April/May 2020
Vol. 41, No. 3

Facial Plastic TIMES
American Academy of Facial Plastic and Reconstructive Surgery, Inc.

See pages 2, 4, 6, 8, and 9 for additional COVID-19 articles.

Inspiring Stories from Lamont Jones, MD, MBA and Sam Most, MD...Their COVID-19 Experiences

I am not superstitious but Friday the Thirteenth (of March 2020), was more than anything I've experienced in the past. That day, my kids' school—like others in Michigan—closed until further notice. The week had been spent preparing for an extended spring break, returning sport uniforms and instruments, and familiarizing themselves with technology and protocols, in case the remainder of the school year was taught online. Similarly, Henry Ford Health System (HFHS) spent the week preparing for a temporary interruption of normal operations by canceling and rescheduling non-time sensitive operative cases and clinic visits. In addition, HFHS developed policies and expanded telemedicine capabilities.

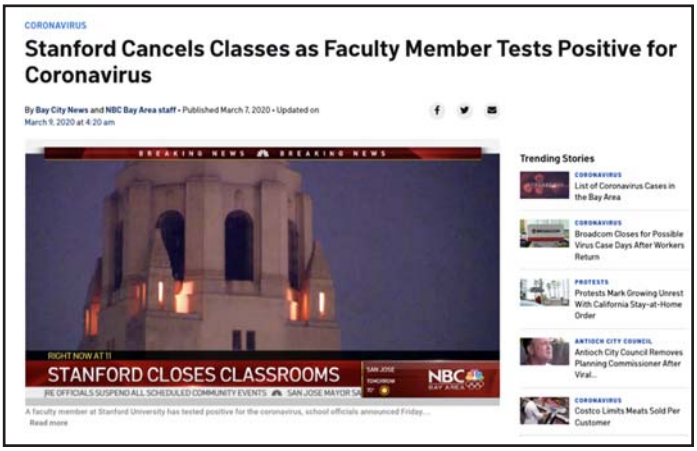
At home, we prepared to shelter in place. That evening we surveyed the pantry, refrigerator, and freezer and a list of necessities and less-necessary items was created. At the grocery store, I was astonished by the mostly barren and picked over shelves, forcing me to improvise and to select alternative items. However, the urgency, fear, and concern that donned faces that day, surprised me most.

My wife, a family practice physician and residency director at Ascension Providence Hospital, and I knew we were at greater risk of contracting COVID-19 but were comforted by data that suggested we would fare better because we weren't in the at-risk group. Nevertheless, we feared for our eldest daughter with asthma, family, friends, colleagues, and patients who were not.

That weekend, my wife developed a cough, fever, chills, night sweats, chest discomfort, and shortness

See Dr. Jones: Individual Resolve, page 11

I felt a mix of emotions as I exited my isolation room at Stanford Hospital: elation for having survived COVID-19 and apprehension about what awaited me on the other side. I lived inside that room for nearly two weeks and during that time, the outside world had changed dramatically. Schools and businesses were closed, travel restricted, and a worldwide pandemic declared. As I prepared to go home, I reflected on how my experience had reinforced the importance of the face in human connection, had affected my understanding of humility in the face of adversity, and had forced me to face my own mortality.


CORONAVIRUS

Stanford Cancels Classes as Faculty Member Tests Positive for Coronavirus

By Bay City News and NBC Bay Area staff • Published March 7, 2020 • Updated on March 9, 2020 at 4:20 am

BREAKING NEWS BREAKING NEWS

RIGHT NOW AT 11

STANFORD CLOSES CLASSROOMS

NBC Bay Area

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List of Coronavirus Cases in the Bay Area

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CORONAVIRUS
Costco Limits Meats Sold Per Customer

During my hospitalization, I experienced a sense of vulnerability that I never had before. Just prior to my illness, which occurred very early in March, the COVID-19 epidemic was still an abstract threat to most of us. Only a handful of SARS-CoV2 positive patients had been identified in the Bay Area. I was otherwise healthy, exercised regularly, and had no risk factors that would make me concerned about pulmonary complications from a viral infection. I did not perceive SARS-CoV2 as a threat to the health of my patients, my family, or me. I was wrong.

The morning I was diagnosed with COVID-19 is one I'll never forget. Soon after arriving in the emergency room, I found myself in an unfamiliar role.

See Dr. Most: From Surgeon to Patient, page 12

Facial Plastic TIMES

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President's Message: Leveraging Our Resilience as We Begin to Return to the New Normal

"That which does not kill us makes us stronger."

--Friedrich Nietzsche

Most of us had that phrase driven into our skulls during surgical training. It was a mantra, a badge of honor, and a coping mechanism. We all survived it with some entertaining "war stories" of our crazy lives as interns and residents to share with our children. Even younger residents may have a hard time relating to the essentially unregulated working conditions us more senior folks endured. During my residency at Tufts/Boston University, we covered every-other weekend, in-house 84-hour long call shifts at Boston Children's Hospital. That started Friday morning and ended Monday evening and involved sleepless nights removing pieces of Light-Bright toys out of a toddler's airway as they intermittently desaturated. As surgeons, we take pride in our ability to stay focused and purpose-driven under the most difficult circumstances all the while keeping the well-being of another at the center of our mission. Most of us are the kind of person you would want to have with you in a time of crisis. We keep a cool head by compartmentalizing our own fear using knowledge and experience to come up with solutions.

Recent decades have brought with them devastating events that have impacted all of us on some level such as the wildfires across the world, natural disasters, mass shootings, the financial crisis of 2007-2008, and of course 9/11. We respond with an outpouring of empathy and support as a society with a pledge to address the underlying disparities that cause certain groups to suffer more than others. Often the threat of the situation, while stirring and concerning from a human suffering perspective, doesn't affect us directly as facial plastic surgeons. The COVID-19 pandemic has been quite a different story. It has affected us in a very real way as facial plastic surgeons on every level.

We have been made aware of the higher risk posed to us as surgeons who are literally face to face with the highest concentration of the SARS-Cov-2 virus within the nasopharynx. Much of what we do can generate distribution of the virus to us and even possibly those in the vicinity. It can linger on surfaces for up to nine days and in the air for up to three hours. We received reports from China, Iran, and Italy of otherwise healthy colleagues who were being infected at higher rates than the rest of the healthy population. You will read in this issue of Facial Plastic Times harrowing and inspiring accounts from two of our very own Academy members (also young and otherwise healthy) who survived COVID-19 infection. These stories highlight how much this pandemic confronts us with our own mortality. You will also be inspired by the resilience of these two colleagues who were willing to expose their own vulnerability to help all of us and their community at large. They endure their experiences with an astounding humility, humanity, and heroism. Their stories demonstrate how the pandemic brutally strips us of the coping mechanism surgeons depend most heavily upon which is our sense of control.

We are challenged with how to resume the avocation that we spent the majority of our lives perfecting without a clear picture of what we need to know to optimally manage the risks. Testing is starting to become more prevalent in certain areas while other regions have minimal access. According to the most recent CDC reports, roughly 800,000 tests have been performed to date in the United States (including patients who may have been tested multiple times). Under strict mandates to isolate, infection and death rates are largely flattening. Until a vaccine is available, testing, tracking, and prevention are the only way to minimize the morbidity and mortality of the pandemic not to mention, mitigate any further impact to our economy. Many locations are beginning to relax isolation mandates regardless of availability of testing, tracking, and in some cases in the face of rising incidence (such as Illinois). Authorities admonish citizens to social distance and wear masks, but these directives are inconsistently followed. Countries that have relaxed restrictions such as South Korea and China have seen resurgences. The threat of resurgence will remain for the undetermined future.

