CALENDAR OF EVENTS

January 25 – 28, 2007
AACS 23rd Annual Scientific Meeting
The Manchester Grand Hyatt
San Diego, California USA

January 17 – 20, 2008
AACS 24th Annual Scientific Meeting
Rosen Shingle Creek
Orlando, Florida USA

THE INNOVATORS:
COSMETIC SURGEONS

AMERICAN ACADEMY
OF COSMETIC SURGERY

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FINAL PROGRAM

THE INNOVATORS:
COSMETIC SURGEONS

AACS 22nd ANNUAL SCIENTIFIC MEETING

January 26 – 29, 2006

Disney's Contemporary Resort, Orlando, Florida USA

Program Chairs: Jim E. Gilmore, MD, Angelo Cuzalina, MD, DDS & Edward B. Lack, MD

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AMERICAN ACADEMY
OF COSMETIC SURGERY

American Academy of Cosmetic Surgery
22nd Annual Scientific Meeting
January 26 – 29, 2006
Disney's Contemporary Resort
Orlando, Florida

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GENERAL INFORMATION

AACS Meeting Registration

Location: **Fantasia Foyer – East Registration Desk**

Hours:

Wednesday, January 25	7:00 am - 8:00 pm
Thursday, January 26	6:30 am - 4:00 pm
Friday, January 27	6:30 am - 12:00 pm
Saturday, January 28	7:00 am - 4:00 pm
Sunday, January 29	7:30 am - 12:00 pm

Exhibit Hall

Location: **Fantasia H-Q**

Hours:

Thursday, January 26	9:00 am – 7:00 pm
Friday, January 27	9:00 am – 12:00 pm
Saturday, January 28	9:00 am – 4:00 pm

Please Note: As outlined in the program, all food functions will be served in the Exhibit Hall.
**** Badge required for admittance.***

General Sessions

All general sessions are located in the **Fantasia G Ballroom**, unless otherwise indicated.

Social Activities (Golf & Fishing)

Deadline for purchasing tickets for social activities is 12:00 pm, Friday, January 27.

Video Library/Speaker Ready Room

Location: **Olympus AB**

Hours:

Wednesday, January 25	7:00 am – 6:00 pm
Thursday, January 26	7:00 am – 6:00 pm
Friday, January 27	7:00 am – 1:00 pm
Saturday, January 28	7:00 am – 6:00 pm
Sunday, January 29	7:00 am – 1:00 pm

*** CME Hours and Session Evaluations must be submitted at the Cyber Café located in the Fantasia Foyer.**
Please complete hours after each session attended.

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SCHEDULE AT-A-GLANCE

WEDNESDAY, JANUARY 25
7:00 am – 8:00 pm
Registration Open

8:00 am – 4:30 pm
Session 101:
Hair Restoration Workshop

THURSDAY, JANUARY 26
6:30 am – 4:00 pm
Registration Open

7:00 – 9:00 am
Session 102:
Bright Eye Conferences

9:00 – 9:40 am
Continental Breakfast in Exhibit Hall

9:40 am
General Session 103:
The Principals for a Beautiful Face
Facial & Forehead Rejuvenation

12:00 pm
Lunch in Exhibit Hall

1:00 pm
General Session 104:
The Principals for a Beautiful Body
Liposuction, Breast & Body Contouring

3:00 – 3:40 pm
Coffee Break in Exhibit Hall

3:40 pm
Session 105:
Nuts & Bolts Sessions

5:40 pm
Adjourn

6:00 – 7:00 pm
Welcome Reception in Exhibit Hall

FRIDAY, JANUARY 27
6:30 am – 12:00 pm
Registration Open

7:00 – 9:00 am
Session 106:
Bright Eye Conferences

9:00 – 9:40 am
Continental Breakfast in Exhibit Hall

9:40 am
General Session 107:
Safety in Cosmetic Surgery

10:10 am
President's Socioeconomic Lecture
Patient Safety – The Issue of Piracy
David E.I. Pyott

11:10 am
Election of Officers/Presidential Address

12:00 pm
Adjourn

12:00 pm
Lunch on Your Own

12:30 – 5:00 pm
Social Activities (golf tournament & guided bass fishing tour)

7:00 – 10:30 pm
Webster Society & Cosmetic Surgery Foundation Dinner
in Italy Isola & American Adventure Rotunda/Epcot

SATURDAY, JANUARY 28
7:00 am – 4:00 pm
Registration Open

7:00 – 9:00 am
Session 108:
Bright Eye Conferences

9:00 – 9:40 am
Continental Breakfast in Exhibit Hall

9:40 am
General Session 109:
The Principals for a Beautiful Face
Blepharoplasty, Resurfacing & 3-D Enhancement

12:00 pm
Lunch in Exhibit Hall

1:00 pm
General Session 110:
The Principals for a Beautiful Body
Breast & Body

3:00 – 3:40 pm
Coffee Break in Exhibit Hall

3:40 pm
Session 111:
Nuts & Bolts Sessions

5:40 pm
Adjourn

6:30 – 7:30 pm
International Recognition Reception in Presidential Suite

SUNDAY, JANUARY 29
7:30 am – 12:00 pm
Registration Open

7:00 – 9:00 am
Session 112:
Bright Eye Conferences

9:00 – 9:40 am
Continental Breakfast in Exhibit Hall

9:40 – 12:00 pm
General Session 113:
New Technologies & Procedures

12:00 pm
Adjourn

FACULTY DISCLOSURES

Disclaimer:
The views expressed and techniques presented by speakers at AACS-sponsored educational meetings are not necessarily shared or endorsed by the Academy. AACS requires faculty to disclose all relevant personal/professional relationships and any unapproved or "off-label" uses of medical devices or pharmaceutical agents they discuss, describe, reference or demonstrate during their presentations. Registrants must use their independent judgment in applying the information discussed in AACS education sessions in the treatment of their patients.

No Disclosure to Make:

Patrick Abuzeni, MD, DDS
Ute Bauer, MD
William H. Beeson, MD
Mark Berman, MD
Richard Bryant, MD
Cat Burkat, MD
Robert Burke, MD, DDS
Albert Carlotti, III, MD, DDS
Adil Ceydeli, MD
Marc Cohen, MD
Bret Coldiron, MD
Yves Crassas, MD
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Robert Dryden, MD
Jim English, MD
T. William Evans, MD
Jim E. Gilmore, MD
Mitchel P. Goldman, MD
Jacob Haiavy, MD, DDS
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Robert F. Jackson, MD
Thomas L. Jackson, MD
James Koehler, MD, DDS
Alexander Krakovsky, MD
Edward B. Lack, MD
Bradley Lemke, MD
Jose Leon-Solarte, MD
E. Antonio Mangubat, MD
Patrick McMenamin, MD
Ronald Moy, MD
Joseph Niamtu, III, DMD
Suzan Obagi, MD
Francis Otteni, MD
William Parsley, MD
Curtis Perry, MD
Michael H. Rosenberg, MD
Ziya Saylan, MD
Norman Shorr, MD
Kristen Tarbet, MD
Mohan Thomas, MD, DDS
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Howard Tobin, MD
Stephen Watson, MD

Disclosure to Make:

Sterling Baker, MD - Coapt Stock Options

Leslie Baumann, MD - Johnson & Johnson - Advisory Board, Avon Research, Unilener - Advisory Board. Philosophy – Advisor, Galderma - Research.

Anthony Benedetto, DO - Stockholder in Allergan, Elan, Fujisawa and Connetics. Spokesperson for Allergan, Elan, Lumenis, Novartis and Surgical Specialties. Presentation will include the "off label" use of Botox®.

Mark Berman, MD - Stockholder in Surgiform, which holds rights to Pocket Protector. Also owns 40% of patent to Pocket Protector.

Dominic Brandy, MD - The Quicklift™ name is a trademark. Presenter must give permission for use of name.

Doug Dedo, MD - Received erchonia laser for research study. Use of this laser in cosmetic surgery is considered "off label."

Michael Gold, MD - Dr. Gold is an advisor/consultant for Lumenis, Inc. and receives honoraria and has purchased stock in Lumenis, Inc.

Mitchell P. Goldman, MD - Bioniche - Fibovein - STD Pharmaceutical, Anthony, Koeussler, Varisolve, Proensis, CTEU, Cooltouch.

E. Antonio Mangubat, MD - Mangubat Grafatter Device.

Joseph Niamtu, III, DMD – Dr. Niamtu markets a digital imaging system, but will not be discussing or promoting it.

Neil S. Sadick, MD - Candela, Laserscope, Syneron, Thermage, Zars, Mediderm, Medicis, Curelight, 3M, Allergan, BSN-Jobat, Cool Touch, Edge Systems, Ethicon, Radiancy and Dermik.

Disclosures Not Received:

Des Fernandes, MD

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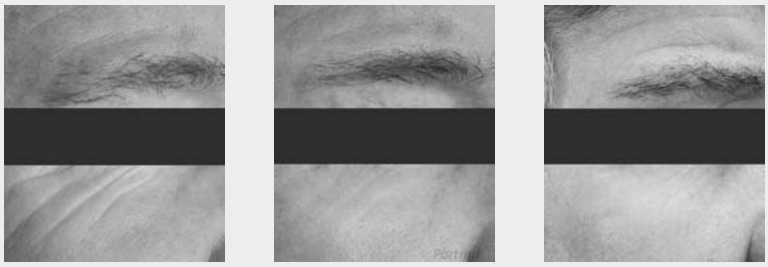
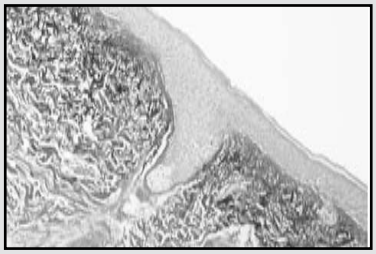
Portrait® PSR³ Representative Results

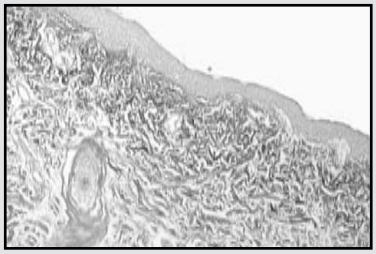


Before | **6 weeks post-treatment** | **4 months post-treatment**

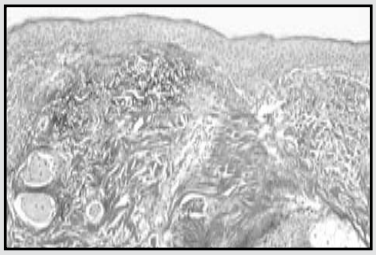
1 Year Histology



Day 0: Pre-treatment showing solar elastosis (blue/black) with a narrow, well-marked collagen band (red) at the flattened DE junction (Grenz zone).



3 Months: 30% reduction of the depth of elastosis with a widening of the collagen band at the DE junction as new collagen is laid down.



1 Year: Continued marked reduction in elastosis; further neocollagenesis at the DE junction with a healthier undulating appearance.

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1. Harrison R, Ramsden A, Penny K, Wilson H, Andrews P, Gault D. Plasma Skin Resurfacing (PSR)–A Preliminary Report of a New Technique for Skin Resurfacing. *Lasers in Surgery and Medicine,* (suppl 15): 2003.
2. Kilmer S, Semchyshyn N, Shah G, Fitzpatrick R, Lee S, Rokhsar C, Bernstein E. Pilot Study on the Use of a Plasma Skin Regeneration Device (PSR) in Full Facial Rejuvenation Procedures. Presented at ASDS meeting, San Diego, 9/2004.

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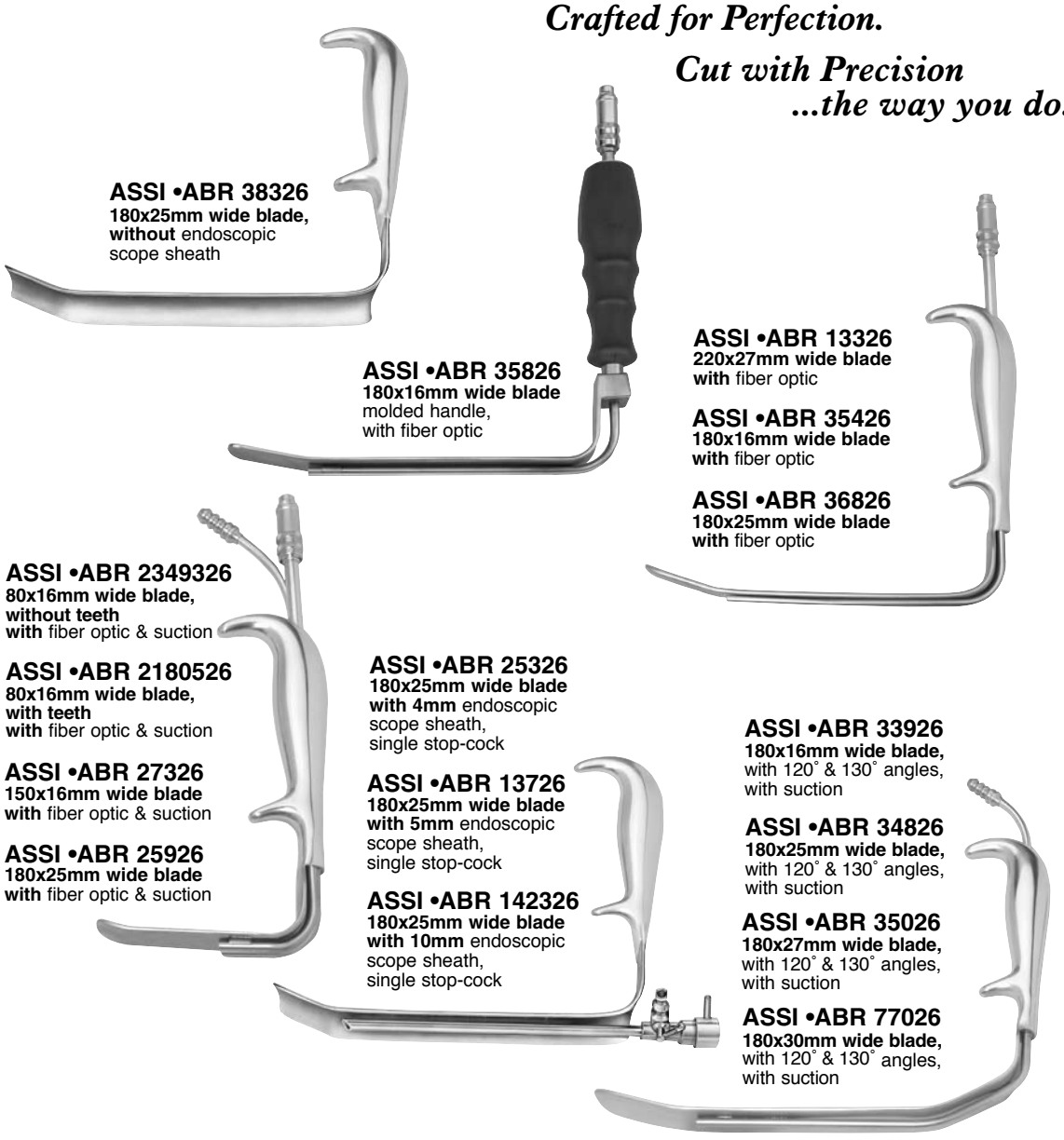

