, MD, FACOG

Gynecological Solutions, Hillsborough, NJ

Dr. Carolyn DeLucia, MD., FACOG, a graduate of New York Medical College, is a pioneer at the leading edge of non-invasive sexual wellness treatments. A practicing OB/GYN for nearly 30 years and alternative therapy expert since 2014, she's sought after by device manufacturers and professional groups alike. Today, Dr. DeLucia is one of the most in-demand specialists in the field. She has trained thousands of practitioners around the world and impacted the lives of countless patients. As the technologies and case studies evolved, so did Dr. DeLucia's own private practice. Assembling her experience as a physician and knowledge as an expert in the applications of cutting-edge treatments, she's developed her own combination therapies and techniques which she now offers her New York City and suburban New Jersey patients. She is the author of Amazon best sellers, *Ultimate Intimacy*, *the Revolutionary Science of Female Sexual Health* and *Ultimate Connection*, *the Blueprint to Everlasting Love Inside Yourself*

Take Home Message/Abstract

The use of bio identical hormone therapy for optimization of longevity should be understood. It is critical to learn the importance of sexual steroids in men and women. The ovaries make estradiol, progesterone and testosterone. Once the ovaries fail, female well-being quickly follows. The maintenance of hormonal balance will be explained and how it impacts aging will be emphasized.

Session 23: Masters Session - Full Body

Friday, February 4, 2022

4:00-5:30 PM

Mandalay Ballroom F

Vaping, Pulmonary Embolism and Cosmetic Surgery

S23-01

4:15-4:25 PM

Jabbar Saliba, MD, FACS

Mandell-Brown Plastic Surgery Center, Cincinnati, OH

Dr. Jabbar Saliba finished his cosmetic surgery fellowship in December 2021 at Dr. Mandell-Brown plastic surgery center in Cincinnati, Ohio. Dr. Saliba is a board certified general surgeon and has been practicing for 7 years before he joined the fellowship. After graduating medical school in Beirut, Lebanon, Dr. Saliba came to the USA and continued his medical education to graduate as a general surgeon from the University of South Alabama. Also during that period he pursued a research fellowship in bariatric surgery at Vanderbilt University. Dr. Saliba considers excellent surgery care and prevention of complications as one of the major pillars of good patient outcome and satisfaction. Learning from past experiences provides great groundwork for future patient education and better teaching opportunity.

Abstract

Electronic cigarettes, Vaping, smokeless tobacco with and without flavors, all are attractive descriptions of what is becoming more and more a major health concern especially for the younger population. The center for disease control (CDC) is tracking and defining new cardiovascular and pulmonary pathologies specific to this kind of products.

In this abstract we present an interesting case report of pulmonary embolism (PE) in a healthy 23 years of age female patient. She developed pulmonary emboli 10 days after undergoing an uneventful breast augmentation. She required 3 days of inpatient care for her PE. All the necessary and appropriate precautions were undertaken before during and after her surgery according to the adopted guidelines. She had no significant medical or surgical risk factors that would classify her as significantly increased risk for deep venous thrombosis or pulmonary emboli. She uses JUUL pods on a daily basis, adding to being on birth control pills.

We present a review of the significant health risk factors associated with this relatively new way of tobacco usage. Major national health entities are more and more expressing concerns about those products. We also shed light on the importance of investigating all kinds of tobacco usage during the initial evaluation in the medical history. This element could go unnoticed, not infrequently, in the cosmetic surgery population from the patient and the clinician side.

Take Home Message

Electronic cigarettes, Vaping, smokeless tobacco with and without flavors, all are attractive descriptions of what is becoming more and more a major health concern especially for the younger population. The center for disease control (CDC) is tracking and defining new cardiovascular and pulmonary pathologies specific to this kind of products. This presentation will present a review of the significant health risk factors associated with this relatively new way of tobacco usage. Major national health entities are more and more expressing concerns about those products. We will also shed light on the importance of investigating all kinds of tobacco usage

during the initial evaluation in the medical history. This element could go unnoticed, not infrequently, in the cosmetic surgery population from the patient and the clinician side.

Session 23: Masters Session - Full Body

Friday, February 4, 2022

4:00-5:30 PM

Mandalay Ballroom F

Tranexamic Acid Use in Liposuction Advantages and Complications

S23-02

4:27-4:37 PM

Cesar Velilla, MD

Evolution MD, Miramar, FL

Dr. Cesar Velilla is the medical director and founder of Evolution MD, a Center for cosmetic surgery and a teaching facility in Miramar, Florida. Dr. Velilla has achieved numerous academic distinctions. He graduated top three in his Medical school class in 1998. In 2005 he was awarded the most outstanding resident "Best Resident of the Year". Some other awards include "American top doctor 2009 and 2016" "Patient choice Award 2008,2009,2010,2011,2012,2013," most compassionate Doctor Award 2013, Most outstanding Colombian Award in USA 2013 and 2015. Dr Velilla is trained as Internal Medicine, General Surgeon, Plastic Surgeon. Dr. Velilla has over 20 years' experience in all areas of aesthetics. He developed a new technique the "V-LIPOSCULPTURE" with over 40,000 areas in the past 5 years. Currently doctor Velilla dedicated his practice solely to the art of liposuction and fat transfer under local and general anesthesia. Dr Velilla share his passion of teaching with medical students and residents from different medical schools from USA, Colombia, Caribbean and Brazil. Currently Dr. Velilla is the Principal investigator of multiple studies related to liposuction under local and general anesthesia and for the last four years have been invited to speak in multiple international lectures related to liposuction. He is also a preceptor one to one to other doctors in the art of liposuction and provides training at his ambulatory surgical center in Miramar, Florida. Dr. Velilla is a member of: ☐ The American Academy of Cosmetic Surgery. ☐ The American College of Physicians. ☐ American Medical Association. ☐ American Board of Internal Medicine. ☐ American Academy of Anti-Aging Medicine. ☐ American Society of Cosmetic Laser Surgery (ASCLS). ☐ American Society of Hair Restoration Surgery (ASHRS). ☐ American Society of Liposuction Surgery (ASLS). ☐ Colombian Cosmetic Surgery Association.

Abstract

One of the most common and fear side effects of liposuction, large volume liposuction. And liposculpture is clinically significant bleeding. Since the introduction of the tumescent liposuction the amount of blood loss has significant decrease and more aggressive and extensive liposuction was able to be perform in recent years, but despite the use of epinephrine as a vasoconstrictive agent in the tumescent solution there is a need to other agent to reduce blood loss in the patient that undergo to liposuction under local or general anesthesia, and to any other cosmetic procedures. In recent studies the expected blood loss from liposuction with tumescent liposuction vary from 1.5-3 g/dl. There are other alternatives to decrease blood loss like blood transfusion, devices like "cell saver" and the Tranexamic acid (TXA) is one of the most used and widely researched antifibrinolytic agents; its role in postpartum hemorrhage, menorrhagia, trauma-associated hemorrhage, and surgical bleeding, neurological and cardiac surgery has been well defined. However, the utility of TXA goes beyond these common indications, with accumulating data suggesting its ability to reduce bleeding and improve clinical outcomes in the face of many different hemostatic challenges, without a clear increase in thrombotic risk.

TXA is a synthetic derivative of the amino acid lysine that exerts its antifibrinolytic effect through the reversible blockade of lysine binding sites on plasminogen molecules. Recently TXA has been used in facial and

maxillofacial surgery with good results. We compare the use of TXA in patient undergoing to liposuction under local and general anesthesia and follow hemoglobin levels after 48 hours to establish blood loss between the two groups and the blood loss between patients with TXA and patients without TXA. We will show the results, effectivity, side effect and complications with the use of TXA in liposuction surgery under local and general anesthesia.

