

# Facial Plastic TIMES

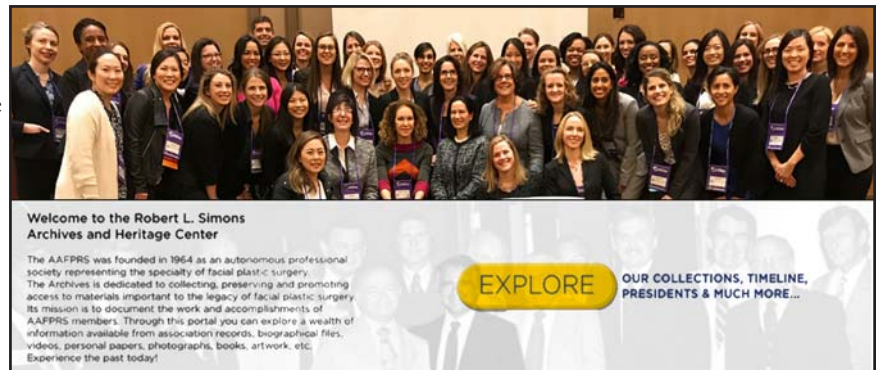
AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY, INC.

## CELEBRATING WOMEN'S HISTORY MONTH

**A**s we celebrate Women's History Month in March, it is important to look back and commemorate the amazing women pioneers that have shaped the field of facial plastic and reconstructive surgery. In a historically male-dominated industry, women practicing in facial plastic and reconstructive surgery were few and far between. But over the years, more women have joined this field and paved the way with their crucial achievements. Early historic pioneers include Anna Coleman (1878-1933), an American sculptor who devoted her time throughout World War I to soldiers who were disfigured. And Suzanne Noël (1878-1954), was a French woman and one of the first surgeons to practice, "esthetic surgery." Since those initial groundbreakers, women surgeons have become an integral part of the field of facial plastic and reconstructive surgery.

In recognition of the important role women play in this field, we have created a new digital exhibit that highlights the history and achievements of women. Visit the AAFPRS Archives homepage ([www.aafprs.org/robert-l-simon-archives](http://www.aafprs.org/robert-l-simon-archives)) to access the exhibit; view information about the founding of the Women in Facial Plastic Surgery Committee in 2000 and articles from the committee's recurring column in *Facial Plastic Times*.

Women's stories have often been overshadowed by men and many have been lost to history. While researching for this month of celebration and commemoration, we noticed several gaps in the AAFPRS's historical record. We would like to change that! We would like to hear from you about the achievements women have made over the years. Who were the early women pioneers in facial plastic and reconstructive surgery? What were the breakthroughs or discoveries made by women? What publications were written, or which awards were achieved by women? You can either comment on the forum within the new digital exhibit or email the AAFPRS archivist at [archivist@aafprs.org](mailto:archivist@aafprs.org). We are excited to hear from you! Keep an eye out for future stories highlighting women's achievements in the field of facial plastic and reconstructive surgery. ■



## AAFPRS SPRING MEETING AT COSM, NOT TO BE MISSED

**J**oin course chairs David B. Hom, MD, and Robin W. Lindsay, MD, along with AAFPRS meeting director J. Randall Jordan, MD, for a unique educational and networking opportunity in Austin, Texas, May 1-2, 2019. In conjunction with the Combined Otolaryngology Spring Meetings (COSM), you will be able to interact with a diverse group of members from several interdisciplinary organizations.

The AAFPRS program will cover the following areas: aesthetic medicine and facial rejuvenation, cosmetic rhinoplasty, facial paralysis, facial reconstruction, pain management, and rhinoplasty. The popular course, Essentials in Facial Plastic Surgery, will encompass the basics and clinical pearls on soft tissue trauma and wound healing, cutaneous lesions and skin flaps, head and neck reconstruction and facial paralysis, rhinoplasty, approaching the aging face, and maxillofacial trauma.

Peter A. Hilger, MD, will deliver a keynote address, "Aesthetic Principles in Reconstructive Surgery," on Wednesday afternoon. Dr. Lindsay and Subinoy Das, MD, will moderate a second keynote address, "Bringing a Surgical Idea to the Market."

The Spring Meeting will offer many opportunities to interact and engage with your peers. There will be

*See Join us in Austin, page 6*

**MARCH 2019**  
**Vol. 40, No. 2**

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## PRESIDENT'S MESSAGE: ACADEMY



There have been recent and substantial staffing, financial, conference, and membership improvements with your Academy and Foundation that bode very well for our future. All of these enhancements strengthen the organization overall, as well as our ability to produce on-target member benefits and provide a solid structure that will allow you to continue to call and advertise yourself as a *facial plastic surgeon*. Even better, however, are the plans in progress that will further support your practice in terms of aiding day-to-day operations—and direct patients to you!

I have asked past president Edwin F. Williams, MD, to work with our Academy team to review and update our current practice support materials so that each practice can benefit from templates for things such as surgical consents, policy and procedure manuals, etc. In this way, whether you have a well-established practice or are just starting out, we can help each other stay current and in compliance with our practices. To view current material, visit our LEARN portal at [www.aafprs-learn.org](http://www.aafprs-learn.org) and look under "Member Physician Resources."

Additionally, our Academy team and the World Wide Web Subcommittee, chaired by Albert Fox, MD, have been making various recommendations for our new Web effort, in conjunction with our member database upgrades that will ultimately allow for enhanced Web-based member services. The goal is to improve the function and navigation of our Web site and to construct a patient information portal that will fortify patient education and better help patients identify AAFPRS experts in their region who can help with whatever condition they are seeking to address. Specifically, we want our Academy Web site to compete with any national Web entity in directing patients to you. We will have an example for you to see in the near future and look to be up and running later this year.

We are also looking into sub-specialty recognition for our domestic and international members in the areas of rhinoplasty and facial rejuvenation who want patients to know of their additional expertise. More will come in the near future on this exciting initiative!

Going forward, as we continue to re-tool our organization and systems, and implement many improvements, please understand that all this progress will take some time and there will be challenges. However, we will keep focused and push to make the AAFPRS an organization that succeeds and thrives in today's competitive, new environment.

During this period of change, please know that your continued support of the Academy provides the very foundation for our specialty. Remember what the basis for the AAFPRS is and what a strong AAFPRS continues to do.

- Remain a national medical specialty society of AMA. The formal presence of the AAFPRS within the AMA House of Medicine gives us legitimacy, recognition, and input within organized medicine.
- Support our Educational Foundation, which provides high quality, unbiased CME programs; this is the underpinning for everything we do and can do. We are accredited by the ACCME. When it comes to education, we have a track record of excellence, and our conference enhancements of inclusion and diversity at the podium over the last three years have only deepened the value of our conferences, with the

# STATUS AND PROGRESS UPDATE

highest education survey scores we have ever received.

