# Facial Plastic FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY, INC.

# REVISION, REDUCTION, AND FUNCTIONAL RHINOPLASTY DVDS TO BE LAUNCHED IN CHICAGO

n conjunction with the Advances in Rhinoplasty course this May in Chicago, the AAFPRS
Foundation is launching three new rhinoplasty DVDs.
Surgeries performed by esteemed facial plastic surgeons, these DVDs are guaranteed to provide educational benefit to both the novice and the experienced surgeon.

Controlling Aesthetics and Function in Systematic Reduction Rhinoplasty (Cat. 1085) by Stephen W. Perkins, MD: Management of aesthetics and airway function is crucial in significant reduction rhinoplasty involving major deprojection of the tip, hump reduction, and control of rotation. In this DVD, Dr. Perkins demonstrates the sequential steps required to satisfactorily manage a significantly overprojected, under-rotated 26year old, white female's thin skinned nose with a tall, narrow hump.

An external columellar approach is utilized to be able to effect and control hump reduction, middle nasal vault, tip deprojection, and upward rotation in a very thin skinned caucasian patient. Middle nasal vault and alar grafting are mandantory for maintenance of aesthetic form and function. Refinements addressing management of thin skin are also presented.



DR. FARRIOR IS SEEN HERE PERFORMING SURGERY TO REPAIR MULTIPLE NASAL INJURIES ON A 53-YEAR OLD PROFESSIONAL JOCKEY.

Functional and Cosmetic Revision Rhinoplasty (Cat. 1084) by Minas Constantinides, MD: This case is a complex revision functional and cosmetic open rhinoplasty performed on a 51year old man who had his primary rhinoplasty 30 years ago. The DVD begins with a detailed analysis of photos and findings. Highlights of the surgery include removal of an old shield graft with tip recontouring, caudal repositioning of cephalically-oriented crurae, complex revision septoplasty, solving the shrinkwrapped soft tissue envelope and treating internal and external valve collapses with both suture techniques and cartilage grafts. Novel uses of new biomaterials are illustrated. The DVD ends with a critical analysis of postoperative photographs.

See Nasal Injuries, page 6

#### Nominees for 2011 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 2011 elections.

President-elect Robert M. Kellman, MD

Group VP for Education-elect Fred G. Fedok, MD Theda C. Kontis, MD

Group VP for Research, Awards and Development-elect Patrick J. Byrne, MD Craig S. Murakami, MD

Young Physician Representative Grant S. Hamilton, MD Stephen M. Weber, MD

Nominating Committee
Paul J. Carniol, MD
Edward H. Farrior, MD
Fred G. Fedok, MD
John L. Frodel, Jr., MD
Peter A. Hilger, MD
Craig S. Murakami, MD

Audit Committee Ira D. Papel, MD William H. Truswell, MD

Western Region Credentials Committee Karl J. Eisbach, MD Craig S. Murakami, MD

## EVIDENCE BASED MARKETING

Bu Tracy Drumm, OFPSA President

fter giving out branded plush robes to our surgical patients for a year, Steven Dayan, MD, overheard two staff members talking about what a great purchase the robes were. Intrigued by their statement he asked how they knew the robes were an effective tool. Quick to respond with cheerful nodding, the staff members enthusiastically said the robes were a smart purchase because patients loved them! Their swift response was quickly followed by an impromptu staff meeting where Dr. Dayan discussed the importance of evidence based medicine. He talked about current trends and movements in the medical world that are pushing professionals to make clear decisions based on objective and unemotional science. He explained that in medicine, efficacy is determined by data and facts as opposed to just feelings and inklings toward success. From this meeting, we

realized that as a practice we were not applying the same logic warranted by the medical world to our methods of educating and speaking with patients. We realized that as a practice we needed to find the right balance between the art of marketing and the science of business. We devised a plan to create facts and move toward "evidence based marketing."

After this meeting, we put in place methods to quantify and track our efforts and started to create case studies for new promotions or educational materials being implemented. Our VIP cards (see right), for example, are a tool for referrals that we always thought worked well but had never quantified. Using our new evidence based approach, we began tracking how many cards were redeemed and created a report. Through this we were able to determine without question that the cards were successful at generating new patients.

For your practice, consider encouraging staff to couple new



ideas or marketing initiatives with a plan on how the effectiveness of an idea will be tracked and measured. Whether it is through scheduling software or tracking with a simple Excel spreadsheet, quantifying the true benefits of new ideas can be executed with great ease. Additionally, you might be surprised to find staff members shift the way they think about all purchases. From supplies to technology, implementing return on investment tracking systems can greatly reduce over-head as well as identify what truly works to help your practice thrive.

# VIP Referral Card

### Facts:

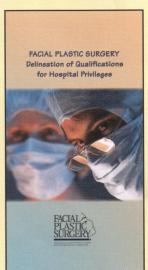
New Patients  *based on initial visit only	49
Return on Investment*	\$14,425
Cost of VIP Referral Cards	\$1,120
Total Revenue Generated	\$15,545
1 Rhinoplasty Surgery	\$5,200
21 Nonsurgical Treatments	\$8,243
28 Esthetic Treatments	\$2,102



PCA Skin is generously underwriting the OFPSA Fall Program.



#### Why This Booklet?



Enclosed in this issue of Facial Plastic Times is the new Delineation of Qualifications for Hospital Privileges. This booklet is for hospitals and hospital medical staffs. The booklet gathers useful information from various sources to help in decisions about staff privileges in facial plastic

Surgeons from several disciplines receive training and board certification to perform facial plastic surgery. The training includes postgraduate residencies in otolaryngology-head and neck surgery, plastic surgery, and other disciplines. Therefore, hospitals and hospital staffs often welcome guidance that would apply to board certified surgeons from those disciplines seeking to perform such surgery at the hospital.

The AAFPRS is the National Medical Specialty Society for the specialty of facial plastic surgery in the AMA. It is interdisciplinary and includes members from the several specialties performing

facial plastic surgery. With more than 3,000 surgeons, it is the largest society for that specialty in the world.

Special appreciation to Thomas W. Rhodes, AAFPRS attorney, for redrafting this booklet; and to your Regulatory and Socioeconomic Committee, chaired by Roger A. Allcroft, MD, for initiating this project.

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