FINAL PROGRAM 2007

Program Chairs:
Edward B. Lack, MD
Susan Hughes, MD
Joseph Niamtu, III, DMD

23rd Annual Scientific Meeting

RENEWAL AND REJUVENATION

January 25-28, 2007
Arizona Biltmore Resort & Spa
Phoenix, Arizona

American Academy of Cosmetic Surgery

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23rd Annual Scientific Meeting
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TABLE OF CONTENTS

GENERAL INFORMATION

AACS Meeting Registration

Location & Hours:

McArthur Foyer

Wednesday, January 24	7:00 am - 8:00 pm
Sunday, January 28	7:00 am - 11:30 am

Frank Lloyd Wright Foyer

Thursday, January 25	6:30 am - 4:00 pm
Friday, January 26	6:30 am - 4:00 pm
Saturday, January 27	7:00 am - 12:00 pm

Exhibit Hall

Location: **Frank Lloyd Wright Ballroom**

Hours:

Thursday, January 25	9:00 am - 4:00 pm
(Welcome Reception)	6:30 pm - 7:30 pm
Friday, January 26	9:00 am - 4:00 pm
Saturday, January 27	9:00 am - 12:00 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 **McArthur Ballroom** unless otherwise indicated.

Social Activities (AACS Golf Tournament)
The deadline for purchasing tickets for the AACS Golf Tournament is Saturday, January 27, 2007 at 12 noon.

Speaker Ready Room / Video Library

Location: McArthur Foyer (outside of the McArthur Ballroom)

Hours:

Wednesday, January 24	7:00 am - 6:00 pm
Thursday, January 25	7:00 am - 6:00 pm
Friday, January 26	7:00 am - 6:00 pm
Saturday, January 27	7:00 am - 1:00 pm
Sunday, January 28	7:00 am - 1:00 pm

*** CME Hours and Session Evaluations must be submitted at either of the Cyber Cafés located in the McArthur and Frank Lloyd Wright Foyers. Please complete hours and evaluations after each session attended.**

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Schedule Subject to Change

SCHEDULE AT-A-GLANCE
Wednesday, January 24, 2007

7:00 am - 8:00 pm
Registration Open
McArthur Foyer

7:30 am - 8:00 am
Continental Breakfast
McArthur Foyer

8:00 am - 5:15 pm
American Society of Hair Restoration Surgery Workshop
McArthur 1
(Program will run concurrently with the American Society of Lipo-Suction Surgery Workshop)

8:00 am - 5:15 pm
American Society of Lipo-Suction Surgery Workshop
McArthur 2
(Program will run concurrently with the American Society of Hair Restoration Surgery Workshop)

12:00 pm - 1:00 pm
Break for Lunch
McArthur Foyer

5:15 pm
American Society of Hair Restoration Surgery Workshop Adjourns

5:15 pm
American Society of Lipo-Suction Surgery Workshop Adjourns

DETAILED SCHEDULE
Wednesday, January 24, 2007

8:00 am - 5:15 pm
American Society of Hair Restoration Surgery Workshop
Program Chairmen: William M. Parsley, MD and Paul T. Rose, MD

8:00 am - 8:36 am
General Session: Introduction
Moderator: William M. Parsley, MD

8:00 am - 8:18 am
A Brief History of Hair Restoration Surgery
William M. Parsley, MD

The origins of hair restoration for androgenetic alopecia (AGA) extend back to Dom Unger (1822) in Germany. His student, Diffenbach[1,2,3], published some interesting work with autotransplantation of hair, quills, and feathers. In the late 1800s variable results were obtained with large grafts and flaps in the treatment of traumatic alopecia.

Modern transplantation should have begun with the Japanese researchers in the early to mid 1900's, but global conflict and language difficulties allowed the work to go unappreciated until it was retrospectively analyzed in the early 1960s. At least 4 Japanese researchers deserve credit for innovative work: Sasagawa, Okuda, Tamura, and Fujita. Sasagawa[4] (1930) described the hair shaft insertion method. Okuda[5] (1939), in a method similar to that of Orentreich, used metal trephines to extract round grafts in the treatment of alopecia of the scalp, eyebrows, and mustache. In his scalp patients, he treated cicatricial alopecia and not AGA, and the significance of his work was lost. Tamura[6] (1943) used single hair transplants, in a technique similar to advanced current work, to transplant hair into the female pubic region. Fujita[7] (1953) used free grafts, subdivided to grafts of 2-10 hairs, placed into sites created with needles or scalpels to transplant cicatricial alopecia of the scalp and also to transplant eyebrows and eyelashes. It was over 40 years later that Fujita's techniques were rediscovered as the popular technique of minigrafting.

Modern transplantation began in earnest with N. Orentreich (1952). Assisted by Sturm, studies in donor dominance by grafting vitiligo were found to grow hair, and their work quickly began targeting AGA. The study, rejected by the Archives of Dermatology as being not believable, was first published in 1959 by the New York Academy of Science[8]. This started a flood of work by the early hair restoration surgeons - Burks, B. Stough, Coiffman, Arouet, Ayers, Berger, Rabineau, Norwood, Shiell, and others.

In the early 1970s, B. Stough directed a series of conferences in Hot Springs, AR, devoted solely to hair restoration surgery. Larger punch grafts dominated the scene until the early 1980s when minigrafting was rediscovered. Marritt[8] published a paper on the use of single hair grafts for eyelash transplantation. Nördstrom[10] (1981) started using punch grafts dissected into grafts containing 2-4 follicles for refinement of the frontal hairline, and was the first to use the term "micrograft," later patented by Bosley.

Flaps, free grafts, and alopecia reduction (AR) were developed and were extremely popular in the 1980s and early 1990s. While some interest has waned with the current methods of grafting, these techniques are still popular and effective in the hands of some surgeons. The first article on AR was written in 1976 by the Blanchard brothers[11]. M. Unger, Nordstrom, B. Stough, and Marzola were also early pioneers of alopecia reduction. Juri[12] (1974), Kabaker, Fleming, and Mayer were among those developing and promoting flap procedures. Balloon expanders (Kabaker)[13] and bioplastic scalp extenders (Frechet)[14] were utilized in stretching the scalp to facilitate these procedures. Additionally, a triple transposition technique for slot correction, a problem with AR, was developed by Frechet.[15]

The first textbook on hair restoration, *Hair Transplant Surgery,* was written by Norwood in 1973 with a 2nd edition, coauthored by Shiell, in 1984. W. Unger wrote a more comprehensive textbook, *Hair Transplantation*, in 1979 with later editions in 1988, 1995, and 2003. D. Stough and Haber co-authored a textbook, *Hair Replacement*, in 1996.

The first medical journal devoted to hair restoration, *Hair Transplant Forum*, was originated by Norwood in 1990 (later the name was changed to *Hair Transplant Forum International*). The first organization devoted solely to hair restoration, *International Society of Hair Restoration Surgery*, was founded by D. Stough and

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Norwood in 1992 and is presently the world's largest organization of hair restoration physicians.

In the early 1990s megasessions (over 1,000 grafts in a single session) became popular. Following the lead of Uebel[16] and the Moser Clinic, this movement was spearheaded by Rassman and Bernstein. In 1994, a landmark study by Limmer[17] was published in which he used stereomicroscopes to surgically dissect single bladed strip excisions into follicular units (described by Headington[18] in 1984). Although this technique was described by Limmer in 1991[19], the impact was not felt until the 1994 article. Shortly thereafter, dense packing grafts (up to 60grafts/cm2) were reported and this culminated in Seager's article claiming to cover a bald area in one session.[20] Later, in 2002, Wong and Hasson[21] observed that hairs in a follicular unit tended to align perpendicular to the skin exit direction, and reported that perpendicular (to the hair direction) grafting allowed the grafts to be oriented more naturally than the standard parallel (or sagittal) orientation and also gave better coverage.

At the time of this article, there is considerable effort to develop hair multiplication and better storage solutions. Hair restoration is still very much alive and active as of 2003.

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8:18 am - 8:36 am
Etiology of Hair Loss
Kenneth J. Washenik, MD, PhD

8:36 am - 8:42 am
Question & Answer Session

8:42 am - 10:20 am
General Session: Hair Line Design
Moderator: Paul J. McAndrews, MD

8:42 am - 9:00 am
Frontal Hairline
Paul J. McAndrews, MD

The artistic design of the hairline is critical in determining the final result a patient will attain. A physician can use the latest advances in technique and technologies but if design of the hairline is incorrect the final outcome will be a failure and the hair transplant will be unnatural. The aging face is intricately associated with the hairline and the design of the hairline is not a static piece of art; therefore, the physician has to have the foresight to design a hairline that not only looks good today, but also tomorrow.

The young patient with hair loss is eventually going to have very extensive hair loss and a young hairline will not naturally match the overall extent of baldness as he ages; therefore physicians must protect the patient (i.e.- his desires) from himself. Four essential features in the artistic design of a hairline that need to be observed in order to keep a hairline looking natural are:

1.) The correct placement of the anterior edge of the frontal hairline. 2.) The correct placement of the lateral edge (width) of the frontal hairline. 3.) The direction of the hair exiting the scalp. 4.) The asymmetry of the frontal hairline. These critical features will be discussed in more detail.

9:00 am - 9:18 am
Temples, Parietal Zone and the Vertex
Sharon A. Keene, MD

9:18 am - 9:36 am
Follicular Unit Transplantation
Paul T. Rose, MD

9:36 am - 9:54 am
Density Planning
Ronald L. Shapiro, MD

9:54 am - 10:12 am
Hair Transplantation in Females
Bernard B. Nusbaum, MD

Hair transplantation in women is a niche that brings variety to a hair restoration practice and is comprised of patients who generally come from referrals and are outside the realm of price competition, in most cases.

The two most common indications for surgery in this group are Female Pattern Hair Loss (FPHL) and post-cosmetic surgery patients. Traction alopecia also comprises a significant number of female patients.

Patient selection is more complex than in male patients. Underlying disorders and other alopecias must be ruled out, and patients with FPHL must be selected to include those with the greatest probability of noticeable improvement and the least chance of post-op effluvium.

Treatment plan should identify problem areas, and styling preferences. Post-op effluvium and the possibility of "fill-in" sessions should be addressed.

Donor area evaluation involves limitation to the mid-occipital zone and avoidance of low sites, which may be exposed with hairstyles where the hair in the nape is pulled up.

The recipient area in FPHL should be treated with pre-operative Minoxidil and intra-operative adjustments such as low epi concentration, techniques to avoid transection and avoidance of dense-packing, should be utilized to minimize post op effluvium.

In post-cosmetic surgery cases, the use of high concentrations of epinephrine and dense packing should be avoided due to decreased vascularity in surgically altered skin.

Strategies for hairline design and use of different graft sizes in selected areas will be demonstrated.

In the author's opinion, with proper patient selection, this group of patients can be very satisfied and results can be quite rewarding for the surgeon.

10:12 am – 10:20 am
Question & Answer Session

10:20 am – 10:30 am
Coffee Break

10:30 am - 11:12 am
General Session: Donor Area
Moderator: Robert S. Haber, MD

10:30 am - 10:48 am
Harvesting the Donor Strip for Maximum Yield
Robert S. Haber, MD

A crucial aspect of donor harvesting is minimizing transaction. Several techniques and devices will be discussed that will ensure the best quality strip possible.

10:48 am - 11:06 am
Methods of Donor Closure
Vance Elliott, MD

Although Follicular Unit Transplantation (FUT) has been the dominant technique in Hair Restoration for the last 5-10 years, there is growing recognition of the value of larger grafts containing 2-4 follicular units as a component of the overall surgical plan. Combinations of Multi-Unit Grafts (MUGs) and FUT can often enable the surgeon to achieve higher visual densities, and increased coverage, while at the same time reducing graft preparation time, placement time, and overall staffing requirements.

Dr. Elliott has more than 10 years experience in combination grafting techniques and will present an overview. Specific emphasis will be paid to advantages and disadvantages of these grafts, as well as a practical approach to integrating them into FUT.

11:06 am - 11:12 am
Question & Answer Session

11:12 am - 12:00 pm
General Session: Recipient Area
Moderator: Robert P. Niedbalski, DO

11:12 am - 11:30 am
Basic Recipient Principles and Techniques to Maximize Density
Robert P. Niedbalski, DO

Most patients who undergo hair restoration surgery want to maximize the visible density of their hair and maintain a natural appearance. Although to most hair transplant surgeons, these goals often seem to be at odds, it's really a matter of perspective. Consider, if you will, that different details of a person's features are visible depending on the distance, or perspective, of the viewer...so as the observer approaches, increasingly finer details will begin to define the image that is seen. Micro irregularities in a hairline are not visible to the human eye from across the room, and likewise, hair density becomes less noticeable at the intimate distance of 12-18". Both features, however, are important in the big picture. This discussion will focus on how the principles of recipient site vectors and distribution can be used to create a hair transplant result that is both dense and natural in appearance.

11:30 am - 11:48 am
Lateral vs. Parallel
Shelly A. Friedman, DO

11:48 am - 12:00 pm
Question & Answer Session

12:00 pm - 1:00 pm
Lunch

1:00 pm - 2:40 pm
General Session: Dermatologic Considerations and Non-Surgical Rx in HRS
Moderator: Ricardo Mejia, MD

1:00 pm - 1:18 pm
Dealing with Tumors of the Scalp in HRS
Ricardo Mejia, MD

1:18 pm - 1:36 pm
Infections and Inflammatory Disorders of the Scalp Affecting HRS
Mark Waldman, MD

In evaluating patients for hair transplantation, the physician needs to be aware that other causes of hair loss may be present. During this presentation, inflammatory alopecias, both cicatricial and non-cicatricial will be reviewed. It is important to be familiar with other forms of alopecia, especially ones that may mimick genetic alopecia and may not be suitable for transplantation at the time of consultation.

1:36 pm - 1:54 pm
Approved Medical Therapy for Androgenetic Alopecia
Robert T. Leonard, Jr., DO

One of the most important aspects of male or female pattern hair loss that is imperative for the hair restoration surgeon to convey to his patients is that these conditions are progressive. The patients must understand this before they can move ahead to more invasive treatments. For if hair transplantation is performed and the natural progression of the surrounding native hair ensues, the patients are often obliged to undergo further surgery (for which they may not be prepared).

While this may be "good for business," it certainly is not good for the ethical care of these patients. It is our duty to inform hair loss sufferers that there are proven and effective medications that can stave off progression as well as can re-grow hairs that have miniaturized to the point that they are no longer cosmetically significant.

The only two medications to treat hair loss that have been approved by the United States Food and Drug Administration are Rogaine Topical Solution (minoxidil 2% and 5%) and Propecia (finasteride 1mg tablets). One of the critical efficacy aspects of both of these medications is that they must be used on a continuous and long-term basis. Getting the patient to use them over time is an art that carefully needs to crafted.

I shall discuss my approach to introducing these drugs to my patients during their hair loss consultation, to teaching them how to use them, to evaluating their effectiveness, and to following up with them on a regular basis to assure their continued use.

1:54 pm - 2:12 pm
Other Lotions and Potions for Hair Loss
Matt L. Leavitt, DO

To date, medically there are only two FDA-approved, proved non-surgical treatments for hair loss: Propecia and Rogaine. Over the past three years, there have been numerous entries into this market, all claiming superiority, safety, results. A sample of these products include Avacor, Procede, Medscalp, etc. In addition to the "lotions and potions" there has been an influx of medical devices, i.e. laser therapies and an assortment of home brews for the hair loss patient.

There is a little or questionable value in the vast majority of products available. The products that may have some efficacy are usually based on other FDA-approved formulations. Even the approved, known efficacious products - Propecia, Rogaine - are best utilized as a maintenance remedy, rather than hair growth. The only true hair loss therapy is surgical hair restoration. This presentation will present current data on these heavily marketed products and evaluate the new entries and devices in the marketplace.

A review of products and treatment options for Androgenetic Alopecia – will include among others: Minoxidil-based products, Herbals/Botanicals vitamins/ minerals, "homemade" treatments, etc.

2:12 pm - 2:30 pm
Lasers in Hair Restoration
Alan J. Bauman, MD

While over 2,500 studies have been published in the field of laser therapy and numerous FDA-approvals (510k market clearances) have been given for several devices for the treatment of various medical conditions, there remains a significant lack of research currently in the field of laser therapy and the treatment of hair loss. Despite the lack of well-controlled, published scientific studies, the number and size of medical and non-medical Low Level Laser Therapy centers for the treatment of hair loss in the U.S. is increasing at an exponential rate. The 2005 ISHRS Annual Census Survey reported that 12% of ISHRS members already recommend Laser Therapy to their patients "always" or "often."* The author will relay his anecdotal experience regarding his use of laser therapy since 1999, including several case studies and how he has successfully integrated low level laser therapy (as an alternative therapy) into his hair restoration practice. Treatment protocols and keys to ensuring patient satisfaction will be reviewed. Highlights of the 40-page statistically-analyzed client-satisfaction data from the largest national chain of Laser Hair Therapy clinics (AHS) will be presented. Additionally, several of the prominent theories regarding the mechanism of action of laser therapy (photobiostimulation) will be addressed.