The uncertainty of the future seems even more destabilizing than the realization that the virus was a serious threat in the first place. Based upon the currently available scientific literature, media coverage, and discussions I have been a part of with colleagues on social media and video-conferences, we are all still trying to figure this out. We are relying upon each other to share what we can discern from various sources regarding best practices, best devices, and the best resources to find the equipment we need to move forward. Standardized protocols published by most regulatory agencies haven't provided enough specific information to give us confidence about how to protect our patients, ourselves, and our staff from transmission of SARS-Cov-2. We have been connecting with colleagues in other parts of the world, with members of other professional organizations and specialties, as well as with industry professionals to find a sense of direction going forward.

By now you have hopefully seen the AesCert Guidance for resumption of Aesthetic Care, as well as the AAFPRS Guidance on Resumption of Elective Facial Plastic Surgical Procedures. Both documents are not intended to establish standards of care since the disease is still relatively unknown and therefore there are no standards of care. While there is risk to publishing guidance, which can be construed to be a point of reference against which our members are compared by the medical community or our patients, the need for a compass to guide us through unfamiliar terrain currently outweighs that risk. The volume of dialogue between members on all forms of media seeking mutual support and information about how to proceed, makes this need loud and clear. There is currently no single authority on the subject and all of its permutations, therefore, we have all become students avidly seeking answers and sharing then in an open source way that leaves egos and politics in the dust.

The AesCert Guidance is a wonderful example of interspecialty collaboration with industry and scientists to apply respiratory precautions, infection control, and sterile technique to our daily practices within the office. It is a practical manual that practices can use to streamline systems. The "Checklist Manifesto" written by surgeon Atul Gawande, illustrates the importance of using checklists in order to avoid disaster, whether in the cockpit, the operating room, or the trading floor. Procedures for minimizing transmission come second nature to most surgeons, however, implementing them with staff who don't have experience with these practices takes effort. In addition, conducting as much of the patient interaction remotely comes with a steep learning curve. Practical information such as this can reduce the heavy stress and workload, we all face as we navigate the next several months.

See AesCert Guidance, page 13

LOYAL EXHIBITORS

The AAFPRS would like to thank and acknowledge the support and loyalty of the following companies who have signed up to exhibit at the 2020 Advances in Rhinoplasty meeting. These companies have chosen to forgo a refund for the cancelled meeting and instead opted to have their booth fees applied towards next year's meeting. These actions to apply their payment to next year are helping to assure the AAFPRS is able to sustain its member services now, during this time of immense financial challenge. You will see them in Orlando next year, May 13-16, where they will proudly display their products and services.

Meanwhile, please visit the Virtual Exhibit Hall on the Rhinoplasty meeting website (www.rhinoplastymeeting.org) where you will find their company description and a direct link to their website.

3D Aesthetic Solutions Inc.
Allergan
ASSI-Accurate Surgical
BiLumix (Dr.Kim USA)
Black and Black Surgical
CMF Medicon Surgical Inc.
Enova Illumination
Forever Beauty
GluStitch Inc.
Hans Biomed USA Inc.
Hanson Medical
Hayden Medical Inc.
Implantech Associates, Inc.
Invotec International, Inc.
Marina Medical Instruments
PatientInsure
Piezosurgery, Inc.
Quality Medical Publishing
United Imaging, LLC
Wolters Kluwer

In Brief: Regan Thomas, ISMS President-Elect

AAFPRS past president J. Regan Thomas, MD, of Chicago, was elected president-elect of the Illinois State Medical Society (ISMS) on April 20, 2020. This three-year commitment assumes the president position the next year and immediate past-president the last year. Dr. Thomas

will now also serve on the ISMS Board of Directors. Dr. Thomas has been an active member of the ISMS since moving to Chicago in 2001. He served as secretary/treasurer of the ISMS PAC and will continue to serve on the PAC. He was also president of the Chicago Laryngologic & Otologic organization (known typically as the CL&O), which is the historic Chicago ENT society (includes all subspecialties of ENT including facial plastic surgery). Dr. Thomas is the first facial plastic surgeon to be president of the ISMS.

"I'm very honored to have been elected to this position and looking forward to working on behalf of Illinois physicians and their patients. I likewise am proud to be a representative of facial plastic surgeons and helping to make our specialty recognized in this leadership activity," says Dr. Thomas. ■

ABFPRS Reschedules Examinations

As everyone knows, the COVID-19 pandemic has put most of the world in an unprecedented lockdown and the ABFPRS June 27-28, 2020, primary and MOC in FPRS® examinations are no exception. ABFPRS president William H. Truswell, MD, explains, "The ABFPRS Executive Committee had many far-reaching discussions about rescheduling the examination. Surgeons have been studying and making travel plans to be away from work during the June exams. But the leadership of the ABFPRS wants everyone to know that the difficult decision to postpone this year's exam was made to help protect the health and well-being of our candidates, examiners, proctors, staff, and the public." He continues, "At this time, the entire state of Virginia is being urged to stay home and non-essential businesses remain closed. We had no choice."

"The good news is that the ABFPRS has been able to reschedule the examinations on October 31-November 1, 2020, for the ABFPRS primary examination and November 1, 2020, for the MOC in FPRS® examination," Dr. Truswell adds. The rescheduled examinations will still take place at the Ritz Carlton Pentagon City in Arlington, Va.

If examinees are unavailable on the new dates, the next examinations will be held on June 26-27, 2021. Examinees must contact Missy Harp, ABFPRS director of examinations and finance at: meharp@abfprs.org or contact the ABFPRS offices at: (703) 549-3223, by July 1, 2020, to confirm their participation in the October 31-November 1, 2020, examination or inform the ABFPRS that they will be deferring until the June 26-27, 2021, exam. Fees for the June 2020 examination will be transferred to the October 31-November 1, 2020, exams. For those surgeons who need to have their examination fees refunded, please contact the ABFPRS as soon as possible.

Dr. Truswell concludes by saying: "These are difficult times and the ABFPRS Executive Committee and Board of Directors appreciate your understanding and patience as we deal with these challenges. Quite frankly, this pandemic makes me appreciate my favorite Franklin D. Roosevelt quote: 'When you come to the end of your rope, tie a knot and hang on!'" ■

AAFPRS COMMITTEE DAY: September 9, 2020

If you are an AAFPRS committee member, or if you want to become more involved in the Academy, plan to attend the committee meetings scheduled on Wednesday, September 9, 2020, immediately preceding the AAFPRS Annual Meeting in Boston, September 10-12. The meetings will begin at 7:30 a.m. and end at 3:00 p.m. Plan your travels accordingly.

For a complete list of the committee meeting schedule, contact the AAFPRS office by email at info@aafprs.org.

To find out if you are an Academy or Foundation committee member or to know the various committees to which you can belong, refer to pages 9-24 of the 2020 Membership Directory or visit the AAFPRS website: www.aafprs.org/professionals, in the Membership tab.

PR Tips: How to Communicate with Patients in the Coronavirus Era, An Interview with Wendy

We are living through unprecedented times as the rapid spread of the coronavirus (COVID-19) continues to affect every aspect of American life. With calls to cancel all nonessential surgeries, major meetings postponed indefinitely, and many practices closing their doors for the foreseeable future, facial plastic surgeons and their patients are bound to be hard hit by these changes.

The AAFPRS sat down with Wendy Lewis, founder and president of Wendy Lewis & Co. Ltd., and author of 12 books including *Aesthetic Clinic Marketing in the Digital Age*, for advice on how to best stay relevant, weather this storm, and come out stronger on the other end.

AAFPRS: Meetings are canceled, now what?