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ASSI •ABR 2180526
80x16mm wide blade, with teeth with fiber optic & suction

ASSI •ABR 27326
150x16mm wide blade with fiber optic & suction

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180x25mm wide blade with fiber optic & suction

ASSI •ABR 25326
180x25mm wide blade with 4mm endoscopic scope sheath, single stop-cock

ASSI •ABR 13726
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ASSI •ABR 142326
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DETAILED SCHEDULE

WEDNESDAY, JANUARY 25

General Session 101:
Hair Restoration Workshop

Introduction
8:00 – 8:15 am
William M. Parsley, MD

Session I: Hair Line Design

8:15 – 8:32 am
Frontal Hairline
William M. Parsley, MD

8:32 – 8:49 am
Temple and Parietal Zone
Paul McAndrews, MD

8:49 – 9:06 am
Vertex
Carlos Puig, DO

Question & Answer Session

Session II: Donor Area

9:15 – 9:32 am
Methods for Harvesting Donor Tissue
Dow Stough, MD

9:32 – 9:49 am
Methods of Donor Closure
Paul Rose, MD

Question & Answer Session

9:55 – 10:10 am
Coffee Break

Session III: Recipient Area

10:10 – 10:25 am
Comparison of Site Creation Methods
Robert Niedbalski, MD

10:25 – 10:40 am
Recipient Site Density and Survival
Bob Limmer, MD

10:40 – 10:55 am
Comparison of Graft Placing Techniques
Ron Shapiro, MD

Session IV: Medical & Dermatologic Conditions in HRS

11:00 – 11:15 am
Skin Tumors in HRS
Ricardo Mejia, MD

11:15 – 11:32 am
Inflammatory Dermatoses in HRS
Bernard Nusbaum, MD

11:32 – 11:55 am
Status of Medical Therapy for Androgenetic Alopecia
Ken Washenik, MD

Question & Answer Session

12:00 – 1:00 pm
Break for Lunch

Session V: Excisional Treatment in Hair Restoration

1:00 – 1:25 pm
Review of Alopecia Excision for AGA
Martin Unger, MD

1:25 – 1:50 pm
Repair Techniques with Flaps and Extenders
E. Antonio Mangubat, MD

Question & Answer Session

Session VI: Holding Solutions

2:00 – 2:15 pm
Comparison of Available Holding Solutions
Mark Waldman, MD

2:15 – 2:30 pm
Storage Solutions, Culture Media & Additives
David Perez-Meza, MD

Question & Answer Session

2:35 – 2:45 pm
Coffee Break

Session VII: Grafting Techniques
Moderator: Paul Rose, MD

2:45 – 3:00 pm
Follicular Unit Grafting
Paul Rose, MD

3:00 – 3:15 pm
Lateral vs. Parallel Grafting
Edwin Epstein, MD

3:15 – 3:30 pm
Follicular Unit Extraction
Jim Harris, MD

3:30 – 3:45 pm
Multi-Unit Grafts
Vance Elliott, MD

3:45 – 4:00 pm
Theoretical Considerations For and Against Various Grafting Techniques
William Reed, MD

4:00 – 4:30 pm
How to Add Hair Restoration Into Your Practice
Matt Leavitt, DO

Question & Answer Session

THURSDAY, JANUARY 26

7:00 – 9:00 am
Session 102:
Bright Eye Conferences

Fantasia AB
Conference #1
BOTOX: Old & New
Edward B. Lack, MD and Anthony Benedetto, DO

A brief review of the pharmacology of botulinum toxin and the functional anatomy of facial muscles will be the introduction to a goal-oriented, technique-based presentation on the use of Botox in non-invasive facial rejuvenation. An in-depth discussion on the standard injection techniques of the upper face will be followed by newer, more advanced approaches on how to correct wrinkling and asymmetries of the upper and lower face with Botox. Patient assessment and final outcomes will be the focus of this session.

Fantasia CD
Conference #2
Chemical Peels 2006 – Overview and New Applications
Suzan Obagi, MD

This comprehensive course will be beneficial for surgeons new to chemical peeling, as well as those actively performing chemical peels. There will be more emphasis on preparing patients for skin resurfacing, tackling acne scars (including subcision) through an algorithm and the use of combination procedures to maximize results. The management of complications will be reviewed. Additionally, advances in lasers and light-based technologies will briefly be discussed.

Fantasia EF
Conference #3
Medial Thigh Lift/The MiniAbdominoplasty
Francis Otteni, MD

The modern medial thigh lift is a combined procedure, associating a liposuction and skin resection with lifting. The basic principles are predetermined design, liposuction systematic firstly, superficial dermoepidermic skin resection without undermin, anchoring of the inferior flap to the Colles fascia with non-resorbable sutures and hydrocolloid wound dressing and compressive elastic garment. The results are excellent and the complication rate is low. This combined procedure is indicated when a liposuction alone is not warranted on account of the previous skin excess and the poor skin tonicity.

Grand Republic CD
Conference #4
Practice Management: Meeting the Competitive Challenge
Dana Fox, Mentor Solutions

7:00 – 8:00 am
The Five Deadly Sins of Marketing
Part 1: Advertising: The Good, the Bad and the Ugly
Develop a marketing strategy and plan of execution that makes the phone ring and staff more productive with the calls they receive. Master a proactive approach to making your name known in your marketplace.

8:00 – 9:00 am
Part 2: Marketing Online – The Ever-Changing Internet

Savvy cosmetic surgeons who embrace the ever-changing Internet technology will out-distance their competitors. Learn how to create a bold presence and learn the art of selling to online inquiries.

Presenter
Dana Fox
Vice President – Marketing
Mentor Solutions

Dana Fox has more than twenty-five years of experience in marketing, sales, customer service and team building. She is recognized as one of the leading experts in marketing and practice development in the plastic surgery field. She is an internationally known speaker, seminar leader and author of numerous articles on marketing, team building and customer service and communication skills.

9:00 – 9:40 am
Continental Breakfast in Exhibit Hall

9:40 am – 12:00 pm
General Session 103:
The Principles for a Beautiful Face
Facial & Forehead Rejuvenation
Moderators: T. William Evans, DDS, MD and Suzan Obagi, MD

9:40 am
Welcome & Introduction
Claude H. Crockett, Jr., MD

9:40 am
Sterling Baker, MD
Experience with Endotine™ Fixation in Brow Ptosis Repair

Objective: Describe surgical experience with Endotine™ fixation devices and their appropriate indications during forehead rejuvenation.
Methods: Pre-operative patient selection, procedural techniques and post-operative results of our experience over 4 years and 375 patients will be presented.
Results: The advantages of Endotine devices include rapid placement, minimal surgical maneuvers and instrumentation, reproducible results and high patient satisfaction.
Conclusions: Brow and forehead rejuvenation is effectively and reliably achieved through small incision techniques utilizing these multipoint fixation devices.

9:50 am
Des Fernandes, MD
Suture Suspension Mid Facelift

It is now more widely accepted that the standard lower blepharoplasty with removal of ocular fat does not correct the aged lower eyelid. One has to realize that the cheek fat normally is high on the inferior orbital margin and hides any ocular fat in younger people. The naso-labial folds are also not very obvious at this stage. With time, the cheek fat descends, exposes ocular fat and the inferior orbital margin while the naso-labial folds become more prominent. The correct procedure is to reverse this descent. This can be done with a sling of nylon anchored to the temporalis fascia. A small incision in the conjunctiva of the lower eyelid gives access to the insertion of the orbicularis on the medial part of the inferior margin of the orbit where the medial anchor can be created. First, a secure medial anchor point is created with a long 5/0 permanent suture. All that is required is a 21-gauge spinal needle which pierces the skin of the cheek and is passed through to the conjunctival incision where one thread of the 5/0 suture is passed through the bore of the needle, which is then pulled back partially and then carried subcutaneously to a tiny incision

in the temporal scalp. A repetition of this maneuver brings the other end of the anchoring loop to another tiny incision in the temporal scalp. Using a large free needle, the one thread is passed through the temporalis fascia with a good bite and a secure knot is made with moderate tension. The cheek immediately lifts upwards into a younger position. Some horizontal tightening sutures may be required in the lateral SOOF area to get the best result. The author presents his experience over the past 2 1/2 years. The medial anchor point can give way so one has to be very sure it is secure. No other complications have been encountered.

10:00 am
Richard Bryant, MD
The Double-Tufted Temporal Brow Lift

Objective: Endoscopic brow lifts are now the standard procedure for cosmetic and functional brow ptosis. For patients who are either medically unstable or unwilling to undergo the full endoscopic procedure, direct brow lifts have been a viable alternative. Unfortunately, the direct brow lift leaves cosmetically unappealing scars in some of these patients. We present a novel brow lift procedure which takes advantage of the minimally invasive and time-efficient nature of the direct brow lift while minimizing unsightly post operative scars.
Methods: A double-tufted incision line is marked at the pretrichial hair line, beginning at the level of the most lateral aspect of the tail of the brow and extending to a vector point at the junction of the middle and lateral one third of the brow. The second incision line corresponds to the amount of lift desired which roughly corresponds to a 1 1/2 to 1 ratio. Skin is then excised to a level of the subcutaneous tissue. Meticulous closure is performed using subcutaneous 5-0 vicryl sutures followed by horizontal mattress 5-0 prolene suture.
Results: The double-tufted temporal brow lift achieves a temporal brow lift comparable to a direct brow lifting procedure. It also has the advantages of lowering the hairline and decreasing the brow length temporally while hiding the incision scar at the pretrichial hairline.
Conclusions: The double-tufted temporal brow lift achieves a temporal brow lift comparable to a direct brow lifting procedure. It also has the advantages of lowering the hairline and decreasing the brow length temporally while hiding the incision scar at the pretrichial hairline.
Bibliography: Bosch G, Jacobo O, Seoane J, Martirena A, de los Rios G. The extended brow lift: the toucan technique. *Aesthetic Plastic Surgery* 2002 Jul-Aug;26(4):255-62.
2. Knize DM. Limited-incision forehead lift for eyebrow elevation to enhance upper blepharoplasty. *Plastic & Reconstructive Surgery* 97:1334, 1996. 3. Ullmann Y, Levy Y. In favor of the subcutaneous forehead lift using the anterior hair line incision. *Aesthetic Plastic Surgery* 22:332, 1998.

10:10 am
Dominic Brandy, MD
QuickLift: Experience with Over 800 Cases

In June 2004, the author introduced a modification of the S-Lift of Dr. Saylan called the QuickLift. This procedure differs from the S-Lift in that the incision is radically different and customized; the undermining is more aggressive in the area inferior to the ear and in the temporal region; the flap advancement vector is much steeper; and an encircling double purse-string plication technique is utilized for better SMAS and platysmal tightening. These changes create better cosmesis in the neck, jowl, mid-face and periorbital regions. The improvement also allows patients with more advanced aging to be treated with a minimally invasive facelift. The author presents his experience with over 800 cases.

10:20 am
Stephen Watson, MD, DDS
Contour Thread Lift

10:30 am
Featured Presentation
William H. Beeson, MD
Alternative to Deep-Plane Rytidectomy

11:00 am
Joseph Niamtu, III, DMD
Minimally Invasive Facelift, Anterior Only Approach

Background: Conservative facelift techniques have been an option for many years and the last decade has brought a renewed interest in minimally invasive surgery. Multiple rhytidectomy approaches and techniques have been described with mixed results.
Objective: The objective of this presentation is to present an anterior only facelift approach that produces excellent results in the targeted patient population. This procedure can be performed with local and tumescent anesthesia alone or in combination with IV sedation.
Materials/Methods: The author will present a review of conservative facelift approaches and focus on the anterior only technique. This technique may be performed as a skin only approach, but more commonly is performed with SMAS plication or SMASectomy. The author will present a multimedia talk illustrating this technique with digital images and videos. Results of multiple patients will be reviewed, including diagnosis, patient selection, caveats, surgical and post-op technique and complications.
Results: The anterior only minimally invasive facelift is simple to perform and can be done with local and tumescent anesthesia. This procedure was performed on 10 patients who exhibited signs of minor to moderate lower facial aging, specifically in the jowl and mandibular area. This procedure was not used in patients who exhibited advanced aging changes in the neck or submental region. This author has predictably performed this procedure on a Thursday and had the patients return to work the following Tuesday.
Conclusion: Surgeons, as well as patients, long for minimally invasive techniques to address cervicofacial aging. Although many procedures have been introduced, not all provide the comprehensive effects and longevity as does conservative facelift. The anterior only approach satisfies the conservative requirement of minimally invasive surgery and short recovery, but also addresses the importance of SMAS suspension and facial skin excision. This procedure does not address significant neck aging and is not appropriate for advanced aging, but nevertheless provides a viable alternative in the armamentarium of the cosmetic facial surgeon.

11:10 am
Suzan Obagi, MD
Fat Augmentation: The Key to Success is Patient Selection

Autologous fat augmentation is gaining in popularity. However, there continues to be an unpredictable nature to this procedure. Part of the problem is the surgical technique; patient selection is the other.
Methods: The author will review various patient factors that affect surgical outcome, including patient age, skin and muscle thickness, photodamage, smoking and prior surgeries.
Results: A representative sample of patients will be shown to illustrate each of the points.
Conclusions: Facial rejuvenation can be achieved with this relatively simple and quick procedure if the patient is properly selected. Recovery time is short and patient

satisfaction rate is high (as per our previous study evaluating patient satisfaction after fat augmentation and facial liposculpture).

