

Facial Plastic TIMES

AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY, INC.

THE MANY FACES OF GENEROSITY

Last fall at the 2011 Annual Meeting in San Francisco, Jonathan M. Sykes, MD, and Vito C. Quatela, MD, National Steering Committee co-Chairs of *The Many Faces of Generosity* campaign announced the launch of an unprecedented effort to raise a minimum of \$4 million to support educational excellence, relevant research and evidenced-based medicine and to take the FACE TO FACE Programs to the next level.

We are pleased to announce that we have already secured \$3.2 million in gifts and pledges toward our goal, with Robert F. Gray, MD, of Pleasanton, Calif., having the honor of making the contribution that put us over that milestone.

We have already started the implementation process for each of the three key projects being supported by the funds received from 124 members and two industry leaders, PCA SKIN and DiscoverBeauty. Please take a moment to review the donor list on page 7.

New face of education for the next generation

The Educational and Research Foundation for the AAFPRS intends to build a comprehensive educational portal accessible to AAFPRS members, with some components having access by industry and international

The Educational and Research Foundation for the
American Academy of Facial Plastic
and Reconstructive Surgery

The Many Faces of Generosity

Facing the Future and Beyond



surgeons who are not affiliated with the International Federation of Facial Plastic Surgery Societies. The portal will provide the tools, training, and information required by surgeons to stay current in their field and to interact with other surgeons and industry partners in the facial plastic and reconstructive surgery profession. We are fortunate to have M. Eugene Tardy, Jr., MD, as chair of this committee. Committee members include Peter A. Hilger, MD; Theda C. Kontis, MD; Sachin Pawar, MD; John S. Rhee, MD; Tom D. Wang, MD; and Mr. Richard Linder, president/CEO of PCA SKIN.

A prototype of the proposed
See Research Center, page 6

Nominees for 2012 AAFPRS Elections

Pursuant to Article XI, Section 1 of the AAFPRS Bylaws, the Nominating Committee hereby presents this report to the membership. The following individuals have been nominated to Academy offices for the 2012 elections.

President-elect

Edward H. Farrior, MD

Secretary-elect

Minas Constantinides, MD
John L. Frodel, MD

Treasurer-Elect

Wm. Russell Ries, MD
William H. Truswell, MD

Group VP-elect for Membership/Society Relations

Theda C. Kontis, MD
Donna J. Millay, MD

Eastern Region Director-elect

Patrick J. Byrne, MD
Cynthia M. Gregg, MD

Western Region Director-elect

David W. Kim, MD
Brian Wong, MD

Nominating Committee

John F. Hoffmann, MD
Mary Lynn Moran, MD
Steven J. Pearlman, MD
Vito C. Quatela, MD
Daniel E. Rousso, MD
Jonathan M. Sykes, MD

Audit Committee

Donn R. Chatham, MD
William W. Shockley, MD

Eastern Region Credentials Committee Representative

Daniel G. Becker, MD
Kofi O. Boahene, MD

OFPSA COLUMN: SUMMER SURGE! PRACTICE PICK-ME-UPS

By Tracy Drumm, OFPSA President

I don't need coffee. Although it is addictive, my body doesn't require it to function. I can certainly wake up and carry on my day without it. But that warm cup of java sure does put a little pep in my step and help me hustle through the day.

Just like I don't need a cup of coffee to exist, your practice doesn't need marketing to thrive. However, just as coffee escalates me to the next level of productivity, marketing can serve as a dose of caffeine to boost your practices' profitability this summer.

Step 1: eliminate distractions. It is up to your team to provide patients as many opportunities as possible to learn about service and treatment options. By provid-

ing educational tools, you are allowing patients to maximize their time and financial investment into their appointment. The first step to ensuring your resources are properly utilized is to ditch the distractions by getting rid of the gossip magazines. If you have an issue of *Cosmopolitan* talking about "Five Secrets to Lose Five Pounds," or a magazine divulging secrets from Brad Pitt, your laser hair removal brochure will have a slim chance of being read. Have your staff clear the coffee table of all magazines to make room for educational tools that will help the patient discover additional solutions you offer.

Step 2: create a focal point. Once you have cleared the clutter and canceled your magazine subscriptions, think of the new



found space as real estate. What tools do you have that explain the treatments you offer in an engaging manner? You can utilize pre-made brochures that device or pharmaceutical companies provide or have your own custom pieces created. Gather your best before and after photos and showcase them in a photo album or even load them onto an iPad for patients to flip through.