Take Home Message

Use of tranexamic Acid in cosmetic surgery and liposuction, knowing the mechanism of action, side effect, complications and results of the study

Session 23: Masters Session - Full Body

Friday, February 4, 2022

4:00-5:30 PM

Mandalay Ballroom F

My Approach to Abdominoplasty

S23-03

4:39-4:49 PM

John Ferguson, MD, FACS, FAACS, FAAPRS, FASLMS, FAAOHNS

The Ferguson Clinic, Honolulu, HI

John Ferguson is the medical director of The Ferguson Clinic in Honolulu Hawaii. He is a diplomate of the American Board of Cosmetic Surgery, the American Board of Facial Cosmetic Surgery, the American Board of Laser Surgery, the American Board of Otolaryngology Head and Neck Surgery, and the American Board of Facial Plastics and Reconstructive Surgery. He is a fellow of American College of Surgeons, American Academy of Facial Plastics and Reconstructive Surgery, American Society of Laser Medicine and Surgery, and the American Academy of Cosmetic Surgery. He currently serves on the Board of Trustees, Treasurer, and member of the Executive Committee for the American Board Cosmetic Surgery. He is on the Credentialing and Membership Committee as well as the Plastic and Reconstructive Surgery Committee for the American Academy of Otolaryngology Head and Neck Surgery.

Abstract

Background: The techniques of abdominoplasty has evolved since the initial introduction in 1899. Unfortunately, this procedure has developed a certain stigma related to pain, postoperative limitations, and unpredictable results. This has led to wariness in the patient population of seeking this procedure.

Methods: Modifications of the abdominoplasty including surgical technique, innovative devices, and a new paradigm towards postoperative care as developed over 500 cases during an 10 year period will be presented. Statistical analysis of the last 100 cases will be presented also.

Results: Of the last 100 cases: Cut to close time average = 1: 45, complications (seroma, wound healing greater than 2 weeks, excessive scarring, inadequate skin removal) = 3 %, average length of post operative opioids = 2. 1 days.

Conclusion: With proper patient selection, surgical technique, and appropriate postoperative care, modification of the traditional abdominoplasty can provide safe, efficacious, highly predictable results with minimal down time.

Content: Modification of the traditional abdominoplasty that provides safe, efficacious, highly predictable results with minimal down time will be presented.

Take Home Message

Utilizing new technology, procedural approach, and postoperative care, safe, efficacious, and predictable results can be achieved with abdominoplasty.

Session 23: Masters Session - Full Body

Friday, February 4, 2022

4:00-5:30 PM

Mandalay Ballroom F

Insertion of Silicone Breast Implants Through the Bellybutton

S23-04

4:51-5:01 PM

Gabriel H. Patino, MD, FAACS, FCACS, FASOCP, FASCBS

The Cosmetic Surgical Center of El Cerrito, CA

Gabriel Patino, MD is the second surgeon in the world to insert silicone implants via the navel and the first one to insert them manually without an endoscope or instruments in 2020. He was the first surgeon to perform a TransUmbilical breast Augmentation under Tumescant Anesthesia and oral sedation in 2004. He has been teaching the Trans Abdominal Silicone Breast Augmentation since 2014. He has been teaching the Trans umbilical Breast Augmentation with Saline implants since 2014. He has been a speaker at multiple yearly meetings. He is the CACS & ASOCP TUBA program director. He is a Fellow of the American Academy of Cosmetic Surgery & Affiliated Fellowship Program Faculty Member, Fellow of the California Academy of Cosmetic Surgery & Board of Trustees Member. Fellow of the American Society of Cosmetic Physicians, Fellow of the American Society of Cosmetic Breast Surgery, World Association of Gluteal Surgeons CEO.

Abstract

Objective: I would like to present a NEW surgical technique for the insertion of SILICONE breast implants through the umbilicus

Technique: During this presentation I am planning to give a step-by-step description and show video of how I do this procedure so that it can be reproduced. Dr. Jacob Haiavy has already performed and reproduced this procedure with great success using my exact technique.

I use the transumbilical instruments to make a tunnel from the umbilicus to the subpectoral pocket. Subglandular placement is also possible using this approach. Once the pocket dimensions are completed, the pre filled SILICONE implants can be inserted with a mammary implanter (Patino implanter) or manually. NO ENDOSCOPE, NO BLEEDING, NO DRAINS,

Application: I love combining an abdominoplasty with a breast augmentation in selected patients because the operation can be done safely and does not significantly increase the operating room time. Both procedures can be done under tumescant and General Anesthesia. Silicone or Saline implants can be used.

Results: This technique is very comfortable for the patient, provides faster recovery, excellent results and significantly decreases the risks and complications.

Take Home Message

With my technique prefilled silicone implants can now be inserted using the Transumbilical approach manually, without an endoscope and without instruments.

Session 23: Masters Session - Full Body

Friday, February 4, 2022

4:00-5:30 PM

Mandalay Ballroom F

Simultaneous Mastopexy/Augmentation with a Superior Medial Central Pedicle

S23-05

5:03-5:13 PM

Landon D. McLain, MD, DMD, FACS

McLain Surgical Arts, Huntsville, AL

Dr. Landon McLain has been in private practice in Huntsville, Alabama for 10 years as owner and founder of McLain Surgical Arts (MSA). Dr. McLain has served as a board examiner, state society president and currently as a trustee for the American board of Cosmetic Surgery. MSA provides cosmetic surgery and oral and maxillofacial surgery services to North Alabama and surrounding states.

Take Home Message/Abstract

Brief presentation focused on simultaneous lift and augmentation, using a robust pedicle to minimize blood supply derangement.

Session 25: All About Injectables (Non-CME)

Saturday, February 5, 2022

9:00 AM - 12:00 PM

Mandalay Ballroom F

Chin Filler Pearls

S25-01

9:05-9:15 AM

Joe Niamtu, III, DMD

Niamtu Cosmetic Facial Surgery, Richmond, VA

Dr. Niamtu is a board certified oral and maxillofacial surgeon and board certified cosmetic facial surgeon with a practice limited to cosmetic facial surgery. He is considered a Key Opinion Leader in numerous specialties and is very prolific in academics. He has authored 7 textbooks, contributed 34 chapters in other textbooks and has published hundreds of articles on cosmetic surgery. He has lectured on six continents and hosts an online video series and cosmetic surgery courses at his surgery center. Dr. Niamtu is well known for his intraspecialty participation and is frequently a speaker at plastic surgery, facial plastic surgery, dermatology, oculoplastic oral and maxillofacial and cosmetic surgery meetings. He has won "best Plastic Surgeon" or "Best Cosmetic Surgeon" 25 times in Virginia. Dr. Niamtu is married to April Niamtu and has two special needs children.

Abstract

Chin filler augmentation has become an extremely popular procedure performed by numerous specialties. Although chin filler augmentation can be effective, it may not be the best treatment for many situations. A fat, floppy chin is not the proper end point. Perioral anatomy such as the mentolabial fold is also important in filler treatment. Finally, surgical treatments, such as genioplasty or chin implants may be the best choice for natural look and feel, longevity and affordability.

Take Home Message

Chin filler is an option for chin augmentation but has significant limitations and those providing treatment must understand surgical options and discuss with prospective patients.

Session 25: All About Injectables (Non-CME)

Saturday, February 5, 2022

9:00 AM - 12:00 PM

Mandalay Ballroom F

Lip Tips and More

S25-02

9:20-9:35 AM

Trevor Larsen, RN

Tru Beauty by Trevor, Las Vegas, NV

Trevor Larsen is an elite injector with over a decade of experience in injectables. He is the co-founder of Tru Beauty by Trevor. He is truly passionate about his craft and has a genuine love for people and for patients. When he is not in office, he spends his time with his wife Bella, who is the co-founder of Tru Beauty by Trevor, and their 4 beautiful children.