11:20 am
Jon Holmes, MD, DMD
Rotation and Advancement of the Maxillomandibular Complex: Expanding Skeletal Volume for Facial Rejuvenation and Its Effects on Facial Esthetics

Objective: In the past, facial rejuvenation primarily involved surgical techniques that centered on the removal and repositioning of soft tissue. More recently, surgeons have recognized that the stigmata of facial aging are often secondary to loss of soft tissue volume and techniques have evolved to replace these tissues through fat grafting and other soft tissue fillers. Facial implants have been advocated to counter the effects of loss of skeletal volume associated with aging. Unfortunately, these techniques merely camouflage some of the effects of skeletal volume loss and do not comprehensively address the functional and esthetic effects of skeletal volume loss on the face. We present our technique of clockwise rotation and advancement of the maxillomandibular complex to improve skeletal support of the soft tissues of the face and neck and report its effects on facial esthetics.
Methods: Over the past 20 years, clockwise rotation and advancement of the maxillomandibular complex has been increasingly used in our practice to address the functional and esthetic consequences that result from loss of skeletal volume and support. We reviewed 50 patients who have undergone the procedure. Patients selected for the technique typically demonstrated loss of soft tissue volume and support of the mid and lower face, often with over closure and counter-clockwise rotation of the mandible, decreased lower facial height, decreased tooth show associated with a thinned and lengthened upper lip and a flat smile arc. Treatment planning and patient education was enhanced through the use of prediction software. Following pre-surgical orhthodontics, the maxilla and mandible was advanced and rotated using traditional orthognathic surgical techniques. Soft tissue procedures, such as submentoplasty, were performed concurrently in select patients.
Results: Review of pre- and post-operative records demonstrate that rotation and advancement of the occlusal plane has several predictable effects. First, increased skeletal volume leads to improved soft tissue support of the mid and lower face. Net advancement of the mandible elevates the hyoid and improves the contour of the upper neck. The nasal tip, often ptotic in this population, can be allowed to rotate upward with advancement of the maxilla. Increased tooth show and improvement of the smile arc helps counter the effect of lip lengthening and thinning associated with aging and results in a more youthful, full smile.
Conclusions: Rotation and advancement of the maxillomandibular complex is an effective strategy to counter many of the effects of aging on the face. In addition to improving the skeletal support of the soft tissues of the mid-face and neck, it creates a more youthful smile arc by increasing tooth show, broadening the smile and improving upper lip support. Concurrent soft tissue procedures, such as, submentoplasty, can be combined to maximize the effect.
Bibliography: Coleman Sr. Facial recontouring with lipostructure. *Clinical Plastic Surgery* 1997; 2: 347-367. Reyneke JP, Evans WG. Surgical manipulation of the occlusal plane. Int J *Adult Orthod Orthog Surg* 1993; 8:113-121. Sarver DM. Diagnosis and treatment planning of hypodivergent skeletal pattern with clockwise occlusal plane rotation. Int J *Adult Orthod Orthognath Surg* 1993; 8: 113-121.

11:30 am
T. William Evans, DDS, MD
A Case for Deeper Plane Facelifts

In 2001, a poll of the American Society For Aesthetic Plastic Surgery revealed approximately 90% of their membership performed only superficial plane facelifts. Controversy has existed among facial aesthetic surgeons since 1973, regarding the advantages and disadvantages of superficial and deeper plane facelifts. This presentation will make a case for performing appropriate deeper plane facelifts. A personal, prospective, clinical study of a small sample (5) of patients conducted in 1993 and published in 1998 with semi-objective results will be discussed. Patient photographic evidence will show appropriate deeper plane facelifts produce a natural, long-lasting result without a prolonged post-operative course.

11:40 am
Douglas D. Dedo, MD
The Smoker's Facelift

Objective: To present an operative technique that addresses the compromised blood supply inherent in smokers' skin with the desire to markedly reduce skin necrosis, subsequent slough and scarring.
Methods: The ideal facelift patient is one who does not smoke. However, despite the surgeon general's warning, there are still a certain percentage of patients who smoke. Since Rees' article in the 80's concluded that smokers have a 12 times higher incidence of slough than non-smokers, the wise cosmetic surgeon will require every patient who smokes to quit 2 weeks before and 2 weeks after their operation. Urine analysis post-operatively can identify those who cheat and smoke but by then it's too late. In addition, there are those patients who just cannot quit. Presently, the author assumes all smokers cheat, despite admonitions and warnings to the contrary. By modifying the deep plane facelift and creating myocutaneous flaps of the face and neck, combined with judicious tension on closure, a safe procedure can be done by maintaining excellent vasculature to the skin. To further enhance the healing process, the Erchonia 635 laser is used intraoperatively and post-operatively.
Results: To-date, several patients with a smoking history have been done without any skin slough. In fact, the post auricular scars that typically widen have healed quite nicely. One patient who "forgot" she smoked, developed a partial slough of the postauricular skin when the operation did not take into consideration her exposure to nicotine. The subsequent skin slough was treated aggressively with the low-level laser with mitigation of the scarring.

11:50 am
Question & Answer Session

12:00 – 1:00 pm
Lunch in Exhibit Hall

1:00 – 3:00 pm
General Session 104:
The Principles for a Beautiful Body
Liposuction, Breast & Body Contouring
Moderators: Claude H. Crockett, Jr., MD and Robert F. Jackson, MD

1:00 pm
Yves Crassas, MD
Lipolysis – An Alternative to Liposuction

Objective: Body sculpture reshaping has been dramatically transformed by the French Y. Ilouz concept of liposuction. In 1990, M. Zocchi used diluted saline solution for his

ultrasound liposculpture technique. In 1997, S. Hoefflin tried a remake, using lower osmolar solutions (200 milliosmoles) and some membrane weakens. In 1995, S. Bernstein introduced an exclusive medical treatment by ponction. Lipolysis is based on a physical action: a differential of osmolar pression lead to break the fat cells. The procedure has been progressively improved so it is now possible to mobilize 2 litters of fat in one cession.
Methods: The principle: The injection of a hypo osmolar solution in the interstitial tissue leads to increase the intracellular hydrostatic pressure through the semi permeable membrane according to the formulary: Delta P = R x T x Delta C x réflexion coefficient with K osmotique/K filtration for water = réflexion coefficient. The intra cellular hyper pressure sensitise the membrane to cavitation generated by an ultrasound machine. The technique:
A preparation by previous session of low hypo osmolar injection with tiratricol steroids which come inside the cell by the solvent drag mechanism is sometime necessary 3 weeks before.
- Drawing the areas and steatomeres to be treated, same that for liposuction.
- Assessment of the local parameters: hypoderma thickness using eventually echography, specify of the "compression coefficient."
- The decisional criterion and rules are exposed to select the kind of solution to be used: level of osmolarity (from 20 milliosmoles to 200 milliosmoles), the membrane weakened: k+, (phosphatidylcholine), tiratricol.
- The technique of injection are exposed and the quantity of liquid to be injected is precised.
- The ancillary procedure are exposed:
  o massage using endermology LPG machine
  o external ultrasound with two synchrony probes

The evolution and post operator management are exposed and also the management of the exceptional draw back: fat necrosis and redness.
Results: Have been accessed systematically on the pictures and by rigorous menstruations. Fluently some trial has been established using echography or IRM. The overage gain on the perimeters is more than 4 cm.
Discussion: This medical non-invasive procedure is soft and less aggressive than liposuction, in this way it reduces fibrosis. The drawbacks are diminished. Hospitalization is not necessary and there is no social disturbance.
- The residual sclerosis on the treated areas are reduced so the procedure can be repeated easier than with a liposuction.

The efficiency has been improved so a whole anatomic area can be treated in one session: circular abdomen and torso, circular thigh and glutea, removing 2 liters of fat and a gain of 4 cm for each perimeter. The action on the superficial derma shrinking and on the superficial cellulitis is better than with the liposuction "superficial" techniques. Lipolysis is subsequently a new medical alternative for the body sculpture.
Conclusion: Lipotomy is a new non-invasive procedure. It gets the equivalent of a mid liposuction.

1:10 pm
Steven B. Hopping, MD
Frozen Fat – Does It Work? Is It Worth Doing?

The efficacy of autologous fat transplantation has been well established. There have also been many studies suggesting that frozen fat does survive. This paper looks at the efficacy, advantages and disadvantages of freezing and utilizing patents' fat for facial rejuvenation. With all the new fillers on the market, what is the rationale for utilizing autologous fat and freezing that same fat for serial injection treatments? Is it indeed worth the extra effort and risk? The technique of autologous fat transplantation and particularly the techniques involved in safely freezing patients' fat for subsequent treatments in a cosmetic surgical office setting are examined. Methods of safely preserving and utilizing autologous fat are discussed. Patient satisfaction with the concept and experience of serial autologous fat are reviewed.

1:20 pm
E. Antonio Mangubat, MD
The Avelar Abdominoplasty: Theory and Application

Objective: Dr. Juarez Avelar introduced a method for combining significant abdominal lipectomy with a modified abdominoplasty in 2000. Because the abdominal vasculature was not divided, the hybrid procedure provided superior fat reduction and improved body contouring with fewer complications. Preserving the vasculature improved the safety profile of this hybrid abdominoplasty procedure.
Methods: After adequate anesthesia and tumescent infusion, 25 patients underwent full abdominal liposuction using the fat disruption technique. Following liposuction, the circum-umbilical incision was performed and the stromal attachments of the skin to muscle were partially released in the midline; however, all paramedial stroma and vasculature were preserved. With the patient in a flexed position, the amount of abdominal skin was easily measured for excision. After completing the incisions, the entire abdominal skin flap could be rapidly avulsed. Because of the tumescence effect used for liposuction, minimal bleeding is encountered. As with the standard abdominoplasty, if a rectus diastasis is present, a muscle plication can be performed by sweeping the fat off the muscle. The umbilicus is relocated and the wounds closed in layers. Unlike the standard abdominoplasty, no drains are required.
Results: Avelar's hybrid technique of combining abdominal liposuction and abdominoplasty provided superior results with a greater reduction in size, significantly improved abdominal contouring and equally effective skin reduction as compared to standard abdominoplasty technique. There were 0 seromas, 1 small (<0.5mm wide) skin necrosis that healed spontaneously and 0 patients with significant blood loss. We observed one infection with community acquired methicillin resistant staphylococcus aureus. We traced the source to a family member. The rest of the patients reported significantly less pain and were able to return to work in approximately one week. Patients with standard abdominoplasty had an average time out of work of 14 days.
Conclusions: The combined liposuction and abdominoplasty technique that preserves the abdominal vasculature provides superior results faster, more reliably and with fewer complications. When combined with the faster liposuction speed using fat disruption, the technique is also considerably faster taking as little as 1 hour under ideal conditions. Theoretically, preserving the axial vasculature of the remaining abdominal skin would provide a great measure of safety against avascular necrosis, even in the tobacco smoker. The rapid recovery, minimal pain, elimination of drains and increased speed makes this procedure a significant contribution to body contouring.

1:30 pm
Featured Presentation
Francis Otteni, MD – The History of Liposuction

During the past twenty-five years, the S.A.L. has been the most frequently performed cosmetic surgery and is now considered as a reliable procedure, producing excellent results with very few complications. The author is one of the pioneers who has actively contributed to the creation, promotion and standardization of the technique. He relates honestly the different periods of its story, recognizing all those who have played a role in the procedure's development, regardless of specialty, background or society

membership.

2:00 pm
Claude H. Crockett, Jr., MD
The Total Submuscular Augmentation Mammoplasty – After 19 Years

Sometime around 19 years ago, I gradually and almost accidentally evolved into placing mammarry implants totally beneath the chest muscles. This is not only subpectoral, but also totally submuscular as the serratus is raised in continuity with the pec major. This was initially done in an attempt to decrease capsular contraction, which was a significant problem with silicone gel implants. As the newer salins implants evolved, this approach has shown even better results. A very natural appearance results, rippling is never a factor and the author has never had a patient with altered nipple sensitivity. The technique, pertinent anatomy and representative results will be demonstrated.

2:10 pm
Adil Ceydeli, MD
Inferior Pedicle Reduction Mammoplasty: A Safe and Predictable Technique Regardless of Breast Volume

Background: The inferior pedicle technique is the most common breast reduction procedure performed in the U.S. today. It is safe and yields predictable aesthetic results. Traditionally, it has been recommended that pedicle techniques not be used for large volume breast reduction [>1000 grams (g)/ breast], as the complication rate may be unacceptably high.
Methods: 122 patients underwent inferior pedicle reduction mammoplasty by a single surgeon between January 1998 and December 2001. Patients were divided into two groups according to the average quantity of tissue resection: 500-1000 g reduction and >1000 g reduction. Complications were analyzed. Rates in each group were determined and assessed for statistical significance.
Results: The average reduction was 673 g/breast (range: 502-964 g) in the small volume group (n: 73) and 1326 g/breast (range: 1005-2175 g) in the large volume group (n: 49). Twenty-nine complications occurred. No patient experienced more than one complication. Eight different complications were identified. Hypertrophic scarring was most common, occurring in 11 patients. One major complication, an expanding hematoma, occurred. There were no cases of nipple areola complex (NAC) or skin flap necrosis. The overall complication rate was 23.7%. There were 18 complications in the <1000 g group (24.6%) and 11 complications in the >1000 g group (22.4%). This difference is not statistically significant (p: 0.77).
Conclusion: The inferior pedicle technique can be safely used in reduction mammoplasty for resection volume exceeding 1000 g/breast, without added complications.

2:20 pm
Mohan Thomas, MD, DDS
Large Volume Liposuction: Indications & Safety

2:30 pm
Adil Ceydeli, MD
"Peeling Orange" Deepithelialization: A Technique for Rapid Deepithelialization in Reduction Mammoplasty

Objective: The pedicle deepithelialization is a traditional component of reduction mammoplasties. The ideal deepithelialization technique should be rapid and easy to perform. Various deepithelialization techniques using scalpel, electrocautery, dermatome and laser have been described. Scalpel deepithelialization is the standard method employed in breast reduction surgery, is easy to perform and requires no special equipment. We present "peeling orange" deepithelialization - a technique of scalpel deepithelialization, which is simple to master and permits more rapid deepithelialization of long pedicles than standard en bloc deepithelialization.
Methods: The perimeters of the inferior pedicle and nipple-areola complex are marked. Damp lap pads are applied circumferentially at the base of each breast, in tourniquet fashion (held in place using Kocher clamps), to create tension on the breast and facilitate deepithelialization. Partial thickness intradermal incisions are then made with a #10 scalpel blade along the perimeter markings, delineating the area to be deepithelialized. Multiple vertical intradermal incisions, 1-2 cm apart, are then made, excluding the nipple-areolar complex, from the cephalic to caudal perimeter incisions, creating multiple vertical skin strips. These strips are then easily deepithelialized by applying traction force both at a 90 degree angle to the surface, and simultaneously in a caudal direction, while making rapid blade strokes in the mid dermis, essentially degloving the pedicle skin in a mid dermal plane. This maneuver is similar to peeling an orange.
Results and Conclusions: "Peeling orange" deepithelialization is simple to master, requires no special equipment and is more rapid than en bloc deepithelialization, particularly with long pedicles.