- Support our fellowship programs that provide a path for young surgeons to specialize. They turn out dozens of highly skilled facial plastic surgeons every year, continuing to strengthen the brand of *facial plastic surgery*.

- Offer AAFPRS members a pathway to sit for the ABFPRS certification exam, while simultaneously supporting the ABFPRS. A strong ABFPRS provides the credibility to be called—and advertise yourself as—a facial plastic surgeon. This sustains our collective credibility with the public, state and federal legislatures and regulatory bodies, hospitals, and insurance carriers.

- Provide regulatory and legislative vigilance and grassroots advocacy support. By working together, we keep abreast of threatening legislative or regulatory action that could either prevent you from calling yourself a facial plastic surgeon or advertising yourself as such.

- Offer the authentic camaraderie and loyalty that makes the Academy your facial plastics home, and Academy members your facial plastics family. Whether you are in a small private practice, a larger interdisciplinary practice, or an academic practice, the AAFPRS seeks to support you in all of your professional endeavors. And whether you are a seasoned surgeon, in the middle of your career, or are a young physician just starting out, the AAFPRS is implementing many new strategies of inclusion to maximize the innovative power of our diverse membership, while creating the next generation of leaders in our specialty and our Academy!

We only exist because of you; you are the AAFPRS. Your input and participation are essential to making this organization relevant and financially solvent. All of us

benefit by supporting each other through AAFPRS membership, committee involvement, and meeting attendance. Membership and conference registrations are the financial backbones that help us run our organization and deliver the Academy's vital mission. You do have many options for meetings and organizations outside of the AAFPRS. But remember, no other organization can or will give back what your Academy provides you in terms of education, legislative, and regulatory support! **None!**

I thank you deeply for your membership—and hope that you choose to further spend your time enriching and being enriched by all that the Academy has to offer. **Let's create the future of facial plastic and reconstructive surgery together!**



Phillip R. Langsdon, MD

## CALL FOR AWARDS

Nominate your colleagues to receive these prestigious awards. E-mail Glenda Shugars at the AAFPRS office ([gshugars@aafprs.org](mailto:gshugars@aafprs.org)) to receive a nomination form or visit [www.aafprs.org/research/awards/](http://www.aafprs.org/research/awards/).

**William K. Wright.** Presented each year to an AAFPRS member who has made outstanding contributions to facial plastic & reconstructive surgery.

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

**F. Mark Rafaty Memorial.** Presented each year to any AAFPRS member who has made outstanding contributions to facial plastic and reconstructive surgery.

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

**Residency Travel Award.** Up to two recipients awarded \$500 for an outstanding paper in facial plastic and reconstructive surgery authored by a resident or medical student in training. The paper must be submitted by the extended deadline of May 1, 2019 for consideration, and to be presented at this year's Annual Meeting in San Diego, October 3-5.



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**ADVANCES IN RHINOPLASTY**

# WOMEN IN FACIAL PLASTIC SURGERY: LESSONS FOR THE TRANSITION, TRAINING TO PRACTICE

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By Nadia K. Mostovych, MD



**A**s physicians, when we complete each phase of training, we naturally think retrospectively on the previous phase and often wish we knew then what we know now. Unfortunately, we can't go back in time to modify our decisions. But we can learn from these experiences and look to those of others before us, to help guide us into the future. As a recent fellowship graduate, I felt the greatest transition of my medical career was from training to clinical practice. I recently reached out to colleagues within the Women in Facial Plastic Surgery network for some wisdom as I set out on this new path.

## Continue to seek out mentorship

Coming out of fellowship, Kristina Tansavatdi, MD, says she wished the mentorship program through the AAFPRS had existed. The AAFPRS Mentor 4 Success program, now entering its fourth year, is held annually at the AAFPRS Fall Meeting where mentees and mentors get paired for a year-long mentorship program. Starting out in practice, "there is often a lot of second-guessing and having a sounding board to go over your strategy and plan is very helpful," says Dr. Tansavatdi.

## Develop your own voice

Search within yourself to identify those things that define you and make you unique. "Develop your own ideas and opinions about the world and your career. Just because it has never been done or is not traditional, doesn't mean it isn't right for you," says Kaete Archer, MD.

## Advocate for yourself

"I wish I had known to be more active in advocating for myself in contracts," says Haena Kim, MD. Do not be afraid to ask the difficult questions, stay true to your values and goals, and remember the value of compromise. Focus on the things that are most important to you. There is no such thing as a perfect job, and building your best career is a process that will take time.

## Focus on what you enjoy and want out of life

As a young surgeon, Dr. Kim recalls getting "so much advice along the way." At times, all of the various opinions can cloud the vision of even the most driven of us. "There is no one right way to do anything," says Dr. Kim. It is important to be honest with yourself about what you are okay with and what you want and don't want. As you get busier in practice, "pay attention to what you enjoy doing," says Dr. Tansavatdi, so you can cultivate the practice and lifestyle you desire.

## Feed yourself with knowledge

In the early stages of your career, the low clinical volume can be an opportunity to educate yourself further. "Fill the time reading business [management], marketing, and sales," says Dr. Tansavatdi. Seek things that may not have been covered in training but are certainly pertinent to building a career in this industry. "Surround yourself with people who inspire you," says Dr. Archer. Create a curriculum for yourself and continually work on self-improvement.

## Master the consultation

Hone your listening skills and continually re-evaluate your consultation technique. This will help guide your recommendations and is key to creating happy patients. Also, pay attention to red flags coming from patients and don't be afraid to choose not to operate. "There have been patients I had concerns with in terms of their mental health and support system that have drained the energy of my team and myself," says Dr. Tansavatdi.

## Recharge regularly

Dr. Tansavatdi balances her professional and private life by blocking out one day per week for family time. For Dr. Kim, having a support group is absolutely key. Figure out what recharges you and make sure to do those things regularly.

## Develop a support network

Your network can be friends, family, or significant others. "Don't be afraid to make connections within facial plastic surgery and in other specialties," says Dr. Kim. There are various interest groups specific to women physicians. Social media has also become a major venue for community development and support. Having support in your professional and personal life is important. It will help you celebrate the good days and keep you going during the hard days.

## Step out of your comfort zone

Dr. Kim recalls feeling devastated when she realized the group she joined after fellowship was not the right choice for her. "I was scared about what my next decision would be, [but] it turned out to be the impetus I needed to build what I wanted," she says.