Wendy Lewis: Well, for starters, facial plastic surgeons will have a lot more time on their hands for the near future. In addition to major conferences, events, and meetings with peers and industry being postponed or canceled for much of 2020, many hospitals all over the country are canceling all nonessential surgeries until this crisis is under control. Therefore, cosmetic surgical procedures have come to a screeching halt even if you have your own accredited OR. If you have a patient who has a complication, there won't be an ambulance service to bring the patient to the ER to be treated or a bed in the ER for that matter. So, if you are fortunate to still have patients coming to your practice right now, it is going to be a nonsurgical, noninvasive, skincare services period for the foreseeable future.

AAFPRS: What is OK to post on social media during these challenging days?

Lewis: Social media should be continued so as not to become invisible to your fans and followers; however, it is definitely not business as usual. Avoid anything remotely promotional and change the tone to one of empathy, education, caring, wellness, etc. Tap into features in consumer media focused on healthy living, how to cope while working at home, fun things to do with toddlers, and lifestyle content that demonstrates you understand how hard this period is for people. You can include some beauty themes as well to keep it relevant and light—skincare tips, DIY masks, home care wrinkle relievers like wands, dermaplaning, microneedling rollers, etc.

A lot of businesses are offering free services and products right now, and free shipping, too. Think about what you may have that you could give away or donate to people in need.

AAFPRS: How should facial plastic surgeons handle canceled appointments?

Lewis: Carefully crafted communications are essential now. If patients are asking for their surgical deposits back for future procedures, the right thing to do is to give it to them without any fuss. If you try to hang on to their money endlessly, it may backfire on you in the public domain and on review sites. Use the tone and messaging that you will welcome them back whenever they are ready, and when the crisis has passed.

Be understanding of their predicament; husbands or wives may be out of work, parents may have no childcare, families may have lost a beloved grandparent, etc. These are dire times that no one in this country really thought would be possible in 2020. People are in a state of shock and the economic impact is real at all levels.

We have to be very respectful of people's fears and anxiety right now. Isolation is a dangerous thing. If you have elderly or high-risk patients in your practice who may be alone or in need of help, have a staff member reach out just to check on them.

AAFPRS: Should non-urgent matters and marketing be tabled?

Lewis: Don't go there. Instead, if you can in your market, invite a handful of VIP loyal patients to a reception in your office. By handful, I mean 10 people maximum, including you and staff members. The rationale is just to stay in touch and say hello and share a cup of coffee or a glass of wine. People still need human contact and something fun to do to lighten the mood.

Think about sending something in an e-blast that speaks to a caring practice that patients may enjoy—such as a virtual yoga class, healthy uplifting recipes, or a video about applying the skincare in the right way for maximum results (without promotions). Beef up your YouTube channel right now. Tape video content to share of staff members offering healthy beauty advice to keep them up to date and stay in contact. Depending on where you are located, and how dire the COVID-19 situation is, you can consider offering some friendly discounts for regular customers such as 25 percent off on select treatments. You may also consider inviting some loyal patients to have a skincare treatment, gratis if you like. Get creative.

AAFPRS: Should doctors invest in Zoom or other video conferencing methods?

Lewis: Absolutely. This period in history will change us all forever. We will congregate less and video chat more. We will dive into digital with a vengeance. All age groups will jump on this

See FaceTime, page 7

In Memory of Dr. Randall Latorre

By Stephen W. Perkins, MD

It is with sadness that I write about my relatively short, but wonderful experience with Randall Latorre, MD. Randy contracted this horrible condition of Atrophic Lateral Sclerosis (ALS), which has brought a very premature ending to his life and caused him and his family great suffering. I want to share with you a small, but significant positive aspect of his life.

Randy was accepted into a one year AAFPRS Foundation fellowship during the year 1997-1998 with the esteemed Larry D. Schoenrock, MD, in Santa Rosa, Calif. Randy was having an amazing and enlightening fellowship experience and was warmly accepted by the entire staff including Dr. Schoenrock's wife, Diane. Unfortunately, Dr. Schoenrock became acutely ill and passed away in December of Randy's fellowship year leaving him without a fellowship director.

The AAFPRS Foundation's Board and Fellowship Committee sent a call out to all fellowship directors asking if anyone could bring Randy in so that he could complete his AAFPRS fellowship.

After a brief conversation with my fellow at the time, Mark Hamilton, MD, and in speaking with my plastic surgery partners and staff, we all agreed we would help Randy out. We offered Randy the opportunity to complete his fellowship year with us.

I phoned Randy soon after and described our fellowship and all that we had to offer—it was plenty, even for a second fellow. He immediately accepted the position. (This was the year of my term as AAFPRS president-elect; I served as president 1998-1999.)

We thoroughly enjoyed having Randy as a part of our team at the Meridian Plastic Surgery Center in Indianapolis. He did an excellent job and learned a lot from us, particularly on how to set up his own practice.

Randy left for Tampa in July and did just that. He started out on his own and set up his very own successful facial plastic surgery practice.

The opportunity to spend almost six months with him as his mentor during the final stage of his training as an accomplished facial plastic surgeon, was a true pleasure.

We were all very sad to learn of his diagnosis last June. We were even more saddened to hear of his very premature passing. I am sure his positive legacy will remain alive with and through his wife, Cheryl, his family, and his patients that he clearly loved and cared for greatly. ■

Electronic Means such as Facetime, Whatsapp

From PR Tips, page 6

bandwagon because it will take over our lives in many ways. Use Facetime, WhatsApp, and any other electronic means of communication. Artificial intelligence is coming strong, so you may as well learn how to take advantage of the trends early.

AAFPRS: What else can surgeons do with their downtime?

Lewis: You can talk to your patients about COVID-19. Stay up to speed on what's happening in medicine globally on this topic. Be an expert source for your patients. As a doctor that they already respect, they will want to hear your thoughts on the topic. Talk about what to do, why it is important, and new research on the horizon. Encourage them to ask questions as they arise. Keep it optimistic and reassure your patients that we will get through this. Start a podcast if you are up for it to talk about health and wellness and invite local guest experts to join in. This is an ideal way to communicate with a consumer audience. Talk about the history of facial plastic surgery and how far the profession has come. Anything interesting and relevant that you are passionate about is fair game. It is all about tone. Speak softly, avoid any arrogant tendencies, and expose more of your compassionate side. It takes a lot of work, but everyone will have more time to spare in the near term.

You know that chapter you have wanted to write? Or that textbook you wish you had more time to devote to? Now may be the perfect time to write, research, and publish your top techniques. Write up a case study or white paper on your unique twist on a procedure. Journals will always be eager for fresh content or publish it on LinkedIn to your peers and colleagues.

Get more active in your community. Volunteer at your hospital where you can. Start a Facebook group or LinkedIn group for like-minded healthcare professionals in your county, city, or state to connect with others. Join relevant online forums and communities where you can access teaching content and educational instructions to learn a new technique. ■

This column was provided by the Academy's PR firm, KELZ PR.

Message from the Medical Editor: How and What

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

Facial plastic surgeons have always been an amazing group of physicians. Consistent with this, the response of our members to the COVID-19 pandemic is highly impressive.

Preparing this column for *Facial Plastic Times*, I had the honor of speaking with several of our members about their response to the pandemic. Everyone I spoke with has done something to fight the epidemic and the related recession! (Please note that we have numerous members who are responding to this pandemic, but due to space limitations, it is not possible to describe all of their efforts. I have, thus, tried to include several powerful examples, but I am so very proud of all our many members who are doing so much good in the midst of this crisis!)