Notes:

Session 25: All About Injectables (Non-CME)

Saturday, February 5, 2022

9:00 AM - 12:00 PM

Mandalay Ballroom F

Poly L Lactic Acid

S25-03

9:35-9:50 AM

Melanie Palm, MD, MBA

Art of Skin MD, Solana Beach, CA

Dr. Melanie Palm is the founding director of Art of Skin MD, assistant clinical professor at the University of California, San Diego, and staff physician at Scripps Encinitas Memorial Hospital. Dr. Palm is a board-certified dermatologist and fellowship-trained cosmetic surgeon offering a full-spectrum of medical and cosmetic dermatologic care.

Dr. Palm graduated with high distinction earning a joint degree from the University of Chicago Pritzker School of Medicine and the Booth Graduate School of Business. She was awarded Intern of the Year and completed her dermatology residency at Rush Presbyterian-St. Lukes in Chicago, IL, serving as Chief Resident in her final year of training. Dr. Palm completed an American Academy of Cosmetic Surgery fellowship in La Jolla, CA and is currently faculty for the American Board of Cosmetic Surgery review course.

Born in Missouri, Dr. Palm graduated summa cum laude from the University of Missouri-Columbia with a Bachelor of Science in Biochemistry and a minor in Art History. She conducted undergraduate research as a Howard Hughes fellow.

An accomplished author, Dr. Palm has published over 25 articles in the dermatological literature and co-authored four book chapters on various topics including liposuction, photoprotection/sunscreen use, cosmetic injectables, vein therapy, and laser technology. She has received numerous investigative and leadership accolades including the American Society for Dermatologic Surgery (ASDS) Young Investigators Writing Competition, the American Academy of Dermatology Leadership Forum, and the ASDS Future Leaders Network. Dr. Palm serves multiple leadership roles locally and nationally for organizations such as the San Diego Dermatologic Surgery Society, ASDS, and Women’s Dermatologic Society.

Notes:

Session 25: All About Injectables (Non-CME)

Saturday, February 5, 2022

9:00 AM - 12:00 PM

Mandalay Ballroom F

Dilute and Hyper-Dilute Fillers as Activators from Nose to Toes

S25-04

9:50-10:05 AM

Ed Zimmerman, MD

Aesthetic Revolution Las Vegas, NV

Edward M. Zimmerman, MD, has degrees from Johns Hopkins, Georgetown, and the George Washington University School of Medicine. He is a Diplomate of the American Board of Family Practice and the American Board of Laser Surgery. Zimmerman is a Fellow of the American Society of Laser Surgery and Medicine since 1994; and a member of the American Academies of Cosmetic Surgery since 1998. Dr. Z serves as President and an Examiner for the American Board of Laser Surgery. He has served on the Board of Trustees of both the California and American Academies of Cosmetic Surgery. He is Treasurer and serves on the Board of Trustees of the Cosmetic Surgery Foundation. Dr. Z is an Adjunct Clinical Professor of Cosmetic Surgery at Touro University School of Osteopathic Medicine. He directs Aesthetic Revolution Las Vegas, a State Licensed, Nationally Accredited facility dedicated to the refinement and delivery of surgical and non-surgical aesthetic procedures.

Notes:

Session 25: All About Injectables (Non-CME)

Saturday, February 5, 2022

9:00 AM - 12:00 PM

Mandalay Ballroom F

Dermapose: Update and Use for Fat Grafting

S25-05

10:45-11:00 AM

Sheila C. Barbarino, MD, FACS

Barbarino Surgical Arts, Austin, TX

Sheila Barbarino, MD, FAAO, FAACS, FACS is an award winning, highly skilled results driven cosmetic surgeon, industry innovator, world renowned international lecturer, key opinion and thought leader, trainer on expert techniques for injectables, lasers and aesthetic devices and author of over 15 articles in prestigious peer reviewed journals. She has successfully combined the science of medicine with her artful and highly skilled expertise of surgical and non-surgical modalities to help patients achieve pleasing, natural looking facial and full body rejuvenation. Dr. Barbarino shares her expertise, clinical experience, years of research, dedication, and compassionate care with patients in both her Austin and Los Angeles offices who travel from near and far to understand their aesthetic goals to restore, refresh and transform their appearances.

Notes:

Session 25: All About Injectables (Non-CME)

Saturday, February 5, 2022

9:00 AM - 12:00 PM

Mandalay Ballroom F

CVA After Noninvasive Deep Dermal Heating and Placement of Hyaluronidase

S25-06

11:00-11:15 AM

John Ferguson, MD, FACS, FAACS, FAAPRS, FASLMS, FAAOHNS

The Ferguson Clinic, Honolulu, HI

John Ferguson is the medical director of The Ferguson Clinic in Honolulu Hawaii. He is a diplomate of the American Board of Cosmetic Surgery, the American Board of Facial Cosmetic Surgery, the American Board of Laser Surgery, the American Board of Otolaryngology Head and Neck Surgery, and the American Board of Facial Plastics and Reconstructive Surgery. He is a fellow of American College of Surgeons, American Academy of Facial Plastics and Reconstructive Surgery, American Society of Laser Medicine and Surgery, and the American Academy of Cosmetic Surgery. He currently serves on the Board of Trustees, Treasurer, and member of the Executive Committee for the American Board Cosmetic Surgery. He is on the Credentialing and Membership Committee as well as the Plastic and Reconstructive Surgery Committee for the American Academy of Otolaryngology Head and Neck Surgery.

Abstract

A unique case of a patient suffering a cerebrovascular accident soon after a session of noninvasive deep dermal heating as well as unrelated application of hyaluronidase. The case will be presented including imaging. The applicable anatomy and physiology will be reviewed. The long-term outcome of the patient will be presented.

Take Home Message

My goal is to have a discussion with the presentation attendees regarding the possible mechanisms that may have led to this complication.

Session 25: All About Injectables (Non-CME)

Saturday, February 5, 2022

9:00 AM - 12:00 PM

Mandalay Ballroom F

Facial Danger Zones

S25-07

11:15-11:30 AM

Mark Mandell-Brown, MD, FAACS

Mandell-Brown Plastic Surgery Center, Cincinnati, OH

Cincinnati and Centerville plastic surgeon Dr. Mark Mandell-Brown is a board-certified facial plastic surgeon and body cosmetic surgeon. In 2020, Dr. Mandell-Brown was elected President of the American Academy of Cosmetic Surgery, the world’s largest physician organization with a specialty in Cosmetic Surgery. Dr. Mandell-Brown is one of only 100 doctors in the country with triple board certification in Facial Plastic Surgery, Body Cosmetic Surgery and Head & Neck Surgery. He uses his facial plastic expertise to perform minimal incision body cosmetic surgery. Recognized for his public speaking and teaching, Dr. Mandell-Brown has lectured throughout the United States and Canada on facial plastic and body plastic surgery. Dr. Mandell-Brown has edited four medical textbooks and published over a dozen medical articles as well as several facelift textbook chapters for plastic surgeons.