2:40 pm
Question & Answer Session

3:00 – 3:40 pm
Coffee Break in Exhibit Hall

3:40 – 5:40 pm
Session 105:
Nuts/Bolts Sessions

Fantasia AB
Conference #1
New Technologies in Cosmetic Surgery
Douglas Dedo, MD, Des Fernandes, MD and Mark Berman, MD

Mark Berman, MD - The Pocket Protector: An in-depth presentation on the history, technique and long-term results for its use in breast augmentation. Ten years of research to solve the #1 problem that affects up to 30% of patients following breast augmentation: capsular contracture. Dr. Berman will present the reasoning and surgical technique for use of the Pocket Protector. He has found this to be a solution for patients who have had multiple surgeries for capsular contrature. Long-term results and any complications will be presented.

Des Fernandes, MD - Medical Needling: An introduction to a new technique for skin resurfacing and rejuvenation. This surgical procedure provides another solution to skin irregularities from sun and age without affecting color. Dr. Fernandes will present the rational and technique for this unusual procedure along with long-term results.

Douglas D. Dedo, MD - The 635 Low-Level Laser in Cosmetic Surgery: Four years after its introduction does this wavelength of light still have a place in the treatment of cosmetic patients? At the 2001 Annual Meeting, low-level laser energy was presented as an adjunct for liposuction. Since then, studies have supported its efficacy in facilitating and improving fat removal. Dr. Dedo will present his experience with this laser, not only as an adjunct for liposuction, but in the post-operative treatment of all cosmetic patients.

Fantasia CD
Conference #2
Important Fundamentals for Incorporating Hair Restoration Into a Cosmetic Surgery Practice
William Parsley, MD and E. Antonio Mangubat, MD

Hair restoration procedures are somewhat different from other procedures normally performed by cosmetic surgeons. They can be very long and often require several assistants. In this session, some of the generally accepted techniques will be described with recommendations as to how they should be used in your office. Staff and time constraints need to be heavily considered and the procedure should conform to these constraints. Several different techniques used in hair restoration will be presented. Additionally, concepts of donor strip removal and repair, hair line design and instrumentation will be discussed.

Fantasia EF
Conference #3
The Basics of Non-Invasive Facial Rejuvenation
Edward Lack, MD, Suzan Obagi, MD and Leslie Baumann, MD

Non-invasive facial rejuvenation has come to refer to all methods of rejuvenation that do not involve cutting. Therefore, fillers, low-level energy applications, chemical peels, physical manipulations and even cosmetics are included in this description. This course will attempt to review the various modalities involved and highlight some of the most useful, such as lipoaugmentation, hyaluronic acid, non-ablative lasers and radiofrequency skin tightening. Patient evaluations and planning, as well as techniques of performing these procedures, will be discussed. Cost effectiveness and applicability for a cosmetic surgery practice will be presented.

6:00 – 7:00 pm
Welcome Reception in Exhibit Hall

FRIDAY, JANUARY 27

7:00 – 9:00 am
Session 106:
Bright Eye Sessions

Fantasia AB
Conference #1
Digital Photography for Cosmetic Surgeons
Joseph Niamtu, III, DMD and Curtis Perry, MD

As a cosmetic surgeon, your photographs are the only lasting portfolio of your artistic work. (The best doctors take the most pictures.) This session will explore principles of lighting, optics and the office studio setup critical to accurate, professional appearing photographic documentation. How to assess whether photographic results presented in medical literature or product brochures have been distorted by photographic manipulation will be demonstrated. Camera, computer and software options to transition to or upgrade your digital photography will be reviewed. How to exploit the full potential of digital photography using imaging and image editing software, as well as to create promotional material on the Internet and print media, will also be presented. Participants will have a better understanding of the principles and equipment involved to create accurate, reproducible and professional appearing photographs that will assist patient satisfaction, practice promotion and medicolegal protection. In addition, various inexpensive or free software programs will be demonstrated that can protect and enhance your photography. Specifically, emergency recovery software can recover lost or deleted images from your camera card or computer. Other programs will show how to safely and effectively compress your PowerPoint presentations by 98% without affecting the quality. PDF process and programs will show how to make electronic copies of your journal article reprints to distribute or make a virtual library. Finally, the basic concepts of making and editing surgical videos will be covered so your presentations can truly be multimedia.

Fantasia CD
Conference #2
Introduction to Cosmetic Breast Surgery
Patrick G. McMenamin, MD and Robert Dryden, MD

Cosmetic breast surgery is a challenging and stimulating addition to your surgical practice. It offers your patients greater choice and access to an array of cosmetic surgical procedures. Breast augmentation is one of the most satisfying cosmetic surgical procedures for both patient and surgeon. For experienced, capable surgeons, there are many considerations before undertaking this expansion of your surgical skills. We will focus on the decision process to add cosmetic breast surgery to your practice and discuss training, credentialing mentoring, malpractice, documentation of your experience and certification of your capabilities. Political and regulatory implications will also be discussed. Implants, surgical approaches, implant placement and position and complications will be covered. The most common technique we use is transaxillary subfascial round smooth saline augmentation, a technique developed in the 1990's by J. Dan Metcalf from Oklahoma City. This is an introduction for the surgeon considering the addition of cosmetic breast surgery to his or her practice and will include audience participation and ample Q&A time.

Fantasia EF
Conference #3
Periocular Rejuvenation: Advanced Tutorial
Bradley Lemke, MD and Kristin Tarbet, MD

Upper Eyelid Blepharoplasty
1. Relevant Anatomy
2. Pre-Operative Evaluation
3. Surgical Approaches
4. Common Complications

Browlift
1. Relevant Anatomy
2. Pre-Operative Evaluation
3. Surgical Approaches
4. Common Complications

Lower Eyelid Blepharoplasty
1. Relevant Anatomy
2. Pre-Operative Evaluation
3. Surgical Approaches
4. Common Complications

SOOF/Midface Rejuvenation
1. Relevant Anatomy
2. Pre-Operative Evaluation
3. Surgical Approaches
4. Common Complications

Grand Republic B
Conference #4
Introduction to Computers in Digital Photography, Imaging and Medical Presentations
E. Antonio Mangubat, MD

This hands-on computer workshop will delve into more advanced uses of computers for presentation and

multimedia, including digital photography, computer imaging, archiving, communication and professional presentation. Digital photography is a cornerstone of the electronic office. Is 35-mm photography dead or dying? No more negatives to lose, get reprints on demand, send photos to a colleague via email and use your pictures in a PowerPoint presentation. Computer imaging can be a useful communication tool if used correctly. Seeing how to perform a procedure is vastly superior to a verbal or written description. Finally, integrating all these technologies into a workable and cohesive system can be overwhelming. We will examine various ways of bringing all these components together into a workable and efficient system. Come experience the powerful ways these new and evolving technologies can be used in patient care. Having basic computer knowledge is very important to get the most out of this workshop. For physicians who have little or no experience, please practice with your computer typing in Microsoft Word and know how to open and close files. With these basics, you will come away with a wealth of knowledge and skills. This is a hands-on workshop and you will be taking the photos, importing them to the computer and creating a PowerPoint presentation. This promises to be a true cutting-edge workshop on the state-of-the-art of digital imaging and computers in medicine. The wave of the future has arrived. Be there to experience it.

9:00 – 9:40 am
Continental Breakfast in Exhibit Hall

9:40 – 11:50 am
General Session 107:
Safety in Cosmetic Surgery
Moderator: Neil Sadick, MD

9:40 – 10:10 am
Practice Management: Meeting the Competitive Challenge
Raymond E. Hughes

Business Strategies for a Profitable Practice

Just like medicine, building a successful cosmetic practice is a science. Learn how to maximize the return on surgeon and staff time while building your revenue. This course will dispel the myth that doctors are bad businesspeople and teach you new ways of viewing your practice potential.

Ray Hughes, president of Mentor Solutions, has over thirty years of healthcare management experience. He has been a pioneer in developing partnerships with physicians to apply business principles that help physicians navigate through the changing medical environment. He has extensive experience developing, marketing and managing medical practices. During his tenure as vice president for development and clinic operations, Scripps Clinic, administrative officer at the University of California School of Medicine and three successful start-ups involving physician partnerships, he has successfully introduced business, marketing and management principles to hundreds of physicians. As a national consultant, Ray has helped numerous solo, single and multi-specialty practices.

10:10 – 10:40 am
David E. I. Pyott
Chairman & CEO, Allergan, Inc.
President's Socioeconomic Lecture: Patient Safety – The Issue of Piracy

10:40 – 11:10 am
Featured Presentation
Brett Coldiron, MD – What Five Years of Florida Data Show Us About Office Safety

11:10 – 11:50 pm
AACS Business Meeting
Presidential Address

12:00 – 5:00 pm
Social Activities

12:30 pm
Golf - Shotgun Start
Disney's Eagle Pines Golf Course

1:30 – 3:30 pm
Bass Fishing Excursion
Disney's Contemporary Resort

7:00 pm
Webster Society and Cosmetic Surgery Foundation Dinner
Italy Isola & American Adventure Rotunda/Epcot

SATURDAY, JANUARY 28

7:00 – 9:00 am
Session 108:
Bright Eye Sessions

Nutcracker 1
Conference #1
ABCs of Rhinoplasty
Jim English, MD, Mohan Thomas, MD, DDS and James Koehler, MD, DDS

Jim English, MD – To follow two other speakers on septorhinoplasty and address the more difficult noses. Though seldom needed, rhinoplastic surgeons should have in their surgical armamentarium as many techniques as possible to ensure the most favorable outcomes for the patient.

Nutcracker 2
Conference #2
Simultaneous Breast Lift and Augmentation
Angelo Cuzalina, MD, DDS and Howard Tobin, MD

Cosmetic surgery of the breast often involves treatment of both breast hypoplasia as well as ptosis. Many women, particularly following childbirth or significant weight loss, have a combination of breast ptosis as well as atrophic changes and desire a simultaneous breast lift and augmentation. An isolated mastopexy to treat the sagging breast or basic augmentation with implants may be relatively straightforward in select patients; however, combining mastopexy with implants during the same surgery can be a daunting and risky task for even the most experienced surgeon. This is a review of the many treatment considerations when performing simultaneous breast lifting and augmentation with implants. Surgical pearls and pitfalls will be discussed along with specific techniques for various degrees of breast ptosis. Treatment options will be reviewed in detail with regard to pre-operative evaluation. Despite a large variety of techniques available, a logical method of treatment planning will be introduced. The senior author will also review a three-decade history of this very individualized and artistic procedure for gaining valuable insight to key points that create good, consistent results.

Nutcracker 3
Conference #3
Advances in Liposuction Surgery
Edward Lack, MD and Richard Dolsky, MD

Modern liposuction has evolved since the description of tumescent local anesthesia by Dr. Jeffrey Klein in 1987. With

greater sophistication, some physicians have adopted the term liposculpture to better describe the current objectives of the procedure. This course will examine patient evaluation and planning, current varieties of instrumentation, applications of low-level energy, nuances of local tumescent anesthesia and its combination with forms of sedation and applications to body contouring of specific cosmetic units.

Fantasia EF
Conference #4
Modern Cosmetic Approaches to Unwanted Veins
Mitchell P. Goldman, MD and Neil Sadick, MD

This all-encompassing breakfast session will focus on updated approaches to unwanted veins. Removal of facial vessels by long wavelength lasers, sclerotherapy and microambulatory phlebectomy, as well as transportation of leg veins as facial fillers, will be covered. In addition, approaches to sclerotherapy of unsightly hand veins in conjunction with filler options will be expounded upon. Finally, modern approaches to cosmetic leg telangiectasias, including new sclerotherapy options, long wavelength lasers and combined laser/radiofrequency technologies, will be discussed in conjunction with approaches to larger diameter varicosities, including foam sclerotherapy, ambulatory phelbectomy and the varied wavelength laser and radiofrequency technologies. Attendees will have an excellent understanding as to the various options available to treat unwanted veins on multiple body sites at the end of this all-encompasing session.

9:00 – 9:40 am
Continental Breakfast in Exhibit Hall

9:40 am – 12:00 pm
General Session 109:
The Principles for a Beautiful Face
Blepharoplasty, Resurfacing & 3-D Enhancement
Moderators: Ronald Moy, MD and Marc Cohen, MD

9:40 am
Jim E. Gilmore, MD
ADVANTA (dual porosity ePTFE) - Advanced Permanent Alternative to Lip and Mouth Rejuvenation

Objective: To evaluate a four-year retrospective study of risks/benefits of permanent options to peri-orofacial rejuvenation and other anatomic facial sites for correction of facial lipo-dystrophy and lip microchelia utilizing a new proven implant material Advanta (Atrium Medical Corp.)
Methods: Chart and patient response analysis of results from various anatomic sites for cosmetic facial rejuvenation were studied to include:
a. patient satisfaction
b. softness of implants
c. artistic correction
d. size and implant profile selection per site
e. complications (infection, extrustion, asymmetry, etc.)
A digital presentation will outline safe, reliable, sterile technology that will allow for implantation under sedation or local anesthesia with attention to an orderly progression to insure success in artistic, anatomic implantation and to minimize risks.
Results: In a series of multi-site implant usage of over 800 sites demonstrate that Advanta is a safe and low-risk permanent rejuvenation procedure with a risk/complication profile of:
a. <2.0 extrusion/infection
b. <2.0% asymmetry
c. 0.0% nerve damage (5^{th}/7^{th} cranial nerves) or organ dysfunction
d. 91% patient satisfaction
Conclusions: In an era of many options for "injectable fillers" - which can be painful and not reversible with short-term results - Advanta offers the patient a more permanent option as a filler that complies with natural tissue integrity and low risk of complication if proper implant protocol guidelines are followed.