For example, as we headed towards the inevitable spike in ICU admissions related to COVID-19 infections, there was grave national concern that we would not have enough ventilators for all of the patients who needed one. Facial plastic surgeons immediately responded. Under the auspices of our president, we surveyed our members to identify who had a ventilator that they could lend if our hospitals/healthcare system did not have an adequate number of ventilators. As a result of this survey, we were able to identify 38 ventilators that could be loaned.

Once the ventilators were identified, there were several related issues. One of our members, Andrew Frankel, MD, in Beverly Hills, immediately went to work on the related issues. These included ventilator transport, repairs, and maintenance. He recruited Medline Industries to repair and transport ventilators locally. Members loaning ventilators wanted to know that their ventilators would be returned to them in working order. Dr. Frankel reached out to a local law firm that offered a steep discount to create a loan agreement that would protect those loaning their ventilators.

Another of our members in Newport Beach, Ali Sajjadian, MD, purchased a new ventilator so that he could immediately donate it to his local hospital.

Brian Wong, MD, from Irvine, led the formation of the Bridge Ventilator Consortium and has continued to lead it forward. The goal of this consortium is to develop technology to support the entire respiratory system. Consortium members include physicians, nurses, respiratory therapists, universities, engineers, industry, and nonprofit organizations. It is designed as an open source consortium so anyone interested can learn about anything developed by the consortium. This consortium has developed ways to build ventilators and PEEP tents from relatively common inexpensive components.

In response to a potential ventilator shortage, their initial goal was to design a ventilator utilizing the limited available local parts. Amazingly, they designed a ventilator that used a windshield wiper motor from a Toyota Corolla!

They recruited an array of industries to join their ventilator group. All of whom volunteered their expertise and their time. This included, but was not limited to, Northrop Grumman. You may ask what did Northrop Grumman who works on cybersecurity, space projects, and defense offer to the Consortium? Not surprisingly they have a lot of clever engineers. A big project that the Consortium worked on is a PEEP tent. Many patients do not need to be placed on a ventilator if they can be placed in a PEEP tent. In an early design, this tent weighed 16 pounds, providing limitations on utilization and transport. The engineers from Northrop Grumman designed carbon fiber supports for the tent thereby reducing the weight to eight pounds. This lighter weight improves ease of use and facilitates transport. The Consortium is working on FDA approval for these and other devices. Also, among the companies involved, Richard Branson's Virgin Orbital volunteered to transport these devices.

We have examples of members from different parts of our country (California, Michigan, New York) who have been working on the "front line" in their hospital emergency facilities and offices. They have a can-do attitude and reported that they are doing whatever it takes to treat patients in these facilities. Kudos to Sydney Butts, MD; Lamont Jones, MD; Kaete Archer, MD; Eric Carniol, MD; and multiple others. You are all very brave and caring.

During this COVID-19 crisis—even with people staying home—there still has been some facial trauma. Again, our members have stepped forward. And whenever possible, they have been treating facial injuries in their offices, saving the hospital and the operating rooms for COVID-19 patients.

Our members have also faced challenging healthcare issues in their practices. For instance, Dr. Jones treats patients with cleft lip and palates at Henry Ford Hospital in Detroit. This brings up the question of how long reconstruction can be delayed without having a potential negative effect on the outcomes. After very thoughtful consideration, Dr. Jones has decided that in order to optimize the outcome for these children, the surgery should not be delayed beyond the ages of 16-17 months.

Many of our members deal with different types of neoplasms. This leads to difficult queries that are not always easy to answer. Will delaying surgery on a neoplasm lead to a greater possibility of an adverse outcome? This analysis also requires evaluating the patient's medical status and the potential risk of developing COVID-19 when surgery is performed in a facility where they are also treating COVID-19 patients.

Then there are the more mundane and very challenging issues of being able to keep a practice with all the financial burden associated with closing for months followed by a recession. This is complicated by the issue of surviving after applying for the first round of "PPP" loans that didn't come through. Meanwhile, in addition to their patients, the physicians have multiple dedicated employees who are counting on them. We have a number of members who are department or section chiefs who also have been dealing with these financial issues related to keeping their department afloat while their is limited revenue.

Your AAFPRS Team has been working ceaselessly with our State and Specialty Coalition partners at the AMA and with our Surgical Coalition members through the ACS to advocate assertively with Congress and the Administration for actions and relief that will help to keep our practices from closing due to financial and regulatory issues, since most of our practices have been severely affected. Our past president and the incoming chair of the AMA Board, Russell W.H. Kridel, MD, has also been working aggressively through his leadership role at the AMA on these issues, as well

To all our members, as we go through this pandemic with the associated stress, be careful and stay healthy. Considering everything we are doing during this double crisis of pandemic and recession, we should be proud. ■

Visit the AAFPRS COVID-19 Resource Center for physicians, located on the AAFPRS website at: www.aafprs.org/COVID19RC.

Updated Fellowship Deadlines

Given the unprecedented COVID-19 situation before us, the AAFPRS Foundation has done its best to quickly engage in the necessary due diligence to make the best timeframe adjustments for the facial plastic surgery fellowship program for all involved stakeholders. We will continue to actively monitor all COVID-19 developments and additional recommendations from the CDC, the WHO, and other key entities—and will make further process adjustments should that be required at some later point.

However, barring any future need for an additional change, the new interview/match timeframes for the 2021-2022 fellowship year application process noted below are considered final.

The new interview/match timeframes are as follows:

- Interview deadline is now extended to July 31, 2020.
- Rank lists are now due to the San Francisco match office on August 5, 2020.
- Match results will now be available on August 12, 2020.

We want to affirm that the safety and health of our fellow applicants, fellowship directors, staff, and patients is always the most critical factor that we all must constantly consider and incorporate into our decisions, especially during this challenging COVID-19 situation. ■

our Members are Doing to Help

AAFPRS 2020 Election Slate

Pursuant to Article XI, Section 1 of the AAFPRS Bylaws, the Nominating Committee hereby presents the below report to the membership. The following members have been nominated to be placed on the 2020 Election Ballot under the below open positions:

President-elect
Patrick J. Byrne, MD, MBA
Grant S. Hamilton, III, MD

Secretary-elect
Jamil Asaria, MD
Benjamin C. Marcus, MD

Group Vice President for Education-elect
Theresa ("Tessa") A. Hadlock, MD
J. Randall Jordan, MD

Group Vice President for Research, Awards, and Development-elect
Anthony E. Brissett, MD
Krishna G. Patel, MD

Canadian Regional Director
Mark Samaha, MD
Kristina Zakhary, MD

Midwestern Regional Director
Lamont R. Jones, MD, MBA
Clinton D. Humphrey, MD

Southern Regional Director
Mark M. Beaty, MD
Ivan Wayne, MD

Young Physician Representative
Miriam Loyo Li, MD, MCR
Grace Lee Peng, MD

Nominating Committee
Daniel G. Becker, MD
Louis M. DeJoseph, MD
Vishad Nabili, MD
Jennifer Parker Porter, MD
William H. Truswell, MD
Andrew Alex Winkler, MD

Audit Committee
Jaimie DeRosa, MD
Timothy Doerr, MD

Southern Regional Credentials Committee Representative
J. David Holcomb, MD
Angela K. Sturm, MD

The list of nominees for the 2020-2021 elections was emailed to the membership on Friday, May 1. The July issue of *Facial Plastic Times* will include the Election Insert, which will provide detailed statements from each nominee. Online voting will take place in July/August and the on-site elections will be held in Boston during the Academy's Business Meeting, Saturday, Sept 12.