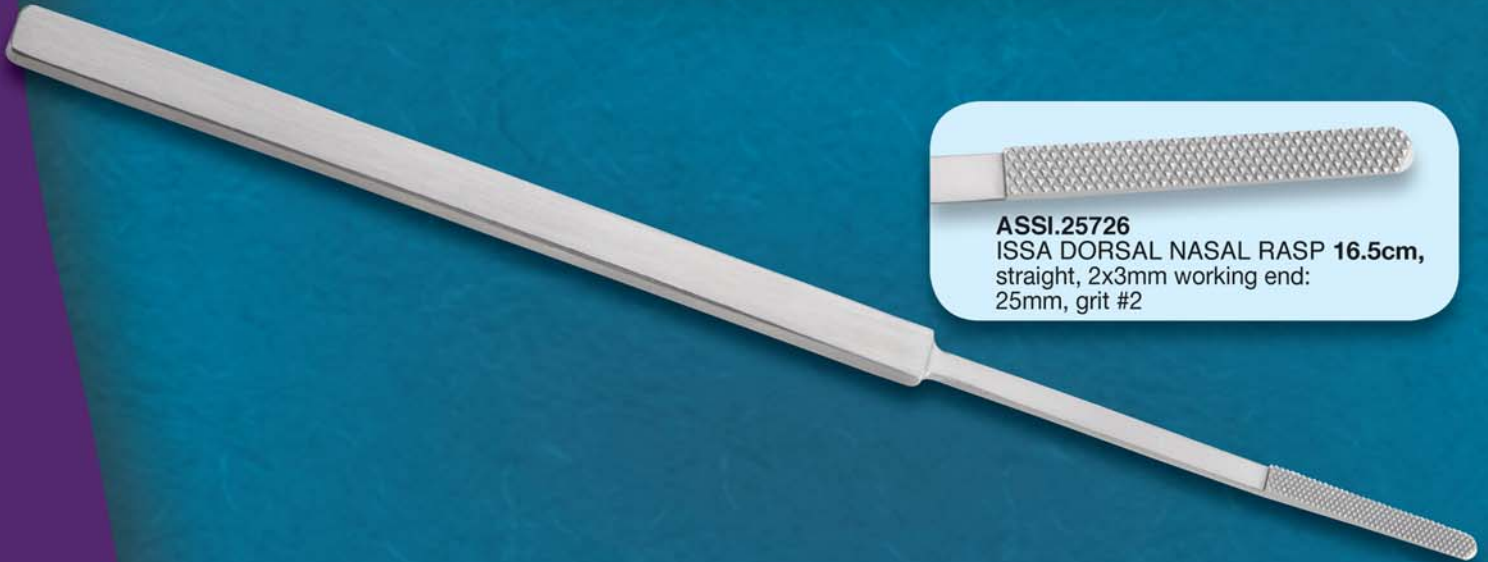
Dr. Archer says the biggest challenge she faced in her career was the decision to leave her first job. "It felt terrible at first, but I stayed busy and spent time working on what I wanted the right job to be." If you find yourself needing to make a change, be open to it and push yourself to discover what you are capable of and what you can learn from this transition. ■

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*See Acknowledgements, page 19*

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# DOMESTIC VIOLENCE PROGRAM RECEIVES ACCOLADES

The adjacent note was received by one of the AAFPRS member volunteers of the AAFPRS Foundation's humanitarian program, FACE TO FACE: The National Domestic Violence Project. "RG" is one of 48 survivors that was referred to the program in 2018 from the National Coalition Against Domestic Violence. This program provides pro bono services to survivors of domestic violence from 289 AAFPRS members, who offer their expertise and time to assist these individuals in getting their life back.

In 2018, the AAFPRS Foundation launched a financial support program to provide funds to domestic violence survivors, where warranted and approved, to those individuals whose cases require medical support beyond what the participating FACE TO FACE physician can provide.

Although the physician's time and expertise, as well as that of the staff and office facilities, are offered pro bono to the survivor, there are occasions where the surgery requires a medical facility and medical staff beyond what the physician can offer. In those cases, the physician may, on behalf of the patient, submit a request to the AAFPRS Foundation for financial assistance.

The AAFPRS would like to acknowledge the grants received from The Allergan Foundation, Candela, and Merz, whose sponsorship provided the initial funding for this program.

To learn more or to get involved in FACE TO FACE, visit

the Academy's Web site at [www.aafprs.org](http://www.aafprs.org), select the AAFPRS Foundation tab on the left-hand side of the home screen, and then click on Humanitarian Programs. You may also contact Karen Sloat, senior project consultant at the AAFPRS, [ksloat@aafprs.org](mailto:ksloat@aafprs.org) or by phone at (703) 650-9226. ■

*Dear Doctor:*

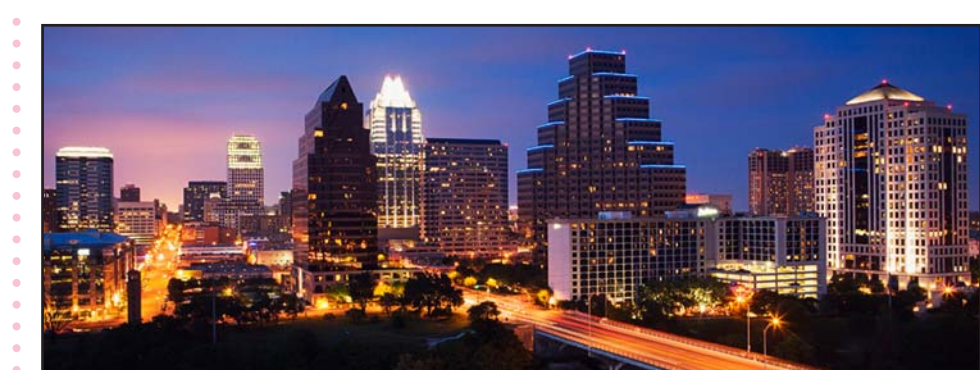
*Thank you so much for volunteering your time and expertise to the FACE TO FACE program. I was worried having my scar worked on would elevate my PTSD. I was actually happy when I left your office. I was happy that a doctor was helping me, for free, lessen the appearance of my scar thus helping me to put this awful and painful experience behind me. You are a gift to this world and the medical community. Thank you for being you!*

*Sincerely,  
RG*

# JOIN US IN AUSTIN—HOME TO LIVE MUSIC...AND COSM 2019

From Cover Story, page 1 two panel discussions on Thursday. "The Best Time to Surgically Intervene for Idiopathic Facial Paralysis (Bells Palsy) and the Management of Acute Facial Paralysis," will be discussed with panelists Patrick J. Byrne, MD; Jackie Diels, OT; Nate Jowett, MD; and Ravi N. Samy, MD. "Autologous, Cadaveric, Implant: What to Use and When," will be deliberated with panelists Minas Constantinides, MD; Russell W.H. Kridel, MD; Sam P. Most, MD; and Travis T. Tollefson, MD.