Notes:

Session 25: All About Injectables (Non-CME)

Saturday, February 5, 2022

9:00 AM - 12:00 PM

Mandalay Ballroom F

In Vitro Analysis of Degradation of 18 HA-Based Dermal Fillers with Tailored Hyaluronidase Dosing to Achieve Urgent Reversal of Vascular Complications

S25-08

11:30-11:45 AM

Sahitya Reddy, MD

Sanctuary Cosmetic Center/Rostami OPC, Dulles, VA

Dr. Sahitya Reddy is a board-certified oculofacial plastic surgeon and current AACS-accredited Facial Cosmetic Surgery fellow in Virginia under Dr. Soheila Rostami. Dr. Reddy completed her undergraduate degree at Lehigh University and pursued her medical degree at Drexel University College of Medicine in Philadelphia. After graduating from medical school and receiving her doctorate degree, Dr. Reddy went on to complete her medical internship and residency program in ophthalmology at the world-renowned Emory University & Emory Eye Center. Prior to her current fellowship, Dr. Reddy was a private practice ocular surgeon in both Miami and New York City until further specializing as an oculofacial plastic surgeon. She is most excited about the unique AACS network of mentors and colleagues from multiple different surgical specialties that collectively collaborate and share their wealth of knowledge. Dr. Reddy is passionate about her patients and dedicated to giving them not only the safest cutting-edge but also gold standard non-surgical and surgical treatments in the ever-dynamic world of facial aesthetics.

Abstract

Introduction: Hyaluronidase (HYAL), a hyaluronic acid-degrading enzyme, is commonly used “off-label” as part of the gold standard management of hyaluronic acid (HA) dermal filler complications. It is paramount that injectors be cognizant to diagnose and treat filler complications, particularly vascular emboli, where there may be a narrow window for timely treatment. There is a paucity of studies, however, that provide hyaluronidase dosage guidelines in the setting of acute vascular obstruction that are specific to each of the 18 reversible HA-based dermal fillers commercially available on the current US market. Differences in resistance to HYAL degradation is based on variation in cross-linking technique, concentration of HA, and cohesive properties that each filler may possess. This in vitro study investigates optimal dosage parameters of HYAL to achieve gross dissolution of every reversible HA-based filler commercially available to better improve outcomes after filler-induced vascular complications.

Methods: Standardized in vitro analysis using 0.5-mL aliquots of all 18 commercially available HA-based fillers included all Restylane products (Lyft, Restylane-L, Silk, Refyne, Defyne, Kysse, Contour), Juvederm products (Volbella, Vollure, Voluma, Ultra XC, Ultra Plus XC), Revanesse products (Versa+, Lips+), Teoxane products (RHA2, RHA3, RHA4), and Belotero. Hylenex, recombinant human hyaluronidase, was used in 150 IU increments for total quantities of either 300, 450, 600, or 750 IU to achieve timed assessment of the gross dissolution of filler using photographic and videographic documentation. Inert dye was used to improve filler visibility against the HYAL. Mechanical integration of HYAL into the filler mimicked massage technique commonly implemented to incorporate HYAL into the perivascular soft tissue to help relieve a filler-induced vascular obstruction.

Results: The cross-linking technology utilized by each HA-filler manufacturer played a significant role in the readiness of filler dissolution with HYAL. Fastest dissolution times ranged from 11 seconds to approximately 32

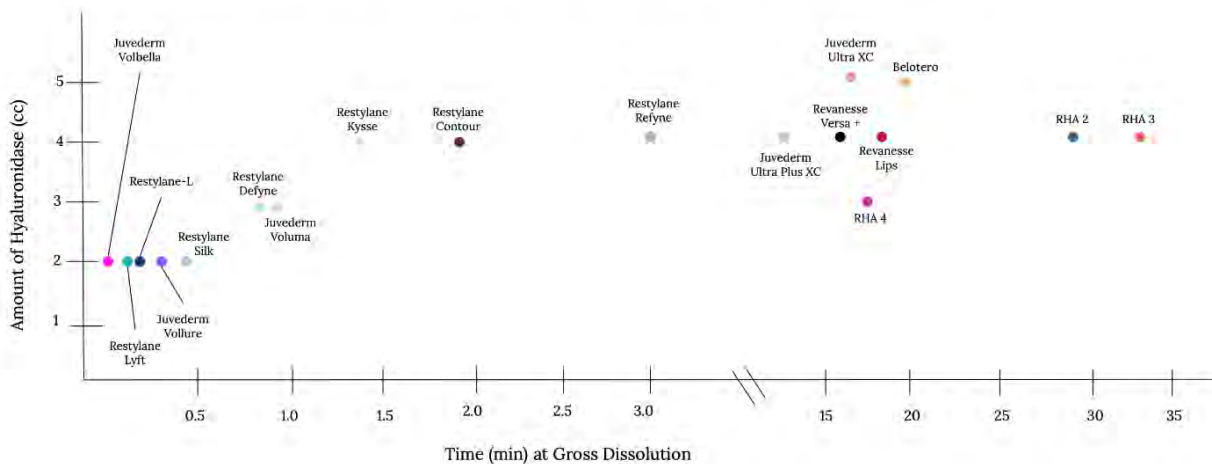
minutes, with a strong correlation with Restylane products dissolving the fastest, followed by Juvederm & Revanesse products. The slowest to achieve gross dissolution were Belotero and the RHA series.

Discussion: All 18 HA-based fillers achieved complete gross dissolution within the first 32 minutes, however, due to differences in cross-linking technology and molecular properties, there was large variation in in vitro HYAL-induced degradation which can be extrapolated clinically to help reverse urgent vascular obstruction. This may also help beginner injectors strategically choose the HA-based dermal fillers that have the fastest degradation response to HYAL. Further in vivo studies are necessary to integrate these into clinical practice.

Take Home Message

To provide a guideline by which to implement hyaluronidase management necessary for each type of HA filler in the setting of filler-induced vascular obstruction. These in vitro studies on every HA filler on the US market currently can help propel in vivo clinical guidelines tailored specifically for each type of filler. More importantly, this can serve as a foundation for beginning injectors to choose filler products that are known to dissolve readily rather than those that might take longer to dissolve.

Gross Dissolution of Hyaluronic Acid Dermal Fillers With Hyaluronidase Over Time



Session 25: All About Injectables (Non-CME)

Saturday, February 5, 2022

9:00 AM - 12:00 PM

Mandalay Ballroom F

Adverse Injection Events: Prevent and Treat

S25-09

11:45 AM - 12:00 PM

Lisa Chipps, MD, MS, FAAD, FAACS

Moy-Fincher-Chipps Facial Plastics/Dermatology, Beverly Hills, CA

Lisa Chipps, MD, MS is a dermatologist and cosmetic surgeon specializing in Mohs micrographic skin cancer surgery, facial plastic and reconstructive surgery, laser skin treatments, liposuction, and general and cosmetic dermatology. She is board-certified by the American Board of Dermatology and a Diplomate of the American Board of Cosmetic Surgery (for Dermatologic Cosmetic Surgery). Dr. Chipps earned her B.S. and M.S. degrees in Physiological Science from UCLA. She received her M.D. at the Keck School of Medicine of the University of Southern California. She was awarded a research fellowship at UCLA in dermatology during medical school. She did her internship year at the UCLA-West Los Angeles VA Hospital. Dr. Chipps completed residency training in dermatology at University of Colorado Health Sciences Center in Denver, Colorado and at Harbor-UCLA Medical Center, in Torrance, California. During residency, she received a preceptorship award from the American Society for Dermatologic Surgery. She then completed a two-year fellowship in procedural dermatology, Mohs Micrographic Surgery, and cosmetic surgery. She has published numerous studies in journals and often speaks at national and international scientific meetings. Currently, Dr. Chipps practices in Beverly Hills, Torrance, and Encino, California, at Moy-Fincher-Chipps Facial Plastics/Dermatology. Dr. Chipps is the Director of Dermatologic Surgery at Harbor-UCLA Medical Center. As UCLA faculty, she teaches dermatology and dermatologic surgery to residents and medical students. Dr. Chipps on staff at Cedars-Sinai Medical Center in Los Angeles. She has a special interest in skin cancer education and prevention, and she regularly volunteers for free skin cancer screenings through the American Academy of Dermatology, the American Society for Dermatologic Surgery, and the Skin Cancer Foundation. She has repeatedly received the Patients' Choice Awards and recognition in Los Angeles Magazine's Best of LA as a Super Doctor Southern California Rising Star.