2:30 pm - 2:40 pm
Question & Answer Session

2:40 pm - 3:22 pm
General Session: Special Considerations
Moderator: David Perez-Meza, MD

2:40 pm - 2:58 pm
Different Uses of Autologous Growth Factors in Hair Restoration Surgery: Graft Survival – Influencing Factors and Current Efforts to Improve Survival
David Perez-Meza, MD

In hair restoration there are at least three important goals to be followed:

1. Natural results
2. Density
3. 100% hair growth and survival

With the new technology and instrumentation, natural results and density can be achieved in hair transplant surgery but unfortunately we are still behind the 100% hair growth and survival (currently 92%+).

During my presentation I will discuss the different factors that may impact or decrease the hair graft survival and growth and current efforts to improving their survival during the different stages of hair transplant surgery such as:

Pre-operative - previous scars, previous surgeries, vascular damage of the scalp, diseases (diabetes)

Intra-operative - harvesting the donor strip, graft preparation, graft storage. Recipient sites orientation and dense packing and graft placement.

Post-operative - wound healing and revascularization of the hair graft. Bleeding and popping. The postoperative care. I will discuss briefly the use of autologous growth factors (Platelet Rich and Poor Plasma) to speed up the wound healing process after hair transplant surgery.

Many, if not most of the "factors" are under surgeon's control and an appreciation of their effects and their clinical significance can aid to achieve all the goals in hair restoration surgery including 100% survival.

2:58 pm - 3:16 pm
Dealing with Gray/White Hair
Carlos J. Puig, DO

3:16 pm - 3:22 pm
Question & Answer Session

3:22 pm - 3:32 pm
Coffee Break

3:32 pm - 5:15 pm
General Session: Non-FUT Surgical Techniques
Moderator: William H. Reed, MD

3:32 pm - 3:50 pm
Multi-Unit Grafting
William H. Reed, MD

The question of why to consider multi-unit grafts in 2007 is addressed. Regarding the self-evident reasons of the multi-unit graft's lower expense per hair grafted and easier effort needed technically, little more need be said. The less apparent, and potentially more important, reason of optimizing the use of the patient's donor will be discussed in more depth.

In essence, when we transplant donor hair, we know the "numerator", i.e., the visible hair that grows from the grafts. What we do not know is the "denominator"; we cannot presume that it is the number of visible hairs that were removed from the donor. The actual denominator is that number plus the hair that could have grown if the invisible exogen and the invisible lower portion of the telogen follicle (the "stele") were included by using a "chubbier" graft. The quintessential "chubby" graft is the multi-unit graft. If the importance of the "stele" were known or even if telogen and exogen hairs were known not to grow when the "stele" is dissected in preparation of single follicular unit grafts, and, especially, skinny follicular unit grafts, then the decision to use multi-unit grafts would be much easier. This consideration is more important the more "teepee" the shape of the patient's follicular units.

At the present time, there are inadequate studies to allow the determination of the mean and standard deviations of the telogen/exogen percentages at any particular point in time, much less how variance due to season of the year and other variables impacts this percentage. Biochemical and histological reasons are presented that may suggest that "the largest graft should be transplanted that is aesthetically acceptable for that particular area of the recipient zone."

With these premises in mind, the relationship of graft size relative to density, to position in the recipient area, to the individual's hair characteristics and to grafted density anticipated is discussed. In summary, it is suggested that the multi-unit graft should be used more readily the more forgiving the hair characteristics, the more the resultant density of the area of its use in the recipient plan and the longer length the hair style planned.

3:50 pm - 4:08 pm
Update on Follicular Unit Extraction
Jim Harris, MD

4:08 pm - 4:26 pm
Transplantation into Non-Scalp Regions
Paul M. Straub, MD

<u>Eyelash transplantation</u>

Because there appears to be a demand for transplantation of eyelashes both for repair in trauma cases and cosmetic improvement of naturally weak eyelashes, I hosted a workshop October 23, 2006, the day after the San Diego ISHRS meeting to compare the known techniques of eyelash transplantation at my office in Torrance, California. Dr. Marcel Gandelman demonstrated surgical correction of a trauma case using long hair which were threaded on a curved needle and harvested from the usual donor region.

Dr. Bauman demonstrated a case done purely for cosmetic enhancement. Dr. Jennifer Martinik demonstrated two cases using a new technique installing meticulously dissected grafts in the eyelid. This technique allows as many as 60 hairs to be implanted into each lid (other techniques are usually limited to 20 or 30 lashes per lid) and is suitable for upper and lower lids. It also can be completed in about 1 ½ hours versus about 3 hours for previous techniques. Video clips and discussion of the procedures

will be presented. Although the early results are promising, eyelash transplantation should be considered experimental or at least in its pioneer stage at this time. We are urging cautious selection of patients and full disclosure to patients until a longer follow-up period has been obtained.

Eyebrow transplantation

This is not a new procedure. The author performed a total of 56 eyebrow and moustache transplants during his 19 trips to Saudi Arabia to do hair transplants. The procedure will be discussed, cases will be shown and the learning curve discussed.

Other areas

Hair transplantation to the chest, abdomen, pubic area and beard are occasionally done. These areas will briefly be discussed.

4:26 pm - 4:44 pm
Current use of Excision Surgery in the Recipient Area
E. Antonio Mangubat, MD

Hair deformities take many forms including natural male and female pattern baldness, trauma, cancer, and iatrogenic causes. The various deformities and degree of deformity generally determines the treatment choice. The advancements in hair restoration surgery (HRS) in the past two decades are significant in yielding natural and almost undetectable results. Using a combination of HRS, cosmetic and reconstructive techniques, most deformities can be treated effectively palliating or completely resolving most significant deformities.

In order to treat hair deformities, it is important to understand the basic concepts of HRS, especially the natural structure of hair morphology; in other words how natural hair appears in the unaltered human. Hair transplantation has become more complex as we have identified the important variables in achieving natural results, which include the natural history of hair loss (Androgenetic Alopecia or AGA), hairline design, recipient site creation, graft preparation, flaps, tissue expansion, and medical therapy for hair loss.

Hair transplantation techniques have advanced so significantly, excisional scalp surgery has become rare in elective cosmetic hair surgery. Correction of hair deformities, however, often requires excisional scalp surgery to achieve acceptable results. These procedures range from pretrichial brow lifting to expanded flaps. This presentation will outline the various procedures available to the cosmetic surgeon to achieve corrective results not attainable with even current state-of-the-art hair transplantation. I will present several examples of significant hair deformities and the specific treatment plans and procedures required for correction.

4:44 pm - 5:02 pm
Hairline Advancement in Females
Sheldon S. Kabaker, MD

The use of a trichophytic hairline incision with complete undermining of the hair-bearing scalp can allow for an average lowering of a hairline by 2.5 cm. The is a quick and economical alternative to follicular unit grafting that works best in women with high foreheads who want a more feminine proportion to their hairline and forehead. This procedure can also be called a forehead reduction and can be combined with a brow lift. The patient can have the benefit of the surgical result in as soon as 2-7 days after surgery. Grafting would take between 1-2 years of hair growth and coverage to be equivalent.

The scalp has to have subjective normal laxity, if not; a two-stage procedure involving balloon tissue expansion of the scalp can be done. With expansion, those with tight scalps or those needing great amounts of hairline lowering (as much as 8 cm), can 6-8 weeks later, have this forehead reduction/hairline lowering procedure. A 20-year experience with then development this technique has been acquired. It is the only remaining routine aesthetic scalp flap surgery recommended by this lecturer.

5:02 pm - 5:15 pm
Question & Answer Session

5:15 pm
Adjourn

8:00 am - 5:15 pm
American Society of Lipo-Suction Surgery Workshop
Program Chairmen: Gregory C. Roche, DO and Maurice P. Sherman, MD

8:00 am
Welcome and Introduction
Gregory C. Roche, DO and Maurice P. Sherman, MD

8:20 am - 10:20 am
General Session I
Moderator: Robert F. Jackson, MD

8:20 am - 8:50 am
Superficial Liposuction
Robert F. Jackson, MD

8:50 am - 9:20 am
Liposuction in Post Gastric Bypass Patients
Jane A. Petro, MD

After massive weight loss, persistent contour irregularities pose significant problems for many patients. These deformities are usually a result of lax skin and persistent fat pockets. The surgical approach to treatment may include skin resection with/without liposuction, liposuction alone, or combination approaches in staged procedures. The decision about the extent of liposuction, timing or combination of procedures must be individualized based on risks that can be stratified. Regional considerations such as concomitant varicose veins, intertriginous rashes, lymphocele, and severe lipodystrophy with skin redundancy must be taken into account. We will present some of the algorithms we have developed for our practice that help us stage these patients with consideration of risk, cost, and recovery as well as satisfactory outcome.

9:20 am - 9:50 am
Facial Fat Grafting
Mark Berman, MD

Fat grafting has become an accepted way of restoring volume and thus, youthful appearance to one's face. A number of methods have been proposed for harvesting and injecting fat. Today, we will discuss my current method using the Lipivage system for harvesting fat and the Tulip injectors for transplantation. A video presentation will demonstrate these techniques and the method for three-dimensional restoration of the aging face.

9:50 am - 10:20 am
Pearls & Pitfalls of Liposuction Procedures
E. Antonio Mangubat, MD

Complications in liposuction surgery can be divided into two main categories: Life-threatening and Cosmetic complications.

Unfortunately many life-threatening complications cannot be predicted nor avoided in all patients. Many complications, for example deep venous thrombosis and pulmonary embolism, have nationally accepted guidelines for prevention, identification and treatment. Others, such as necrotizing fasciitis, have no such guidelines and are usually unpredictable. Vigilance is the critical factor required in liposuction surgery to prevent deaths from these uncommon but deadly complications. Early recognition and intervention is the key to patient safety.

Cosmetic complications are common; most authors report that approximately 20% of liposuction patients have some form of cosmetically unsatisfactory results. Clearly, the unsatisfactory result will be a function of pre-existing conditions and surgical technique. This lecture will outline the spectrum of conditions and techniques that the significantly contribute to the cosmetic outcome of liposuction surgery.

10:20 am - 10:30 am
Coffee Break

10:30 am - 12:00 pm
General Session II
Moderator: Douglas D. Dedo, MD

10:30 am - 11:00 am
Liposuction and Body-Sculpting
Guillermo Blugerman, MD

11:00 am - 11:30 am
Adjunctive Procedures for Liposuction
Douglas D. Dedo, MD

Since the introduction of liposuction in 1983, there have been several modifications to the procedure that have made it safer, faster and better. At the World Congress of Liposuction in Oct 2000, Dr. Rodrigo Neira introduced the low level laser. Since then it has been approved by the FDA as the only laser to be used in liposuction surgery. The effects of this wavelength of light on the fat cells as well as the improved post-operative results make this an invaluable adjunct to liposuction.

The addition of magnets to the compression dressing has been shown to reduce post-operative pain. A blind study by the author failed to support magnets for improved results, decreasing bruising as has been reported elsewhere but it did decrease significantly the post-operative pain the patients experience.

Vibro rolling is a technique that combines the rolling of the lipo treated areas to level out irregularities, with the ability to alter the frequency with which the roller head vibrates. The patients so treated appear to have an improved post-operative results.

This paper will summarize the author's technique and theory behind the various adjunctive procedures to enhance the post-operative liposuction results.

11:30 am - 12:00 pm
Abdominalplasty vs. Abdominal Liposuction
Robert A. Shumway, MD

Objective: This extensive study reviews important criteria concerning "when" to perform Abdominoplasty vs. Abdominal Liposuction. This paper looks at different types of patients who may benefit from a specific type of abdominal surgery or perhaps the need to proceed with a combined approach using both abdominoplasty and abdominal liposculpture techniques.

Methods: The author retrospectively studied a ten-year sequence (1996 through 2005) of his patients' charts that underwent Abdominal Liposuction, Abdominoplasty, or a combination of these procedures. Patient progress was documented clinically and photographically. The group was divided into five surgical categories relative to the needs of each type of patient based on history and physical exam.

Results: One thousand four hundred eighty seven patients (1,242 female/245 male) were included in the 10 year results. Important group characteristics included gender, height, weight, age, race, prior surgical history, body habitus, abdominal girth measurements, body mass index (BMI), weight gain/loss history, Fitzpatrick skin type, abdominal skin striae, prior pregnancies, rectus abdominis muscle diastasis, previous caesarian sections, any other abdominal scars, various types of hernias, use of medication, medical allergies, patient expectations, and psychological profiles. These important factors listed above influenced candidate placement into one of the following five categories: (1) Abdominal Liposuction without Abdominoplasty, (2) Abdominal Liposuction with Mini-Abdominoplasty, (3) Lower Abdominoplasty with Lateral Waist Liposuction, (4) Traditional Abdominoplasty with Selective Liposculpture, and (5) Aggressive Full Abdominoplasty without Liposuction. No male patients underwent abdominoplasty surgery. There were 807 patients in category (1), 295 patients in category (2), 166 patients in category (3), 123 in category (4), and 96 patients in category (5).

Conclusion: After the review of nearly 1,500 patients who underwent a cosmetic procedure of the abdomen, the author concludes that the correct use of liposuction and/or abdominoplasty can create a very successful outcome for appropriately selected patients. The key to aesthetic success is the physician's ability to choose the right operative combination for each and every patient by using the above criteria with good clinical judgment.

Protect Assets

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Wealth Protection Planning

A seminar with national asset protection expert & author David B. Mandell, JD, MBA

- Learn how to protect assets from lawsuits,
- Take advantage of nontraditional planning,
- Avoid the unnecessary 80% tax trap of retirement plans,
- Utilize captive insurance companies
- And much, much more

Session 1 – Thursday, January 25th 7 – 9 AM
Session 2 – Sunday, January 28th 7 – 9 AM

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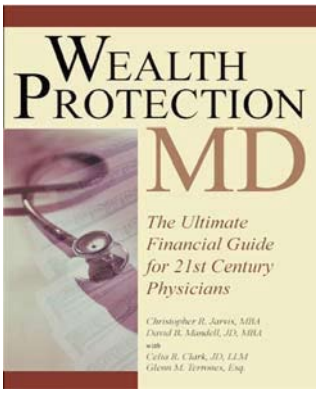

If you can't attend and still want a copy for of the book, DVD or audio CD (free + $10 S&H) please call (800) 554-7233

12:00 pm – 1:00 pm
Lunch and Presentation of 2006 AACS Liposuction Guidelines
Gregory C. Roche, DO

The lecture will review the current AACS guidelines for performing Liposuction Surgery.

1. Training and Education
2. Pre-operative Evaluation
3. Indications
4. Techniques
5. Megaliposuction
6. Recommended Volumes
7. Surgical Setting
8. Expected Sequelae and Outcomes
9. Postoperative Care and Medications
10. Documentation
11. Privileging
12. Recording of Adverse Events

1:00 pm - 1:30 pm
Panel Discussion
Moderator: Gregory C. Roche, DO

1:30 pm - 3:30 pm
General Session III
Moderator: Jane A. Petro, MD

1:30 pm - 2:00 pm
Liposuction Pitfalls and Complications
Kimberly J. Butterwick, MD

2:00 pm - 2:30 pm
Tumescent Anesthesia-Pharmcology and Technical Pearls
Curtis J. Perry, MD

The introduction of tumescent anesthesia revolutionized liposuction, allowing the procedure to be performed with improved results and increased safety in the office-based surgical setting. The basic concept of tumescent anesthesia is very simple. Patients are given little or no sedation. A diluted solution of lidocaine with epinephrine is then used to anesthetize and vasoconstrict much larger areas of the body than could possibly be safely managed using traditional concentrated solutions. However, the actual practice of tumescent anesthesia in which comfortable infiltration and effective anesthesia is consistently obtained for different sites in patients with varying body types can be challenging and is technique dependent. This presentation will review the basics of pharmacokinetics and emphasize the nuances of technique and patient evaluation to safely maximize patient comfort during the infiltration and anesthesia during the procedure.

2:30 pm - 3:00 pm
Fat Transfer with Primary Liposuction
Robert W. Alexander, MD, DMD

3:00 pm - 3:30 pm
Technical Aspects with Different Machines
Jane A. Petro, MD

Syringe aspiration, machine aspiration, power assisted, ultrasound assisted, laser assisted…is there any rhyme or reason to choices made among these techniques? Canula tip design, single hole, double, triple, oval, round, blunt, cutting, diameter variations, all adding to the confusion of choice. What is essential? What is optional? Which are superfluous? While it is unlikely that this talk will eliminate confusion, it will present some clarification of standards as to which tool/technique is preferable in which situation.