Have you been to Austin in the spring? Known as the Live Music Capital of the World, Austin has more than 250 music venues. It is also bursting with a vibrant arts scene, inspiring cuisine, and a stunning outdoor setting. Visit the Lady Bird Johnson Wildflower Center to see the display of 650 native Texas



plant species in gardens and on nature trails. Head over to Zilker Park, a 360-acre oasis in the heart of downtown. It is home to Zilker Botanical Garden, Umlauf Sculpture Garden and Museum, and Barton Springs Pool—a spring-fed swimming spot. For the hiking enthusiast, hike Mount Bonnell's gentle slope for a bird's eye view of the city. The food truck scene is serious, with the

Picnic, a food trailer park, offering a plethora of choices. Whatever your interest, Austin will have it covered—just be prepared for some fun. Register by April 1, to take advantage of early bird rates. For more information and to register, visit [www.aafprs.org/COSM](http://www.aafprs.org/COSM). And don't forget to extend your stay so you can relax and enjoy Austin and all it has to offer. ■

*Registration Opens March 31!*

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2019 AAFPRS

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# EMERGING TRENDS AND TECHNOLOGIES: RESEARCH AND DEVELOPMENT IN THE NEUROTOXIN MARKETPLACE

By Kaete A. Archer, MD



As much as we like all the neuromodulators, Botox still reigns king (or queen #anglophile) in many ways. The question is, how sustainable is Allergan's market share? Given the classic "eat or be eaten," is it only a matter of time before an innovative new product takes a big bite out of an estimated \$3.4 billion global market? This column looks at the up-and-coming neurotoxin companies and how they are positioning their products to fill unmet needs in the market.

Revanca is a biotechnology company in Newark, Calif. They are in Phase III trials for their new product RT002 (daxibotulinumtoxinA) for glabellar lines. This product stands out against Botox with a longer duration of action with reported improvements lasting six months without unwanted diffusion or adverse effects at neighboring muscles.<sup>1</sup> Similar to Botox, daxibotulinumtoxin is serotype A (BoNT/A). It is 150 kDa and formulated with a patented stabilizing peptide without animal-derived components or human albumin. This formulation limits the extent of diffusion and permits safe administration of longer acting doses.<sup>2</sup>

Stone et al., compared the relative duration of effect of RT002 and Botox formulations in mice.<sup>2</sup> They showed that RT002 and Botox are equipotent with RT002 having significantly less diffusion.<sup>2</sup> When RT002 and Botox were dosed using diffusion matched doses, RT002 treatment had an extended duration of effect compared to Botox by 58 to 100 percent.<sup>2</sup> The therapeutic wing of the company is just as robust with a focus on musculoskeletal conditions (e.g., plantar

fasciitis), hyperhidrosis, and cervical dystonia.

Bonti, a privately-held biotechnology company out of Newport Beach, Calif., has completed Phase IIa clinical trials for its lead aesthetic product EB-001A.<sup>3</sup> EB-001A is serotype E botulinum neurotoxin (BoNT/E) with a unique product profile: fast onset of only 24 hours and a short duration (approximately four weeks).<sup>3</sup> It is targeted for patients trying a neurotoxin for the first time and for patients who may need a quick touch-up between treatments. This aesthetic product is being developed for glabellar frown lines and scar reduction following Mohs surgery.

In 2018, Bonti completed a Phase IIa trial, SHINE-1 (Scar Healing Improvement with Neurotoxin E), a randomized, placebo-controlled, double-blind trial to evaluate the safety and efficacy of a single postoperative EB-001A injection in patients undergoing Mohs micrographic surgery on the forehead for scar reduction.<sup>4</sup> Based on Visual Analog Scale scores by the investigator on day 30, EB-001A treated scars were about 50 percent better in appearance compared to scars in the placebo subjects.<sup>4</sup> EB-001A treated scars also showed improvements in color and stiffness based on Patient and Observer Scar Assessment Scale (POSAS) scores.<sup>4</sup> At 24 hours, the EB-001A treated patients reported no itching (compared to 75 percent of placebo subjects) and less pain.<sup>4</sup> The company is developing a therapeutic product, EB-001T, for the treatment of focal muscle pain caused by muscle contractions and spasms, for which there are no approved therapies. In September 2018, Allergan announced that it was acquiring Bonti.<sup>5</sup>

Evolus, Inc., a medical aesthetics company out of California, has developed a neuromodulator, prabotulinumtoxinA (Jeuveau™),

for moderate to severe glabellar lines.<sup>6</sup> Evolus, Inc., received approval from the U.S. Food and Drug Administration (FDA) of Jeuveau on February 1, 2019.<sup>7</sup> The Evolus product is very similar to Botox: both are 900 kDa with the same active toxin and accessory proteins.<sup>6</sup>

A European and Canadian Phase III clinical study compared Jeuveau to Botox.<sup>7</sup> Results showed a 4.4 percent statistical superiority of Jeuveau compared to Botox, which is the first direct market threat to Botox.<sup>7</sup> Unlike the other companies, Evolus is only targeting the aesthetic market (not the therapeutic market), which gives them more pricing flexibility.<sup>6</sup> Their strategy is to penetrate a target audience of millennials.<sup>7</sup> The company is being spun out of its parent, ALPHAEON, which has funded all operations.<sup>8</sup>

Whether the company strategy is to conduct research and development (R&D) to create a product and sell to a larger company or to R&D a product and grow an entire product line, it is exciting to watch these entrepreneurial businesses disrupt the aesthetic market. Many of these products have uses beyond aesthetics and the companies are planning for a significant impact. Watch out for the next Emerging Trends and Technologies column to stay up to date on the latest and greatest! ■

*This column is designed to share innovations in treatment, surgical procedures, implants, and other devices for review and consideration by the reader, within the context of his or her own practice. The views expressed are those of the author(s).*

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## The Educational and Research Foundation for the American Academy of Facial Plastic and Reconstructive Surgery Annual Giving Report for 2018

### Mission

In 1974, the Educational and Research Foundation for the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS Foundation) was created to foster, promote, support, augment, develop, and encourage investigative knowledge and charitable and humanitarian application of facial plastic and reconstructive surgery.

### General Overview

The AAFPRS Foundation raised \$207,605 in cash in 2018 from 145 individual and corporate donors. Twenty-seven companies provided financial support for meetings and educational offerings totaling \$358,000. In addition, In-Kind contributions were received from twelve companies/organizations valuing \$246,543. These funds are raised through a variety of sources including:

1. The Many Faces of Generosity - Facing the Future and Beyond Capital Campaign, which will continue to collect payments from pledges totaling \$4 million through 2018.
2. Corporate Sponsorships, support of educational sessions and in-kind donations at AAFPRS Meetings.
3. Gift to the Foundation Annual Fund from regular appeals. An Annual Fund is:
  - The cornerstone of a comprehensive development program.
  - Separate and distinct from money raised for a Capital Campaign or Endowment, such as the Bernstein Research Grants.
4. Founders Club Membership. Founders Club members are individuals who support the Foundation through membership dues.
5. 1887 Membership - An 1887 member recognizes individuals and organizations whose philanthropic commitment to the AAFPRS Foundation is \$1,000 or more (actual cash donations) during any fiscal year.