Young Physician's Column: Fellowship Directors

By Sunthosh Sivam, MD

Fellowship training is full of advice, from how to be a better surgeon to business development strategy, and everything in between. In facial plastic surgery, our fellowships are designed so that we form intimate bonds with our mentors. Their voices fill our heads as we decide how best to handle that complex reconstruction or the demanding cosmetic surgery patient. Even better than a few wise voices would be the chance to learn from the collective wisdom of all our mentors.

I had a great opportunity to discuss this topic with several esteemed fellowship directors. We focused on considerations for the first job, expectations for your practice, building demand for yourself, brand promotion, practice management, and career enrichment.

Let's start with the pearls for the first job. There are many different settings, including academic, hospital-affiliated, and solo private practice, among others. One common option is joining a multi-specialty group. Stephen W. Perkins, MD, at Meridian Plastic Surgeons in Indianapolis, describes the importance of being identified as a facial plastic surgeon in your new position if you decide to join such a group. Being the otolaryngologist with training in facial plastic surgery in a multi-specialty group will shape your practice indefinitely. If you want to be a facial plastic surgeon in your community, then it is important to create that identity and have a plan to do just that. Tom D. Wang, MD, at Oregon Health and Science University, also supports a focus on facial plastic surgery from the beginning with the goal of limiting the general practice to less than one-third of your total cases.

Furthermore, every job comes with a cast of characters that must be considered before your final decision. Peter A. Hilger, MD, from the University of Minnesota, emphasizes the importance of interpersonal relationships with your future colleagues as he notes that "personality conflicts have been lethal to many partnerships." To prevent professional conflict, J. David Kriet, MD, from the University of Kansas, discussed the importance of fitting into the established practices of your possible partners as well as existing referral patterns, especially in an academic setting. He added that the practice you had envisioned might be different than the one that develops but to be open to these possibilities.

Fast forward to having landed your dream job or having found the perfect place to hang your shingle. Now it is time to build a following and demand for your skills. Dr. Hilger advocates for creating relationships with a dermatologist, oral surgeon, oculoplastic surgeon, and plastic surgeon in your new community. A built-in referral network can develop from this, as well as a group of providers with whom you can consult. Dr. Perkins felt that being involved in a facial trauma call was one way to establish yourself in the local medical community and let everyone know that you are there. He also remarks that "availability, affability, and ability really work."

TED COOK, MD PETER HILGER, MD DAVID KRIET, MD STEVE PERKINS, MD TOM WANG, MD

Visibility in the community was said to be of significant importance by Dr. Kriet, Dr. Perkins, and Dr. Hilger. This can be accomplished through your local medical society, engagement in various community organizations, or involvement in hospital administration. Meeting people and taking on leadership roles helps create your image as being known in the community for your expertise.

Creating demand is also significantly based on your ability to promote your brand. All directors discussed the importance of a well-designed website and strategic use of social media. Dr. Wang and Dr. Perkins recommended that this be an early focus beginning in the fellowship year. These efforts will bring patients to your clinic, but it will be how you, as well as your staff, treat the patient that will keep them coming back and generate word-of-mouth referrals. The employees of your clinic reflect the brand you have created. Dr. Perkins highlighted the importance of treating your employees right and investing the time to teach them how to handle everything in the manner that you would handle it. This must be done for every step in the patient experience.

Waiting for all of your efforts invested in interpersonal relationships, practice building, and practice management to pay off can be taxing. In the end, "you must be patient and exercise patience," as Dr. Perkins says. This tenant is exemplified in a story shared by Dr. Kriet about one particular interaction with his mentor, Ted A. Cook, MD. As Dr. Kriet left fellowship, Dr. Cook gave him sage advice telling him that he needed to give it a year for his practice to build. A year went by, but the practice still was not meeting Dr. Kriet's expectations. He called Dr. Cook, whose response was, "It really takes about three years." Fast forward two more years and another conversation with Dr. Cook, "It's really going to be about five years." In the end, it simply takes a while, and that can be hard to accept for a young surgeon.

Retaining patients and protecting your brand comes with obtaining consistently excellent results. However, patients, of course, play an integral role in the perception of your practice in your community. Dr. Hilger and Dr. Wang both stressed the importance of careful patient selection. Dr. Hilger recommends not operating on patients your gut says are potential trouble despite having an open surgical schedule. The negative press that can be generated will be challenging to overcome early in practice. Dr. Wang similarly states not to be afraid to say "no" if the case or patient seems inappropriate for any reason.

A final piece of the puzzle endorsed by all was to enrich your career. If humanitarian efforts are of interest to you, then create the time for this and make it a part of your practice from the beginning. There are other ways to add to your fulfillment through engagement with your profession, as advocated by all of the fellowship directors featured here who were so willing to share their wisdom and time with me. Dr. Wang mentioned that some of the best advice he received was to pay it forward by sharing your experiences and ideas generously with colleagues. I think Dr. Hilger sums it up well, "Do something for the profession; this should be in your soul."

Reflecting on the wisdom passed down to us from our innumerable mentors in this professional community gives us all the courage and confidence to forge our way! ■

SEEN HERE ARE DR. JONES AND THE BEAUTIFUL WOMEN IN HIS LIFE. ▶

Share Wisdom

Opportunity for Individual Resolve

From Lamont Jones, MD, page 1

of breath, consistent with COVID-19. Because HFHS was the first in Michigan to develop independent testing and the only non-state testing facility at the time, we utilized its drive through testing service on Tuesday, March 17. Thursday, March 19, her test results returned positive and I started exhibiting symptoms. What came next would be one of the most difficult conversations we would have as parents. My wife and I sat our daughters down (aged 14 and 10) and gave them the news. We explained that because of my symptoms, I—and likely they—were infected. The youngest cried because of what she had been reading and her concern that one, or worst, all of us could succumb to COVID-19. We told them how much we loved them, reminded them of God's grace and reassured them that because we were not in the at-risk group, we would be okay.

Friday, March 20, I tested positive. That week, my wife's symptoms worsened with shortness of breath after walking up a flight of stairs, I developed anosmia, my youngest daughter experienced fevers and night sweats and complained that her lungs hurt. Thankfully, my eldest daughter remained asymptomatic.

Our symptoms improved; we counted our blessings and with a renewed sense of purpose and presumed immunity, Wednesday, April 1, we both returned to work. The proceeding 14 days had been an emotional, mental, physical, and spiritual rollercoaster. We juggled home and work obligations, online schooling, and managed COVID-19. We also triaged COVID-19 symptoms from family and friends and advised our pastors on how to implement measures to minimize fatalities in a community that is one of the pandemic epicenters—one accustomed to risk and lack of resources—where we both grew up. In addition, during those two weeks, I lost an aunt and a cousin, and my wife's uncle was in the ICU intubated, because of COVID-19.

As we adjusted to a new normal, my wife continued to organize and execute plans to directly care for COVID-19 patients and I assisted with departmental and HFHS strategies. Because PCR machines and operative theaters were repurposed to care for COVID-19 patients, I abandoned transfection experiments underway and reschedule cleft and reconstructive surgeries that were planned months in advance and instead, shipped specimens for RNA expression, saw time-sensitive patients in clinic, conducted virtual visits, performed nasopharyngeal swabs in the emergency department to test for COVID-19 and, because of a shortage of environmental services personnel, volunteered to clean hospital rooms on the weekends.

At home, we donned new hair styles (I now have a Coronafro) and tried to fill time with productive activities such as family discussions, reading, praying, walking, bike riding, exercising, cooking and eating healthy foods, watching movies and a limited amounts of reality TV.