9:50 am
Cat Burkat, MD
Hyperdynamic Orbicularis Muscle Corrugation of the Lower Eyelid

Objective: To discuss options for improving hyperdynamic orbicularis oculi corrugation in the young cosmetic patient.
Methods: A retrospective review was performed of young patients between ages 20-40 presenting with hyperdynamic orbicularis oculi muscle corrugation. Prominent lower eyelid rhytids, without excess skin or fat prolapse, were most noticeable during facial expression. In these patients, removing skin would not be an option as there is no redundant skin; redraping the lower eyelid skin laterally may not address the underlying hyperactive muscle. Chemodenervation and soft-tissue augmentation are nonsurgical options and incising or cauterizing the orbicularis oculi muscle have been reported. A conservative preseptal orbicularis muscle myectomy (3 mm height) may also be performed through a transconjunctival incision to decrease the hyperdynamic function of the orbicularis muscle. Follow-up ranged from 1 month to 1 year. Percentage decrease in the orbicularis corrugation compared to pre-operative photographs was rated by both the surgeon and patient. Complications of lower eyelid position and function were recorded.
Results: There were no instances of post-operative lower eyelid ectropion or entropion, decreased lacrimal pump, tearing, decreased eyelid closure (lagophthalmos), skin irregularity or depressions. Average decrease in the dynamic orbicularis corrugation was 60%, with good patient satisfaction. Botulinum toxin injections and soft-tissue augmentation were adjunctive methods used in only a few patients who desired additional softening of the lower eyelids.
Conclusion: Conservative transconjunctival preseptal orbicularis oculi myectomy may be an alternative for improving hyperdynamic orbicularis corrugation in young patients for whom blepharoplasty may not be an option and who may not wish to undergo repeated treatments of botulinum toxin or soft-tissue fillers. Furthermore, the frequency and amount of botulinum or fillers needed was less following surgery.

10:00 am
Mark Berman, MD
The Space Lift: Restoring the Youthful Eyelid

Objective: While traditional lifting procedures - excisional blepharoplasty and browlift - for the eyelids remain one of the most popular and common types of cosmetic surgical procedures, they are based upon an erroneous diagnosis of skin excess caused by gravitational forces and pseudo-herniation of orbital fat. Consequently, while traditional surgery may remove apparent excesses, it does not typically rejuvenate the eyelids. Restoring eyelids to attractive, natural, youthful appearance requires contour restoration. Currently, this is best accomplished with fat transfer procedures (e.g. the Space Lift).
Methods: Since 1992, the author has consistently treated the aging eyelid complex with autologous fat transfer as his primary means of achieving eyelid restoration. Small quantities of autologous fat are injected around the brow and cheek in order to lift the skin away from the underlying structures. This technique has been used in both primary and revisional cases.
Results: Photographic demonstrations will reveal the

importance of treating the eyelids with volume enhancement instead of standard excisional techniques.
Conclusions: Autologous fat transfer (the Space Lift) to restore peri-orbital contours should be the primary method of restoring natural, youthful, attractive eyelids. Excision should be used much less frequently and more selectively.

10:10 am
Mohan Thomas, MD, DDS
Use of Dermafat in Facial Defects

Objective: To establish the effectiveness of dermafat grafting in correcting soft tissue defects.
Methods: Dermafat grafts contain the deep layer of papillary dermis and entire reticular dermis along with subcutaneous fat. Dermafat has been used for reconstruction of facial defects for a long time and has withstood the test of time. The development of vascularity is quick and results are long-term. The technique is described in detail and two cases are presented with long-term photographs showing facial contours. Removal of surface epidermis ensures early vascularisation of the graft. Dermafat graft physiologically restores the volume lost and effectively helps correct contour deformity.
Results: One patient with post-traumatic soft defect of the face underwent dermafat graft with good results and without any complications.

10:20 am
Ronald Moy, MD
Multiple Pass Plasma Skin Resurfacing for the Treatment of Facial Rhytides and Photorejuvenation

Objective: Plasma skin resurfacing is a new modality for treating facial rhytides and photodamage. Similar to ablative laser skin resurfacing, plasma energy treatment of the skin results in epidermal regeneration, elimination of solar elastosis and stimulates neocollagenesis. Unlike ablative laser modalities, plasma resurfacing does not vaporize the tissue and thus leaves an intact epidermal barrier to facilitate rapid reepithelialization. Originally designed for use as a single pass modality, we have examined the effects of plasma resurfacing using multiple pass high-energy treatment parameters.
Methods: We report herein a series of 24 patients who received plasma skin resurfacing. Patients treated were of skin phototype I-III. Treatment indications consisted of either static rhytides and/or photodamage. Treatment parameters consisted of multiple passes of plasma energy (range: 2-3 passes) using high-energy (range: 2.5-4.0J) delivered to the full face or partial face (periorbital or perioral regions). Evaluation parameters consisted of clinician and patient assessment at 1 and 6-month follow-up using a five-point scale.
Results: All patients demonstrated rapid reepithelialization. There were no signs of scarring, hypopigmentation or hyperpigmentation. Two patients experienced prolonged periorbital erythema lasting 8 and 12 weeks. When questioned about the degree of improvement in facial rhytides and signs of photodamage, all patients reported being either satisfied or very satisfied with the outcome.
Conclusions: Plasma skin resurfacing is a new modality for skin resurfacing. When delivered at high-energy with multiple passes, plasma resurfacing provides an effective and safe new modality for treating facial rhytides and photodamage.

10:30 am
Featured Presentation
Leslie Baumann, MD
Recommending Skincare Using a New Classification of Skin Types

Millions of dollars are spent on skincare products annually. Physicians and patients are confused by the myriad of choices on the market. A new skin typing system consisting of 16 skin types has been developed. This lecture will briefly describe the 16 skin types and focus on the "DS" or dry sensitive skin types and discuss what skincare ingredients are best for these skin types.

11:00 am
Neil S. Sadick, MD
A Combination of Pulsed Light and Radiofrequency Technology for the Treatment of Acne Vulgaris

Introduction: Acne, which affects 80% of the population, usually starts in adolescence when hormonal changes trigger enlargement of the sebaceous glands and increased sebum production. This paper reports the clinical experience with a newly developed non-ablative technology, combining pulsed light (400-980nm) and radiofrequency (Aurora AC®, Syneron, Inc. Yokneam, Israel).
Objective: The present study investigated the safety and efficacy of a combination of pulsed light and radiofrequency technology in the treatment of acne vulgaris.
Methods: Thirty-two patients with mild to moderate acne were enrolled in this study consisting of 4, twice-weekly treatments and one follow-up visit. Subjects with skin types I-IV were treated with pulsed light of 8-10 J/cm^2 and skin types V-VI were treated with 6-8 J/cm^2. Skin types I-VI were treated with a radiofrequency of 15-20 J/cm^3. Photographs and acne lesion counts were obtained by the investigator during baseline and follow-up visits and participant satisfaction was measured during the follow-up visit. Subjects rated skin improvement using the following scale: 1 = mild improvement, 2 = good improvement, 3 = very good improvement and 4 = excellent improvement. A subset of participants (N = 3) had biopsies taken at baseline, 48 hours after second treatment and 4 weeks post-final treatment for histologic examination.
Results: The average lesion was reduced from 31 at the baseline visit to 17 after 8 treatments, showing an average reduction in lesion count of 47.6%. Only 2 subjects experienced no decrease in acne lesions. Over the 8 treatments, the subjects reported minimal erythema, mild tingling sensation and mild burning which were all temporary. 95% of patients felt there was good to excellent improvement with the 8 treatments. Histologic examination revealed a decrease in the size of sebaceous glands. There was no obvious morphologic damage to epidermal or dermal structures.
Discussion: The present study demonstrates the efficacy of combining light therapy at the visible and infrared wavelengths that affects the P. acnes directly via photochemical reaction of the porphyrins, and selective hyperthermia of the sebaceous glands brought about by two different types of energy - visible and optical energy and conducted RF current. The use of conductive RF energy to supplement the optical energy applied to the target tissue raises the temperature of the sebaceous glands to a sub-necrotic threshold that severely damages the extremely heat-sensitive bacteria. Combined pulsed light/RF technology represents a novel approach to the management of moderate inflammatory acne vulgaris.

11:10 am
Ute Bauer, MD
Poly-L-lactic Acid (PLLA) in the Correction of HIV-Related Facial Lipoatrophy: Duration of Effect at 40 Months Post-Treatment Initiation

Objective: Injectable poly-L-lactic acid (PLLA), a synthetic, bioabsorbable, biocompatible, biodegradable polymer is indicated for the correction of human immunodeficiency virus (HIV)-associated facial fat loss (lipoatrophy), a

consequence of highly active antiretroviral therapy (HAART). When injected in the mid-face, under the deep dermis, it is suggested that PLLA induces neocollagenesis. The objectives of this study were to assess the ability of this device to correct the visible manifestations of this condition.
Methods: One hundred and two patients (24-67 years old) with HAART-induced lipoatrophy were treated with PLLA injections during the course of this study. The number of sessions, number of injections per session and total volume of product used per session was specific to the facial region and size of the deficiency. The mid-face was augmented with injections of 0.1-0.2 mL of reconstituted PLLA spaced at 0.5-1.0 cm, administered with a tunneling/threading technique. The temple and upper zygoma were targeted with a depot injection technique, using 0.05-0.1 mL of PLLA. Patient and physician satisfaction was used to evaluate treatment efficacy, together with a quality of life (QoL) questionnaire completed by the patient. Adverse events were monitored throughout the study.
Results: Following treatment, all patients were satisfied with the results and assessment of QoL is ongoing. Results obtained with injectable PLLA persisted for up to 40 months post-treatment initiation. The degree and quality of correction achieved was dependent on the correct injection technique being used and the even distribution of PLLA. Product-related adverse events were limited to five cases of palpable, but non-visible and non-bothersome, subcutaneous papules, which were likely due to uneven product distribution. These papules did not interrupt treatment and were dispersed with injections of sterile water or steroid solutions. Other observed side effects were of the type associated with the injection process, including ecchymosis, light edema and redness. No allergic reactions were noted. In one case, a small, visible nodule that decreased in size over time was observed and was considered to be a delayed foreign body reaction.
Conclusions: The results show that injectable PLLA is effective for the correction of facial lipoatrophy in a wide range of HIV patients. The device has a good safety profile with a minimal occurrence of adverse effects, which are typically injection technique-dependent. No immunologic reactions were recorded. The duration of the optimal correction provided by this device is in the order of 28 months post-treatment initiation, but may last for up to 40 months.

11:20 am
Michael Gold, MD
A Non-Invasive, Non-Ablative Treatment for the Reduction in the Appearance of Wrinkles Using High-Frequency Electricity Combined with Vacuum

Objective: Radiofrequency (RF) skin tightening has become a very popular, yet variable-response therapy being utilized more and more in dermasurgery. Currently, a monopolar RF device has shown that improvement in wrinkle reduction is approximately 10-15% in 30% of individuals treated. The therapy has been associated with pain, often requiring sedation for the treatment to be satisfactorily performed.
Methods: We have evaluated a novel bipolar radiofrequency vacuum device in 46 individuals. This device uses a coupling gel and treatments are performed without the use of anesthesia (local or systemic) or cooling. Each patient was treated weekly for 8 sessions, with follow-ups at 1 and 3 months. The treatments were performed in the perioral and periorbital regions. Wrinkle reduction was measured both with a 9-point Fitzpatrick-Goldman scale by blinded evaluators, as well as through a patient-generated 10-point visual analogue improvement scale. Photographic documentation was made at each visit.
Results: At the writing of this abstract, 7 treatments have been performed in all of the subjects and preliminary results will be presented. The Fitzpatrick-Goldman scale has shown an improvement of 1.48-2.81 or 34-50%. All patients showed at least a 1-point improvement. The visual analogue scale showed an improvement of between 3.62 and 4.93 or 36-49%. Adverse events occurred in 22 of 309 treatments (7%). This consisted of mild to moderate erythema, which resolved within a few days of treatment, and blistering, which resolved without sequelae within 1 week. Final results will be presented.
Conclusion: This new technology, to-date, has demonstrated a significant improvement of facial wrinkles. The treatments have been well tolerated by study participants, with a minimal amount of pain or discomfort and with minimal adverse events. The completed study data will be presented which adds a new RF device to successfully treat our patients looking for non-ablative wrinkle reduction.

11:30 am
Marc Cohen, MD
Laser Blepharoplasty: Absolutely, Positively, Without a Doubt, Better

Objective: To demonstrate the superiority of the CO_2 laser, as compared to cold steel or electrocautery, in performing blepharoplasty.
Methods: This brief discussion will review the literature and then discuss how to perform a well-controlled and meticulous blepharoplasty. From the initiation of the block to the placement of the final suture, each step of a blepharoplasty can be meticulously controlled. The least controlled step is the weakest link in obtaining predictable results. When a high level of surgical control is achieved, the CO_2 laser is an invaluable addition to blepharoplasty.
Results: Much of the current literature on blepharoplasty has indicated the CO_2 laser offers little benefit as a surgical tool in the performance of blepharoplasty. We strongly disagree with these findings. Studies evaluating CO_2 laser blepharoplasty tend to focus on post-operative bruising and healing time. However, these are not the critical issues. What matters most in eyelid surgery is precision and predictability of results. The CO_2 laser is invaluable because it is an integral part of performing a highly controlled and meticulous blepharoplasty. Only with that level of control can the best possible results be obtained.
Conclusions: This presentation will provide clinical pearls on blepharoplasty technique using the CO_2 laser, as well as an understanding of how to get better results by performing a more controlled and predictable blepharoplasty.

11:40 am
Suzan Obagi, MD
Fat Augmentation to Correct the Long-Term Sequelae of Previous Cosmetic Surgery

Introduction: From the time a patient undergoes cosmetic surgery the aging process continues. Over time, the beneficial results of surgery begin to be replaced with the stigmata of cosmetic surgery: an overly pulled face, lateral swoop of the cheeks, infraorbital hollowness and lid malposition and brows pulled too high. All good cosmetic surgeons need to have a technique in their armamentarium to address these results.
Methods: A modified Coleman-style fat augmentation was performed using local anesthesia. Human albumin 25% was used to restore oncotic pressure. Processing of the fat included centrifugation for 3 minutes at 3000 rpm. The fat was placed in various planes, both subcutaneously and on muscle, utilizing a zygomatic incision and Coleman #2 cannula (Byron Medical). The amount of fat placed varied depending on the degree of augmentation needed.
Results: Ten patients with various post-surgical iatrogenic deformities will be presented and the approach used to correct this will be discussed.
Conclusions: Autologous fat augmentation is a valuable

modality in addressing post-surgery problems and defects. Patients either may not be candidates for additional surgery or may decline further surgery, thus making autologous fat augmentation a useful tool for helping these patients achieve a more "normal" appearance.