### How Your Donation Makes All the Difference

- Recognizes and grants monetary awards to outstanding authors of research papers in facial plastic and reconstructive surgery.
- Funds two Research grants and a Research Scholarship through the Foundation's Research Center.
- Supports the Foundation's LEARN (Lifetime Educational and Research Network) portal which provides educational tools for Academy members as well as a permanent Transcript of each members Continuing Medical Education credits earned via AAFPRS sponsored meetings and activities.
- Supports the Foundation's FACE TO FACE Program by funding a database to capture patient information and providing grants for sanctioned FACE TO FACE International Missions.
- Supports the Foundation's FACE TO FACE Domestic Violence program, which matches survivors of domestic violence to an AAFPRS volunteer physician, who provides pro bono services to assist the survivor in reclaiming their life.
- Encourages the collecting of historical memorabilia instructive on the subject of the development of facial plastic surgery and provides funds for the Robert L. Simons Archive and Heritage Center.
- Supports Fellowship Program database that assists in tracking and management of requirements and application information.
- Keeps operating costs of the Foundation down.

## Annual Giving Report for 2018

### Distinguished 1887 Member Award

In 1887, the first credited intranasal rhinoplasty was performed in the United States. 1887 members are individuals and organizations whose philanthropic commitment to the AAFPRS Foundation is \$1,000 or more during a fiscal year.

The Distinguished 1887 Member Award is presented to those individuals who have gone the extra mile for the Foundation. They have helped the annual giving fund and unselfishly given of their own time by participating in activities that have advanced the mission of the Foundation.

### The 2018 recipient is Russell W. H. Kridel, MD

Past recipients of the distinguished 1887 Member Award include:

Harrison C. Putman, III, MD	Dr. and Mrs. William H. Truswell	Mark Hamilton, MD
Peter A. Adamson, MD	David B. Rosenberg, MD	Terry L. Donath, MD
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Carla Graham, MD	Anthony P. Sclafani, MD	Manoj T. Abraham, MD
		John Charles Finn, MD

### 1887 Member Recognition for 2018

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## Annual Giving Report for 2018

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# Annual Giving Report for 2018

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# MEDICAL EDITOR'S MESSAGE: I WELCOME YOUR INPUT

By Paul J. Carniol, MD, Medical Editor, *Facial Plastic Times*



It is an honor to be appointed as the new editor of *Facial Plastic Times*. Steven Dayan, MD, has served as medical editor for the past three years. He has done an excellent job. My goal is to reach the high standard he has established. In each issue, Dr. Dayan's column has provided a thoughtful and insightful contribution to aesthetics and facial plastic surgery. I have enjoyed reading these and learned from each one. I hope Dr. Dayan finds time in his busy schedule to continue to contribute to this publication.

In the past, I have served as vice president for research and development, treasurer, and currently serve as vice president for membership and society relations for our Academy. Hopefully, the knowledge and expertise acquired through these positions will extend into my role as the medical editor.

As our member publication continues to grow for the future, it is important to have your recommendations. Please send your thoughts and suggestions related to both content and direction. If you like something, let us know. If you dislike it, please let us know as well. We can only improve with your suggestions. Our goal is to make *Facial Plastic Times* a must read for all members. It should continue to be a source of information about everything that is happening in our specialty.

During the course of your practice, you may have some information you believe is worthy of sharing with your peers, e.g., a new technique, an interesting case study report, practice management advice, marketing tips. Please send it to us. Our plan is to publish this material under your byline. And if appropriate,

please include any disclosures related to your submission. These will be listed at the end of the column.

Currently, our plan is to continue with our recent column additions: Young Physicians, Women in Facial Plastic Surgery, and Emerging Trends and Technology. Our regular columns, such as FACE TO FACE Updates, PR Tips, Internet Insider, Abstract Corner, and Membership Updates, will also remain. I would love to add a column on "How I Do It," and I welcome contributors to this new column. (This would focus on success stories about clinical or business practices that have worked for you.) I would also like to bring back the "Committee Updates" column and encourage committee chairs to participate in keeping the membership abreast of their efforts.

We will also continue and have a more regular column on the latest news from the AMA. It should be noted that our specialty's interests have been well served by our position at the national level in the "House of Medicine." At the AMA, we are represented by Russell W.H. Kridel, MD; J. Regan Thomas, MD; Scott Chaiet, MD; and

myself. Dr. Kridel now serves as secretary on the Executive Committee of the AMA and I serve as a member of the Board of AMPAC. It is important to have this dedicated representation for the myriad issues and suggestions that can be presented at the AMA by others.

Our Academy is continuing to work for its members in many ways. In each issue, we would like to highlight this through a regular update from the Academy staff about what is being done or planned.

We have many members who serve our Academy in multiple ways. As the new medical editor, I would like to thank all of you for your service and ask again that you start contributing to *Facial Plastic Times*. I look forward to your feedback and future participation. This is a member newsletter and your input is key.

It should be noted that for years Rita Chua Magness and other Academy staff members have done a magnificent job with *Facial Plastic Times*. Many thanks for their past and continued efforts. Once again, I would like to thank Dr. Dayan for his excellent work. ■

## References

*From Emerging Trends, page 8*

1. Carruthers J., et al. Injectable DaxibotulinumtoxinA for the treatment of glabellar lines: a phase 2, randomized, dose-ranging, double-blind, multicenter comparison with onabotulinumtoxinA and placebo. *Dermatol Surg*. 2017;43:1321-1331.
2. Stone HF, Zhu Z, Thach TQ, Ruegg CL. Characterization of diffusion and duration of action of a new botulinum toxin type A formulation. *Toxicon*. 2011;58:1159-167.
3. www.bonti.com. Accessed February 1, 2019.

4. www.medestheticsmag.com/bonti-announces-results-phase-2a-scar-reduction-clinical-study. Accessed February 1, 2019.
5. https://bonti.com/allergan-to-acquire-bonti-adding-new-neurotoxin-programs-to-medical-aesthetics-pipeline. Accessed January 22, 2019.
6. www.evolus.com. Accessed January 22, 2019.
7. https://seekingalpha.com/article/4239470-evolus-recently-approved-jeuveau-direct-threat-botox?page=3. Accessed February 1, 2019.
8. www.equities.com/news/evolus-files-for-ipo-ahead-of-potential-2018-approval-for-botox-alternative. Accessed February 1, 2019.

# PR TIPS: THE CONSUMMATE GUIDE TO WOOING MILLENNIAL PATIENTS

By KELZ PR

The millennials are coming...the millennials are coming. You have likely heard this before, but recent statistics from the AAFPRS put some numbers behind it. In 2018, 72 percent of facial plastic surgeons saw an increase in cosmetic surgery or injectables in patients under age 30. These numbers keep climbing and are up 24 percent since 2013.

Millennials are not your typical facial plastic surgery demographic; and from marketing to treatment, these 22 to 37-year-olds need to be handled in a very different way than baby boomers and Generation Xers. The following information is what you need to know about this generation.