I believe these unprecedented times offer an opportunity for individual resolve by refocusing on what is important in life and committing to spiritual, mental, and physical betterment for the road ahead. ■

Doctor Turned Patient: Surviving COVID-19

From Sam Most, MD, page 1

Now, I was the one on the gurney, looking up at my various caregivers as they measured my vitals, started an IV, examined me, and took my history. I was the one receiving the news that I was to be admitted, after being found to have pneumonia and borderline oxygenation. For the first time in my life, I was to be admitted to the hospital with a serious illness. As the realization struck me, I could feel my adrenaline rise: heart pounding and thoughts racing. I abruptly found myself shifted to the opposite side of the health care equation, from doctor to patient.

As physicians, our indoctrination into medical practice during residency is an intense physical and emotional experience. When I was in surgical training, we were taught either overtly or implicitly that complaining or asking for help was a sign of weakness, a negative trait. It is hard to admit that this belief has stayed with me. In retrospect, it must have affected how I viewed others, including patients. Did I subconsciously expect the same sort of toughness from them? How could I understand what it is like to be humbled by illness and to have to ask for help, when I had learned that to do so was to admit failure?

In the days after my admission to the hospital, COVID-19 forced me to experience humility as I had never before. As my condition worsened, I found that I could not sit up in bed, let alone walk. Simple acts like going to the bathroom, brushing my teeth, all basic hygiene became nearly impossible for me. When you need help with such routine tasks of self-care, it forces you to be humble. The fact that I was an experienced surgeon who had treated so many patients, that I had been quite fit and in excellent health prior to this, no longer mattered. Thankfully, my nurses during this time were compassionate and made it possible for me to maintain my dignity through small acts of kindness, such as helping me clean myself up and jury-rigging an oxygen extension tubing to allow me to get the bathroom with my walker. These acts allowed me some sense of dignity, independence, normalcy…humanity. I was extremely weak, and though I was expecting to be judged for it, I was not. I will not forget how important this was for me.

When my lungs began to fail, my own mortality was forced from an abstract possibility to the very real. When the ICU team evaluated me and discussed intubation, the severity of my condition hit home. Somehow I had been in denial that this illness could kill me, even as I struggled to breathe. The infectious disease team then suggested trying the drug, Remdesivir, on a 'compassionate-use' basis, meaning it was to be used as a last resort. We naturally avoid thinking about our own mortality, and what it would mean to no longer exist. I thought about the impact on my family if I never left that room. I wanted nothing more than to get better and see them. I was afraid.

Now, as I prepared to go home, I surveyed the room I was leaving behind. The oxygen tubing, the monitors, the television screen, the nurse call button—these had been my company. Looking back, I realize how lonely I had been. I shuffled outside my room, where a transporter with my wheelchair awaited. When I rolled past the control desk, a group of nurses stood waiting.

As a facial plastic surgeon, I study faces all the time. I know that much of human communication is connected to facial expression. As I rolled past that desk I realized I had not seen a human face in person since my admission. While I was necessarily confined to the isolation room, all who entered were faceless, dressed in full protective gear. I watched as they avoided touching the bed, the sheets, and recoiled when I coughed. To minimize risk of contamination and conserve gear, some were even advised to check up on me by intercom. Being treated this way for so long makes you feel less human, an alien.

"Way to go, Dr. Most!" the nurses cheered, clapping quietly. I was momentarily confused. I did not recognize these nurses, even though some of them had been taking care of me. Was that nurse the one who took care of me two days ago? Was that the nurse manager who I spoke to via intercom countless times? I had no idea because I had never seen their faces.

I smiled weakly and thanked the nurses as I rolled by. "These were the people who took care of you in your darkest hours," I thought. And I did not recognize them. When I watched them smile and wave, I felt less alien, less alone. I realize now it was because I saw their facial expressions, making the human connection.

My transporter kept pushing me, rolling smoothly to the elevator, which opened as if on cue. Though I'd just met him, he told me he was glad I was going home. I thanked him. Then, after an awkward moment, he asked me if I knew how I got it. It, being SARS-CoV2. "I have no idea," I said. More silence. Maybe he was hoping I would tell him I'd been traveling to China or had been taking care of a COVID-19 patient. I did not ask him, but I understood why he was worried. Perhaps in the past, I would have taken offense at this question, but not now.

The elevator doors opened, and we continued on the first floor. I immediately recognized one of the corridors. Two weeks earlier, I had rolled in the opposite direction, on my way from the

ER to my isolation room. In the distance I could see the daylight of the hospital entrance.

Outside, I rose when I saw my wife, who hugged me tightly as I struggled to maintain my balance. Seeing her face and feeling her touch had new meaning. We drove home, and I noticed the streets, sidewalks, and soccer fields that I had observed from my hospital window were empty.

During my hospitalization, the world outside had changed dramatically. I was quiet in the car, as I would be for much of the next few weeks. Pulling up to my house, I realized that my journey with this illness was far from over. I had just begun processing what I had been through, as a doctor-turned-patient. I like to think I have changed for the better as a father, husband, and doctor.

It has been six weeks since I left the hospital, and I have started writing in order to try to make sense of the physical and emotional impacts of my time in isolation. I am still not back to my old self, and in some ways I may never be. But I am home, and I like to think I have a better appreciation of life, health, and what it means to be human.

I would like to thank Beth, Elise, and Cameron for helping me get through the illness and for helping me write this piece. ■

AesCert guidance: A Path to Resume Aesthetic Care

From President's Message, page 3

Educating our patients and getting them to cooperate with filling out electronic forms, getting up to speed with the utilization of telehealth, and complying with office procedures such as wearing masks and avoiding touching surfaces is no small task. Using templates and checklists available on the AAFPRS website COVID-19 Resource Page (www.aafprs.org/COVID19RC), the AesCert.org website, as well as other resources provided by the CDC and your local authorities and facilities, can help to accomplish a smoother transition to this new normal. It is costly to create more time between patient appointments. The cost of high volumes of PPE is significant but it is the only way to proceed at this point in the pandemic with limited testing and no vaccine.

As individuals and as a profession, we reflexively prioritize patient safety. At this time, we have an opportunity to lead and educate the public regarding our role as the stewards of aesthetic medicine by emphasizing the importance of careful observation of infection control. We are all too aware of the exploitation of our profession and the trusting public by those who value profits over patient safety and/or who don't have the background or training to properly implement safety measures especially under the current conditions.

Like the AesCert Guidance, the AAFPRS Surgical Guidance document is based upon information available at the time that it was written in early May. Surgery of the upper airway and the surrounding structures poses unique challenges and risks that we must mitigate to the best of our abilities. New information about the disease is emerging daily and it will be necessary for us to collaborate and communicate about what is working and what is not. Thus, this guidance will be further updated as needed and we will continue to share, in real time, any new tips or studies that impact any current practices and beliefs. For this reason, among others, social media and teleconference exchanges will be essential to our ability to make decisions about the safest delivery of care.

We have cultivated within our organization a resilience that "will make us stronger" and keep us hopeful. Despite the inability to be physically present with one another, we are more connected than ever through our need to find solace and support as this stealth invader has turned our lives inside out and upside down. When we do finally get a chance to see one another, it will be a sweet reunion indeed. Until then, Salute! Noroc! a votre sante! slainte!—a virtual toast to your health! Stay safe and healthy.

Mary Lynn Moran, MD

FACE VALUE
AAFPRS WEBINAR SERIES

In the interest of enhancing our members collective connectivity, as well as clinical and business capabilities, during this time of crisis, the AAFPRS has started a dynamic and exciting webinar series called FaceValue. Featuring amazing and knowledgeable experts, you will receive valuable tools and information geared to help you and your practice thrive.

Keep an eye out for these webinars including some that offer CME

We thank Wendy Lewis & Co. Ltd. and Rohrer Aesthetics for supporting the first two webinars.