11:50 am
Question & Answer Session

12:00 – 1:00 pm
Lunch in Exhibit Hall

1:00 – 3:00 pm
General Session 110:
The Principles for a Beautiful Body
Breast & Body
Moderators: Angelo Cuzalina, MD, DDS and Albert E. Carlotti, III, MD, DDS

1:00 pm
Jacob Haiavy, MD, DDS
Subpectoral TUBA
Breast augmentation is one the most common cosmetic surgical procedures performed in the United States. Currently, over 95% of implants placed are saline filled prosthesis. There are four different incision options for placement of the saline prosthesis - inframammary, periareolar, transaxillary and transumbilical. The first report of the trans-abdominal breast augmentation dates back to 1976, when Dr. Planas performed an abdominoplasty and placed the breast implants through the abdominal flap. In 1993, Johnson and Christ reported their experience with transumbilical augmentation in 91 women. Since then, there have been many reports in favor and against this technique. We will review our experience with the transumbilical approach from January 2002 to August 2004. We will assess the incidence of post-operative complications and compare them to the statistics reported by the implant manufacturers (Inamed and Mentor). The ideal candidates for this procedure are women who desire a larger breast size whether they never developed the size they desire or have lost volume in their breast through post-partum atrophy, weight loss or aging. Contraindications to this technique are abnormal thoracic cages, severe pectus excavatum or severe scoliosis. Relative contraindications are fairly recent (within last 12 months) abdominoplasty, abdominal liposuction and other procedures leading to fibrosis and scarring in the abdominal and thoracic region. The transumbilical technique employs endoscopy, tissue expansion and blunt dissection to achieve breast augmentation. The advantages are that there is only one incision that is well hidden in the umbilicus with no scarring to the breast. The incision is far away from the breast and therefore poses less risk of an infection that can spread from the incision to the breasts or the surroundings of the implants. Since the dissection is performed with blunt instruments, there is minimal bleeding and therefore less chance of a hematoma. Blunt instrumentation also minimizes the risk of permanent nerve damage. In fact, the majority of patients regain sensation faster as compared to other incisions. Overall recovery time is shorter, especially when implants are placed in the pre-pectoral pocket. There is no restriction on the patient's arm movements as compared to the transaxillary approach. It is our feeling that the transumbilical approach is a viable technique for breast augmentation that is here to stay. There is no one procedure that fits all of our patients, but the more options surgeons have in their repertoire, the better they can tend to patients' personal needs and desires.

1:10 pm
Howard Tobin, MD
Endoscopic Capsulotomy

Capsular contracture remains a significant problem for patients undergoing breast augmentation. Although the use of saline-filled implants has reduced the risk, compared to older gel devices, patients face a yearly risk of about 1% of developing significant contracture. We have developed a micro-endoscopic, laser-assisted technique of releasing capsules that combines the advantages of minimal incision (5mm), precise visualization with an absence of bleeding. Following surgery, patients return immediately to normal activity with a minimum of discomfort or required care. Because of the non-invasive and bloodless nature of the procedure, recurrent encapsulation appears to be decreased. The technique and our experience over the past 14 years will be discussed.

1:20 pm
E. Antonio Mangubat, MD
Management of the Suboptimal Breast Augmentation Patient

Objectives: Most patients seeking breast enhancement surgery envision augmentation mammoplasty as the only procedure they will need. Many life experiences significantly affect breast shape, size and symmetry, such as pregnancy, age and large changes in weight. All these factors cause loss of glandular volume, striae, lost elasticity and glandular support that leave most women with some degree of ptosis.
Methods: The surgical procedures necessary to correct these problems include breast augmentation, breast reduction and mastopexy. But surgery is only part of the solution. As in treating any patient, the surgeon must make the correct diagnosis and match it with the correct treatment. Misdiagnosis and treatment is common in patients with ptotic breasts and often leads to iatrogenic deformities. This presentation will outline the pearls and pitfalls of managing the patient with suboptimal breasts.
Results: Problems arising out the patient's life changes, as well as those caused iatrogenically, will be presented and discussed.
Conclusion: To avoid problems and maximize results, the correct diagnoses, treatments and limitations must be identified.

1:30 pm
Featured Presentation
Robert F. Jackson, MD
Body Contouring – The Attractive Female Contour (Understanding the Concepts & Using Visualization & Appropriate Surgical Techniques to Achieve the Desired Results)

Personal appearance is important and why most of our patients seek our help. It will influence how they feel about themselves, as well as how they interact with others. A certain sense of self comes from a combination of how we feel about the basic looks and how we react to the way we look. The classic female figure for women today includes fuller breasts and hips 1/3 wider than the waist. A waist to hip ratio of .7 is considered ideal. Beauty is also defined by cultural morass and those change throughout time. Visual aesthetics will involve the compliments of lines, shapes and proportions. Irregular lines and shapes will result in less than the ideal beauty in aesthetics. The job of the cosmetic surgeon is to restore the natural curvature and aesthetic appearance of the female form. The concept of visualizing the end result and using appropriate surgical techniques to contour the body to a closer relationship to the ideal is the job of the successful cosmetic surgeon.
Discussion: A discussion using photographs, videos, etc.,

will be used to demonstrate the technique to achieve the above. A discussion will be given during this presentation of both the technique to evaluate and surgical procedures to restore or enhance the more attractive body contour. The speaker's techniques and examples will be used to give tips in the "Art of Cosmetic Surgery," along with the anatomical variations which have to be considered to obtain those results. It is imperative the operating surgeon understands the anatomy and has the ability to visualize the end result that he/she is trying to obtain prior to engaging in any surgery. Some tips to help accomplish that will be given and demonstrated. It is more than just "sucking fat" or "inserting implants."

2:00 pm
Albert Carlotti, III, MD, DDS
The Internal Breast Lift: A Solution For Malposed Breast Implants Without Mastopexy

Introduction: A pervasive problem in cosmetic surgery today is the retreatment of malposed and migrating breast implants with asymmetry of cleavage, inframammary folds and overall implant position. Typically, this patient population is young, thin and may have had several attempts by other surgeons for retreatment with or without capsulotomy. Oftentimes the patient is then recommended to undergo formal mastopexy to correct this acquired deformity but is reluctant to do so because of the stigmata of unfavorable breast scarring. Originally described by Dr. Metacalf, the Internal Breast Lift was developed to treat this scenario with a minimally invasive technique. The original technique has been modified in numerous ways and now provides a predictable, stable and minimally invasive approach to reconstruct the normal anatomy and cosmetic appearance of the augmented female breast.
Materials/Methods: The Internal Breast Lift is a technique that has been utilized for nearly four years by the senior author and is presented with our experience in 26 affected breasts with the longest case follow-up documented at three years. Although the technique has been improved upon in subsequent cases, the procedure involves a 3-4 cm inframammary incision, removal of the malposed implant and a carefully pre-planned capsulorraphy technique with permanent suture fixation to rib periosteum allowing closure of the lateral gutters, superior repositioning of the inframammary fold and balance of midline cleavage. In most patients, the replacement implants were Mentor, Siltex, Cohesive Gel, high or moderate profile breast implants. One patient underwent replacement with saline implants and one patient had no replacement implants.
Results: In all cases, a statistically significant amount of breast lift and medial positioning was achieved which was stable in spite of vast differences of residual capsular thickness or integrity. All patients were satisfied with their post-operative results and no cases of resultant capsular contracture, breast pain, infection, loss of sensation or cosmetic deformity have been noted to-date. In patients with a condition of pre-treatment wide spacing, size/shape or vertical/horizontal asymmetry of nipple position, no significant nipple repositioning occurred (as could be corrected to some degree with a standard mastopexy technique). All patients were informed of the limitation of this technique as a part of the surgical consent prior to treatment.
Conclusion: The Internal Breast Lift is a phenomenal alternative to mastopexy for treatment of malposed breast implants in the multiple re-operated breast augmentation patient by providing a minimally invasive, minimally scarring technique. Although the performance of the procedure is quite difficult and the end result not able to address nipple asymmetry, the patient seeking an alternative to mastopexy, with its associated scarring, is readily accepting and pleased with the results of this new corrective procedure.

2:10 pm
Robert Burke, MD, DDS
Teardrop Saline Textured Breast Implant: Seven-Year Experience

Objective: Review and examine the 7-year experience of the Michigan Center for Cosmetic Surgery with the Inamed style 468, teardrop-shaped textured saline breast implant.
Methods: Utilizing a retrospective chart review, all surgeries in which the Inamed style 468 implant was placed for bilateral primary mammary augmentation were examined. A total of 119 patients were included in the study with 238 implants placed. All implants were placed subpectorally via an inframammary approach utilizing conscious sedation as the anesthetic technique. All implant pockets were irrigated with 1% betadine solution followed by two irrigations with normal saline prior to implant placement. All implants were soaked in dilute gentamycin solution prior to placement (none were allergic to betadine, iodine or gentamycin). Either elastic compression tape was placed immediately or a support garment was provided.
Results: The age range was 19-54 years. The average age was 36.5 years. Implant sizes ranged from 195-495 cc. The average size placed was 309.3cc. There were no infections. There were no cases of permanent nipple or breast numbness. There were 2 implant malpositions, both of which occurred during the first 24 hours and involved dramatic superior movement of the implants under the pectoralis muscle. This was unresponsive to pressure and required surgical implant repositioning at 72 hours post-op (0.8% rate). There were no malrotations. 4 deflations occurred (1.7%). There were 7 grade III capsular contractions, significant enough at the first post-operative year that capsulectomy and implant replacement was performed (2.9%). Four patients desired larger implants (3.0%). The overall complication rate was 5.0%.
Conclusions: Complication rates for this style implant were minimal and compared favorably with other implant styles. The protocol of pre-operative antibiotics, pocket irrigation and implant irrigation with antibiotic solution was effective in preventing infection. This implant provides a predictable result in those women who desire breast augmentation with less upper pole fullness.

2:20 pm
Angelo Cuzalina, MD, DDS
Advantages of Endoscopic Transaxillary Breast Augmentation

Objective: To outline rationale, technique and avoidance of common complications associated with submuscular breast augmentation. Specific attention will be given to addressing the advantages of implant placement under the muscle endoscopically via a transaxillary approach.
Methods: A review of over 1500 cases of transaxillary endoscopically assisted subpectoral breast augmentations performed over an eight-year period from two facilities are evaluated. Complication rates and long-term success are also evaluated. Common pitfalls are also addressed, as well as advantages of this technique over other techniques performed by the same surgeons. Video technique presentation will be included.
Results: Revision rate was less than 4% overall and consistent for each facility and each of two surgeons. Complication rates for capsular contracture and infection were below the national average. Overall patient satisfaction was extremely high based on patient satisfaction surveys. Critical findings were proper patient selection for this particular technique, surgical experience and endoscopic visualized adequate release of the inferiomedial pectoralis and fascia from its chest wall origin.
Conclusions: Breast augmentation via transaxillary endoscopically assisted subpectoral muscle placement is a

very dependable technique with a high satisfaction rate and low complication rate. The endoscopic guidance appears to greatly decrease the chance for high riding implants that is often seen with non-endoscopic techniques, particularly when performed from the axilla. Endoscopic guidance also offers an enlarged view of intercostals nerves, blood vessels and muscle fibers that may further improve results and decrease potential problems.

2:30 pm
Mark Berman, MD
The Pocket Protector: A New Paradigm in Breast Surgery

Objective: Since 1995, an e-PTFE breast implant device - the Pocket Protector - has been evaluated as a bio-synthetic liner to facilitate breast implant surgery. This device represents a serious paradigm shift in breast implant surgery, namely that by using another implant material as a liner of the breast pocket, a smooth gel or saline implant can be placed within the device and thus remain soft and natural, preventing capsular contracture of primary or revision mammoplasty.
Methods: 150 patients - both primary and revisional cases - were evaluated for capsule contracture and other complications or negative outcome to establish efficacy of the Pocket Protector. Additionally, patient surveys were reviewed to determine direct patient response.
Results: There was one case of capsule contraction following removal of a ruptured gel implant using alcohol-saturated sponges. This patient was successfully revised with a Pocket Protector six months later. There were two cases of intractable seroma in patients who developed a "flu syndrome" in the immediate post-operative period. All implant material was removed; however, both patients were successfully revised with the Pocket Protector six months later. There were two patients who sustained forceful trauma to their breasts resulting in hematoma that was evacuated and healed uneventfully. There were seven cases of thin patients who exhibited significant rippling. Three of these patients were bothered enough that their implants were exchanged with smooth gel high-profile implants with 75% improvement. Two patients had mild seromas that resorbed on their own. All the patients had Baker Class I breasts, even patients who had had multiple procedures and were considered refractory to all treatments.
Conclusion: The Pocket Protector represents a significant paradigm shift in the treatment of breast implant surgery. It provides a potential cure to Baker Class III and IV patients who have otherwise been considered hopeless. It allows for a soft, natural result, maintains a barrier against gel rupture, possibly a barrier against endogenous infection, provides an internal brassiere, facilitates exchange of implant sizes or styles and facilitates recontructive procedures, particularly subcutaneous mastectomy.

2:40 – 3:00 pm
2006 Webster Lecture
Gary Monheit, MD
Patient Safety – The Clinical Approach to Injectables/ Non-Physician Practice of Medicine

3:00 – 3:40 pm
Coffee Break in Exhibit Hall

3:40 – 5:40 pm
Session 111:
Nuts/Bolts Sessions

Nutcracker 1
Conference #1
The Contour Thread & Quick Lift
Stephen W. Watson, MD, DDS and Dominic Brandy, MD

Nutcracker 2
Conference #2
The Basics of Liposuction Surgery
Steven B. Hopping, MD and Claude H. Crockett, Jr., MD

Liposuction remains one of the most frequently requested procedures in cosmetic surgery. The key to a successful liposuction practice is safety, simplicity and satisfaction. This course will review the history of liposuction, basics of tumescent liposuction, aesthetic goals and endpoints in liposuction techniques of liposhifting and lipofilling and avoidance of complications via lectures, video demonstrations and panel discussions. Participant interaction and exchange will be highly encouraged.