## **They do not trust advertisements**

Millennials do not trust traditional advertising; do not waste your marketing spend on ads. Instead, this prized demographic prefers user-generated content, i.e., reviews and testimonials from real patients. Make sure you have a solid strategy for generating and posting positive reviews. These reviews should appear on all key sites as well as your own site. It is also important to have a strategy in place for dealing with negative reviews that can hurt you.

Influencers play a role in luring millennials into your practice too, and we are not talking about mega-celebrities either. "Micro-influencers" or those with 1,000 to 100,000 followers may carry more sway. Look for beauty micro-influencers in your community and engage with them on social media. Test the waters to see if there is room to grow your partnership with sponsored posts. This is the new word of mouth and voices carry.

## **They want to be heard**

Millennials do not just read reviews, they also write them...lots of them. You have been warned. In the event of an unkind review, reach out if you know the poster and tell him or her that you are taking steps to resolve the issue that was mentioned. If a person posts something flattering, and you know who it was, say thank you and let him or her know that you appreciate the kind words. This goes a long way toward building and solidifying a relationship with millennials.

## **They do not want to look young**

Millennials do not want to look young—they already do. Instead, they would like to get ahead of the aging curve where they can, but fear looking frozen. Take a cue from the BOTOX® Cosmetic new marketing campaign, which was designed to address the most common misconceptions that millennials have regarding Botox—namely, the fear of looking unnatural. The "Own Your Look" campaign addresses this head-on by showcasing real Botox users in their 20s, 30s, and 40s, and their authentic facial expressions in response to all sorts of life events.

Make sure your before and after photos speak to this aesthetic. They want to see images of patients who are relatable and look like them. Your marketing materials must also reflect this new paradigm, so this powerful patient group knows they are in the right place.

## **They want a story**

Branded content that entertains as much as it educates is key to winning over this prized demographic. Branded content is funded by an advertiser, but overtly self-promotional. It focuses on your customer's needs and creates a narrative around these needs. It is not about your new approach to lip lifting, but instead

about how full lips are a sign of vitality and attraction, yet not everyone was born with a proficiently plump pucker. Patient diaries are a great tool to attract millennials who are interested in what you can offer, such as rhinoplasty, lip fillers, and cheek and chin enhancements.

## **They love social media**

Millennials love Instagram and YouTube first and foremost. So, if you want to reach them, this is a good place to start. Storytelling, like the kind of content used on Instagram stories and Snapchat, allows potential patients to feel like they already know you, like you, and trust you before they ever come to your office. This is key for instilling trust in millennials. They may be on Facebook and Twitter, but it is not where they spend most of their time.

## **They want to connect with you**

If your values align with a millennial, they are loyal for life. As part of their dismissal of traditional advertising, millennials favor authenticity and shared value systems. They are willing to pay more to support socially-responsible companies. If you sell vegan skin care or a product line that does not conduct animal testing, this may be a selling point.

## **They will not be kept waiting**

Make sure you have a fail-safe system for answering questions and scheduling appointments, whether chat bots or by phone. If your Web site is not responsive, you will likely lose millennials before they even click "contact us." This generation thrives on instant gratification. They see it, they want it, they do it.

It is a lot to learn; but if current trends continue, it will be worth it to make these adjustments to attract this powerful patient population. ■



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# FACE TO FACE TRIPS: ETHIOPIA AND SEVENTH MISSION TO

By Jaclyn Klimczak, MD

This year began with a medical mission trip to Mekelle, Ethiopia, sanctioned and funded by FACE TO FACE. This mission was led by Academy member Manoj Abraham, MD, chair of the FACE TO FACE Committee in partnership with Healing the Children Northeast (HTCNE). Our team was invited by Joshua Wiedermann, MD, fellowship trained pediatric otolaryngologist, to join him at the Ayder Comprehensive Referral Hospital of Mekelle University. Dr. Wiedermann has already made a tremendous impact on teaching and developing the otolaryngology residency program at Mekelle University.

Facial plastic surgeon and Academy member Dane Barrett, MD, joined us as a fundamental leader of our team, which was comprised of surgeons, medical doctors, anesthesiologists, nurses, scrub techs, team administrators, and speech and language pathologists. The goal of our mission was not only to provide medical and surgical care to an underserved population but also to educate their medical staff through a comprehensive health care team made possible through funding by the FACE TO FACE program. The objective was to create a sustainable health care plan for otolaryngology patients that could be carried on after we departed.

Our comprehensive team screened a multitude of adult and pediatric patients, 24 of which were cleared for surgery with over 40 procedures completed over four days. Procedures performed included but were not limited to cleft lip and palate surgery, advanced rhinoplasty, scar revisions, and local flaps for facial reconstruction. The FACE TO FACE database was an integral resource throughout our trip that allowed us to effectively document, track, and plan for future interventions for all patients screened and treated. More importantly, with prospects to return to Mekelle, the database allows us the ability to provide continuity of care for these patients.

Throughout the mission, we were involved in screening patients, operating, and general medical management, while providing a close teaching environment and mentorship for their

OUR MULTI-DISCIPLINARY TEAM WAS WARMLY WELCOMED BY THE HOSPITAL STAFF AT THE AYDER COMPREHENSIVE REFERRAL HOSPITAL OF MEKELLE UNIVERSITY.



residents and hospital staff. Interactive lectures on cleft lip and palate, rhinoplasty, velopharyngeal insufficiency, and speech and swallow management were conducted at the end of each day to continue our efforts on long-term educational modalities. Our speech and language pathologists introduced and educated their residents on a new discipline of therapy lacking in their health care that is a critical component of an otolaryngology patient's long-term medical plan. Our efforts provided a strong foundation for our cleft lip and palate patients to receive comprehensive long-term care with a multidisciplinary team.

This initial on-site mission was an enormous success made possible through the FACE TO FACE humanitarian program. The support and funding allowed us to bring a multidisciplinary team to Mekelle; they worked tirelessly to provide necessary medical and surgical care all while encompassing crucial educational initiatives for the otolaryngology residency program.

As an otolaryngology resident with aspirations to pursue a career in facial plastic surgery, the FACE TO FACE program provided me with a life-changing opportunity to contribute as a critical member of the team. The skills and experience I have captured from this opportunity are unparalleled, and the positive impact we made on patients' lives will be permanent. My passion for humanitarian work and global health have always existed. These humbling experiences only reaffirm my continued dedication to including medical mission trips as an integral component of my facial plastics career. The FACE TO FACE program and database has made it possible to pave the way for medical missions in the future and hopefully continue to expand efforts to a large area of underserved people in the world. I look forward to working with and strengthening our efforts in years to come.

## Seventh Mission to Lima a Success

By Ryan Brown, MD

From November 4-9, 2018, FACE TO FACE sponsored another cleft surgery mission to Lima, Peru. This was our seventh mission to Lima. We returned to the same government hospital Dos de Mayo and continued teaching local physicians, medical students, and nurses. The team included AAFPRS members Ryan Brown, MD, and Shaun Desai, MD, along with pediatric ENTs, anesthesia, pediatrics, nurses, scrub techs, PACU nurses, speech therapy, audiology, optometry, and dentistry.