3:30 pm – 3:40 pm
Coffee Break

3:40 pm – 5:15 pm
General Session IV
Moderator: Maurice P. Sherman, MD

3:40 pm - 4:10 pm
Pre-operative Planning and Marking for Liposuction
Gerald G. Edds, MD

Pre-operative planning and marking for liposuction is a critical process for a successful procedure and a happy patient. This process involves proper patient selection, localization of fat as a predictor of success, an understanding of regional and gender differences in fat type and distribution, detailed marking for accurate fat removal and an understanding of realistic expectations. Each of these considerations will be discussed in detail.

4:10 pm - 4:40 pm
Vaser® Assisted Liposuction
Maurice P. Sherman, MD

The use of ultrasonic emulsification in liposuction has been known and utilized for the past 15 years. The Vaser® technique is a third generation improvement in this principle, with 5 years of clinical use, presently marketed as "Liposelection." The technique, rationale for use, clinical results and benefits, as well as untoward results will be reviewed by the presenter.

4:40 pm - 5:10 pm
Advanced Techniques in Liposuction
Steven B. Hopping, MD

Tumescent liposuction remains the gold standard against which all other new techniques must be measured. Foremost in this comparison must be patient safety followed by aesthetic outcome. That said, there are a number of "advanced" liposuction techniques available to the liposuction surgeon. These include power assisted tumescent liposuction, ultrasonic assisted tumescent liposuction, laser assisted tumescent liposuction, lipotransfers, liposhifting, and most recently "Smart" liposuction, a form of laser assisted tumescent liposuction. These techniques will be discussed and potential advantages and disadvantages reviewed.

5:10 pm - 5:15 pm
Panel Discussion – Difficult Cases and Complications
Faculty

5:15 pm
Adjourn

SCHEDULE AT-A-GLANCE
Thursday, January 25, 2007

6:30 am – 4:00 pm
Registration Open
Frank Lloyd Wright Foyer

9:00 am – 4:00 pm
Exhibits Open
Frank Lloyd Wright Ballroom

7:00 am – 9:00 am
Bright Eye Sessions: 101
McArthur 1-3 and Sedona

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

9:40 am – 12:00 pm
General Session: 102
The Principles for a Beautiful Face – Facial and Forehead Rejuvenation
McArthur Ballroom

12:00 pm – 1:00 pm
Lunch in Exhibit Hall

1:00 pm – 3:00 pm
General Session: 103
The Principles for a Beautiful Body – Breast and Body Contouring
McArthur Ballroom

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

3:40 pm – 5:40 pm
Nuts/Bolts Sessions: 104
McArthur 1-3 and Sedona

5:40 pm
Adjourn

6:30 pm – 7:30 pm
Welcome Reception in Exhibit Hall

DETAILED SCHEDULE
Thursday, January 25, 2007

7:00 am – 9:00 am
Bright Eye Sessions: 101

McArthur 1
Indications, Complications and Thoughts on Post-Bariatric Surgery
Lane F. Smith, MD and Michael Kluska, DO

A brief overview of the indications, techniques and complications of post-bariatric surgery with emphasis on the lower body lift will be discussed.

McArthur 2
Chemical Peels 2007 – 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.

McArthur 3
"How to Do It" Approach to Blepharoplasty
Marc S. Cohen, MD and Nancy G. Swartz, MD

The object of this breakout session is to teach the participant how to do a state-of-the-art blepharoplasty. This course, taught by two oculoplastic surgeons, will provide a step-by-step, how to do it 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. Topics covered will include upper and lower blepharoplasty, correction of structural eyelid defects in cosmetic eyelid surgery, and rejuvenation with periocular fillers and botox. The course will employ extensive surgical series and videos to help the participants understand the important principles of blepharoplasty. We believe that this presentation will be of value to the beginning, moderate and advanced blepharoplasty surgeon.

Sedona
Practice Management
Wealth Protection Planning for Today's Cosmetic Surgeon
David B. Mandell, JD, MBA
****this session is repeated on Sunday morning***

This talk will address how to shield a physician's personal and practice assets from potential liability, how to ideally structure a medical practice, the truth about qualified and non-qualified plans, how to legally reduce taxable income from the practice by $100,000+ per year, how to deal with the medical malpractice insurance crisis, and how to use captive insurance companies.

Specific topics include:

- Non-qualified retirement plans – the retirement tool you haven't heard of
- Using captive insurance companies to reduce risk, protect assets, and lower taxes
- How to reduce your 2007 income taxes from $50,000 to $500,000
- Why your pension, IRA, or 401(k) is a 80%+ tax trap…and what you can do about it
- All about family limited partnerships and limited liability companies
- Alternatives for shielding accounts receivable
- How to be bought out of your practice for millions

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

9:40 am
Welcome & Introduction
Jim E. Gilmore, MD
AACS President

9:40 am - 12:00 pm
General Session: 102
The Principles for a Beautiful Face – Facial and Forehead Rejuvenation
Moderators: Jim E. Gilmore, MD and Suzan Obagi, MD

9:40 am
Albert E. Carlotti, III, MD, DDS
The Aggressive Submentoplasty: Achieving Consistent Results at the Neck-Jaw Angle

Objective: Achieving the defined neck-jawline angle has often provided a challenge to the cosmetic surgeon. Various techniques exist ranging from isolated submental liposuction, thread lifts, platysmal imbrication and platysmal plication. An analysis of skeletal morphology, pre-treatment hyoid bone position with cephalometric radiographs and submandibular gland position helps define the limitations of any result despite methology. Certain parameters may be altered with skeletal osteotomies and submandibular gland excision. In the absence of severe ptosis of submandibular glands or high mandibular plane angle skeletal deformities with microgenia, excellent results alone are possible with the aggressive submentoplasty. An analysis of the pre-operative and post-operative photographs of over 100 patients without this technique as compared to 100 patients with this technique clearly demonstrates a much improved sharpening of the neck-jaw angle.

Methods: The submentoplasty technique is often a part of a face and neck lift, in particular, the modified Four Dimensional Facelift in our practice. The sequence of surgery involves the access through a 2 cm submental incision as well as preauricular and postauricular incisions. Surgical technique comparing fixation of the platysma to the hyoid bone and associated results are compared to the previously used technique of platysmal plication alone. An analysis of neck-jaw angle via the use of standardized pre-operative and post-operative photographs are compared.

Results: A superior result with a more defined neck-jaw angle is accomplished with the aggressive submentoplasty technique as compared to the platysmal plication technique alone.

Conclusions: Approaching neck lifting as a reconstruction of normal youthful anatomy of the relationship between platysmal position and hyoid position yields superior results. Submental liposuction fails to address this problem completely. Platysmal imbrication often yields submental fullness. Platysmal plication alone fails to define the neck-jaw angle properly. The aggressive submentoplasty accomplishes a natural appearing rejuvenation of the aging neck.

9:55 am
Neil Tanna, MD
SMAS Suspension and Suture Extrusion in Short-scar Rhytidectomies

Background: Short-scar rhytidectomy has become a popular alternative to traditional facelift for both patient and surgeon, as it is associated with decreased expense, post-operative recovery time, and risk. Secure SMAS suspension is indispensable for effective results. Many techniques of plication have been advocated, including variations in stitch type and suture material. Surgeon preferences for any one of these myriad of practices is based on the efficacy of the achieved lift and the rate of suture extrusion.

Methods: A review of 1,850 consecutive short-scar rhytidectomies performed between January 2002 and January 2006 was executed. All patients received short-scar rhytidectomy and cervico-facial liposuction by the senior author (WHL). Patients were divided into six groups (A-F) based on the type of SMAS plication performed. Group A (100 patients) constituted cases in which O-shaped purse string sutures (2-0 Ethibond) were utilized, while Group B (100 patients) entailed the use of O-shaped and U-shaped purse-string sutures (2-0 Ethibond). Interrupted horizontal mattress sutures were utilized in Groups C, (50 patients), D (50 patients), and E (50 patients), with 2-O Ethibond use in Group C, 2-O Vicryl in Group D, and 2-0 Mersilene in Group E. A running locked two-layer plication stitch, utilizing a braided non-absorbable suture (2-0 Mersilene), was employed in Group F (1,500 patients). Patients had at least 6 months of follow-up and outcome parameters examined included rate, type, and location of suture extrusion. Any correlations between SMAS suture extrusion and gender, postoperative antibiotic ointment use, smoking, diabetes, or personal/family history of suture extrusion were also noted.

Results: Observed rates of SMAS suture extrusion were 5% in Group A (5/100), 8% in Group B (8/100), 6% in Group C (3/50), 0% in Groups D and E, and 1.2% in Group F (18/1,500). In Group F, 139 patients were also documented to have suture extrusion of at least one dissolvable subcutaneous suture.

Conclusion: Short-scar rhytidectomy is a procedure commonly employed for facial rejuvenation of patients with mild to moderate facial aging. The evolution of varying techniques for SMAS plication is related to the observed efficacy of the lift achieved and the incidence of the suture extrusion. Short-scar rhytidectomy with a running locked two-layer plication stitch, employing a braided non-absorbable suture, is effective and associated with a low rate of suture extrusion.

10:10 am
Ronald W. Strahan, MD
10-Year Evaluation of 500 Cases of Face-lifting Surgery: What I Have Learned.

Introduction: The literature is replete with detailed descriptions of the various techniques of face-lifting surgery for the aging face with their advantages; however there is a dearth of information about the long-term results, i.e., the satisfaction of the patient some 10 years after surgery.

Objective: This study was undertaken to examine the long-term results of the three most common types of face lift operations: the skin-SMASS operation, the deeper plane techniques and the subperiosteal face lift operation.

Methods: An attempt was made to establish written or telephone contact with more than 1100 patients who had face-lifting surgery performed by the senior author prior to 1997. Each was provided with a simple questionnaire and 541 responded. The charts of these 541 patients were retrospectively reviewed for: age and sex, type of face lift operation, complications and associated procedures.

Results: More than 90% of patients having either a skin-SMASS face lift, or a deeper plane technique face lift or a subperiosteal face lift operation were satisfied with their result some 10 years after having their surgery. Those that were dissatisfied, i.e. the failures, were further scrutinized to determine the reason for failure, the anatomical area of failure, the type of operation, complications and associated procedures.

Conclusions: 1. Long-term (10-year) data is a vital key in the evaluation of any treatment of the aging face. Without knowledge of long-term results, the proposal or advice about treatment of the aging face seems at best suspect. 2. There has been a paucity of data in the literature to evaluate the long-term effectiveness of the different techniques of face lifting operations. 3. The long-term satisfaction of the face lift patient is significantly impacted by the type of operation each patient receives. 4. The efficacious management of complications after the face lift operation is important to the long term satisfaction by the patient. 5. Long-term satisfaction of treatment of the aging face by the face lift operation is greatly enhanced in the patient having at least two associated procedures.

10:25 am
Robert M. Schwarcz, MD
Facelift Closure Techniques

Introductory: Patients seeking a rhytidectomy often are apprehensive of having an operated look. The authors present planning of incision sites, and pearls of closure of a facelift, thus avoiding the pitfalls of the periauricular signs of surgery.

Methods: Presentation of techniques to address hairline incisions, preauricular and tragal incisions, earlobe management, and recreating the natural preauricular sulcus. Focus on when and where to make incisions and points of tension in closure.

Results: Avoidance of anteriorly displaced tragus, tragal blunting, loss of preauricular sulcus, pixie ear deformity, and altered hairline.

Conclusions: For the cosmetic surgeon performing rhytidectomy the ability to avoid the pitfalls of the telltale signs of facelifting are paramount to maintaining a happy postoperative aesthetic patient population. Patients usually seek both a natural more youthful appearance while maintaining their current facial features. Avoidance of anteriorly displaced tragus, tragal blunting, loss of preauricular sulcus, pixie ear deformity, and altered hairline could be accomplished by careful preoperative analysis and well designed incisions and techniques. Taking the time with a well designed periauricular closure and utilizing the discussed pearls will allow for a consistent clean closure. The authors share personal experiences in discussing pearls of closure of a facelift, thus minimizing the patients need for camouflagaing scars, altered hairlines and other signs of surgery.

10:40 am
John D. Rachel, MD
Composite Barbed Suture Forehead Lift

Objective: Describe an alternative technique for rejuvenation of the forehead and brow region. The procedure involves a combination of components of the traditional endoscopic forehead lift with a barbed suture lift technique. The goal of the procedure is to enhance the results obtained with a barbed suture lift alone and maintain the minimally invasive nature of the surgery.

Methods: Six patients underwent forehead lift surgery using this thread technique. The procedures were performed either under local anesthesia or with conscious sedation. Patients either underwent the forehead lift alone or in combination with a facelift. The patient was premarked with the desired direction of pull and the location of thread placement. A subperiosteal forehead flap is elevated, including the arcus marginalis of the supraorbital rim. The neurovascular bundle is avoided. A wide elevation of the frontalis is carried out to the linea temporalis through a small central incision using endoscopic forehead elevators. Paired barbed sutures are deployed for the desired medial and/or lateral elevation. Final tightening of the threads is carried out with simultaneous elevation of the composite flap with use of the elevators.

Results: Objective review of the pre- and post-operative photos demonstrate improved brow position. Nine-month follow-up photos reveal maintenance of the elevation. Average recovery included 4-5 days of periorbital edema and eccymosis and 10 days of soft tissue bunching at the apex of the paired threads at the hairline. No incidence of permanent parathesia or motor nerve weakness was reported.

Conclusion: This procedure provides an additional minimally invasive technique in the armamentarium for forehead rejuvenation. The elevation of the forehead flap in conjunction with the barbed suture lift provides enhanced ability for brow positioning and sustained improvement of the brow position.

10:55 am
Featured Speaker
Cosmetic Surgery on Identical Twins
Darrick E. Antell, MD

Selecting the "correct" face lift technique has always been a difficult decision for the plastic surgeon. A technique that provides optimal aesthetics for one patient may not provide the same result for another. The complexity of comparing these different results on different appearing patients further confounds one's ability to decide on a given technique. Even identical twins are often treated more appropriately with a different technique from one twin to the other because the character and severity of facial aging may differ between them. By comparing different SMAS (superficial musculoaponeurotic system) techniques on "less different" people (identical twins), perhaps the ideal technique may be determined.

This presentation will review face lift techniques and give a clinical update on identical twin studies of face lift techniques.

The question "Which face lift technique is best?" is nearly as old as the operation itself. This question becomes more difficult to answer than ever before, given the vast array of techniques for facialplasty, as well as the variable effect of gravity and other environmental effects on the skin and the deeper structures of the face. Comparing these techniques would be more effective by decreasing the numbers of variables between the patients. By using identical twins as the subjects, and one surgeon to perform his choice of one of four techniques most commonly used in his practice, a more controlled comparison is offered. Though many other excellent techniques for facialplasty are currently in wide use today, this study compares the four techniques most commonly used by the senior author during the time period that the procedures were performed.

11:25 am
John P. Fezza, MD
SMAS/Fat Grafting During Browlift Surgery

Objective: Browlift surgery emphasizes lifting the forehead, but does not address volume loss of the brows that occur with age or with removal of glabellar muscles. This technique for brow rejuvenation describes not only lifting brows, but also refilling with SMAS grafts.

Methods: One hundred five patients undergoing browlift (endoscopic or open) surgery had concominent SMAS or fat grafts placed to the glabella and lateral orbital rims to restore volume in these areas. The patients were followed for 6 months to 6 years and assessed for outcomes and complications.

Results: SMAS/fat grafts added a soft, natural fullness to the brow areas resulting in a more youthful appearance compared to the author's prior non-grafted patients. Patient satisfaction was high. The graft take was 60-80% at 1 year. The grafts also acted as a spacer graft between the cut ends of the corrugator muscles, and did not allow reattachment of these depressor muscles. This translated into a smoother glabella with less dynamic muscle action than techniques prior to SMAS grafting. The SMAS grafts also acted as pillars of support to maintain longer lasting elevation of the brow height and curve laterally. There was 1 patient with an infection of a brow graft that resolved uneventfully with oral antibiotics. One patient had a transient unilateral brow palsy, which resolved in 2 months. No unevenness or lumpiness of the brows was seen.

Conclusions: SMAS/fat grafts placed during brow lift surgery provide a quick, safe and effective method to improve brow lift outcomes. The grafts are long-lasting and add an elegant, natural fullness to rejuvenate the upper face. There is less dynamic glabella muscle action long term, and the grafts act to support the lateral brows and improve longetivity of the brow lift.