Notes:

Session 26: Rhinoplasty

Saturday, February 5, 2022

9:00-10:15 AM

Mandalay Ballroom KL

Monopod Concept in Tip Plasty: Dispelling the Myth of the Tripod Concept

S26-01

9:05-9:13 AM

Jeffrey Marvel, MD

Marvel Cosmetic Surgery, Nashville, TN

Jeffrey B. Marvel, MD Marvel Cosmetic Surgery, Nashville, TN Diplomate, American Board of Cosmetic Surgery Diplomate, American Board of Facial Cosmetic Surgery Diplomate, American Board of Otolaryngology Fellow, American Academy of Cosmetic Surgery Fellowship Director, American Academy of Cosmetic Surgery, General Cosmetic Surgery Fellowship Trustee, American Board of Cosmetic Surgery Assistant Professor of Surgery, Meharry Medical School

Take Home Message/Abstract

The presentation will focus on the limitations of utilizing the tripod concept for tip plasty. The monopod concept will be presented as an alternative to ensure tip projection and rotation.

Session 26: Rhinoplasty

Saturday, February 5, 2022

9:00-10:15 AM

Mandalay Ballroom KL

Reorientation of the Lower Lateral Cartilage: Treating the Parenthesis Deformity

S26-02

9:15-9:23 AM

J. Kevin Duplechain, MD, FACS, FAACS

Private Practice, Lafayette, LA

J. Kevin Duplechain, MD is a diplomate of the American Board of Cosmetic Surgery, the American Board of Facial Cosmetic Surgery, the American Board of Facial Plastic Surgery, the American Board of Cosmetic Surgery, and a fellow of the American Society of Laser Medicine, the American Head and Neck Society, the American Academy of Cosmetic Surgery, and the American Academy of Facial Plastic Surgery. He is the current Vice President of the American Academy of Cosmetic Surgery and has served as president of the Cosmetic Surgery Foundation, Secretary of American Academy of Cosmetic Surgery, and served as the Chair for the ASCLS. He also served on the American Board of Cosmetic Surgery including service on the executive committee as secretary and treasurer. During his tenure on the American Board of Cosmetic Surgery he instituted the "Campaign of 100", a fundraising campaign which has raised over 1 million dollars. The campaign's primary function is to promote public awareness in the safe practice of cosmetic surgery. He is a cosmetic surgeon who practices in Lafayette, Louisiana and serves as an adjunct instructor for the Department of Otolaryngology, division of Facial Plastic Surgery at Tulane University in New Orleans. He is a Magna Cum Laude graduate of Louisiana State University with a degree in biochemistry and received his Medical Degree from LSU- New Orleans. Dr. Duplechain's practice is focused on aesthetic surgery of the face and body, and laser medicine. Dr. Duplechain is the co-founder and managing partner of Laser Skin Care of Louisiana. He has published many peer-reviewed articles and authored several chapters in textbooks. He has been chosen as one of the Best Doctors in America by his peers for over 20 consecutive years and has been voted one of the Top Doctors in Louisiana as well.

Take Home Message/Abstract

Recognition and proper treatment of the "parenthesis deformity" or cephalic orientation of the lower lateral cartilages is an important concept and treatment option in rhinoplasty. Proper diagnosis, and surgical treatment options will be discussed.

Session 26: Rhinoplasty

Saturday, February 5, 2022

9:00-10:15 AM

Mandalay Ballroom KL

Liposomal Bupivacaine for Postoperative Analgesia in Rhinoplasty

S26-03

9:25-9:33 AM

Jean-Paul Leva, DO

New Look New Life, New York, NY

Dr. Jean-Paul Leva is a graduate of general surgery perusing a career in Cosmetic Surgery. He recently graduated from General Surgery Residency at Arnot Ogden Medical Center in New York and is now a Cosmetic Surgery Fellow at New Look New Life in New York City. He completed his Medical School Training in Touro College of Osteopathic Medicine in Harlem and his undergraduate studies at New York University. Follow him on Instagram @Dr_Leva.

Abstract

The treatment and management of postoperative pain requires a multimodal approach. In this study we perform a retrospective Analysis of patients who received Liposomal Bupivacaine (Exparel) and those that did not. We report their post operative opioid use and their need for anti-emetics. Exparel is a longer acting form of bupivacaine that delivers the works by delivering multivesicular liposomal systems.

Take Home Message

Exparil is a useful adjunct in post operative recovery of rhinoplasty.

Session 26: Rhinoplasty

Saturday, February 5, 2022

9:00-10:15 AM

Mandalay Ballroom KL

Mid-Vault Osteotomies: Precision Techniques

S26-04

9:35-9:43 AM

Robert A. Shumway, MD, FACS, FAACS

Shumway Cosmetic Surgery, San Diego, CA

Dr. Shumway of La Jolla is a Diplomate of SIX Medical/Surgical Boards (ABCS, ABFPRS, ABOto, ABFCS, ABLs, BHRT) and your 2016-2017 AACS Past-President. He is currently an Officer & Trustee of the AACS & ABCS, Past-President of the CACS & ASCBS, Past-Chairman of the ASLS & Past-Board of Trustee/Officer of the CACS Foundation. Dr. Shumway is a Fellow of ASLMS, ACS, AAFPRS, ASCBS, AACS, AAO-HNS. He is a Cosmetic Surgery Member of the AMA, WorldLink BHRT, CSFPS, CMA, CACS & AACS Shumway Cosmetic Surgery Fellowship Director at Scripps Memorial Hospital-La Jolla. Dr. Shumway is the Director & Founder of Shumway Cosmetic Surgery of La Jolla which maintains AACS approval for our General AACS & Facial AACS Cosmetic Surgery Fellowships. Dr. Shumway often lectures internationally regarding many different topics in Cosmetic Surgery: He is Faculty for the Mexican Academy of Cosmetic Surgery, the Korean Academy of Aesthetic Surgery, World Academy of Cosmetic Surgery (WAOCS), the ASLMS, the ASCBS, the ASLS & the AAFPRS. Over the years, Dr. Shumway is published in many Cosmetic Surgery textbooks, journals & articles. He is widely known as Dr. IRONMAN for his health & passion regarding his global 140.6 mile IRONMAN Triathlon competitions! Dr. IRONMAN also enjoys the 70.3 mile IRONMAN Triathlons and Spartan events.

Take Home Message/Abstract

The audience will appreciate the fine art of reconstructing the nasal mid-vault which requires appropriate use of osteotomies, spreader grafts and nasal reduction techniques. This is a "HOW TO" perform reliable and reproducible aesthetic results. This retrospective study is a single institutional review of effective nasal reconstruction for cosmetic and functional purposes.