Emerging Trends and Technologies: Stem Cell Recruitment Therapy...Taking Skin Rejuvenation to the Next Level

By Yula Indeyeva, MD

Desire for beautiful, healthy skin dates back to ancient times. As our population's lifespan increases with the advances in modern medicine, so does the demand for restoration of youthful appearance. Addressing age-related changes of the skin is among the higher-prioritized items on my patients' "rejuvenation agenda." Perhaps, this is due to an abundance of minimally invasive technologies that promise cosmetically pleasing results, short downtime, and have a relatively cost-permissive nature.

Energy-based microneedling has been the workhorse in my skin rejuvenation armamentarium. I consider it a cost-effective treatment with little down time and satisfactory results. I believe in the concurrent utilization of biological agents to enhance clinical outcomes, and initially used blood biologics as my agents of choice: platelet-rich plasma (PRP) and platelet-rich fibrin (PRF). I was happy enough with the results. But as I got busier, I realized that these modalities required substantial time, effort, and expense. Furthermore, it is well known that the preparation and product quality vary widely, and influenced by patient factors, such as platelet quality and age, as well as vendor-specific factors, like proprietary techniques of extraction. Hence, I began my search for a regenerative medicine alternative that would be as effective, but more predictable and less labor-intensive than PRP/PRF.

Regenerative medicine was defined by Daar and Greenwood in 2007 as "interdisciplinary field of research and clinical applications focused on the repair, replacement or regeneration of cells, tissues or organs to restore impaired function resulting from any cause." It encompasses cells, signaling molecules, and biomaterial in its arsenal. For several years now, regenerative medicine applications have been utilized in many medical specialties, including orthopedics, pain management, cardiac surgery, and urology. Recently, the aesthetic field has also become captivated by its rejuvenating potential.

Stem-cell based therapies are emerging as capable of generating biological substitutes and improving tissue functions. Stem cells are distinct population of cells with self-renewal and cellular differentiation properties, divided into two main groups: embryonic and adult stem cells.

Embryonic stem cells (ESCs) are derived from the inner cell mass of a blastocyst. They are pluripotent, with capacity to renew indefinitely and differentiate towards all three germ layers. ESC clinical use is limited due to these factors: 1) Safety concerns over non-immunocompatibility and tumorgenicity and 2) Ethical considerations concerning their obtainment from human embryos.

Adult stem cells are multipotent and can be isolated from adult tissue and are less likely to pose moral, ethical, or safety dilemmas. Among the adult stem cells, Mesenchymal Stem Cells (MSCs) are used most actively because of their feasibility and safety, ability to be isolated from adipose, bone marrow, Wharton's jelly, umbilical cord blood, and amniotic fluid.

Originally, it was believed that isolated/cultured stem cells were responsible for the beneficial effects in reparative processes, but recent body of literature supports the notion that the major mechanisms of stem cell participation in tissue repair are related to their paracrine activity. This is when the topic of stem cell secretome began to intrigue me. Secretome is a rich source of proteins secreted and shed from the stem cell surface, including cytokines, chemokines, proteases, and growth factors. As it relates to rejuvenation, secretome-induced cellular cascades result in various mechanisms. They include:

1) Recruitment of endogenous stem cells, and their subsequent differentiation
2) Mitigation of inflammation
3) Induction of angiogenesis
4) Increased synthesis of collagen and elastin
5) Suppression of advanced glycation end products (AGEs) (modified proteins and lipids after exposure to sugars that are consistently implicated in skin aging).

SHOWN HERE IS A 71 YEAR-OLD FEMALE WITH PERIORAL SKIN LAXITY AND JOWLING. YOU SEE HER BEFORE AND THREE WEEKS AFTER HER SECOND TREATMENT SESSION WITH STEM CELL RECRUITMENT FACIAL CONCURRENT WITH MICRONEEDLING/RADIOFREQUENCY. NOTE THE SIGNIFICANT IMPROVEMENT IN RHYTIDS, LAXITY, AND OVERALL SMOOTHING OF THE PERIORAL SKIN.

Collectively, these mediators promote tissue repair and create a regenerative microenvironment. Secretome-based therapy seemed the most feasible to me, as I wished to utilize the regenerative power of stem cells without the potential implications of patients' negative perception, as stem cell use is still greatly misunderstood and controversial among the general population. I elected to pursue acellular amniotic fluid product (DermaFlo; manufactured by Russell Health) as my agent of choice. The amniotic fluid is collected at the time of live C-section birth to a mother who has given consent to donate. It undergoes FDA-regulated testing, processing, and storage in 1cc and 2cc vials, ready to draw up and use.

I established my own multi-step protocol, now patented as Stem Cell Recruitment Facial for skin rejuvenation. The protocol involves the use of acellular amniotic fluid (DermaFlo; Russell Health) concurrently with microneedling/radiofrequency. I begin with one pass of microneedling/RF (Pixel-8; Rohrer Aesthetics), followed by intradermal injections of the amniotic fluid, and subsequent second pass with the microneedling device at an increased depth of needle penetration. Lastly, the remainder of the amniotic fluid is applied topically and allowed to absorb through microchannels in the skin surface. The treatment course consists of two sessions separated by three to four weeks, then an annual "maintenance" treatment.

The Stem Cell Recruitment Facial harnesses the power of stem cell secretome in conjunction with microneedling/RF technology, without the ethical and financial limitations of using cellular-based therapy. Since implementing this protocol, I've observed shortened preparation times, and improved standardization of minimally invasive skin rejuvenation, more reliable comparison of results between patients. My clinical results have been superior to PRP, in terms of improvement in skin tone, texture, skin laxity, appearance of pores, decrease in rhytids, and increased patient satisfaction. The preparation time is greatly reduced, as the product comes ready to administer. I consider it a safe and more effective alternative to PRP/PRF for managing skin rejuvenation and scarring with added benefits of reduced handling that blood-based biologics require. Secretome-based therapy is the future of aesthetics, and I am thrilled to be on the forefront of its clinical research. ■

The Emerging Trends column is designed to share innovations in treatment, surgical procedures, implants, and other devices, as well as successful practice management examples, for review and consideration by the reader within the context of his or her own practice. The views expressed are those of the author(s). The AAFPRS does not necessarily endorse any of the products or services mentioned in the article. Comments and questions can be directed to the author Dr. Indeyeva at yulaindeyeva@gmail.com.

Dear OFPSA members,

Let me start off by saying, I hope everyone is staying healthy during this COVID-19 pandemic! What a weird time it is and such a horrific virus!

As of now, our meeting in Boston is still on.
Location: John B. Hynes Veterans Memorial Convention Center
Dates: September 10-12, 2020
Host Hotel: Sheraton Boston Hotel
39 Dalton Street, Boston, MA 02199

There are room blocks at the Sheraton Boston, which is connected to the Hynes Convention Center, where most of the meetings will be held.

If you haven't already done so, renew your OFPSA membership today. The cost is $180.00 for the entire office. Your membership will get you a reduced registration fee for the meeting.

We have some exciting things lined up for the OFPSA. We just confirmed an office tour and a Zumba dance session!

At this time, I'm looking to fill up the OFPSA agenda with some topics that the OFPSA members would like to hear. If you or someone you know would like to give a talk, let me know. I want to build this program around what the OFPSA members want. I would love for you to leave the conference with more knowledge to take back to your offices. Let's make this the best meeting yet! Please email your suggestions to me directly at amladineo@stanfordhealthcare.org.

The OFPSA is also looking for an IT coordinator. If you or anyone you know might be interested, please reach out to me ASAP!