11:40 am
Joseph Niamtu, DMD
Cosmetic Otoplasty: Two Surgeries Do it All

Introduction: Congenital protruding ears can be a serious psychological problem from peer teasing. Self image problems in childhood can affect the psychological well being for a lifetime.

Cosmetic otoplasty is an extremely common procedure and has had countless procedural descriptions. Most congenital ear cosmetic deformities are related to either conchal bowl hyperplasia and or lack of the antihelical fold. Although many procedures have been described, relapse is frequently an issue if the proper procedure for the specific deformity is not performed. The past otoplasty literature has shown that these ear deformities can safely corrected between the ages of 5 and 7 years old.

Purpose: The purpose of this paper is to illustrate the efficiency of two procedures (conchal bowl reduction and reconstruction of the antihelical fold) that are effective, predictable and stable for most common congenital ear deformities.

Materials and Methods: Thirty consecutive pediatric and adult patients were treated with conchal bowl reduction and or antihelical fold reduction. For patients with protruding ears that had conchal bowl depths significantly greater than 8 mm, a kidney shaped excision of the conchal floor was resected to set the ear scaffold posterior to the proper position. If there was poor or lack of antihelical fold then Mustarde type otoplasty was concomitantantly performed. Antihelical fold reconstruction was performed as a solitary procedure if the choncal depth was normal.

Results: All patients treated were pleased with their cosmetic outcomes, and no patients over 8 years showed evidence of relapse.

Conclusion: Conchal bowl hypertrophy and antihelicalfold reconstruction as sole procedures or in combination can provide safe, effective and stable correction of most congenital ear deformities.

11:55 am
Question & Answer Session

12:00 pm – 1:00 pm
Lunch in Exhibit Hall

1:00 pm – 3:00 pm
General Session: 103
The Principles for a Beautiful Body – Breast and Body Contouring
Moderators: Robert F. Jackson, MD and
Patrick G. McMenamin, MD

1:00 pm
Robert H. Burke, MD
Vertical Mastopexy with Breast Augmentation Using Cohesive Gel Implants

Objective: Review the current twelve month experience with the combined vertical mastopexy and breast augmentation at the Michigan Center for Cosmetic Surgery (MCCS) using the silicone cohesive gel implant. Methods: Case review including chart review and patient examination of all patients treated at MCCS during the most current twelve month period who had

combined breast augmentation - mastopexy for ptosis with hypomastia. All patients qualified for and were enrolled in an FDA approved silicone gel implant study. All patients actively participated in pre-operative implant size selection. A vertical mastopexy, individualized for the particular patient and her condition was combined with subpectoral implant placement using the cohesive gel silicone implant. An inframammary incision was utilized for each patient. High profile, smooth cohesive gel implants were placed in all cases. Following implant placement and wound closure, each patient was remarked and the mastopexy completed. All patients received intra-operative antibiotics.

Results: All patients expressed satisfaction with the procedure. Two patients stated that they wished that they had selected larger implants. One patient in whom unsatisfactory subglandular saline implants were removed and replaced with the subpectoral cohesive gel implants and vertical mastopexy performed stated that she wished that she had gone one size smaller. Of note was the complete lack of complications. There were no infections, capsular contractures, cases of breast or nipple paresthesia or anesthesia, and no implant malpositions.

Conclusions: The technique of vertical mastopexy combined with subpectoral implant placement utilizing cohesive gel silicone implants is satisfactory and reproducible clinically. Unlike the combined procedure with saline implants, the revision rate is minimal and was zero in this study.

1:15 pm
Michael Kluska, DO
Balloon Assisted Trans-Axillary Augmentation Mammoplasty (BAAM): A Simplified 3-Step Approach

Background: Trans-Axillary Augmentation Mammoplasty has been an approach used by plastic surgeons for over 2 decades. Considered controversial due to the potential for incomplete dissection, and therefore implant malposition and traumatic pneumothorax secondary to blind dissection, the current trends for Trans-Axillary Augmentation Mammoplasty include use of an endoscope for the entire dissection. This approach allows for direct visualization of the submuscular pocket dissection. In this review of the literature, we present an alternative approach to the traditional Endoscopic Trans-Axillary Augmentation Mammoplasty. The Balloon Assisted Trans-Axillary Augmentation Mammoplasty (BAAM) uses a specific 3-step sequence, which enables us to achieve an adequate pocket dissection with minimal risk of trauma in an efficient and timely manner.

Methods: In this series, we performed BAAM on 56 patients over 18 months. Patients were selected based on 5 specific criteria (Table 1). First, and most important, was where they desired to have the scar. Second, was the degree of ptosis based on the Regnoult's breast ptosis grading scale I-IV. Third, were the size that each patient desired and the associated realistic expectations. We limited our series population to all implants less than 600cc. Fourthly, we limited the patient list to those who had minimal asymmetry and no congenital breast abnormality such as Poland's Syndrome, Tuberous Breast Deformity, etc. Finally, in order to prevent the classic "double-bubble," only those patients with mild to moderate amount of breast tissue were selected. Using these specified criteria allowed us to develop a technique that was consistent and easily reproducible from patient to patient.

Results: Of the 56 patients that were included in the study, minimal complications were appreciated. At 18 months, 1 person (1.8%) developed a capsular contracture grade III. There were no hematoma formations or infections of the prosthesis appreciated. In addition one patient (1.8%) developed an incisional infection of the right axilla. With regards to post-operative asymmetry or "high-riding implants," 7 patients (12.5%) presented with high-riding implants and 6 resolved over a course of 3-6 months with superior breast implant massage. One patient (1.8%) was taken back to the operating room were a counter incision at the inframammary crease was used to create a new inframammary fold thus, lowering the implant. During the course of our study, no ruptures were appreciated. Finally, 7 (12.5%) experienced parasthesias of the nipple, all of which resolved over a 3-month interval.

Conclusion: It is the belief of the authors that the Balloon Assisted Trans-Axillary Augmentation Mammoplasty (BAAM) is a safe and effective method for breast enhancement. In our 3-step sequence, we focus on a simplified approach in order to achieve adequate implant placement in an efficient and timely manor.

1:30 pm
Robert A. Shumway, MD
My First 2500 TUBA Results

Objective: This retrospective study reviews all complications incurred from the author's first 2500 transumbilical breast augmentation (TUBA) procedures performed in a private surgery center over approximately ten years. Only the TUBA approach was included in this analysis.

Methods: A thorough chart review of the above surgeries was tabulated by case number and all relevant incidental findings. All 2500 TUBA operations were performed with round, smooth saline prostheses ranging in size from 180cc to 800cc placed prepectoral (35.2%) or retropectoral (64.8%). Complication percentages are included with all undesirable issues evaluated relative to national averages over at least a one year follow-up for each case. Thirty-five different issues were separately analyzed by close post-operative follow-ups, photographs, patient satisfaction questionnaires, and phone interviews.

Results: The results of this paper reveal a total reoperation rate for the entire 2500 consecutive cases to be 4.64% overall. The incidence of grade III and grade IV capsular contracture (3.56%) followed by evacuation of hematoma (0.36%) were the most common reasons to reoperate. The least desirable complications were implant infection (0.04%) and hospitalization (0.04%). Extrusion of the saline implant via "blue window" tissue thinning was 0.12%. Other important issues such as rippling (0.0%), postoperative assymetry (0.16%), total loss of nipple sensation (0.04%), hypertrophic navel scarring (0.04%) along with 26 other important issues will be succinctly presented in tabulated form. There were no deaths. A long-term TUBA patient satisfaction analysis revealed 289 (11.5%) were extremely satisfied, 1241 (49.6%) were very satisfied, 863 (34.5%) were

satisfied, 98 (3.96%) were somewhat dissatisfied, and 11 (0.44%) were totally dissatisfied with their overall results.

Conclusions: The results of transumbilical breast augmentation (TUBA) reveal a very high degree of postoperative patient satisfaction and a relatively low incidence of complications or undesirable results. The author will continue to perform, encourage, and teach TUBA as a reliable and effective approach to breast enhancement.

1:45 pm
Ziya Saylan, MD
Internal Titanium BRA for a Long Lasting Solution against Breast Ptosis

Since the first breast reduction surgery performed in the early 1950s increasing demand for better results with minimal scars and improved anterior projection in breast reduction and augmentation surgery has lead to numerous techniques, such as short vertical scar, periareolar procedures and mastopexies with mesh support. An internal bra made out of nonresorbable materials such as ePTFE (Gore-Tex®) and polyester (polypropylene) or resorbable materials such as Vicryl has been tried several times by the surgeons in Brazil but the results have not always been satisfactory. In Europe the surgeons were trying an "internal bra" technique which has the effect of creating an internal bra using strong, permanent suturing materials. The most common problems were inadequate anterior projection, hardening, foreign body reactions, persisting postoperative large breast sizes and unsatisfactory density of the breast tissue.

An internal support will maintain an ideal postoperative breast shape and projection, while also permiting a long lasting support and projection of the breast by counteracting gravity. Many colleagues have performed breast reduction surgeries inserting absorbable and non-absorbable materials into the breast with complications. Since almost 3 years the author inserts a homemade internal BRA out of titanized polypropylene- a mixed mesh, which is called TiMesh® (GfE- Gesellschaft für Elektrometallurgie in Nürnberg, Germany), and used mainly in inguinal and abdominal hernia repair which shows no foreign body reactions in compare to other mesh grafts. This so-called internal titanium bra will be suspended to the pectoralis muscle, sternal bone and to the ripcage.

2:00 pm
Steve Peterson, DO
B Mastopexy: Versatility and 5-Year Experience

Objective: Many women are searching for restoration of a younger outward physical appearance. Mastopexy with or without augmentation may help improve or restore a woman's breast shape at the price of scars on the breast. We describe our experience with the versatility and improved aesthetic result using the B Mastopexy technique, which provides a natural appearing breast contour with less scarring.

Materials and Methods: A retrospective review was performed on 40 patients who underwent B Type Mastopexy from June 2000 through August 2005. We describe our technique in detail including our approach when simultaneous augmentation is performed. Patients undergoing simultaneous augmentation to give additional "fill" to the breast typically received an implant size ranging 8 to 10 ounces.

Results: B Mastopexy was performed on 40 patients with simultaneous augmentation performed in 27 patients. There were no complications and only one patient underwent scar revision. All patients were satisfied with final outcome.

Discussion: Periareolar and the inverted T mastopexy have disadvantages that we eliminate using the B Mastopexy technique. The principle of the procedure involves a rotational flap around the nipple.

Conclusion: B Mastopexy provides an approach to restoring a naturally appearing breast contour and a more youthful look when augmentation is performed simultaneously. The versatility and limited scarring makes this our procedure of choice.

2:15 pm
Albert E. Carlotti, III, MD, DDS
The Internal Breast Lift Technique: Pearls & Pitfalls

Objective: The Internal Breast Lift was originally described by Dr. J. Dan Metcalf. After many modifications to this technique, it is used routinely in our practice to correct malposed breast implants. This alternative to mastopexy is limited in that it cannot correct nipple asymmetry or Grade II/III ptosis. The purpose of this review is to describe the technique in detail, discuss results and discuss pearls and pitfalls of surgical technique and post-op patient management. We have found that with our current surgical and post-operative protocol, we have achieved stable results at 4 years.

Methods: 50 female patients who had previously undergone breast augmentation by other surgeons complained of malposed breast implants particularly in the inferior and lateral vectors. Most were recommended to undergo traditional mastopexy to correct the deformities. Our modifications of the Internal Breast Lift were utilized to correct the malposition via a small inframammary incision only and a modified capsulorraphy technique and implant exchange. Over the last four years, we have modified suture types and techniques, vectors of lift, incision design and closure, implant type and post-operative protocols. A summary of our results and modifications were completed.

Results: The Internal Breast Lift with proper patient selection has provided stable results for 4 years. Standardized pre-operative, intra-operative and post-operative photographs support this finding clearly. Modifications to the technique include the use of interrupted and running 2-0 ethibond suture fixation to rib periosteum, smaller incision design, appropriate medial capsulotomy, use of Mentor Siltex moderate plus or high profile silicone gel implants, three-layered closure of the inframammary incisions, 24/7 use of the Natori bra for 3 months post-operatively, no massage or manipulation and various pre-op and post-op medications have increased our satisfaction with our results. We have had no incidences of post-operative infection, seroma, hematoma or capsular contracture.

Conclusions: The modified Internal Breast Lift is an excellent alternative to traditional mastopexy for the correction of malposed breast implants in the absence of Grade II/III ptosis or severe nipple malposition. Our technique is still critically reviewed on a case by case basis; however to date, we are finding complete stability of results. Patient satisfaction has been 100%.

2:30 pm
Featured Speaker
David J. Goldberg, MD
What's New in Non-Invasive Laser and Laser-Like Treatments

Cosmetic laser and laser-like treatments continue to be among the most exciting and ever changing aspects of cosmetic surgery. This talk will focus on exciting new advances in fractionated resurfacing, skin tightening, photorejuvenation and cellulite treatments. Both the strength and weaknesses of various new techniques will be addressed.

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

3:40 pm - 5:40 pm
Nuts / Bolts Sessions: 104

McArthur 1
Non-Invasive Facial Rejuvenation
Suzan Obagi, MD and Leslie S. Baumann, MD

Millions of dollars are spent on skin care 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 will focus on the "DS" or dry sensitive skin types, discussing what skin care ingredients are best for these skin types.

McArthur 2
The Evolution of Facial Beauty, Survival of the Prettiest
Darrick E. Antell, MD

Dr. Antell will review visual attractiveness and concepts of beauty as they have evolved to the point of "survival of the prettiest." Geographic variations as well as ethnic variations will be reviewed. The standards of what the plastic surgery community tries to achieve and how they have evolved will also be addressed.

McArthur 3
Avoidance & Treatment of Eyelid Rejuvenation
Richard Collin, DO and Susan Hughes, MD

Building on the how to do it blepharoplasty lecture, tips and pearls for planning the best periocular rejuvenation for your patient will be presented, along with how to treat complications once the surgery has been done. This will include basic upper and lower lid blepharoplasty, CO2 laser resurfacing, endoscopic brow and midface lifts, fat transfer, and filler tips.

Blepharoplasty aims surgically to reduce excess periocular tissues and/or to reposition lax or displaced structures. Periocular rejuvenation mainly involves the addition of tissue or materials and altering the texture of the skin and sub-cutaneous tissues in various ways. This Nuts and Bolts session will discuss the main complications of blepharoplasty and periocular rejuvenation, and how an attempt can be made to avoid and treat problems such as lower lid retraction, inferior scleral show, ectropion, rounding of the lateral canthus, conjunctival chemosis, excess fat reduction, asymmetry, poor skin texture, etc.

Sedona
Practice Management
Are You Keeping Up With the Google Dance?
Dana Fox, Marketing Consultant,
Mentor Corporation

Are You Keeping Up With the Google Dance? Online advertising is one of the most misunderstood marketing vehicles cosmetic surgeons use today.

Learning how to tap into this "faster-than-the-speed-of-light" medium that will save you time and money. You will come away with a new understanding of how to use your website to grow your practice. You will learn how to create a bold visual presence compelling to your target audience, and you will come away with an understanding of how to sell your services online.

This one hour course will provide you with a new understanding of your Internet options and will challenge you to evaluate your own online presence.

- The days of free online advertising are gone for good:
  1.) Pay for Click.
  2.) Gaining placement in the Organic rankings. Technical
- Baloney is an industry understatement.
  1.) Key word search and Meta tags are a thing of the past.
- Directory promises and other myths.
  1.) Paid inclusions: Know what you are getting and what it cost.

What you need to know about tracking results

McArthur Ballroom
3:45 pm – 5:45pm
Allergan Physician Certification for Access to Silicone-Filled Breast Implants

The Special Breakout Session on the "Allergan Physician Certification for Access to Silicone-Filled Breast Implants" is generously supported by Allergan, Inc. through an educational grant to the Cosmetic Surgery Foundation. Dr. Angelo Cuzalina from Tulsa, Oklahoma, will host this comprehensive program, designed to fulfill the FDA requirement that physicians be certified prior to general use of silicone gel-filled breast implants from Allergan. The course includes a review of the Directions for Use Document, a surgical case review featuring Dr. Patrick Maxwell and a review of the recommended Physician-Patient communication process. Dr. Cuzalina will present some challenging cases from his own practice for review and discussion. Upon completion, attendees will be able to register with Allergan for access to their silicone gel-filled breast implants.

5:40 pm – 6:30 pm
AACS Town Hall Meeting in McArthur Ballroom

6:30 pm – 7:30 pm
Welcome Reception in Exhibit Hall

CHALLENGE ME

Dear Colleague,

The history of elōs™ is one of technology evolution. As the inventor of intense pulse light (IPL), I was not satisfied with its advances. I was determined to come up with a better solution for medical aesthetics. After years of research and development, Dr. Michael Kreindel and I created elōs (Electro-optical Synergy). elōs is the first and ONLY technology that simultaneously harnesses the power of bi-polar radio frequency and optical energy (either laser or light). Some of the many elōs advantages are: highest safety record, treats all skin types, targeted depth of penetration and the most applications in the industry.