During the week, we operated on 100 patients with cleft lip and cleft palate and performed a total of 160 procedures. We were able to see many patients and families that we have operated on before. We also were able to grow our program with audiology and





TEAM LEADER RYAN BROWN, MD, SEEN HERE WITH ONE OF THE 100 PATIENTS TREATED.

optometry to provide free hearing tests and fit hearing aids and to provide eye exams and fit with glasses. This year, we fit 82 hearing aids and 168 pairs of glasses. We also provided 132 sessions of free speech therapy.

Each of these children is an individual with hopes and dreams that we were able to significantly help improve their lives and their futures. One little girl who stood out to me is Anali, a beautiful 11-month-old girl born with a cleft lip. Her family did not have the resources to help her get the surgery done. She was carried in the arms of her parents over eight hours by bus to arrive in Lima. The moment I met Anali, she came right into my arms, calmly felt my face, and played with my name tag. And then she stared into my eyes; I felt like her soul was talking to my soul and thanking me for coming to help her. It was a very powerful experience. She had a successful surgery of fixing her cleft lip and placing ear tubes to help her hear better. Her parents were so grateful. Anali's worth is priceless and I was humbled to be able to help her.

We look forward to continuing to help the wonderful people of Peru in November 2019 with the support of FACE TO FACE. ■

## INTERNET INSIDER: GOOGLE ALGORITHMAGEDDON

By Robert Baxter, Surgeons Advisor

I was asked to sponsor a breakfast symposium at the upcoming Advances in Rhinoplasty meeting in Orlando. I started thinking about it more and realized it's the perfect time to talk about something really important: the last six months on the Internet and the most intense, complicated, and challenging changes I've seen in two decades of digital marketing.

I'll touch upon the basics in this article and then do a deep-dive at the Saturday breakfast session, April 6, *The Toughest Changes Online in Two Decades: What Your Practice Needs to Recover, Survive, and Thrive in an Increasingly Complicated Digital Landscape*.

I'm sleeping better at night having "figured it out." I've tested my theories and proven them, with 9/10 replicability that I'll get to 10/10 shortly.

But it has come with a lot of proverbial blood, sweat, and tears. Likely about 400 hours, over the last few months, focused on these latest algorithm changes and their impact on medical Web sites. And impact, they have. I've seen:

- Practices lose all their visibility
- Practices that have fallen out of the top 10 pages for everything
- Practices that fell across-the-board from page one to page three, four, or five
- Practices that are sharply down in revenues
- Even the 500-pound gorilla of the space—who had unparalleled visibility—has laid off 15 percent of its staff because of the massive hits to their exposure

At the same time, I've seen practices running steady, practices that have improved, and practices that are recovering. And I understand why.



The thing is, the changes have kept coming, one after the other. The "Medic" update on August 1 was the most profound—a "core" update—meaning it was broadly updated, you could say, "down to its core." Then there was the "Birthday" update on September 27. While it was small in comparison, it still seemed to target the medical industry. Then there was another pretty big one in January and yet another, the "Valentine's Day" update.

What's more, at the same time these changes were happening—again, disproportionately targeting the medical industry—Google was also:

- Totally changing its mobile speed, performance, and accessibility testing and methodologies
- Pushing hard for accelerated mobile page usage (AMP)
- And even focusing intensively on E-A-T: expertise, authority, and trust, which has impacted everything from link building and namespace optimization to reputation management

So what does it all mean? Well, Google (and other online services like Instagram) are actively engaged in pushing companies away from "getting a free ride" and toward paying for their services. It's true. Organic real estate—which we all know is incredibly valuable—has been shrinking for years. There are more ads. Their knowledge panel takes up more space. Local results push people toward Google-controlled content. Plus, all the prominent answers to questions appear sometimes right at the top. And more.

They want your direct dollars—through paid advertising—since that's how they make their money. And even though per procedure you'll spend much more over time using paid

See *Core Strategies*, page 18

# CONSUMER NEWSLETTER HIGHLIGHTS TOP TREATMENTS, NEUROTOXINS, MICRONEEDLING

The Academy provides an excellent educational and marketing vehicle for you to send to referring professionals, to include as part of your welcome packet, and to keep content fresh and up-to-date on your practice Web site. The spring issue will feature the 2018 survey results, neurotoxins, microneedling, hyperpigmentation, Jeuveau, and safety.

Each year, the media cannot wait to get their hands on the AAFPRS annual survey results and promote the trends for the past year. Your patients are equally eager to know who is having what procedures and will devour the cover article, *Statistics Show Prejuvenation and Rhinoplasty Prevailed in 2018*. There is a strong link between millennials and the growing demand for cosmetic procedures. Since 2013, surgical procedures have almost doubled, and Botox has increased by 22 percent. Prejuvenation options, rhinoplasty, avoiding overly-enhanced looks, rhinoplasty, and revisions will all be discussed, with the message to make an appointment to discuss individual recommendations with a facial plastic surgeon.

The most popular nonsurgical cosmetic procedure performed each year for both women and men are neurotoxin injections. The inside feature article, *Are Botox, Dysport, or Xeomin Right for You?*, will explain characteristics of neurotoxins and how these are used to treat fine lines and wrinkles. The article will also provide guidelines for neurotoxins in your 20s, 30s, 40s, and beyond, as well as next steps to take.

A patient asks if she might be a good candidate for microneedling to improve acne scars in the *Ask the Expert* section. The answer will provide an explanation of what microneedling is, how it works, and the recommendation to make a consultation appointment.

Your patients may feel uncomfortable or self-conscious with their hyperpigmentation and unsure of what their options are for improvement. The *Health Tip* will offer possibilities, from topical treatments with key ingredients that lighten the skin to cosmetic procedures such as laser therapy, intense pulsed light, chemical peels, and microdermabrasion.

The *What's New* section shares the latest U.S. Food and Drug Administration (FDA) approved neurotoxin, Jeuveau. The drug was developed by South Korean pharmaceutical company Daewoong and introduced into the Korean market in 2014 under the name Nabota. Coming this spring, Jeuveau is the first FDA-approved neurotoxin that is solely dedicated to aesthetics with expected efficacy and length of duration similar to Botox.

The final article, *Maintaining Youthful Appearance, Safely*, will emphasize the importance of doing your

homework prior to surgery. It provides a “Do’s and Don’ts” for safely selecting a surgeon.

Order your digital copy of the spring issue of *Facial Plastic Surgery Today*. See the enclosed subscription form for details or contact Glenda Shugars at the Academy office, (703) 299-9291. ■



## TODAY'S CORE STRATEGIES

From *Internet Insider*, page 17

advertising versus going organically, it is the world they want.

So, the real estate is shrinking. The organic value is profound. And Google has changed the rules of the game. What are you to do?

First, understand today's core strategies.