Session 26: Rhinoplasty

Saturday, February 5, 2022

9:00-10:15 AM

Mandalay Ballroom KL

Septal Extension Graft vs. Columellar Strut

S26-05

9:45-9:53 AM

Daria Hamrah, DMD, FAACS, FADSA

NOVA SurgiCare, PC, Tysons Corner, VA

Dr. Hamrah is board certified by the American Board of Oral and Maxillofacial Surgery, the American Board of Facial Cosmetic Surgery, and the National Dental Board of Anesthesiology. He is a Fellow of the American Academy of Cosmetic Surgery and he holds a Cosmetic Surgery Procedures Certification and License from the Commonwealth of Virginia, Department of Health Professions. His academic background started in Germany where he was born and raised and received his undergraduate and doctorate degrees. He then moved to the USA and pursued an academic career at Harvard University in the field of head and neck cancer prior to pursuing his surgical career at the University of Miami and UT Southwestern Medical School. He currently serves as a member of the scientific committee with the AACS and is a moderator and frequent speaker at the scientific meetings of the AACS. He is also an author, public speaker, podcaster, and beauty blogger and has published and written columns and articles for the Washington Post and other news and beauty magazines! He has written textbook chapters on the topics of Rhinoplasty, Facial Aging, and Deep Plane Composite Facelift techniques with international textbooks (currently in print). In 2014 Dr. Hamrah, together with 3 other fellow surgeons, co-founded "Alegria Foundation for Cleft Lip and Palate" and travels on annual mission trips to South America to perform cleft lip and palate and facial reconstructive surgery for children and adults with facial deformities. Dr. Hamrah is an expert in cosmetic and reconstructive procedures of the head and neck and has been engaged in the oral and maxillofacial surgery field for the past 15 years. He is one of few maxillofacial surgeons to be fellowship trained in Facial Cosmetic Surgery and to hold a license to practice Facial Cosmetic Surgery in the state of Virginia.

Take Home Message/Abstract

This presentation describes the concepts of septal extension grafts versus columellar strut grafts in aiding the nasal tip projection and long-term stability of the nasal tripod. This is particularly important for the patient with tip ptosis and a dependent tip as well as external nasal valve collapse. Proper choice of the above grafts is crucial for both function and aesthetics of the nasal tip and its congruence with the nasal dorsum and columella. Further, it affects nostril show, alar width, and columellar show from an aesthetic standpoint.

The audience is given a clear overview of the decision-making process based on anatomic and aesthetic guidelines.

Session 26: Rhinoplasty

Saturday, February 5, 2022

9:00-10:15 AM

Mandalay Ballroom KL

Closed Approach with Grafting

S26-06

9:55-10:03 AM

Husain Ali Khan, MD, DMD, FACS

Aesthetics International USA, Atlanta, GA

Dr. Khan is one of the few surgeons in Georgia that is board certified by the American Board of Oral and Maxillofacial Surgery. He is also a Diplomate of the American Board of Cosmetic Surgery. He graduated from the University of Kentucky in 1995. He then completed Medical School at the University of Miami and additionally trained in General Surgery and Oral and Maxillofacial Surgery. His primary focus was General Plastic and Facial Plastic Surgery during his later residency years. In 2002, Dr. Khan joined a private practice in Atlanta, Georgia. In 2007 to 2009, Dr. Khan was part of the initial team that launched the surgical services at the American Academy of Cosmetic Surgery Hospital in Dubai. He continues to have an international following. In 2011, Dr. Khan completed an accredited fellowship in Cosmetic Surgery under the directorship of Dr. Angelo Cuzalina, the past President of the American Academy of Cosmetic Surgery. During his fellowship, Dr. Khan completed over 1,400 major surgical cases and well over 500 minor and non-surgical cases. Dr. Khan was a Chairman for several international meetings and has lectured internationally on various topics of Cosmetic Surgery such as: Rhinoplasty, Face and Brow Lifting, Breast Augmentation, Breast Augmentation with simultaneous Lifting, Abdominoplasty, Liposuction, Gluteal Augmentation, and Fat Grafting. He has co-edited two textbooks in surgery and published several book chapters in Cosmetic Surgery and served as a faculty member in Live Surgery workshops. Dr. Khan has formed an alliance with Aesthetics International in Dubai to provide his patients the option of an international location where they can seek surgical care. Most recently, Dr. Khan completed a Master's Degree in Plastic and Aesthetic Surgery at Anglia Ruskin University in Cambridge, United Kingdom.

Take Home Message/Abstract

A series of ethnic cases with adjunctive grafts using both conventional closed technique and closed preservation technique

Session 26: Rhinoplasty

Saturday, February 5, 2022

9:00-10:15 AM

Mandalay Ballroom KL

Preservation Rhinoplasty: Tip and Tricks for Successful Implementation in a Cosmetic Practice

S26-07

10:05-10:13 AM

Masoud Saman, MD, FACS

DallasFaceDoc, Highland Park, TX

I am facial plastic surgeon. My background is in otolaryngology. I completed a fellowship in head and neck oncology and microvascular surgery as well as one in facial aesthetic surgery. My practice is now limited to rhinoplasty. I supplemented my training with several international fellowships in France and Turkey. I love rhinoplasty. My offices are in Dallas and NYC. Insta @samanplasticsurgery.

Take Home Message/Abstract

I started incorporating Preservation Rhinoplasty into my practice two years ago. I have been fortunate to learn from Preservation Rhinoplasty pioneers in Europe and was one of the first to adopt these techniques in the United States. In this presentation I would like to share with you some pearls and nuggets to help you successfully implement these techniques into your armamentarium.

Session 27: Lipo, High-Def Lipo and Complications

Saturday, February 5, 2022

10:45 AM - 12:00 PM

Mandalay Ballroom KL

A Retrospective Study to Evaluate the Efficacy of Renuvion in the Management of Skin Laxity to Improve Arm Tightening Following Liposuction

S27-01

10:55-11:03 AM

Pasquale G. Tolomeo, MD, DDS

Exquisite Aesthetics, Redondo Beach, CA

Dr. Tolomeo has since completed a full body and facial cosmetic fellowship at Tulsa Surgical Arts with Dr. Angelo Cuzalina. Dr. Tolomeo received his BA in Biology and Physical Science, Cum Laude, from St. John's University and his DDS from the University of Michigan in 2014. He graduated from NYU Langone/Bellevue Oral and Maxillofacial Surgery Program, which is a combined Certificate/Medical Degree program. Dr. Tolomeo has co-authored several cosmetic surgery book chapters on breast surgery, breast augmentation, mastopexy, facial liposuction, cleft rhinoplasty, and neck lift.

Abstract

Objectives: The aim of this study was to determine the efficacy of cool atmospheric plasma (Renuvion/J-plasma) in promoting skin tightening and soft tissue contouring following liposuction of the upper extremities.

Methods: The study was a retrospective review of upper extremity liposuction with associated Renuvion therapy performed by the same surgeon. Patients were made aware of Renuvion therapy to assist with skin laxity and offered adjunctive treatment following liposuction. While a majority of patients who elected to have Renuvion therapy performed bilaterally, a small subset of patients elected for unilateral treatment. This subset of patients pursued delayed treatment on the control side. The inclusion criteria for the study included patients with moderate fat excess of the upper extremity with associated mild to moderate cutaneous laxity. Exclusion criteria for the study included severe medical comorbidities, BMI greater than 35 and those below the age of 30. The study included five female patients between the ages of 46-52.

The method of treatment was liposuction of the bilateral upper extremities with removal of equal proportions of fat. The selected recipient site for Renuvion treatment was randomly selected by the study coordinator; the surgeon and clinical staff remained blinded to the selection.

Following treatment, the patients were evaluated at one week, six weeks, and six months post operatively to assess surgical outcomes subjectively. The surgeon and clinical staff were unblinded at the final visit.

Results: Patients were evaluated based on subjective criteria and photographic evaluation at each post-operative visit. At the one-week visit, no significant differences were noted in all subjects. At the six-week visit, two patients demonstrated improved results to the treatment site when compared to the control site. At the six-month visit, four out of the five patients demonstrated a significant improvement in contour and laxity at the treatment site when compared to the control site. One patient demonstrated equal results on both treatment and control sites with no major abnormalities.