Sincerely,

Shimon Eckhouse

Dr. Shimon Eckhouse
Co-Founder of Syneron
Inventor of IPL & Co-Inventor of elōs

Still not convinced elōs is the superior technology?

Come discuss the science of non-invasive medical aesthetics with us at AACS booth #514.

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Syneron™

Superior Technology, Ultimate Customer Care

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SCHEDULE AT-A-GLANCE
Friday, January 26, 2007

6:30 am – 4:00 pm
Registration Open
Frank Lloyd Wright Foyer

9:00 am – 4:00 pm
Exhibits Open
Frank Lloyd Wright Ballroom

7:00 am – 9:00 am
Bright Eye Sessions: 105
McArthur 1 - 3 and Sedona

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

9:40 am – 12:00 pm
General Session: 106
The Principles for a Beautiful Face – Blepharoplasty, Resurfacing and 3D Enhancement
McArthur Ballroom

11:10 am – 12:00 pm
AACS Business Meeting
Presidential Address/Election of Officers
McArthur Ballroom

12:00 pm – 1:00 pm
Lunch in Exhibit Hall

1:00 pm – 3:00 pm
General Session: 107
The Principles for a Beautiful Body – Liposuction and Fat Transfers
McArthur Ballroom

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

3:40 pm – 5:40 pm
Nuts / Bolts Sessions: 108

5:40 pm
Adjourn

7:00 pm – 10:30 pm
Webster Society and Cosmetic Surgery Foundation Recognition Dinner
Wrigley Mansion

DETAILED SCHEDULE
Friday, January 26, 2007

7:00 am – 9:00 am
Bright Eye Sessions: 105

McArthur 1
Simultaneous Breast Lift & Augmentation
Angelo Cuzalina, MD, DDS

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 straight forward 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.

McArthur 2
Advances in Liposuction Surgery
Steven B. Hopping, MD and Dee Anna Glaser, 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, the basics of tumescent liposuction, the aesthetic goals and endpoints in liposuction, the techniques of liposhifting and lipofilling, and avoidance of complications via lectures, video demonstrations and discussions. Specific topics will include Tumescent Liposuction, Guidelines for Safe Liposuction, Pre-, Peri- and Post-operative Liposuction Pearls, Avoiding Complications and Unfavorable Results in Liposuction, Advanced Liposuction Techniques including Laser Assisted, Power Assisted and Ultrasonic Assisted Liposuction, Liposuction in Men, Facial Liposuction and Lipotransfers. The course will be structured for beginner and intermediate liposuction surgeons but will also include basic fundamentals for those interested in adding liposuction to their cosmetic armentarium. Participant interaction, questions and critiques will be encouraged to maximize the educational exchange.

McArthur 3
Modern Cosmetic Approaches to Unwanted Veins
Mitchel P. Goldman, MD and Neil S. 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 telangiectasia, 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. The attendee 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.

Sedona
Periocular Rejuvenation – Advanced Tutorial
Bradley N. Lemke, MD and Kristin J. 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

McArthur Ballroom
7:00 am – 9:00 am
Smartlipo-Laser Assisted Lipolysis Session

The Special Breakout Session on the **"LaserBodySculpting℠ and Laserlipolysis"** is generously supported by Cynosure, Inc. through an educational grant to the Cosmetic Surgery Foundation.

Dr. Neil Sadick, New York, will moderate this program, which will feature Smartlipo-laser assisted lipolysis. Recently cleared by the FDA, Smartlipo is a new laser-based liposuction/bodysculpting technology.

LaserBodySculpting℠, Laserlipolysis, Laserlipolisi™ The Smartlipo™ is the first laser system designed for LaserBodySculpting℠ and for the disruption of fat cells. It is ideal for treating localized fat deposits and coagulating tissue leading to a tightening effect. LaserBodySculpting℠ is designed to treat unwanted areas of fat by disrupting fat cells and coagulating tissue leading to tissue tightening. Smartlipo provides a minimally invasive procedure that produces less swelling and quicker healing times.

• Treats unwanted areas of fat
• Treats area of flaccidity
• Treat high vascular areas
• Less trauma, reduced bleeding and swelling
• Tissue coagulation leading to a tightening effect

http://www.cynosure.com

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

9:40 am – 12:00 pm
General Session: 106
The Principles for a Beautiful Face – Blepharoplasty, Resurfacing & 3D Enhancement
Moderators: Douglas D. Dedo, MD and Paul J. Carniol, MD

9:40 am
Richard Bryant, MD
Intraconal Fat Transfer and Lower Eyelid Retractor Release for Treatment of Lower Eyelid Retraction and Volume Collapse in the Prominent Eye Patient

Objective: Post-blepharoplasty eyelid retraction relates to vertical shortening of the eyelid lamellae, and also to volume collapse with loss of support. Both processes need to be addressed independently to achieve an optimal outcome. We discuss a minimally invasive approach to address each aspect through the use of a single incision site and the harvest of intraconal fat.

Methods: A lateral transconjunctival incision is performed extending through the lower eyelid retractors to the orbital floor. Blunt dissection with Stevens scissors is used to enter the intraconal space, and 1-2cc of intraconal fat is harvested using Stevens scissors. The lower eyelid retractors are disinserted from the conjunctiva using Wescott scissors. Using a small incision, the conjunctiva is cleaned of all retractor attachments to "window pane" thinness. Next, the residual middle lamellar contracture scar to the septum and arcus marginalis is lysed with an englove excision using Stevens scissors along the orbital rim. The harvested orbital fat is fashioned into 2 mm fat pearls, which are placed in a cobblestone pattern along the dissected lower eyelid retractor plane. The conjunctival incision is then closed using a preplaced 6-0 fast absorbing chromic gut suture with knots externalized. The eyelid is stabilized on a Frost traction suture.

Results: Analysis of eyelid position relative to the inferior limbus was measured on digital photographs taken in primary gaze position. In 28 patients, the lower eyelid demonstrated early-improved position (0.5 - 2 mm improvement in retraction). Over 6 months, there was variable recurrence of retraction, but no patient demonstrated worsened eyelid position. Proptosis reduction related to the volume of fat removed.

Conclusions: Post-blepharoplasty lower eyelid retraction is caused by two processes acting independently, vertical cicatricial shortening of the middle lamella, and volume collapse. Retractor lyses and volume expansion of the lower eyelid results in an improved position, reducing proptosis, and simultaneously improving globe projection in the prominent eyed patient. The fat graft addresses the septum/orbicularis complex.

9:55 am
Helga Van den Elzen, MD, PhD
Injectable Fillers in Facial Rejuvenation

Objective: The purpose of this presentation is to discuss the possibilities and limitations of injectable fillers in facial rejuvenation, as well as the complications.

Method: In the recent years the use of injectables to recapture and restore youth is expanding. In most cases, injectable fillers are an appropriate treatment, as well as botuline toxine. The use of injectable fillers in the area around the mouth, the cheeks, the marionette lines and around the eyes can adequately reshape and rejuvenate the face. However, with the number of both permanent and temporary fillers increasing the number of complications increases as well.

Using fillers in facial rejuvenation requires insight in the specific aspects of aging, as well as knowledge of the specific fillers and their injection technique.

Although teaching courses address techniques and methods, several unexpected problems may be encountered using facial fillers. Critical analysis of patient selection, anesthesia, injection technique, aesthetic performance and cosmetic results emphasize the problems, complications and surprises one may encounter when using injectable facial fillers. In this presentation, several complications will be discussed from different fillers, such as Sculptra® (New-Fill), Silicone, Dermalive®, Aquamid® and Bio-alcamid®, using both clinical examples and histological slides. There are three reasons that may give rise to complications: the injectable itself, the patient and last but not least, the one who injects. All three causes will be addressed in the lecture, with special attention to the latter one.

Results: One of the presenting doctors has over 10 years of experience with facial fillers, performing over 7000 procedures in the past 5 years. The other is an experienced dermatopathologist. She collected a large number of skin biopsies of adverse reactions to facial fillers and studied the foreign body reactions in the tissue.

In this presentation the following aspects will be addressed:

Mode of action of the different fillers: Instant volume vs instant volume + volume enhancement over time (foreign body reaction).

Complications: Technique dependent aspects (depth, amount, implantation area), infections, migration, fibrosis / granulomas, and toxic monomers.

Conclusions: Successful cosmetic results depend on critical analysis of patient selection, distinct knowledge of the specific facial fillers and their mode of action, injection technique and aesthetic performance.

10:10 am
Neil Sadick, MD
Midface Lift with Radiesse: A Minimal Puncture Technique

Objective: We will describe a method for using Radiesse that maximizes clinical improvement of the nasolabial fold with a single needle puncture technique under topical anesthesia in the office setting.

Methods: 11 subjects (2 men, 9 women) with ages ranging from 38 to 74 years (mean age = 54 years) were enrolled in the study. Radiesse, synthetic calcium hydroxylapatite (CaHA), was injected transcutaneously into the canine fossa of eleven patients with midface descent. The patient was then re-evaluated at 2 weeks, 1 month, 2 months, and 3 months post-injection. Pre-treatment and post-treatment photographs were evaluated by the authors using the Genzyme 6-point nasolabial fold scale (Genzyme Biosurgery, Cambridge, MA).

Results: All patients were satisfied with their aesthetic improvement. Five patients were judged to have improved 3 points on the Genzyme scale, four patients improved 2 points on the Genzyme scale, and two patients improved one point on the Genzyme scale. Patient discomfort during the injection was judged to be mild under topical anesthesia alone. Immediate gratification was achieved and only mild erythema and edema immediately post-injection were observed. One patient developed mild ecchymosis bilaterally, and one patient developed a small unilateral hematoma.

Conclusions: Transcutaneous placement of Radiesse into the canine fossa of patients exhibiting mild to moderate midface descent yields substantial aesthetic improvement while eliminating the need for multiple needle punctures for product placement and infiltration anesthesia.

10:25 am
Richard Collin, DO
Featured Speaker
Problem Areas in Upper Lid Blepharoplasty

Upper lid blepharoplasty is often a simple straightforward procedure with good patient satisfaction. There are however a number of problem areas which are not always that easy to improve successfully when doing a blepharoplasty. These deserve special attention and include the following: achieving a symmetrical skin crease, avoiding visible medial and lateral scars, reducing excess temporal hoods and brow fat pads, correcting a lacrimal gland prolapse, improving a ptosis, reducing lid retraction and excess bulk in thyroid patients, westernising the oriental eyelid, etc. These and other problems areas and their management will be discussed.

10:55 pm
Robert Goldberg, MD
Surgical Outcome of Orbital Decompression in Non-Graves' Proptosis

Objective: To present a series of patients who underwent orbital decompression for non-Graves' orbitopathy related indications and to assess the surgical outcome.

Methods: Review of the electronic medical records of patients who underwent orbital decompression between 1995 and 2006 at the Jules Stein Eye Institute was performed. Patients with euthyroid and Graves' orbitopathy and patients with intra-orbital tumors were excluded. Data collected included patients' demographics, pre-operative indications, method of decompression, post-operative outcome and complications.

Results: Study included 21 patients (9 females, 12 males; mean age 52 years) who underwent orbital decompression. The indications for surgery included facial palsy (3 patients), exorbitism (2 patients), prominent eye with lid retraction, fat fullness and exposure keratopathy (2 patients), congenital proptosis (4 patients), posttraumatic prominent eye (4 patients), hypoplastic malar eminence (2 patients), maxillary hypoplasia (2 patients) and midface descent (2 patients). Surgical technique included intraconal fat debulking without orbital bone removal (5 patients), bone removal without fat debulking (1 patients), and combined bone and intraconal fat removal (15 patients). The average amount of fat removed was 2.5cc (range 1- 3.5cc). Fifteen patients underwent additional surgical procedures at time of orbital decompression such as myocutaneous flap to support the lids (3 patients), fornix reconstruction

(3 patients), volume fillers with restylane (3 patients), upper eyelid retraction correction (2 patients), temporary tarsorraphy (2 patients), blepharoplasty (2 patients), canthoplasty (2), lower lid ectropion repair and ptosis repair (1 patient each). During a mean follow-up period of 2.5 years (range 1-6 years), the mean reduction in proptosis was 1.9 mm (range, 1-6 mm). Post-operative complications were mild and temporary, and included conjunctival chemosis (3 patients), and hematoma formation (2 patients). Fifteen patients were satisfied with the overall aesthetic and functional result. Five patients were somewhat pleased. One patient was not satisfied because of decreased visual acuity with worsening of preexistent diplopia.

Conclusions: Orbital decompression is an important modality for orbital expansion in patients with non-Graves' orbitopathy related prominent eyes, and in those who do not need robust retro displacement of globe but require protection of the globe from exposure symptoms. This technique has a good functional and cosmetic outcome, and is not associated with an increased rate of serious ophthalmic complications.

11:10 am – 11:25 am
Be Wise About Beauty Informational Session

Presenters
Dr. Angelo Cuzalina, Chairman of the *Be Wise About Beauty* Oversight Committee, American Academy of Cosmetic Surgery; and Nancy Brennan, Managing Director, Manning Selvage & Lee/Chicago.

Learn more about the Academy's new educational campaign *Be Wise About Beauty,* and how to bring it to life in your practice. The session will include background information about the campaign, a live demonstration of the physician toolkit and tips for leveraging all the campaign tools to engage new and existing patients, connect with the media and align your marketing efforts with the campaign. The session is recommended for all Academy members.

Note: Academy members in attendance will receive their free Be Wise About Beauty Physician Toolkit immediately following the session.

11:25 am – 12:00 pm
AACS Business Meeting
Presidential Address / Election of Officers

12:00 pm – 1:00 pm
Lunch in Exhibit Hall

1:00 pm – 3:00 pm
General Session: 107
The Principles for a Beautiful Body – Liposuction & Fat Transfers
Moderators: Richard L. Dolsky, MD and
Angelo Cuzalina, MD, DDS

1:00 pm
Marco A. Pelosi, II, MD
A Novel Approach to Manage Large Depressed Surgical Scars During Abdominal Liposuction

Objective: In patients undergoing liposuction, the management of large and depressed surgical scars with marked distortion of the abdominal wall is a surgical challenge. In order to overcome the pitfalls of current techniques, the authors evaluated the effectiveness and safety of non-disposable gynecologic laparoscopic scissors to manage these scars during abdominal liposuction.

Methods: Twenty consecutive patients undergoing office liposuction complicated by the presence of large scars were evaluated. CAT scan was performed preoperatively to rule out incisional hernia. All of the procedures were done totally under local anesthesia (tumescent). Following the completion of the tumescent infiltration, a 3 mm incision was made in the abdomen. A gynecologic laparoscopic scissors was placed through the incision for the performance of subdermal undermining of the large fibrotic, depressed scar. A standard liposuction was then performed.

Results: Complete release of the scar was successfully done in all cases, greatly facilitating liposuction and liposculpturing of the abdomen. No intraoperative or postoperative complications occurred. Follow-up at 12 months did not reveal recurrence of subcutaneous, fibrotic strands pulling down the skin. All patients were satisfied with the results.

Conclusion: Our results suggest that non-disposable gynecologic laparoscopic scissors are a safe, effective, and inexpensive alternative to manage large, depressed scars during abdominal liposuction.

1:15 pm
Peter Lisborg, MD
Simultaneous Liposuction and Abdominoplasty in an Office Setting

Many patients desiring Liposuction of the abdomen will not have optimal skin retraction. Although not necessary in most cases, some patients with abundant or damaged skin will also require skin resection. The classical abdominoplasty requires wide exposure of the abdominal fascia and mobilisation up to the ribs with subsequent ligation of the perforating vessels. Wound complications are much too frequent for an ambulatory setting especially when carried out after liposuction. A novel technique of liposuction and subsequent abdominoplasty is presented. Radical liposuction is performed under the skin that is to be resected and moderate liposuction under the skin to be preserved. Then only the dermis of the lower abdomen is resected leaving the connective tissue and vessels in place. Only a small tunnel is required for reinsertion of the umbilicus. Wound closure is then performed. Since April 2002, 103 patients have been operated on in this fashion with various forms of sedation. All patients left the office within two hours after surgery. There were three wound complications, one of which required secondary wound revision. There were no cases of necrosis or seroma and no hospital admissions. High patient satisfaction was achieved. This novel technique enables the performance of liposuction and abdominoplasty in an office setting. For doctors performing liposuction, it is a valuable addition to their repertoire.