1) Content optimization. It's all about RankBrain and topical clustering; and when done properly, it's expensive yet wildly successful.

2) Enhancing E-A-T. There are quite a few ways, both on-site and off, to ensure that Google trusts you enough to show your practice over others. Mastering E-A-T is vital.

3) Link building. Of course, we're still talking about link building. But the nature of those links has evolved and they must meet certain criteria. There's a straightforward method of aligning your link building efforts and your efforts to establish better E-A-T.

4) Local search. It used to be about just claiming, standardizing, and citations. Now those rules have changed, too. They align beautifully with the other areas to ensure that everything, together, is running in sync.

5) Technical optimization. You must understand the new playing field, the new tools for analyzing, and the very specific methods to ensure your mobile (and still desktop) speed, performance, accessibility, best practices, and search engine optimization are scoring at an A or A+ level.

Next, you'll need to understand the best—and totally underutilized—method of gauging whether your efforts are actually working or not.

And finally, you need to learn the new ways to implement each of the five strategies. Almost certainly it will take some work, even when you're doing pretty well. I look forward to digging deeper together in Orlando. See you then. ■

## Acknowledgments

From *Women in FPS*, page 4

I would like to thank my colleagues—Dr. Tansavatdi; Dr. Kim; and Dr. Archer—for sharing their experiences. Dr. Tansavatdi has been practicing for seven years in solo private practice in Westlake Village, Calif. Dr. Kim has been in practice for five years. She started out in a group practice and is now in solo private practice in Walnut Creek, Calif. Dr. Archer has been practicing for two years and has transitioned from a small group practice to solo private practice based in New York, NY.

## CLASSIFIED AD

For Sale by Owner

Turn-key facial plastic surgery-ENT private practice in prestigious Arlington Heights, Ill., a northwest Chicago suburb. Step right in to join or replace a facial plastic-ENT surgeon. This site and unique opportunity would make an ideal primary or secondary office for expansion of an existing practice. Text (847) 738-6452 for more information.

## CLASSIFIED AD

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Practice for Sale in Bellevue, WA

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

Fully equipped operating room in the office, across the street from superb local hospital. If you're an excellent surgeon with superior communication skills and bedside manner, this might be the practice opportunity of a lifetime!

Please send serious inquiries to: Fredric A. Stern, MD, Medical Director, The Stern Center for Aesthetic Surgery, P.C.,  
f\_stern@sternctr.com.



# FACIAL PLASTIC TIMES

## MARCH 2019

### 2019

#### APRIL 4-7

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

#### MAY 1-2

AAFPRS Spring Meeting  
in conjunction with COSM  
Austin, TX  
Co-chairs: David B. Hom, MD, and  
Robin W. Lindsay, MD

#### JUNE 22-23

ABFPRS EXAMINATION  
Washington, DC

#### AUGUST 2-4

OHSU Portland Aging Face Course  
Chair: Tom D. Wang, MD  
Portland, OR  
(Endorsed by the AAFPRS Foundation)

#### OCTOBER 3-5

AAFPRS Annual Meeting  
San Diego, CA  
Co-chairs: Samuel L. Oyer, MD, and  
Catherine P. Winslow, MD

### 2020

#### APRIL 22-23

AAFPRS Spring Meeting  
in conjunction with COSM  
Atlanta, GA

#### SEPTEMBER 10-12

AAFPRS ANNUAL MEETING  
Boston, MA

#### JUNE 27-28

ABFPRS EXAMINATION  
Washington, DC

Meeting Director: J. Randall Jordan, MD

## CLASSIFIED AD

Retiring plastic surgeon's 3,645 sq. ft., medical office is for sale in Provo, Utah: three exam rooms, dedicated photo and laser rooms, and a large procedure room. It can easily accommodate one or two surgeons. An ambulatory surgical center with five operating rooms is located on the same campus. The office is located in a beautiful setting with views of the adjacent Wasatch Mountains. The population in our area is rapidly growing due to the many tech companies located here. Call for details, (801) 375-4646.

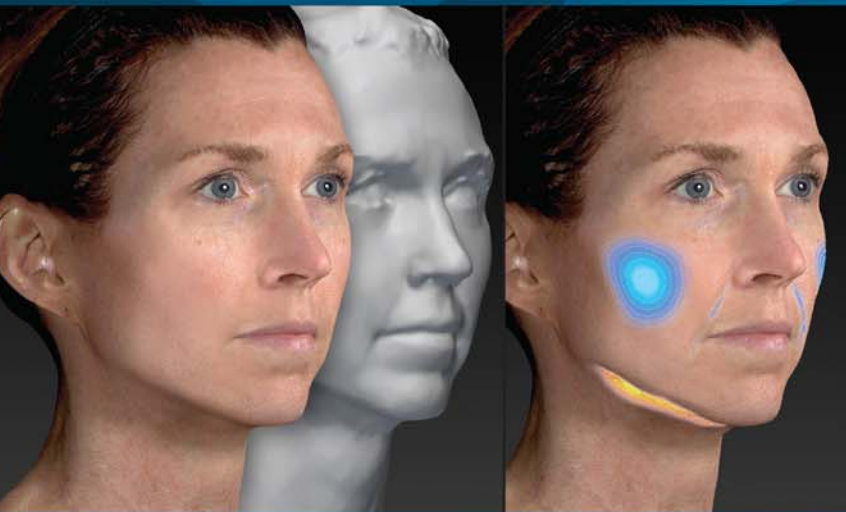
Enclosed in this issue of  
*Facial Plastic Times* is the  
*Facial Plastic Surgery Today*  
subscription form.

## CLASSIFIED AD

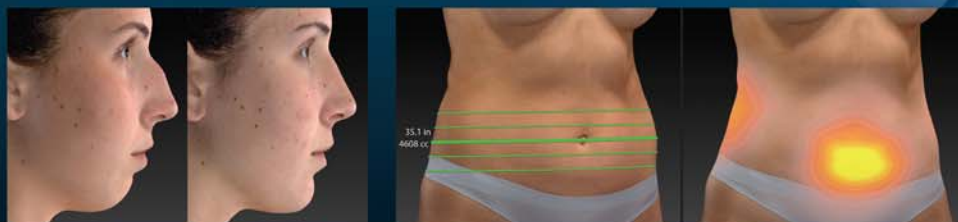
Seeking plastic surgeon for established plastic surgery private practice, gorgeous spa space, onsite accredited OR. Ideal combination of cosmetic and reconstructive, collegiality and collaboration, assistance from PA, minimal call responsibility. Interest/experience with hair transplantation and social media desirable. Option for academic affiliation with resident teaching/micro-vascular reconstruction, international mission trips, partnership with work in or buy in. Westchester, Mid-Hudson Valley country living, beautiful estates, within 50 minutes to New York City. Contact MT Abraham MD, [www.NYfaceMD.com](http://www.NYfaceMD.com), [info@NYfaceMD.com](mailto:info@NYfaceMD.com) with CV.

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