Following the final evaluation, the patients underwent a secondary procedure to the control site with Renuvion to obtain similar results as the recipient site. One patient demonstrated equal results on both test and control sites with no major abnormalities.

Conclusion: The use of plasma energy via Renuvion in conjunction with liposuction has demonstrated esthetic results with proposed long-term benefits. The plasma energy device, as an adjuvant therapy, may be beneficial in cases where liposuction alone may not address tissue laxity concerns. Additional studies with a larger sample size, objective criteria and extended follow-ups are necessary to statistically analyze the results and determine its significance.

Take Home Message

Using Renuvion with liposuction to apply plasma energy to the upper arm area may contribute to enhanced and noticeable outcomes in some patients long-term. Renuvion's plasma energy device combined with liposuction may be beneficial to patients who have significant skin laxity that liposuction alone may not give adequate results. The short healing and recovery time, ease of device manipulation, quick surgery time, as well as its relevant safety, makes Renuvion an appealing supplemental treatment for those patients. The goal of future studies will be to increase the sample size and quantify the effects of Renuvion.

Session 27: Lipo, High-Def Lipo and Complications

Saturday, February 5, 2022

10:45 AM - 12:00 PM

Mandalay Ballroom KL

Addressing Skin Laxity with High-Definition Body Contouring: When to Cut and/or Use Today's Leading Skin Tightening Technologies

S27-02

11:05-11:13 AM

Michael Kluska, DO, FAACS, FACOS

Southern Surgical Arts, Chattanooga, TN

With an undergraduate degree in Art from Washington & Jefferson College, Dr. Kluska brings an aesthetic viewpoint to all of his plastic/ reconstructive and cosmetic surgery procedures. Triple board-certified in Cosmetic, Plastic/Reconstructive and General Surgery, Dr. Kluska's impressive resume includes seven years of elite membership on the American Academy of Cosmetic Surgery's Board of Trustees before his prestigious appointment as President in 2017. Along with esteemed positions as an adjunct professor in surgery at Lake Erie College of Osteopathic Medicine, Edward Via College of Osteopathic Medicine and surgical department advisory board member of the West Virginia School of Osteopathic Medicine, he is a fellow in the American Academy of Cosmetic Surgery (FAACS) and the American College of Osteopathic Surgery (FACOS).

Take Home Message/Abstract

Advances in technology now allows the surgeon to offer more customized options for patient individual needs and desires. This approach helps patients and surgeons work together to determine scar placement and the extent of skin tightening desired.

Session 27: Lipo, High-Def Lipo and Complications

Saturday, February 5, 2022

10:45 AM - 12:00 PM

Mandalay Ballroom KL

Taking HD to its Limits in the Female Body: The “Super Snatched” Waist and the Highest Contrast BBL’s
S27-03

11:15-11:23 AM

Mark X. Lowney, MD

Advanced Body Sculpting of New England, Fall River, MA

Dr. Mark X. Lowney is a trusted surgeon in the city of Fall River. He is the first and only physician in New England to be board certified in obstetrics as gynecology as well as cosmetic surgery. Dr. Lowney specializes breast, body and extremity procedures and is considered one of the premier surgeons in Massachusetts for Brazilian butt lift surgery and breast augmentation. He is both a diplomate of the American Board of Cosmetic Surgery as well as a Fellow of the American Board of Obstetrics and Gynecology. He is the founder of Advanced Body Sculpting of New England and founder of Studio Eros, a anti-aging, regenerative medicine and sexual wellness clinic, both located at 484 Highland Avenue in Fall River, Massachusetts. Dr. Lowney received his Doctor of Medicine (MD) degree at the University of Connecticut School of Medicine and completed his residency in obstetrics and gynecology at the Brown University-affiliated Woman and Infant’s Hospital of Rhode Island. He graduated magna cum laude from Boston College, where he received a Bachelor of Science in biology.

Take Home Message/Abstract

The female BBL is a very challenging and rewarding procedure. My presentation will include “pearls of wisdom” from over 15 years of experience and thousands of cases. Also, will talk about my 80/20 Epiphany.

Session 27: Lipo, High-Def Lipo and Complications

Saturday, February 5, 2022

10:45 AM - 12:00 PM

Mandalay Ballroom KL

Highly Customized High-Definition Sculpting from Softer Natural Results to the Aggressive Etching: Featuring the Most Popular “Pilates” Look

S27-04

11:25-11:33 AM

Carlos Mata, MD, MBA, FACS

Natural Results Plastic Surgery, Scottsdale, AZ

Dr. Carlos Mata, a.k.a. Dr. Scottsdale® is one of the board-certified plastic surgeons at Natural Results Plastic Surgery in Scottsdale & Phoenix, Arizona area. He skillfully performs facial aesthetic procedures, such as brow lifts, eyelid surgery, nose surgery, and full and mini facelifts. He also performs breast augmentation, breast lift, and breast reduction surgeries, reconstructive procedures, body contouring, tummy tucks, liposuction, and after weight loss surgeries, as well as all types of reconstructive procedures. To date, Dr. Mata has performed over 15,000 cosmetic procedures. Dr. Mata received his prestigious plastic surgery training at the University of Texas Medical Branch, Saint Joseph Medical Center, and MD Anderson Cancer Center in Houston, TX, as well as Harvard's Brigham and Women's Hospital in Boston, MA. This training included thousands of procedures at these institutions, as well as training in Miami, FL with a focus on aesthetic surgery. Dr. Mata has made the RealSelf Hall of Fame and is a Castle Connley Top Doctor since 2018.

Take Home Message/Abstract

Presentation will cover Pilates moderate definition Gladiator and the technologies needed to create the desired aesthetic.

Session 27: Lipo, High-Def Lipo and Complications

Saturday, February 5, 2022

10:45 AM - 12:00 PM

Mandalay Ballroom KL

Maximizing Results and Safety with High-Definition Sculpting: What Have we Learned Over the Past 10 Years

S27-05

11:35-11:43 AM

Chad Deal, MD

Southern Surgical Arts, Chattanooga, TN

Hard work, determination and perseverance only begin to describe Dr. Deal’s commitment to surgical artistry. Dr. Deal is certified by the American Board of Cosmetic Surgery (ABCS), the American Board of Facial Cosmetic Surgery (ABFCS), as well as the American Board of Surgery (ABS). With intense focus on cosmetic surgery, he has exceptional skill and artistic vision, which is illuminated in the outcomes of more than 4,300 cosmetic surgical procedures. Dr. Deal’s extensive training, experience and passion are great assets to field of cosmetic surgery. Everything he does reflects his sincerity. He feels blessed to have the opportunity to help people make profound changes in their lives through cosmetic surgery. Since his arrival in southeast Tennessee, Dr. Deal has been publicly recognized for his work. He was selected as a finalist in Best of the Best awards for Best Cosmetic Surgeon in 2011, 2012, 2013, 2014, and 2015. In 2016, he won Best Cosmetic Surgeon in Chattanooga. He was also awarded the Patient’s Choice Award and The Most Compassionate Doctor Award on Vitals.com. Dr. Deal is on the faculty of Southern Surgical Arts’ American Academy of Cosmetic Surgery’s Fellowship Program, and trains talented surgeons from around the country every year. The surgeons who finish the fellowship program are eligible to become certified by the American Board of Cosmetic Surgery. Dr. Deal is an ABCS Board examiner and is on the Written Exam Committee. In addition, he serves on the AACS Fellowship Committee, which focuses on establishing educational criteria for AACS Fellowships. He is also an active member of the Accreditation Association for Ambulatory Health Care, Inc., the American Medical Association and the American College of Surgeons.

Notes:

Session 28: Complications: You Don't Want to Miss This!