Take the resources you have collected and display them in one or two places in your reception area and label it as an "Education Center." By keeping promotional items organized, you are ensuring your messages will be heard. It is a common rule in

RECONSTRUCTING THE FUTURE

**POLITICS OF BEAUTY
OFPSA ANNUAL MEETING**

**WASHINGTON D.C.
SEPTEMBER 6-7**

OFPSA

tracy@drdayan.com

All advertisements in this issue
are paid ads.
Enclosed in this April issue of
Facial Plastic Times are:
Capital Campaign Brochure
and Annual Fund Envelope.

marketing that if you overwhelm
your consumer with too many
messages they will likely tune
them all out.

Step 3: promote your top three.
Identify the top treatments that
are essential to building your
specific brand. Now evaluate your
promotional items to ensure the
tools you provide educate on
these procedures. Utilize the
designated educational space in
your office to highlight your
experience with these treatments.
Be sure to incorporate any addi-
tional credentialing material that
will strengthen your position as
the expert with these three main
treatments.

Consider focusing this sum-
mer on small changes or practice
"pick-me-ups" that will be sure to
energize your staff and patients.
Keep the sunny months strong by
proactively brewing up a plan to
educate each patient that comes
to your practice. ■

MANAGEMENT OF HAPU

From Medical Editor, page 12
dissipation and blood supply
beneath facial skin make the
area particularly susceptible to
pressure ulcers during surgery in
the prone position. Goodwin et al
(*Neurosurgery Spine Journal*. 14:
85-87, 2011) describe a similar
propensity in patients undergoing
sacral tumor resection, citing
specific concern with the Mayfield
clamp. Dixon and Ratliff (*Ostomy
Wound Management*. 57: 48-53,
2011) review occipital HAPU and
report one associated with hair
braids. In their review, they cite
evidence of higher risk in neo-
nates, infants, and young chil-
dren, and they warn of high risk
from cervical collars and lateral
rotation of patient beds. An



FACIAL PLASTIC TIMES APRIL 2012

2012

APRIL 18-22

COMBINED OTOLARYNGOLOGICAL
SPRING MEETINGS (COSM)
(AAFPRS SESSION, APRIL 18-19)
San Diego, CA
Co-chairs: Sherard A. Tatum, MD and
Benjamin C. Marcus, MD

MAY 9-12

THE 7th INTERNATIONAL MEETING
IN FACIAL PLASTIC SURGERY
Nose and Face World
Rome, Italy
Co-Sponsors: IFFPSS, EAFPS, and
AAFPRS

JUNE 16-17

ABFPRS Examination
Washington, DC

JULY 13-17

FACIAL SCULPTURE FOR
SURGEONS--ONE-WEEK BOOT CAMP
New York, NY
Chair: Steven Neal, MD

JULY 27-29

PORTLAND RHINOPLASTY COURSE
Portland, OR
Chair: Tom D. Wang, MD

SEPTEMBER 4

FALL COMMITTEE MEETINGS
(preceding the AAFPRS Fall Meeting)
Washington, DC

SEPTEMBER 5-8

FALL MEETING
Washington, DC
Co-chairs: Craig S. Murakami, MD and
Daniel S. Alam, MD

2013

MAY 8-11

ADVANCES IN RHINOPLASTY
Chicago, IL
Course Directors: Peter A. Hilger, MD,
Minas Constantinides, MD, and
David W. Kim, MD

interesting study by Tescher et
al., (*Trauma Injury Infection and
Critical Care Journal* 63: 1120-26,
2007) investigates the actual
tissue pressures created by four
commonly used cervical collars,
concluding that the Miami J has
the lowest risk of occipital HAPU.

The need for expertise in
preventing and managing HAPU
of the head and neck is large and
growing. None of the published
works on HAPU of the head and
neck addresses the management
and subsequent outcome, so
there is virtually no information
available on the long-term conse-
quences. Although many are best
left to heal by secondary intent
with no intervention beyond
optimal wound management,

even the choice of dressings and
other supportive intervention is
unstudied for these particular
lesions. Further, no study seems
to have been done comparing
outcomes of head and neck HAPU
with those of any other lesion of
similar nature and appearance
from other causes. It may well be
that optimal management differs
depending on the etiology, and
that sufficient outcomes data will
support criterion-based manage-
ment for the best possible long-
term results.

Every business seeks a new
niche with minimal competition
and boundless opportunity.
This one is banging on our doors
and we'd be foolish not to
respond. ■