Nutcracker 3
Conference #3
The Basics of Breast Lift & Reduction
Robert F. Jackson, MD, Thomas Jackson, MD and Jane Petro, MD

This breakout session will focus on various techniques of reduction mammoplasty and mastopexy. The faculty will present anatomic considerations. The superior, inferior and medial pedicle vertical scar techniques will be described. Complications, pitfalls and techniques for success will be discussed. An opportunity for audience participation with questions and answers will be addressed.

Fantasia EF
Conference #4
The Latest Advances in Medical Spas
Mitchell P. Goldman, MD and Dianne Goldman

There is an exponential increase in the opening of "medical" spas underway in the U.S. It appears almost all specialties of medicine are taking part in this development. Therefore, it seems logical there is a disparity of expertise among the physicians opening these new "add-ons" to their business. The lack of training in skin care from non-dermatologists can adversely impact the care of patients and clients. Therefore, every physician who opens or manages a medical spa needs to be trained in basic dermatology, as well as in any other field that his/her spa is offering services, for example, leg vein or laser treatment. To take it a step further, I believe the physician should know the medical basis for ***every*** treatment offered in the spa. Only with this knowledge can he/she ensure the patient/client gets optimal, cost-effective care. This coarse will help physicians develop a medical spa.

6:30 – 7:30 pm
International Recognition Reception – Presidential Suite

9:00 pm
Atlantic Dance Hall
Disney Boardwalk

SUNDAY, JANUARY 29

7:00 – 9:00 am
Session 112:
Bright Eye Conferences

Nutcracker 1
Conference #1
Overview of Body Contour Surgery in the Massive Weight Loss Patient
Michael H. Rosenberg, MD and Philip C. Bonnano, MD

Cosmetic surgery in patients following large weight loss are increasingly popular procedures in cosmetic surgery and require special management and care. This mini course

will offer an overview of the relevant procedures, patient selection, how the operative approach is modified in this group of patients and post-operative care. We will then focus more intently on abdominoplasty, with a video of the procedure and discussion of the presenter's technique.

Nutcracker 2
Conference #2
Facelifts
William Beeson, MD and T. William Evans, DDS, MD

T. William Evans, DDS, MD
Extended Multiplanar Multivector Facelift

The goal of facial aesthetic surgery is to achieve balance and harmony of the face and neck by surgical improvement and rejuvenation. The result should appear natural (nonsurgical) and remain stable for at least 10 years. The post-operative course should not be prolonged. This is easily accomplished in the upper third of the face (Endoscopic Browlift) and the central neck (Cervicoplasty) but only occasionally obtained in the lower two-thirds of the face. The multiple surgical techniques for rejuvenation of the lower two-thirds of the face evidence the difficulty in achieving these goals in a relatively simple, safe and effective fashion. A brief description of the rational, surgical anatomy, surgical technique and post-operative course of an Extended Multiplanar Multivector Facelift will be presented. This facelift is an extended subSMAS facelift including a wedge resection of the inferolateral orbicularis oculi muscle. The results in maximum midface, eyelid/cheek junction and lower eyelid rejuvenation without a subciliary incision and the problems associated with the transpalpebral approach.

Nutcracker 3
Conference #3
Practice Management: Meeting the Competitive Challenge

The Keys to Enhancing Your Practice – Revenue Expansion and the Total Patient Experience

7:00 – 8:00 am
Part 1: Financial Performance and Revenue Expansion

Measuring Financial Performance: Successful practices are diligent in gathering, measuring and managing information. In addition, these practices routinely compare or benchmark actual operating results to prior periods, budget forecasts and/or available industry benchmarks. This presentation identifies leading indicators to help keep cosmetic surgery practices on track. In addition, results of the Allergan/BSM Consulting Financial Benchmarking Database will be provided.

The Essence of Revenue Expansion: Having the ability to measure your market value per hour of work will help you evaluate the value and profitability of various procedures. This presentation introduces a process for calculating the procedure value per hour based on price, cost of goods and physician time spent with the patient. Results of this analysis will help you rank procedures based on profitability, determine strategies for the promotion of highly ranked procedures and assess areas for improved efficiency by procedure.

8:00 – 9:00 am
Part 2: Top 10 Cosmetic Surgery Practice Success Factors

This session will focus on providing practical insights into the critical success factors of better performing cosmetic surgery practices. Specific recommendations will be provided for each "success factor" to illustrate the benefit of effective implementation of these programs within a practice. Items such as leadership, personnel management, customer service, staff motivation and managing the patient experience will be addressed.

Presenters

Mark Craze
Senior Management Consultant
Allergan Practice Consulting Group
Allergan, Inc.

Mr. Craze consults with dermatology and plastic surgery practices in the areas of financial analysis, practice valuations, mergers, acquisitions, human resource issues, strategic planning, practice efficiency and other general practice management matters. Additional responsibilities include internal training, development and support within Allergan. Mr. Craze has more than 16 years of experience in management, operations and marketing research. Prior to joining the Allergan Practice Consulting Group, he worked for over ten years as the clinic administrator for a successful cosmetic dermatology group in the Pacific Northwest. Before that, he worked for six years as an accounting and finance professor at Eastern Washington University. In addition, Mr. Craze worked as a private consultant in market research, statistical analysis and healthcare delivery during the past 16 years. A frequent lecturer for various medical practices and organizations, he received his Bachelor of Arts degree in Sociology and Masters of Business Administration from Eastern Washington University.

Page Piland
Management Consultant
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Mr. Piland consults with dermatology and plastic surgery practices in the areas of financial analysis, practice valuations, human resource issues, internal and external marketing, leadership training and team building, sales training, compensation and cosmetic practice development. He has more than 15 years of sales, management and operations experience. Prior to joining the Allergan Practice Consulting Group, he served in a number of sales and management positions in the pharmaceutical industry, including sales representative and sales manager. Mr. Piland's diverse background includes 12 years of service in the U.S. Army and Army National Guard, youth and family programs, education, transportation and corporate health and fitness. He received his bachelor's of science degree from the University of Alabama.

9:00 – 9:40 am
Continental Breakfast in Exhibit Hall

9:40 am – 12:00 pm
General Session 113:
New Technologies and Procedures
Moderators: Doug Dedo, MD and Neil S. Sadick, MD

9:40 am
Carl Thornfeldt, MD
Are Cosmeceuticals Based on Voodoo Science?

Objective: To educate physicians how to distinguish fact from fiction regarding nonprescription cosmeceuticals focused on reversing visible skin aging.
Methods: Review of domestic English-language medical literature, advertisements and sales information of cosmeceutical products.

Results: Only 10 cosmeceutical products are based on controlled, prospective clinical trials for treatment of photo aging. About a dozen more cosmeceutical ingredients are documented to treat skin diseases via topically applied formulations. Thus, the vast majority of nonprescription cosmeceuticals have no credible efficacy or safety data. The methodology required to develop an effective cosmeceutical product, including formulation and delivery, are defined.
Conclusions: Patients seek the advice of physicians and skin care professionals for products that are effective and safe for the treatment of visible skin aging. This presentation will provide a framework to distinguish evidence-based cosmeceutical products from those based on slick marketing of voodoo sciences.

9:50 am
Richard Bryant, MD
The Rejuvenation of the Perioral Region: The Staghorn Lip Lift

Objective: The typical adult cosmetic patient often presents with significant perioral changes associated with aging that are frequently overlooked by the consulting physician. In the attractive mouth, the upper lip is relatively short with a well-formed Cupid's bow. In addition, in repose, 3-5mm of the upper teeth are revealed. In aging, the tissues of the face, including the upper lip, elongate so the upper lip becomes longer and upper teeth are hidden with the mouth in repose. One of the steps of rejuvenation of the mouth includes a lip-lifting procedure. The staghorn lip lift provides a simple and time-efficient procedure for effective perioral rejuvenation.
Methods: The upper lip is measured from the columella to the vermillion border. The marking for incision extends around the lateral nasal ala, along the nasal sill, with extension just in front of the columella and again to the opposite side. The second marking follows a similar contour with the width of excision made to restore 3-5mm of incisor tooth show with mouth repose. The amount of skin and orbicularis excised should be a 1:1 ratio of excision to the amount of lift needed to restore proper contour and can vary from 3-10mm. The skin is reapproximated using subcutaneous interrupted 5.0 dexon suture, followed by meticulous closure of the skin with 5.0 prolene suture.
Results: We have found the staghorn lip lift technique provides a simple and effective technique to address the tissue descent seen with aging of the perioral area.
Conclusions: The staghorn lip lift technique should be considered as a surgical option for perioral rejuvenation. In our experience, with meticulous hemostasis and wound closure, scarring is minimal and patient satisfaction remains high.
Bibliography: 1. Santanche P, Bonarrigo C. Lifting of the upper lip: personal technique. *Plastic and Reconstructive Surgery*. 2004;113:1828-35. 2. Austin HW, Weston GW. Rejuvenation of the aging mouth. *Aesthetic Surgery of the Face*. Clinics in Plastic Surgery. 1992;19:511. 3. Papel ID. *Facial Plastic and Reconstructive Surgery*. New York, Thieme. 2002. 4. Fulton JE, Rahimi DA, Helton P, Watson T, Dahlberg K. Lip rejuvenation. *Dermatol Surg*. 2000;26:470-5.

10:00 am
Norman Shorr, MD
Treatment of Severe Facial Telangiectasias and Facial Veins with a Non-Invasive Bipolar Radiofrequency (Syneron elōs™ Technology)

Objective: Treatment of severe facial telangiectasias and facial veins have been recalcitrant to most forms of treatment. We report the effective use of optical energy and conducted bipolar radiofrequency (Syneron elos™ technology) for reduction of severe facial telangiectasias and facial veins up to 2mm in diameter.
Methods: Retrospective, nonrandomized review of treatment parameters and outcomes using optical energy and bipolar radiofrequency (Syneron Aurora™ and Syneron Polaris™). Patients with facial veins up to 2mm in diameter and/or severe facial telangiectasias present for greater than 3 years and recalcitrant to treatment including intense pulsed light, topical and oral agents were included. One to five treatment sessions of optical energy and conducted bipolar radiofrequency (Syneron Aurora™ and Syneron Polaris LV™) were administered using topical anesthesia. Individualized treatment parameters, including laser energy and treatment repetition, was determined based upon skin pigmentation, treatment effect and patient tolerance. Clinical endpoints, including the appearance of edema and erythema typically accompanied by vessel reduction, were determined. Vessels up to 2mm in diameter were treated. Photo documentation of immediate and late results is demonstrated.
Results: We report improvement of facial telangiectasias as documented by digital photography in all patients. In most cases, reduction of facial telangiectasia was reduced by >50% after 2-3 treatment sessions. The reduction in facial telangiectasia was long-lasting (6 months post-treatment). In addition, most patients noted improved or decreased facial flushing and baseline "redness" up to 6 months after treatment. No long-term complications were noted; however intense treatment of recalcitrant facial vessels was accompanied by edema of the treatment area which was significant, but lasted less than 2 weeks. No long-term edema, erythema, facial deformities or scarring was noted. Facial veins were improved in a stepwise fashion after each treatment session. Treatment intensity endpoints included small hematoma formation with disruption of the vessel integrity. All hematomas gradually disappeared over the course of 1-2 weeks. No long-term discoloration or complications were noted.
Conclusions: Treatment of vascular telangiectasias and facial veins has previously been unsatisfactory. We report efficacious and safe treatment of facial telangiectasias and facial veins up to 2mm using non-invasive optical energy and conducted bipolar radiofrequency (Syneron elos™ technology).

10:10 am
Marc Cohen, MD
Laser Blepharoplasty: It's All About Intra-Operative Control

Objective: To teach participants how to do a state-of-the-art blepharoplasty.
Conclusions: This course, taught by two oculoplastic surgeons, will provide a step-by-step review of how to perform a sophisticated upper and lower blepharoplasty. Emphasis will be placed on how to get the best results and avoid complications. From the initiation of the block to the placement of the final suture, each step of a blepharoplasty can be meticulously controlled. In this surgical environment, the cosmetic surgeon can make the best intraoperative judgments which lead to the best, safest and most predictable results. The course will employ extensive surgical series and videos to help participants understand the important principles of blepharoplasty. A well-referenced, detailed course syllabus will be provided. We believe this presentation will be of value to the beginning, moderate and advanced blepharoplasty surgeon. This course is a complete update from the break-out sessions given by the authors at the AACS Annual Meetings from 1995-2000.

10:20 am
Patrick Abuzeni, MD
Information Technology in Cosmetic Surgery

It is estimated that a move to electronic medical records could reduce 10% or more from the $1.7 trillion spent on healthcare each year in the U.S. alone. Besides possibly lowering costs, an interoperable system would help improve the quality of healthcare by enabling instant access to records anywhere and minimizing the potential for mistakes that have become too common with paper records.
Objective: An information technology project was therefore started three years ago. The objective of this project was to evaluate the possibility of finding or developing a user-centric application for cosmetic surgery and a total medical practice management application using the following criteria:
- User-Centric
- Hardware Independent
- Platform Independent
- Infinitely Expansive
- Complete Office Automation
- Medical Recordkeeping
- Cosmetic Surgery Specific
- Interoperability

To-date, there has not been a single digital solution that could meet or exceed four out of the eight objectives outlined. After this search, what seemed unattainable at the time became a necessity. Therefore, the goal was to develop an application that could meet or exceed these eight objectives.
Method: The described solution uses an Enterprise Object Framework (EOF), which is a mature, stable, extensive collection of objects (classes) designed to manage data persistence and simplify the creation of enterprise class applications so the developer can focus on the business logic for the application and not worry about the details of connecting to a data source. This provides an easy, data source-independent way to develop data-driven Web and desktop applications that are easier to maintain. Applications built with EOF can more easily adapt to new requirements and changing business needs. The business and medical logic was then encapsulated into a custom framework, which leveraged the power of EOF. The result is a powerful enterprise-quality data-driven application independent of any particular data source.
Results: The described solution is a user- and cosmetic surgery-centric software project that is capable of incorporating cosmetic surgery logic and can bring to life a powerful dynamic information interface. It is capable of automating the total practice of cosmetic surgery, reduce medical errors and easily delegate office functions to other clinical and non-clinical users without compromising security and patient confidentiality.
Conclusion: The described solution is capable of incorporating cosmetic surgery business and practice logic with the Enterprise Object Framework resulting in an infinitely expansive and interoperable user-centric solution.