Respectfully,
Amy Mladineo, OFPSA President

Learn from the Best and Brightest at the 2020 AAFPRS Annual Meeting

The AAFPRS Annual Meeting, September 10-12, is the premier event for surgeons, advanced practice providers, office staff and healthcare industry professionals who specialize in facial plastic and reconstructive surgery, aesthetic and cosmetic medicine, dermatology, maxillofacial surgery, oculoplastic surgery, otolaryngology-head and neck surgery, and plastic surgery.

No other event provides more innovative, leading-edge and high-caliber content, or offers a better opportunity to learn about the art and science of facial plastic and reconstructive surgery. This is the only event designed exclusively for facial plastic surgeons.

Course chairs Kaete A. Archer, MD; Richard D. Gentile, MD, MBA; James R. Shire, MD; Michael T. Somenek, MD; and Amar C. Suryadevara, MD, are working hard to develop a comprehensive educational program.

The meeting is packed with world-class speakers, dynamic lectures and keynotes, lively panel discussions, expert roundtables, cutting-edge tools and techniques, scientific posters, and more. In addition, an Exhibit Hall with all your favorite vendors will be hopping with a display of the latest products and services. Sponsored satellite breakfast sessions and evening symposia are also in the works!

This year's Annual Meeting is designed around the following programmatic tracks:

- Facial Gender Affirmation
- Facial Reconstruction
- Facial Rejuvenation
- Minimally Invasive Techniques and Technologies
- Practice Management and Marketing
- Rhinoplasty

In addition to the traditional educational format, you can participate in hands-on instructional programs throughout the entire duration of the meeting—

via workshops, labs, injectable session, master classes, and other training sessions.

Physician Business Forum
Kick off your AAFPRS Annual Meeting experience by attending the Physicians Business Forum on Wednesday, September 9 (1-5 p.m.). This year, we are specifically starting later in the day to allow for people to fly in that morning and not miss an additional day or work. This fully loaded program is designed to share information, concerns, and common experiences with your peers. You'll have the opportunity to gain valuable insight into business challenges, marketing trends, compliance and legal issues, as well as necessary tools and strategies to help you stay competitive. This is a physician-only event that is intended to allow for candid discussions about important issues affecting the health and vitality of a facial plastic surgery practice.

Master Classes
For deeper immersion and more extensive training, be sure to attend the Master Classes taught by world-renowned facial plastic surgery experts! Our distinguished faculty will demonstrate and explain their techniques and share tips and tricks for achieving the best results. This new conference feature provides more in-depth instruction and gives you the chance to earn even more CME! You will notice that these classes are held the day before and the day after the actual three-day schedule; so plan ahead. Here is the schedule:

Wednesday, September 9
5:15 - 6:00 p.m.
Richard E. Davis, MD
6:00 - 6:45 p.m.
Andrew A. Jacono, MD

Sunday, Sept. 13
8:00 - 10:00 a.m.
Dean M. Toriumi, MD

Workshops and Labs
Gain first-hand experience practicing and perfecting your surgical skills. Enhance your clinical knowledge. Hone your craft. Discover new techniques that improve patient outcomes.

The AAFPRS remains concerned about and supportive of those impacted by the COVID-19 pandemic. We are cautiously optimistic that the situation will improve and hope to be able to gather in person for the Annual Meeting in Boston (Sept. 10-12). Rest assured your safety and security is our top priority; we will continue to monitor the impact of the pandemic and follow public health guidelines, while focusing on delivering what is an extremely important event for the facial plastic and reconstructive surgery community.

Annual Meeting

The meeting offers a variety of workshops and labs that provide unique learning experiences for physicians, residents and advanced practitioners (RNs, NPs, PAs). Learn new procedures that you can incorporate into your practice!

- Microtia Workshop (Thursday)
- Ask the Expert Roundtables (Friday)
- Facelift and Rhinoplasty Cadaver Dissection Labs (Friday)
- Dermal Filler Injection Demonstration (Saturday)
- Flaps Workshop (Saturday)
- Synkinesis Management and Live Injection Workshop (Saturday)
- Microvascular Workshop (Saturday)

One-of-a-Kind Learning and Networking Event
The AAFPRS Annual Meeting is the perfect place to collaborate, share best practices, exchange ideas, discuss scientific research, and learn about cutting-edge procedures and technologies that will advance our specialty and increase patient outcomes. The meeting also provides ample opportunities to network with your colleagues, make new professional connections, meet industry partners, and have fun.

The agenda is coming soon and will be posted on the meeting website. Check the website (www.aafprs.org/AnnualMTG) in late May for a complete list of presentations and speakers. In the meantime, register today!

The "super saver" discount deadline was extended to June 15, 2020, to allow you more time to take advantage of reduced rates.

Save the dates and make plans now to join us at John B. Hynes Veterans Memorial Convention Center in Boston, Massachusetts, for the 2020 AAFPRS Annual Meeting.

Arrive early and stay late to maximize your conference experience. We look forward to seeing you! ■

Facial Plastic Times April/May 2020

2020
MAY 14-17 (CANCELLED)
Advances in Rhinoplasty
Miami Beach, FL
Co-chairs: Jose Barrera, MD; Russell W.H. Kridel, MD; and Brian J.F. Wong, MD

SEPTEMBER 9
Committee and Board Meetings in conjunction with the AAFPRS ANNUAL MEETING
Boston, MA

SEPTEMBER 10-12
AAFPRS ANNUAL MEETING
Boston, MA
Co-chairs: James Shire, MD; Michael Somenek, MD; Kaete Archer, MD; Richard Gentile, MD; and Amir Suryadevara, MD

OCTOBER 31-NOVEMBER 1
ABFPRS EXAMINATION
Washington, DC

2021
APRIL 9-10
AAFPRS Spring Meeting in conjunction with COSM
New Orleans, LA

MAY 13-16
Advances in Rhinoplasty
Orlando, FL

Meeting Director: J. Randall Jordan, MD

CALL FOR AWARDS
In an effort to present these prestigious awards to well-deserved facial plastic surgeons, consider nominating your colleagues. Email Glenda Shugars at the AAFPRS office (gshugars@aafprs.org) to receive a nomination form or visit www.aafprs.org/awards for more information.

William K. Wright
This award may be presented each year to an AAFPRS member who has made outstanding contributions to facial plastic and reconstructive surgery.

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

F. Mark Rafaty Memorial
This award may be presented each year to any AAFPRS member who has made outstanding contributions to facial plastic and reconstructive surgery.

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


2020 AAFPRS
ANNUAL MEETING
SEPT. 10–12 | BOSTON, MASS.
WITH CME EVENTS ON SEPT. 9 AND 13
Learn from the best and the brightest at the 2020 AAFPRS Annual Meeting
The premier event for facial plastic and reconstructive surgeons and their practice staff!
REGISTER TODAY AT:
www.AAFPRS.org/AnnualMTG
330 Sessions
175 Speakers from 20 Countries
90 Exhibiting Companies
50 Scientific Posters
32.5 AMA PRA Category 1 Credits™
8 Specialty Workshops
3 Master Classes
1 World-Class City
Equals an amazing event
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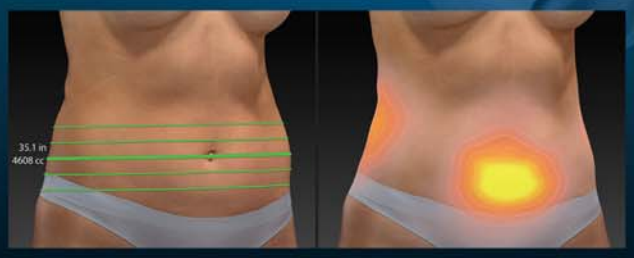

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