Saturday, February 5, 2022

1:00-2:30 PM

Mandalay Ballroom F

My Experience with Thread Lift Procedures So Far: The Good, The Bad and The Ugly

S28-01

1:05-1:17 PM

Sheila C. Barbarino, MD, FACS

Barbarino Surgical Arts, Austin, TX

Sheila Barbarino, MD, FAAO, FAACS, FACS is an award winning, highly skilled results driven cosmetic surgeon, industry innovator, world renowned international lecturer, key opinion and thought leader, trainer on expert techniques for injectables, lasers and aesthetic devices and author of over 15 articles in prestigious peer reviewed journals. She has successfully combined the science of medicine with her artful and highly skilled expertise of surgical and non-surgical modalities to help patients achieve pleasing, natural looking facial and full body rejuvenation. Dr. Barbarino shares her expertise, clinical experience, years of research, dedication, and compassionate care with patients in both her Austin and Los Angeles offices who travel from near and far to understand their aesthetic goals to restore, refresh and transform their appearances.

Abstract

My experience so far with threadlifting; I've been doing these procedures for 3 years. Discussing the pros and cons of threadlifting procedures (PDOs vs. PLLAs) as well as possible complications.

Take Home Message

These are the pros, cons and complications I've seen so far with threadlifting procedures.

Session 28: Complications: You Don't Want to Miss This!

Saturday, February 5, 2022

1:00-2:30 PM

Mandalay Ballroom F

Intralesional Tetracycline for Chronic Non-Festoon Lower Eyelid Edema

S28-02

1:19-1:31 PM

Monica Ray, MD

TOC Eye and Face, Austin, TX

Monica Ray is an ophthalmologist, currently completing fellowship in Ophthalmic Plastic and Reconstructive Surgery through ASOPRS and Facial Cosmetic Surgery through AACS at TOC Eye and Face in Austin, TX. She attended the University of Michigan for her undergraduate degree, and Wayne State University School of Medicine where she earned her medical degree. She completed an internship at Beaumont Hospital in Dearborn Michigan. She finished ophthalmology residency at Case Western Reserve University in Cleveland, Ohio where she served as chief resident. She will be spending two years at TOC Eye and Face during which she will complete her two-year ASOPRS fellowship and a one-year AACS fellowship.

Abstract

Introduction: Festoons, malar and eyelid edema are challenging facial cosmetic concerns with historically frustrating treatment options. Recently, tetracycline has been shown to be an effective, low-risk, non-surgical approach for managing festoons. Beyond festoons, there are other subtypes of chronic periorbital edema. The purpose of this analysis was to assess the safety and efficacy of intralesional tetracycline injections for the treatment of non-festoon related lower eyelid edema in a cosmetic patient cohort.

Methods: This is a retrospective analysis of patients who underwent intralesional tetracycline injection for the treatment of lower eyelid edema by a single surgeon (TN) in our practice. Patient charts were reviewed for objective outcomes including resolution of periorbital fluid and complications. Subjective pain scores and aesthetic improvements by surgeon and patient were also evaluated.

Results: A total of seven patients who underwent tetracycline injection by a single surgeon (TN) were evaluated. Of these, the average age at time of injection was 57 years. Patients were treated with tetracycline pre-operative, post operatively or as a stand-alone procedure without surgical intervention. Six underwent a single tetracycline injection at the time of this study, with one patient undergoing two sequential treatments. Follow up time ranged from 1 month to 8 months. For all patients there was objective improvement in edema, pain was tolerable and there were no complications.

Conclusions: In this series, the efficacy, safety, and outcomes of intralesional tetracycline injection for non-festoon lower eyelid edema were excellent, with objectively superior aesthetic improvements. Utilization of intralesional tetracycline injection offers a less invasive treatment option that is less costly and resource intensive for patients with mild non-festoon lower eyelid edema who are motivated to pursue nonsurgical rejuvenation.

Bibliography:

1. Chon BH, Hwang CJ, Perry JD. Long-term patient experience with tetracycline injections for festoons. *Plast Reconstr Surg.* 2020. 146(6):737e-743e.

2. Perry JD, Mehta VJ, Costin BR. Intralesional tetracycline injection for treatment of lower eyelid festoons: a preliminary report. *Ophthalmic Plast Reconstr Surg*. 2015. 31(1):50-2.

3. Godfrey KJ, Kally P, Dunbar KE, Campbell AA, Callahan AB, Lo C, Freund R, Lisman RD. Doxycycline injection for sclerotherapy of lower eyelid festoons and malar edema: preliminary results. *Ophthalmic Plast Reconstr Surg*. 2019. 35(5):474-77.

Take Home Message

In this series, the efficacy, safety, and outcomes of intralesional tetracycline injection for non-festoon lower eyelid edema were excellent, with objectively superior aesthetic improvements. Utilization of intralesional tetracycline injection offers a less invasive treatment option that is less costly and resource intensive for patients with mild non-festoon lower eyelid edema who are motivated to pursue nonsurgical rejuvenation.



Session 28: Complications: You Don't Want to Miss This!

Saturday, February 5, 2022

1:00-2:30 PM

Mandalay Ballroom F

Avoiding Complications in Body Contouring

S28-03

1:33-1:45 PM

Arian Mowlavi, MD, FACS

Cosmetic Plastic Surgery Institute, Laguna Beach, CA

Dr. Mowlavi has dedicated himself to improving plastic and reconstructive surgery outcomes in order to achieve high-definition results. He has performed over 15,000 procedures and has been recognized by patients from around the globe. Dr. Mowlavi founded Cosmetic Plastic Surgery Institute in 2004 where he has developed the most advanced high-definition liposuction protocols and surgical algorithms. As a frequent speaker at national cosmetic and plastic surgery conventions, Dr. Mowlavi is well-regarded as a world-renowned face, body, and breast sculptor.

Notes:

Session 28: Complications: You Don't Want to Miss This!

Saturday, February 5, 2022

1:00-2:30 PM

Mandalay Ballroom F

Complications Case

S28-04

1:47-1:59 PM

Alexander W. Sobel, DO, FAACS

Anderson Sobel Cosmetic Surgery, Bellevue, WA

A past president of both the American Board of Cosmetic Surgery and American Board of Facial Cosmetic Surgery as well as current Vice Chair of the Washington State Osteopathic Medical Board, Dr. Sobel has been heavily involved in certification and restriction of commercial free speech matters for the past decade. He has been in the sole practice of cosmetic surgery since 2008 and is proud to offer fellowship training via the American Academy of Cosmetic Surgery.

Notes:

Session 28: Complications: You Don't Want to Miss This!

Saturday, February 5, 2022

1:00-2:30 PM

Mandalay Ballroom F

Complications Case

S28-05

2:01-2:13 PM

Mark Mandell-Brown, MD, FAACS

Mandell-Brown Plastic Surgery Center, Cincinnati, OH

Cincinnati and Centerville plastic surgeon Dr. Mark Mandell-Brown is a board-certified facial plastic surgeon and body cosmetic surgeon. In 2020, Dr. Mandell-Brown was elected President of the American Academy of Cosmetic Surgery, the world's largest physician organization with a specialty in Cosmetic Surgery. Dr. Mandell-Brown is one of only 100 doctors in the country with triple board certification in Facial Plastic Surgery, Body Cosmetic Surgery and Head & Neck Surgery. He uses his facial plastic expertise to perform minimal incision body cosmetic surgery. Recognized for his public speaking and teaching, Dr. Mandell-Brown has lectured throughout the United States and Canada on facial plastic and body plastic surgery. Dr. Mandell-Brown has edited four medical textbooks and published over a dozen medical articles as well as several facelift textbook chapters for plastic surgeons.

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