1:30 pm
Samir S. Pancholi, DO
Resident Paper Winner
Venous Thromboembolism in Abdominoplasty Patients: A Study of Incidence and Prophylaxis Recommendations

Objective: Pulmonary embolism (PE) and deep vein thrombosis (DVT) comprise venous thromboembolism (VTE). VTE is the most common preventable cause of death in post-surgical hospitalized patients. The literature consistently defines prophylaxis as being integral to avoiding VTE. No study, however, specifically addresses this with abdominoplasty, a high VTE risk cosmetic procedure. This study aims to fill this void by providing specific data of VTE incidence and, through comprehensive literature review, providing specific abdominoplasty prophylaxis recommendations.

Methods: A retrospective review of 267 patients undergoing abdominoplasty between January 2000 and June 2006 at a fully accredited outpatient surgical facility was performed to assess symptomatic VTE incidence. Analysis reviewed VTE risk factors and our current prophylaxis practice. Review of current cosmetic, plastic, and general surgery literature prophylaxis measures was performed and correlated with our practice to develop abdominoplasty-specific VTE prophylaxis recommendations.

Results: Four of 267 abdominoplasty patients (1.5%) developed VTE (all DVT). None of the 97 patients undergoing abdominoplasty alone developed DVT. Four of 170 abdominoplasty patients undergoing additional cosmetic procedures developed DVTs (2.3%). Of these, three had liposuction and one had simultaneous breast augmentation/mastopexy. All patients underwent general anesthesia, received mechanical prophylaxis, and were encouraged to ambulate the morning after surgery.

Conclusions: VTE is a real and preventable issue in patient safety. Cosmetic surgery patients are frequently treated with inconsistent and less aggressive VTE prophylaxis than similar non-cosmetic surgery patients owing to scant relevant data and/or concerns of problematic bleeding. We present abdominoplasty-specific DVT and PE rates of 1.5% and 0% respectively, when mechanical prophylaxis is utilized.

Although our results mirror those in the literature, our demand for optimal VTE prevention led us to increase our current prophylaxis regimen to a higher standard. We soundly utilize and present a VTE prophylaxis protocol for abdominoplasty patients, which includes mechanical as well as pharmacologic prophylaxis.

1:45 pm
Featured Speaker
Maria Siemionow, MD, PhD
Face Transplantation

Twenty years of experience with composite tissue allograft models is presented. First, the experimental models of microcirculatory response to ischemia and reperfusion injury and surgical trauma are discussed, with presentation of the intravital microscopy system for direct in vivo observation of the microcirculation of the composite tissue allograft transplants. The intravital microscopy system presents responses to hemodynamic changes, leukocyte endothelial interactions, and permeability of the grafts under different ischemic conditions and under the trauma of transplantation surgery. These studies served as a baseline for establishment of treatment protocols for composite tissue allograft transplants. As a result, the meticulous surgical techniques and shortening of ischemia time and reperfusion injury were considered in development of the experimental models for composite tissue transplantation. The model of rat hind limb transplantation, across major histocompatibility barrier, is presented as a standard model for evaluation of graft rejection, and for testing of tolerance induction, under different immunosuppression and immunomodulation protocols. The outcome of the treatment protocols for induction of tolerance and chimerism is discussed. The evolution of composite tissue allograft models from limb transplantation to groin transplantation and face transplantation is discussed. The models of full face transplantation, hemi-face transplantation, and composite facial- cranial, and facial-maxilla transplantation, are presented with different immunosuppression protocols. Finally, in preparation for face transplantation, cadaver studies evaluating the technical feasibility of a full face transplant and evaluation of the surface area for face and scalp transplantation, are discussed. These 20 years of research in the field of composite tissue allograft transplantation are presented as the basis for the first IRB approval for facial allograft transplantation in humans.

2:15 pm
Edward B. Lack, MD
The Goals of Body Sculpting and the Tools to Achieve Them

20 years after Jeffrey Klein, MD described the tumescent technique of local anesthesia and microinstrumentation, body sculpting has become a reality. With specific goals in mind, syringe and machine liposuction, lipoaugmentation, superficial and deep liposuction, ultrasound, lasers, radiofrequency devices, and injections of fat solubilizing materials are used in combination to achieve remarkable results. This discussion will describe the goals of the patient presented for body sculpting and techniques for achieving desired outcomes.

2:30 pm
Denis Halmi, MD
Simultaneous Abdominoplasty and Hernia Repair After Weight Loss Surgical Procedures

Objective: The number of weight loss surgical procedures increased dramatically during last several years. 5-10% of these patients will need postoperative incisional or ventral hernia repair. The aim of the study was to identify if the combination of abdominoplasty and hernia repair can be done safely without increasing the risk of intra- or post-operative complications.

Methods: 1044 consecutive Mini-open Roux-en-Y gastric bypass operations had been done since October 2000. After losing weight, the simultaneous abdominoplasty and incisional, ventral or umbilical hernia repair was performed in 41 patients. Our modification, the "tightening jacket abdominoplasty," was performed in 29 patients. The average time between the gastric bypass and the abdominoplasty was 22.2 months (14-42); the average weight loss at the time of the abdominoplasty

was 60.1 (± 10.8 kg) and stabilized. All 29 patients had vertical scars from previous surgical procedures. The mesh for incisional hernia repair was used in 8 cases.

Results: There was no mortality. The perioperative complications were: hematoma (2), seroma, requiring repeated aspiration (4), wound infection (2), other minor complications (3). All patients were satisfied with postoperative cosmetic outcome.
Conclusion: Simultaneous surgeries eliminate the need for two or more hospitalizations, operations and anesthesia, significantly reducing total cost of the surgical procedures. Combination of abdominoplasty and hernia repair can be done safely, without significantly increasing the risk of postoperative complications.

2:45 pm
Afschin Fatemi, MD
Tumescent Solution with Articaine - The Safest Solution?

Objective: The development of tumescent local anesthesia (TLA) extended the repertory of outpatient-surgery. Most common local anesthetics included are lidocaine (Klein's Solution) or prilocaine (Sattler's Solution) so far. High toxicity of lidocaine is well-known; its role in death cases after liposuction is being discussed. The less toxic prilocaine causes clinically significant methemoglobinemia in doses higher than 7 mg/kg due to its metabolite ortho-toluidine, which is suspected to be carcinogenic in rats.

Methods: Pharmacocinetic and clinical studies were done to analyze toxicity, affectivity and reliability of the new tumescent solution.

Results: No toxic events were noticed due to Articaine. We regard articaine as a promising alternative local anesthetic for TLA. It provides a deep, long-lasting anesthesia without toxic side-effects or methemoglobinemia.This was shown in a series of clinical and pharmacological studies.

Conclusions: The pharmacokinetic data of articaine in Fatemis Solution is so promising that this TLA is already on trial by the BFAM (german FDA). Approval is expected for next spring. Therefore, there would finally exist an approved TLA which provides not only more safety to the patient, but also more safety to the surgeon.

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

3:40 pm – 5:40 pm
Nuts/Bolts Sessions: 108

McArthur 1
Incorporating Hair Restoration into Your Cosmetic Surgery Practice
E. Antonio Mangubat, MD and Kenneth J. Washenik, MD, PhD

Hair Restoration Surgery has made extraordinary advances towards achieving natural and virtually undetectable hairlines. Much of this success is a result of surgical techniques that employ transplantation of large numbers of smaller hair grafts called follicular units.

Most contemporary hair transplant surgeons rely on their team of technicians who are specially trained to perform these time-consuming procedures. In fact, it would be almost impossible to achieve the excellent and reproducible results today without a skilled team.

This team approach makes hair transplant surgery different than any other cosmetic procedure where the surgeon traditionally performs the entire operation. While it is an investment to train a hair transplant team, it is precisely this team concept that allows cosmetic surgeons to effectively offer hair transplant services to their patients.

With a well trained hair transplant team, cosmetic surgeons can multi-task by performing the essential surgeon-specific procedures of donor tissue harvest and creation of the hair graft recipient sites. Once accomplished, the team takes over the time-consuming tasks of preparing and placing the hair grafts. With proper monitoring and safety protocols in place, the cosmetic surgeon may perform other procedures while the team completes the hair transplant.

Adding hair transplantation to the surgical offerings has many obvious advantages, including expanding the practice to include more men. Since most cosmetic surgery practices serve predominantly female patients, this is an opportunity to expand to a new patient population. Again, the key to success is possessing the ability to multi-task in your surgical facility.

McArthur 2
ABCs of Rhinoplasty
Mohan Thomas, MD

Objective: Open structure rhinoplasty has become the most popular approach worldwide. The surgical options are many and could be bewildering to a student of rhinoplasty.

A video presentation of the steps involved is presented to provide clarity on technical aspects.

Methods: The assessment, options, indications and complications are also discussed. A series of secondary rhinoplasty cases are included for discussion.

Results: Short video clips of key steps are shown interspersed in a crisp presentation on the ABCs of rhinoplasty

Conclusions: The ABCs of rhinoplasty are discussed along with a video demonstration of key steps in a 30-minute presentation

McArthur 3
The Art and Technique of Facelift Surgery
Joseph Niamtu, III, DMD and Ronald A. Fragen, MD

This two hour course will discuss the art and science of the facelift. Facial analysis and the path of decision making and development of the vision of the post-op result prior to surgery is the "art." Dr. Fragen will discuss procedures that are combined to "design" a face and present consecutive cases of facelift surgery before and after images, using them to discuss diagnostic options and then review the after images to determine the effectiveness of the treatment planning.

Dr. Niamtu will discuss techniques of facelift surgery, including the specifics of facelift procedures such as incision planning, intraoperative technique, SMAS options, concomitant rejuvenative procedures, pearls, pitfalls and complications.

Sedona
Practice Management
Practice Expansions and Transitions
Dana Fox, Marketing Consultant
Mentor Corporations

Staying Solo, creating a partnership, joining a group, adding a spa and other business ventures.

The good news is the choices are numerous. The bad news is the choices are numerous. This one-hour course will explore the numerous options available to cosmetic surgeons in transition. The course is ideal for those thinking about adding a partner or expanding the scope of their practice. You'll come away with a new way to think about this stage of your life as a doctor. The goal of the course is to help you avoid some land mines while in pursuit of your practice goals.

Topics covered:

1.) Determining the practice environment that is right for me:
   - o Communication styles, personality, core beliefs, surgical focus and economic goals

2.) Practicing with your family, the benefits and the challenges:
   - o Spouse, father, mother, siblings

3.) Deciding on a practice focus
   - o The Face, The Breast, The Body

4.) Understanding the dynamics of practicing with another surgeon

5.) When the honeymoon is over and you must talk to each other about strategic planning and managing employees

McArthur Ballroom
3:45 pm – 5:45 pm
Mentor Memory Gel™ Silicone Education Program

The Special Breakout Session on the "Mentor MemoryGel™ Silicone Education Program" is generously supported by Mentor through an educational grant to the Cosmetic Surgery Foundation.

Mentor is a world leader in breast implant manufacturing, research and testing and continues to provide a broad selection of products and services to enhance your practice. Our MemoryGel™ and saline implants are available in a wide array of styles, sizes, and textures, our Byron line of body contouring products is one of the most comprehensive in the industry and our practice management division, Mentor Solutions, has helped build successful, better managed and more profitable cosmetic practices for over a decade. Mentor continues to expand the range of science-based, aesthetic products by offering NIA 24™, a niacin-based skin therapy that will complement our future dermal filler and botulinum toxin products,

Body Aesthetics: MemoryGel™ and Saline Breast Implants, Tissue Expanders and Body Contouring

Apparel: Compression/Postsurgical Garments

Practice Management: Consulting, Staff Development, Marketing, Software and Patient Financing.

Facial Aesthetics: Cosmeceuticals, additional non-surgical aesthetic products coming soon.

7:00 pm – 10:30 pm
Webster Society and Cosmetic Surgery Foundation Recognition Dinner
Wrigley Mansion
(Invitation Only)

SCHEDULE AT-A-GLANCE
Saturday, January 27, 2007

7:00 am - 12:00 pm
Registration Open
Frank Lloyd Wright Foyer

9:00 am - 12:00 pm
Exhibits Open
Frank Lloyd Wright Ballroom

7:00 am - 9:00 am
Bright Eye Sessions: 109
McArthur 1 – 3 and Sedona

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

9:40 am - 12:15 pm
General Session: 110
Hair Restoration, Fillers and Lasers
McArthur Ballroom

10:30 am
Webster Lecture
Steven B. Hopping, MD
Safe Facelifts and Other Webster Legacies

12:15 pm
Adjourn for Social Activities

7:00 pm - 11:00 pm
Rock Around the World Party
*(open to all registered attendees)

DETAILED SCHEDULE
Saturday, January 27, 2007

7:00 am – 9:00 am
Bright Eye Sessions: 109

McArthur 1
Advances in Breast Lift & Augmentation
Robert F. Jackson, MD, Jane Petro, MD and Maria Lombardo, MD

We will focus on somewhat complicated cosmetic surgery of the breast including medial pedicle mastopexy, augmentation mastopexy, wise pattern mastopexy and small reduction combined with mastopexy. There will also be an extensive discussion of the complications of using silicone implants. Since they are now FDA approved we feel this is a rather important topic, which needs to be addressed. Presenters will have an open forum to discuss problems and complications of all of the above procedures. Participants are welcome to bring cases and as time permits the faculty will discuss management and protocol.

McArthur 2
"Polybeaks and Pixie Ears" Avoiding and Treating the 12 Most Common Unfavorable Aesthetic Outcomes in Cosmetic Surgery
Beatrice LaFarge-Claque, MD and Steven B. Hopping, MD

Cosmetic Surgery Procedures continue to be performed with increased frequency, but untoward aesthetic outcomes continue to be a problem. Increasingly, patients desire cosmetic procedures that provide a natural, nonoperated look. Cosmetic procedures that have obvious unfavorable or unnatural outcomes are judged as undesirable by many patients.

Materials: Examples of the 12 most common unfavorable aesthetic outcomes in cosmetic surgery will be examined. These include temporal hair loss after rhytidectomy, lower lid malpostion after blepharoplasty, visible scarring after rhytidectomy, polybeak deformity after rhinoplasty, persistent playsma banding after neck lift, pixie or satyr ear deformity after facelift, cheek implant asymmetry following cheek augmentation, alopecia following browlift, double bubble deformity following breast augmentation, washboard and surface irregularities following liposuction, breast ptosis following breast augmentation, and rippling following breast augmentation.

Results: Many undesirable outcomes following cosmetic surgery can be avoided. The etiology and avoidance of these unwanted results are discussed. The treatment of these same untoward outcomes are reviewed.

Conclusion: Cosmetic Surgery by its very nature should strive for minimal complication and unfavorable results. Most surgeons and patients desire to have cosmetic surgery outcomes that appear natural and without the stigma of "plastic" surgery. Careful evaluation of the most common unfavorable outcomes following cosmetic surgery can help reduce the occurrence of these unwanted results.

McArthur 3
Advances in Lasers & Fillers
Anthony Benedetto, DO and Neil S. Sadick, MD

Sedona
Lipo Augmentation
Mark Berman, MD and Suzan Obagi, MD

These two doctors will cover the basics for fat grafting techniques from harvesting to injection. They will explain how we age (the three-dimensionality of the aging process) and why and how fat can be used to restore facial contours depleted by aging. In fact, they will show how fat grafting should be considered as the primary method of performing blephaorplasty and why it is fundamentally necessary for improving the aging face. They will explain how fat can be used on developmental defects that occur regardless of age, as well as to repair many iatrogenic defects following surgery for the aging face. Also, they will demonstrate fat graft for use in repairing other iatrogenic defects. There will be a lot of emphasis on technique and opportunity for discussion.

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

9:40 am - 12:15 pm
General Session: 110
Hair Restoration, Fillers and Lasers
Moderators: Neil S. Sadick, MD and Chasby Sacks, MD

9:40 am
President's SocioEconomic Lecture
Joshua H. Levine, President and Chief Executive Officer of Mentor Corporation

10:00 am
Featured Speaker
Hair Restoration, Pharmacology, Surgery and Biotechnology
Kenneth J. Washenik, MD, PhD

10:30 am
Webster Lecture
Safe Facelifts and Other Webster Legacies
Steven B. Hopping, MD

Safety in cosmetic surgery has become the banner of the American Academy of Cosmetic Surgery and the Cosmetic Surgery Foundation. Facelift surgery is a completely elective procedure and patients do not expect or easily accept complications. Webster's short flap facelift recognized and addressed these concerns. Webster's concept of limiting flap dissection and plicating SMAS safely over the protective parotid gland was certainly a precursor of the now popular short scar facelifts - the S Lift, MACS lift, Lifestyle lift, and Quick lift to name a few. Other Webster contributions to "safe" cosmetic surgery include the Webster horizontal tightening suture preventing rounding and ectropion, conservation rhinoplasty techniques, and non-cartilage splitting otoplasty, to name a few. Building on Webster's concepts, the author's approach to volumetric facelifting including S Lift, S Plus Lift, and three dimensional Contour Lift with alloplastic implants is discussed. Richard Webster was a founder and first President of the AACS. He was a true believer that cosmetic surgery should be its own specialty and that multidiscipline fellowship would optimally promote the field. His legacy to the specialty, to those of us practicing the field and to cosmetic patient safety is immeasurable.