10:30 am
Ziya Saylan, MD
Internal Titanium Bra Against Breast Ptosis

Since the aesthetic breast reduction surgery performed, an increasing demand for better results with minimal scars and improved anterior projection in breast reduction and augmentation surgery has lead to numerous techniques. These new techniques are short vertical scar, periareolar procedures and recently mastopexy with mesh support. An internal bra made of non-resorbable materials, such as ePTFE (Gore-Tex®) and polyester (polypropylene) has been tried several times by surgeons mostly in Brazil, but the results have not always been satisfactory. Recently, publications on resorbable internal bras with vicryl meshes have been reported also from Brazil. In Europe, the surgeons were trying an internal support technique by means of strong absorbable or non-absorbable suturing materials which has the effect of creating an internal bra. The most common problems were inadequate anterior projection, hardening, foreign body reactions, persisting post-operative large breast sizes and unsatisfactory density of the breast tissue. For almost 2 years, the author has inserted a titanium mesh as an internal bra made of titanized polypropylene - a mixed mesh which is called TiMesh® and used in Germany mainly in inguinal and abdominal hernia repair - which shows no foreign body reactions in comparison to other mesh grafts. This so-called internal titanium bra will be suspended to the pectoralis muscle, sternal bone and rib cage. The surgery is performed in a semi-sitting position. Today's mammoplasty techniques have greatly reduced scarring, but positive long-term results are still missing. In our opinion, the internal titanium bra mammoplasty has proven to be a valued benefit for patients suffering from mild forms of ptosis.

10:40 am
E. Antonio Mangubat, MD
Fat Disruption: Update

Objective: I introduced the concept of mechanical fat disruption utilizing a specialized cannula to break up the fat stroma in situ. This decreased resistance, significantly increased aspiration speed and reliably created smoother results even with larger cannulas. This presentation will describe the technical details of fat disruption and describe the author's experience with the technique.
Methods: After adequate anesthesia and tumescent infusion, 96 patients underwent liposuction using fat disruption and liposuction from June 2004-June 2005. This was carried out using paired disruptor and tri-port aspiration cannulas of the same diameter. The disruptor cannula was used without suction until there was a loss of resistance to movement. This took an average of 5 minutes. Aspiration was accomplished with the tri-port cannula of the same diameter. The most common cannula size was 6mm; however, 8mm cannulas proved very useful with larger patients.
Results: Aspiration using large diameter cannulas without fat disruption produced lumpy and unsatisfactory results. Using fat disruption, there was a 50% average reduction in surgical time and smooth results were achieved using any size cannula as long as there was no resistance during aspiration and the larger cannulas were not used to attempt refinement. Aspiration speeds of over 1,500 ml/min were attained using the 8mm cannulas, again without sacrificing smoothness.
Conclusions: Fat disruption has proven to be a safe and reliable method that produces smooth results with less fatigue, less expense, significantly less operative time and thus increases operative efficiency and safety. Much larger cannulas are employed with this technique without sacrificing results. Moreover, the author has found fat disruption to be a significant tool for the liposuction beginner, providing a method to produce smoother results without the steep learning curve.

10:50 am
Jose Leon-Solarte, MD
Post-Operative Carboxitherapy Used to Improve Cutaneous Flaccidity and Cellulites in Areas Treated with Liposuction Surgery

Introduction: After a clinical and photographics diagnosis, carboxitherapy was applied to post-operative liposuction areas with cutaneous flaccidity and cellulites grade III or IV, which could create poor surgery results induced for an

inadequated skin retraction and unquality skin surface. During carboxitherapy is injected a CO_2 in subcutaneous tissue improving dramtically flaccidity skin and reducing about 65% of cellulites in an average of 12 sessions.
Method: A population of 40 female patients, age 30-45, was used, clinical and photographic evaluations were performed of post-operative cases with 72 hours evolution, CO_2 (600cc) was injected in affected areas and subsequently during 4 weeks, comparative clinical and photographic analyses were performed.
Results: Of 40 total patients treated during 6 weeks, 34 patients (85%) had a dramatic improvement of cutaneous flaccidity and 8 patients (15%) had partial results. In the same population, 30 patients (75%) had a 65% decrease of cellulites clinical signs in areas treated, and 10 patients (25%) had partial improvement of this problem.
Discussion: Carboxytherapy is a new technique, simple, economic and with no side effects, which can be used like treatment in flaccidity skin and celulite, with amazing results in perfecting corporal contour post-liposuction.

11:00 am
Robert F. Jackson, MD
The Use of Low-Level Energy in Cosmetic Surgery - Examples of Wound Healing Enhancement Using Various Modalities

It is becoming extremely evident that low-level energy is an excellent treatment modality that cosmetic surgeons should explore and incorporate into their practice. The object of this talk is to demonstrate some examples of the use of low-level energy in various situations.
Methods: Discussion of various low-level energy modalities and their uses will be given.
Results: The use of electrical stimulation, low-level laser therapy and ultrasonic treatments have all yielded increased healing and improvement in wound aesthetics as will be shown by multiple examples.
Conclusion: Low-level energy modalities definitely have a place in cosmetic surgery as will be demonstrated with actual case reports.

11:10 am
Douglas Dedo, MD
"Anti-Aging" (aka Natural Total Hormone Replacement Therapy) as Part of a Cosmetic Surgery Practice...Nine Years Later

Since I invited Dr. Neal Roussier to introduce natural total hormone replacement therapy at our 1998 Annual Meeting, we have had intermittent talks and courses over the years on the role and effects of the medical management of aging. After first putting myself through the protocol and feeling the effects of maximizing one's hormone levels, I began to incorporate it as an adjunct to a surgical practice. Each year, another doctor or two who has reached the epogee of aging, will come up to me and ask about human growth hormone. The first question is invariably, "Does it work?" In an attempt to address this question, I would like to share my experience over the past nine years, both personally and clinically. While it is not the elusive "fountain of youth," it is a natural compliment for your patients who can begin to feel as well as they look.

11:20 am
Neil S. Sadick, MD
Hair Removal for Fitzpatrick Skin Types V and VI Using Light and Heat Energy Technology

Background: Lasers and intense pulsed light (IPL) sources are well-established for photoepilation. A light and heat dual energy-based system (400-1200nm), available for treating Fitzpatrick skin types I to IV has been modified for effective hair removal in Fitzpatrick skin types V and VI.
Objective: The objective of this study was to determine the safety and effectiveness of a light and heat energy (LHE®)-based system (SkinStaion® System; Radiancy, Inc., Orangeburg, NY, USA) for hair removal in subjects with Fitzpatrick skin types V-VI when using a modified light unit assembly designed to treat dark skin types. *Methods*: Fifteen female subjects with Fitzpatrick skin types V and VI were consented for treatment with the system. Eleven of the 15 subjects completed the 12-week follow-up. These 11 subjects participated in 3 doctor visits: 1 treatment visit, and 2 follow-up visits at 6 weeks and 12 weeks following treatment. Safety was evaluated at each visit and effectiveness was evaluated at both follow-up visits.
Results: An average hair clearance of 47.6% from 22 treatment sites was reported at the 6-week follow-up visit and a 42.7% average hair clearance from 22 treatment sites was reported at the 12-week follow-up. Edema was only reported in 1 case, 9% of the study population. 7 cases of erythema were reported following treatment. At the 6-week follow-up visit, all 7 cases of erythema were resolved. In addition, at the 6-week follow-up, 2 cases of hypopigmentation and 1 case of hyperpigmentation were present. Hydroquinone cream was prescribed for the hyperpigmentation. By the 12-week follow-up visit, the hyperpigmentation case was reduced t o a mild form. In addition, at the 12-week follow-up visit, both cases of hypopigmentation were resolved. Thus, the side effects reported were either transient or at the 12-week follow-up reduced to a mild form.
Conclusion: Treatment with the LHE® system was safe and effective for hair removal in patients with skin types V and VI. In this study, no cases of crusting, blistering, scarring, deepitheliaziation were reported.

11:30 am
Alexander Krakovsky, MD
Male Cosmetic Genital Surgery in the New Millennium

Objective: From the beginning of our civilization, the human body has been an object of scientific, cultural, spiritual and aesthetic investigations. Ancient Egypt, both Pharaonic and Greco-Roman, has yielded much representational and artistic evidence for the nude human body. There have been significant shifts in social attitudes, behaviors and institutional regulations surrounding the male and female body image and the understanding of human sexuality since Freud opened the door to the bedroom. Male cosmetic genital aesthetics has become the subject of recent surgical achievements that are gaining significant popularity in the U.S. and abroad. Appropriate methodology and surgical techniques have been developed to fulfill the demand in this field of cosmetic surgery.
Methods: Male cosmetic genital surgery (phalloplasty) was performed on 594 patients. This surgery contains several procedures - penile lengthening, penile girth enhancement, dual augmentation (combined lengthening/ girth enhancement), penile glanular enhancement, scrotal web resection, male sterilization procedure, reconstruction of previously filed phalloplasty (from other physicians) and liposuction of the pubic region.
Results: 29 patients experienced localized swelling 3-7 days after surgery. 17 patients required subsequent surgery to treat local infection. Patients' satisfaction with the results of their genital cosmetic surgery was analyzed using the Penis Image Assessment Scale Questionnaire. The assessment was based upon questions related to the size of the penis, satisfaction in sexual life and the psychological perspective of the patient to his penis before and after genital cosmetic surgery. The results showed enormous patient satisfaction with these types of cosmetic surgical procedures.
Conclusion: Ideas about the penis vary from culture to

culture and from one era to the next. From the beginning of Western civilization, the penis was more than just a body part. Physiologically, historically, socially and sexually, man's self-esteem and self-image has always been connected to the size of his penis. Many men are proud or ashamed of their penis size, shape and performance. The size of the penis has always symbolized strength, virility, power and domination in relationships. This directly relates to sexual performance, female satisfaction, intimacy and love. Although this subject was taboo some years ago, today many men are interested in learning about how phalloplasty may improve their self-confidence, sexual relationships and female satisfaction. The information about the availability of male genital cosmetic surgery has to be appropriately delivered to the public to let them understand there is a surgical treatment that may improve unsatisfactory sexual life, relationships, intimacy and love due to the size of a man's penis.

11:40 am
Panel Discussion/Question & Answer Session

12:00 pm
Session Concludes

EXHIBITOR DESCRIPTIONS

A to Z Surgical Specialties
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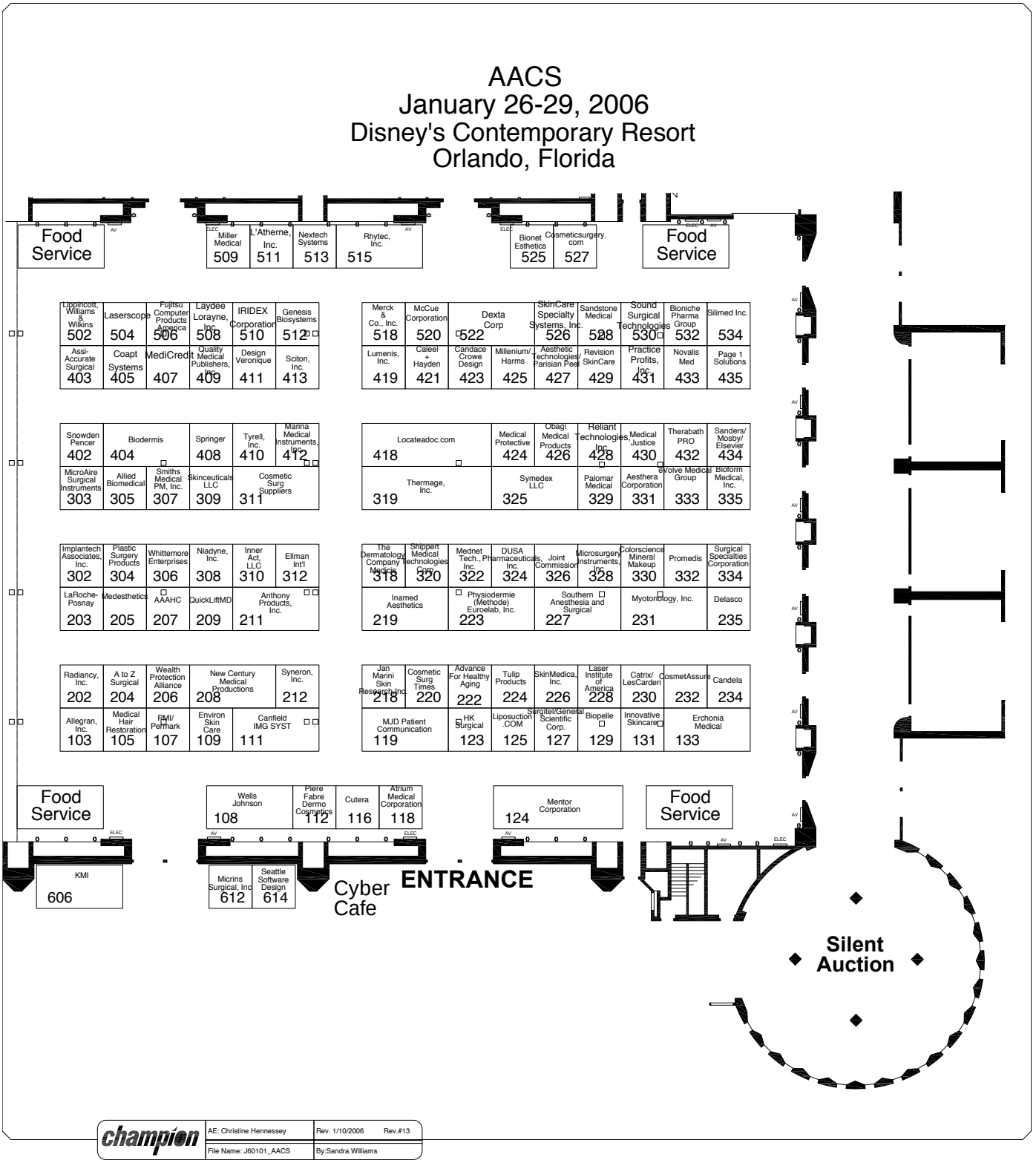

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