11:00 am
Hair Deformities: Etiologies, Diagnosis and Treatment
E. Antonio Mangubat, MD

Hair deformities take many forms, including natural male and female pattern baldness, trauma, cancer, and iatrogenic causes. The various deformities and degree of deformity generally determines the treatment choice. The advancements in hair restoration surgery (HRS) in the past two decades are significant in yielding natural and almost undetectable results. Using a combination of HRS, cosmetic and reconstructive techniques, most deformities can be treated, effectively palliating or completely resolving most significant deformities.

In order to treat hair deformities, it is important to understand the basic concepts of HRS, especially the natural structure of hair morphology; in other words, how natural hair appears in the unaltered human. Hair transplantation has become more complex as we have identified the important variables in achieving natural results, which include the natural history of hair loss (Androgenetic Alopecia or AGA), hair line design, recipient site creation, graft preparation, flaps, tissue expansion, and medical therapy for hair loss. I will present several examples of significant hair deformities and the specific treatment plans and procedures required for correction.

11:15 am
A New Look at CO2 Laser Skin Resurfacing
Joseph Niamtu, III, DMD

Introduction: CO2 laser skin resurfacing was introduced about 12 years ago and quickly became the gold standard for ablative wrinkle reduction and skin tightening. No other technique has since rivaled the effects of CO2 skin resurfacing. Although effective, significant sequlae and complications have been documented with CO2 skin resurfacing. These include extended healing and erythema as will as pigmentary problems. This author has changed techniques to treat multipass laser skin resurfacing without traditional debriding between passes. In addition, low fluence techniques have been developed to enable less invasive laser treatments with shorter down time.

Materials and Methods: The author examined non-debrided techniques where the eschar was not debrided between passes. This began with small area and split face studies and became a routine treatment. Thirty consecutive patients were treated in partial or whole face aggressive, multipass CO2 laser resurfacing, and not debrilded between passes. Biopsy studies were performed to evaluate treatment depth, and clinical standardized digital photography was used to evaluate post treatment erythema.

Results: None of the patients treated with the non-debridement technique developed any significant complications such as overtreatment or scaring. Patients treated without eschar removal did not require any post-operative dressing (other than petrolatum), experienced less post operative discomfort than debrided patients and had less erythema that non-debrided counterparts. Patients treated with low fluence CO2 laser resurfacing had significant improvement with pigmentation problems and were in many case treated with topical anesthesia. Wrinkle reduction was much less than more aggressive resurfacing, but all patients were happy with the degree of improvement and especially with the reduced down time.

Conclusion: Although once thought to be dangerous, aggressive, multipass, CO2 laser skin resurfacing without debridement between passes was shown to be safe and effective. This non-debrided technique allowed the eschar to remain intact as a post laser dressing. These patients experienced less post laser pain and faster resolution of post-laser erythema. Other patients were also treated with low fluence techniques with a single, non debrided pass. Various settings were used to provide reepitheliazation from 3 to 8 days. This technique was effective for pigment problems and skin health, but not significant for wrinkle reduction.

11:30 am
The Next Phase for ALA-PDT – 2007
Michael H. Gold, MD

Objective: Photodynamic therapy (PDT) in dermatology in the United States (US) has seen resurgence in recent years with the advent of short-contact, full-face applicationof 20% 5-aminolevunilinc acid (ALA) and the use of a variety of lasers and light sources. The purpose of this presentation is to review the uses of ALA-PDT in the US and to focus on its newer applications.

Methods: ALA-PDT has approval for the treatment of non-hyperkeratotic actinic keratoses (AKs) of the face and scalp but is finding wider uses (all off-label at this time) in the treatment of photorejuvenation with associated AKs. The FDA studies for AK use will be reviewed as well as the open and split-faced clinical trials which show the effectiveness of this therapy including the authors own split-face data utilizing short-contact, full face ALA application and the use of an intense pulsed light source for drug activation.

Results: The various lasers and light sources which are useful for this therapy will be described, as well as the author's protocols for using these devices. These protocols also result in little or no downtime for the patients with few adverse effects noted.

Conclusion: ALA-PDT for the treatment of photorejuvenation has rekindled the use of PDT in the US and has revolutionized how many dermatologists approach photorejuvenation and AKs. Finally, the potential role for ALA-PDT as a chemopreventative therapy will be presented.

11:45 am
Facial Asymmetries and the Corrective Actions of BTX
Anthony Benedetto, DO

Facial asymmetry (FA) can result from many different causes, which will determine whether or not it can be corrected. One type of correctable FA is idiosyncratic or familial FA in which one of a pair of muscles on one side of the face can be comparatively stronger or weaker than its partner muscle on the contralateral side. To correct this type of FA, the hyperkinetic mimetic facial muscle(s) can be weakened with BTX, bringing it to the same level as its contralateral partner. In order to reverse a FA with BTX, one must first identify the cause of the asymmetry. The types of FA that can be corrected by BTX are a naturally occurring elevated brow or an asymmetric smile. Six cases of a naturally occurring asymmetric brow and five cases of a naturally occurring smile were corrected by injections of BTX. The etiology and rationale for the use of BTX to correct FAs will be detailed. BOTOX® is an effective, safe, and long lasting treatment for different FAs caused by hyperkinetic mimetic muscles of the face.

12:00 pm
Longevity of Periorbital Restylane
Angelo Tsirbas, MD

Objective: The use of injectable fillers has increased over the last few years. There is little data on the longevity of these agents especially when used in the periorbital area. The objective of this study was to report our experience utilizing Hyaluronic acid gel (Restylane) and to assess the longevity of the aesthetic effect.

Methods: Retrospective nonrandomized consecutive case series with analysis of 65 procedures in 30 patients. Pre-treatment, immediately post-treatment, and follow-up photographs were analyzed. Three independent graders assessed the images and graded the amount of effect still present in postoperative photographs. The effect was graded according to how much Restylane the graders thought was still present in the photographs; zero to one-third, one-third to two-thirds, or two-thirds to one. The graders where blinded to the times post-injection when the photographs where taken. The interobserver validity was also assessed. The cosmetic outcome and patient satisfactions were also evaluated. All injections where placed in the periocular area of the orbital rim hollow, septal confluence or malar hollow. These areas combine to be also known as the "tear trough" area.

Results: Sixty-five eyelids, mean age 52 (range 38-66), average follow-up 9.2 months (range 3-16 months), received treatment utilizing hyaluronic acid gel. All treated eyelids showed improvement. When pre-treatment and post-treatment images were compared, the initial effect of the hyaluronic acid gel decreased over time. There was 50% effect of the Restylane still present at 6 months. Side effects were minor and included swelling, redness, and tenderness at the sites of injection. The interobserver agreement was around 70%.

Conclusions: Our experience demonstrated positive results, with at least 50% aesthetic effect of the Restyalne still present at 6 months post injections. There where minimal side effects and patient satisfaction was very high.

12:15 pm
Adjourn for Social Activities

12:30 pm – 5:30 pm
Social Activities

12:30 pm – 5:30 pm
AACS Golf Tournament
Adobe Golf Course

12:30 pm – 5:30 pm
Tours and Activities

- Scottsdale Art Gallery Tour
- Up! Up! and Away – Hot Air Ballooning!
- Sonoran Desert River Float
- Scenic Desert Horseback Ride

7:00 pm – 11:00 pm
Rock Around the World Party
Gold Room
(open to all registered attendees)

SCHEDULE AT-A-GLANCE
Sunday, January 28, 2007

7:30 am - 11:30 pm
Registration Open
McArthur Foyer

7:00 am - 9:00 am
Bright Eye Sessions: 111
McArthur 1 - 3 and Sedona

9:00 am - 9:40 am
Continental Breakfast
McArthur Foyer

9:40 am - 11:30 pm
General Session: 112
New Technologies and Procedures
McArthur Ballroom

11:30pm
Adjourn

DETAILED SCHEDULE
Sunday, January 28, 2007

7:00 am – 9:00 am
Bright Eye Sessions: 111

McArthur 1
Practice Management
Wealth Protection Planning for Today's Cosmetic Surgeon
David B. Mandell, JD, MBA
**this session is repeated on Thursday morning*

This talk will address how to shield a physician's personal and practice assets from potential liability, how ideally structure a medical practice, the truth about qualified and non-qualified plans, how to legally reduce taxable income from the practice by $100,000+ per year, how to deal with the medical malpractice insurance crisis, and how to use captive insurance companies.

Specific topics include:

- Non-qualified retirement plans – the retirement tool you haven't heard of
- Using captive insurance companies to reduce risk, protect assets, and lower taxes
- How to reduce your 2007 income taxes from $50,000 to $500,000
- Why your pension, IRA, or 401(k) is a 80%+ tax trap – and what you can do about it
- All about family limited partnerships and limited liability companies
- Alternatives for shielding accounts receivable
- How to be bought out of your practice for millions

McArthur 2
Lasers and New Technologies
Paul J. Carniol, MD and David J. Goldberg, MD

Patient demand for rejuvenation with the latest technology is increasing. This two-hour course is dedicated to the latest innovations in laser therapy. The course will include resurfacing lasers, nonablative lasers, fractionated lasers, light devices, photodynamic therapy, nitrogen plasma and radiofrequency devices for facial rejuvenation as well as 532/940nm, 500nm, 595nm, sequential 585-1064nm lasers and IPL devices for treatment of vascular lesions.

McArthur 3
Body Contour after Massive Weight Loss
Michael H. Rosenberg, MD

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

9:00 am – 9:40 am
Continental Breakfast

9:40 am – 12:00 pm
General Session: 112
New Technologies and Procedures
Moderators: Claude H. Crockett, Jr., MD and
Susan Hughes, MD

9:40 am
Nasal Dorsal Augmentation Using Custom Carved Silastic in 47 Patients.
Oleh Slupchynskyj, MD

Objective: To evaluate the satisfaction of African American patients with nasal dorsal augmentation using custom carved implants and provide a better technique for dorsal augmentation of the African American nose.

Methods: A retrospective review of 47 rhinoplasties on African American patients was collected by way of an anonymous patient questionnaire. Data analyzed included questions pertaining to patient satisfaction, subjective evaluation of ethnic changes, and changes in self-esteem. Significance was calculated based on a two-tailed, one sample t-test, using SPSS.

Procedure: An open approach rhinoplasty was used on all 47 patients. A midline pocket was created in the sub-SMAS plane of the nasal dorsum. From a solid silicone block (Implantech) a 2 to 6 mm high, 4 cm long and 4 mm wide silicone piece was carved from the block using a #10 blade. The nasal frontal angle was assessed visually and the cephalic end of the silicone implant was beveled to approximate the angle. The implant was then placed into the dorsal pocket and adjustments were made on the width, length and height using a #15 blade and a suppercut scissor. Occasionally, dorsal height was added by stacking silicone pieces and securing them with a 5-0 nylon. Once the perfect implant was designed the implant was placed back into the pocket and secured to the upper lateral cartilages using a 5-0 nylon. If the pocket was too large the implant was further secured with a 5-0 silk stitch through and through dorsal skin and implant using a cotton bolster and left in place until the cast was removed at 7 days. All implants were soaked in Techni-Care wash prior to pocket insertion.

Result: Our data shows a significant increase in self esteem ($p < .01$) post-surgically, with a significant preservation of ethnic characteristics ($p < .05$). There was a high rate of patient satisfaction postoperatively (92.9%), with a low rate of complications (2.1%). One case of infection necessitated implant removal. Three minor revisions were performed to adjust the height of an implant. One case of poorly healed right alar rim and three cases of poorly healed left alar rim were resolved with a simple scar revision procedure.

Conclusion: Custom carved implants are a superior alternative to other forms of nasal augmentation materials for the enhancement of the typically depressed African American dorsum.

9:55 am
A Novel Evaluation and Treatment of the Nasojugal Groove
Neil S. Sadick, MD

Objective: To describe a novel classification system for the evaluation of the nasojugal groove and a novel technique for its treatment using Restylane® injected in the supraperiosteal plane with a minimal needle puncture technique and digital manipulation under topical anesthesia.

Methods: Twelve women were enrolled in this study at two treatment centers. Their ages ranged from 26 to 59 years (mean age 44 years). All patients were evaluated using the 15 point TTRS scale. After topical numbing, a single injection of Restylane® was given in the supra-periosteal plane at the lateral and medial aspects of the tear trough deformity and "pushed" medially from the original injection site into the desired location using digital palpation of the anterior lacrimal crest and medial aspect of the inferior orbital rim and massage of the injected material. All patients were seen at 2 weeks, 1 month, 2 months and 3 months after injection. They were evaluated using the TTRS scale at the 3 month visit.

Results: Immediate improvement of the tear trough deformity in all 12 patients. Minimal post injection swelling resolved over 72 hours. One patient developed ecchymosis that resolved in one week. One patient required hyaluronidase for overcorrection and anterior placement. Three patients required touch-ups at weeks one or two. All patients retained their result at the end of 3 month follow-up.

Conclusions: The "Restylane® Push" technique for treating the tear trough deformity is safe, reliable and long lasting. It is well tolerated by patients and minimizes trauma to the delicate periorbital tissues.

10:10 am
Large Anchors Knotted Suspension Sutures for Closed Pure Suspension, and for Open Face and Neck Lifts: 2 1/2 Years Experience
Sorin Eremia, MD

Objective: To review and analyze the author's 2 1/2 years experience with a novel absorbable monofilament knotted multi-anchor suspension suture for:

1. Pure (no skin excision) suspension lifts, alone and in combination with ablative and non ablative skin tightening
2. Application of these sutures to improve results of short flap open face lifts

Methods: The sutures consist of an 0 or 00 thickness slowly absorbable standard FDA approved monofilament (ex PDS) suture with an attached ½-inch straight needle into which are knotted 5-7 cross sutures, each 6-8 mm long, cut from the same suture material as the long body of the suture. A blunt 14G specially designed instrument inserts the sutures through a single entry point (no second exit hole), in deep subcutaneous plane just above the SMAS. Once the instrument is removed the knotted 6-8 mm cross sutures open like multiple anchors and can elevate and hold up the tissues far more efficiently then tiny barbed sutures. The needle end is sutured to fascia to achieve desired elevation. Results of 100 consecutive cases are analyzed, through chart review and serial photographs.

Results: A dramatic lift is achieved by placing 3-4 sutures through a small temporal hairline incision on each side of the face. The operation takes 1 hour under local and patients return to normal activities in 24-48 h. Between 6-12 months most of the correction is lost. Long term results can be achieved combining the "No Skin Excision" AnchorSuture lift with simultaneous ablative and non-ablative skin resurfacing. No significant complications have occurred to date, with either pure or combined closed lift procedures.

With open lifts, the AnchorSutures allow dramatic, easy to accomplish mid-face elevation, and support of routine SMAS repairs for the jowls and neck. Use of the AnchorSutures dramatically improves results of short flap facelifts, comparably to far more invasive lifts. No infections, significant hematoma, or nerve injuries occurred.

Conclusions: As previously reported by the author, and as noted with other types of suspension sutures, pure suspension lifts yield great short-term, but poor long-term results. The addition of simultaneous CO-2 laser resurfacing is safe and dramatically improves long-term results. The addition of less invasive or non-ablative resurfacing such as RadioFrequency, also but less dramatically improves long-term results.

With open short flap face-lifts, AnchorSutures provide a fast, simple, safe, and inexpensive way to achieve dramatic mid-face lifts and improve long term results in the jowls and neck with conservative face-lifts.

10:25 am
Techniques in Labiaplasty
Carmela Pettigrew, MD

Objective: To show several different techniques of labiaplasty and labial reduction and how to choose the right one.

Methods: Simple reduction, Wedge Resection, Central Reduction, Reduction with Z-plasty type closure.

Results: The satisfaction rate and success is very high for this procedure as there tends to be minimal scarring and good general healing. The method of labiaplasty chosen is dependent upon the final result desired by the patient in reference to her desires for labial skin coloration and size.

Conclusions: Labiaplasty is a surgical procedure that reduces and/or reshapes the labia minora. In most women, the labia minora are seen only when the legs are separated. However in some women, large labia minora are visible when the legs are not apart, or are barely separated, causing embarrassment and self-consciousness. Enlarged labia may also be noticeable in tight fitting pants, and can cause discomfort during intercourse, with clothes, or with exercise. Enlarged labia and asymmetrically large labia are usually congenital but can be increased from hormonal changes or childbirth. This condition is a source of distress for some women and can easily be remedied under local anesthesia in the office setting with a high satisfaction and success rate.

10:40 am
How to Treat Botox Ptosis
Susan Hughes, MD

Three months of ptosis after cosmetic Botox is devastating psychologically and socially. Iopidine has been highly ineffective in lifting the lid and therefore being able to satisfy the patient in any way. 2.5% Neosynephrine has been tried on eight patients with 87.5% success in lifting the lid, and one of these was an Iopidine failure. Neosynephrine drops work in five minutes and lasts for three to four hours. Caution must be used in these patients for two reasons: BP elevation and dialated pupils causing some blurring of vision when reading. Blood pressures should be checked five minutes after drop installation in the office. Medically unsafe elevations in blood pressure can require compounding pharmacies to dilute the drop by 1/2 (to 0.125%) or by 3/4 (to 0.0625%). Patients also need to be informed of pupil dialation causing reading difficulty, photophobia.

10:55 am
The Latest Technique in Dimple Creation
Xuan Ai Nguyen, MD

Introduction: A dimple is formed in one or both cheeks in some people naturally when they smile. It presents an area of muscle weakness with a consequent concave dimpling of skin (a depression on the cheek due to the adherent of the skin and muscle). Dimples are considered a sign of beauty in many young girls in Eastern Asian countries.

Marking out the dimples: On the face, a vertical line is draw from the lateral angle of the eye down-ward and a line from the lateral angle of the mouth to the middle ear tragus. The point of insertion marked as the side of the dimple.

Technique: Dimple is a depression on the cheek when we smile due to the adherent of the skin and the muscle in the cheek.

To perform dimple creation, the surgeon has to dissect and separate the skin and the cheek muscle by different techniques under local aesthesia, then anchor the skin and the cheek muscle by a suture with cargut 2.0. This suture is left in place to dissolve

Conclusion: Every year, in Asia Cosmetic Surgery Clinic, we perform 600 cases of dimple creation, under local aesthetic with best result. We will demonstrate our techniques by video presentation.

11:10 am
Portrait Plasma Skin Regeneration/Rhytec - "Bridging the GAP" in Facial Rejuvenation
Peter M. Schmid, DO

Objective: Plasma skin regeneration is a current technology utilizing millisecond pulsed nitrogen plasma to treat photodamaged skin. When delivered as high ablative-like energy pulses the treatment can result in skin tightening, rhytid reduction, and overall skin textural improvement, with the benefits of reduced recovery and downtime as compared to traditional CO2 laser resurfacing.

Methods: This talk will review ten female patients who underwent high energy (3-3.5 Hertz and 6 mm spot) single to multiple pass PSR treatment by a single surgeon. All patients were treated for aging skin concerns. Response to treatment, recovery, and outcome was determined by serial direct clinical observation, standardized photography, and patient follow up questionnaires.

Results: The PSR procedure was tolerated well by all patients undergoing treatment. Recovery by all patients allowed them to be presentable to the public by day 7. All patients reported improvement in skin tone, texture, and rhytidosis (study follow-up presently ongoing). Patient satisfaction with this technology has been unanimously favorable. The technology, indications, benefits in comparison to current technology, and personal clinical technique along with patient results will be presented during this presentation.

Conclusions: Plasma skin regeneration is a new modality when delivery at high energy intensity provides a safe and efficacious treatment option for management of aging facial skin and photodamage.

11:30 pm
Adjourn

EXHIBITOR DESCRIPTIONS

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SurgiTel® introduces patented ErgoVision® loupes mounted on Oakley® frames. These lightweight loupes offer a wider field of view as they prevent or eliminate chronic neck pain associated with traditional heavy surgical loupes. Fiber optic light systems and portable LED light systems will also be presented.

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Booth #509
Nate Rolek
9220 James Ave South
Minneapolis, MN 55431
nrolek@sybaritic.com
952-888-8282
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Syneron, Inc.
Booth #514
Siobhan McCourt
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Syneron manufacturers, distributes and markets the E Systems & VelaSmooth system. A combination of a proprietary blend of electrical (RF) and optical (pulsed light or laser) used in conjunction forms the technology (ELOS).

Syneture
Booth #704
Jennifer Lynch
150 Glover Ave
Norwalk, CT 06856
jennifer.lynch@tycohealthcare.com
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203-845-1776 - fax

Syneture, the suture and biosurgery division of U.S. Surgical offers the most comprehensive line of reliable wound closure solutions for optimal patient outcomes. The Syneture division of Tyco Healthcare is dedicated to being the healthcare professional's partner-of-choice. For more information about Syneture, visit www.syneture.com.

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Booth #506
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info@thermage.com
510-782-2286
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Tulip continues its proven record of innovation in cosmetic surgery with the introduction of the Tulip BioMed line of patented disposable instruments for facial and body rejuvenation. Come by our booth to see who is using these new instruments and why. Tulip, it's simply the best.

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Booth #207
Maria Jenkerson
2603 Camino Ramon 2nd FL
San Ramon, CA 94583
maria@ultrashape.com
925-242-2585
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Wealth Protection Alliance
Booth #402
Todd Goldfarb
100 Park Ave, 33rd FL
New York, NY 10017
todd@wealthprotectionalliance.com
212-972-1222
212-370-4270 - fax

The Wealth Protection Alliance (WPA) is a national network of financial advisory firms, estate planning attorneys, and CPA's whose goal is to help Plastic and Cosmetic Surgeons build and preserve their wealth. Working with the WPA's financial and legal advisors, specialty physicians can integrate proper asset protection, tax management and estate planning techniques into their personal and professional lives.

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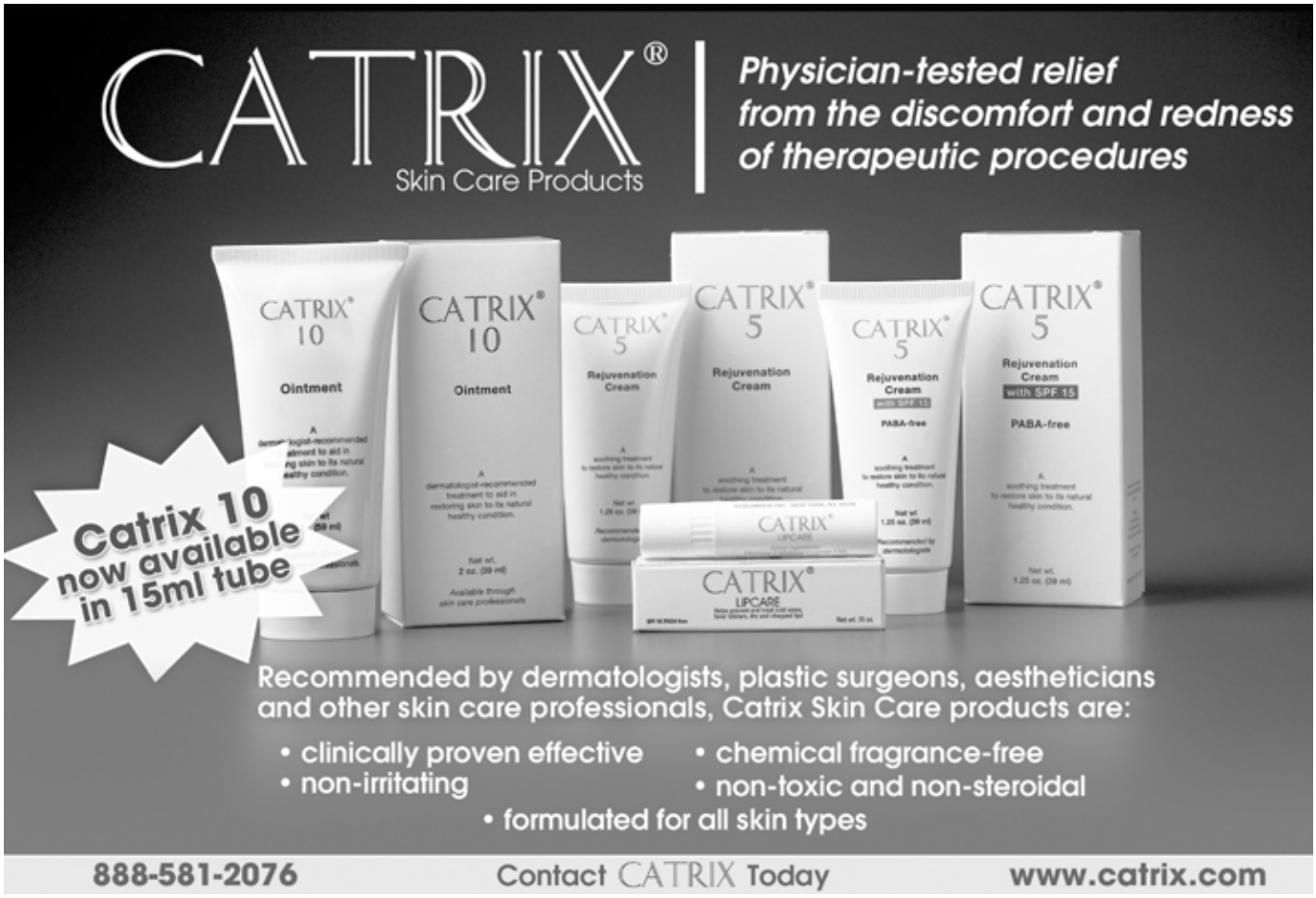

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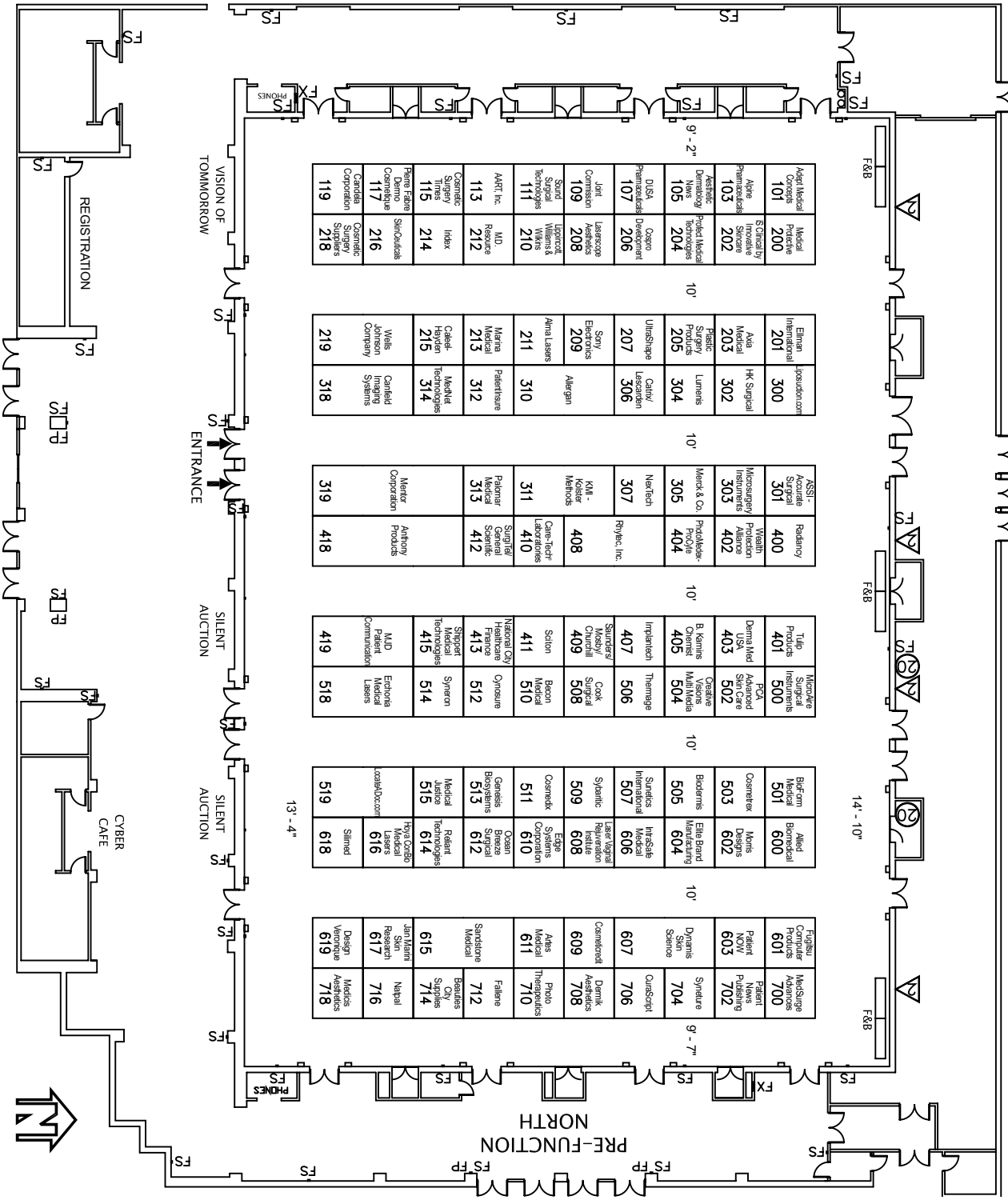

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Alan J. Bauman, MD – Sunetics, Inc. – Consultant, Merck, Inc. – Advisory Board. Anecdotal case presentations will be made as well as discussions of ongoing research.

Anthony Benedetto, DO – Stockholder in Allergan. Medical Education faculty for Bioform, Spokesperson for Allergan, Lumenis and Bioform. "Off-Label" uses for Botox and Radiesse.

Douglas D. Dedo, MD – I received an Erchonia Laser to conduct clinical trials.

Sorin Eremia, MD – I have applied for a patent on the anchor sutures and suture passer instrument discussed. The use of knotted anchors on the FDA-approved sutures might be considered an off-label use of the suture.

John P. Fezza, MD – I am a paid speaker for Allergan, preceptor for Medicis, Lumenis, Snowden Pencer and Haemacure.

My presentation will not support or has anything to do with my commercial relationships.

Jim Harris, MD – Owner of patent on medical device described in lecture; receive compensation from the development manufacture of medical device.

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COSMETIC SURGERY FOUNDATION (CSF) – OUR SUPPORT

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Fulfilling Our Vision

While the Foundation continues to generate resources that will assist in advancing the specialty, we have made significant strides in implementing our strategic plan developed in late 2005. In order to effectively and efficiently allocate our resources and affect positive change, the Foundation relied on the expertise of our numerous stakeholders, including individual and corporate donors, Board members and outside thought leaders within the medical community.

The evolution of our strategic plan highlighted four key impact areas: Research, Education, Industry Partnerships and Financial Success. The goal statements for each impact area are:

Research: Cosmetic Surgery Foundation grants will produce research that results in new products, technologies and treatment options that promote safer and more effective patient care

Education: The Cosmetic Surgery Foundation will be the primary source of innovative and credible patient education on cosmetic surgery.

Industry Partnerships: Cosmetic surgery and related industries will benefit from partnerships that expand AACS membership and visibility and enhance exposure to AACS educational opportunities.

Financial Success: The Cosmetic Surgery Foundation will possess the financial resources needed to accomplish its organizational mission

Over the course of the past year, the Foundation has utilized its resources and relationships to address these impact areas and fulfill the goal statement for each. It is important that we highlight a few of the initiatives we have developed and provide you, our generous stakeholders, with an opportunity to utilize the resources.

☐ The Foundation unveiled the Be Wise About Beauty national public relations campaign. The consumer-driven campaign is a broad-based, integrated effort to aggressively educate and inform consumers on the specialty of cosmetic surgery and the qualifications of its practitioners. The campaign relies on media outreach, key messaging and consumer driven marketing with the benefits being felt for years to come.

☐ Our Research Grant Program has awarded its first research grants, and the leadership of the Foundation has dedicated additional funding to expand the support the organization offers to innovative thinkers in our specialty.

☐ The Practice Management program has been expanded, both in quality and quantity, for the 2007 Annual Meeting. We will also introduce, in 2007, new delivery methods for Practice Management, and other curriculum, that will add value to practitioner's educational experience.

☐ The Foundation continues to support the American Academy of Cosmetic Surgery's Annual Meeting – providing financial assistance to improve the quality of education.

CSF - OUR THANKS: VISION OF TOMORROW DONORS

The leadership of the Cosmetic Surgery Foundation and the Vision of Tomorrow campaign would like to recognize and thank the following organization and individuals for their support of our 2004-05 capital campaign.

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The Foundation would like to welcome and offer special recognition to our two newest Corporate Partners. These generous donors have made a long-term commitment to support the Foundation's educational efforts. We are truly appreciative of the extraordinary contribution these companies have made toward the cosmetic surgery specialty

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