



THE AMERICAN BOARD OF FACIAL COSMETIC SURGERY

MONTHLY NEWSLETTER | VOLUME 1 | ISSUE 2 | APRIL 2016

A MESSAGE FROM THE EXECUTIVE DIRECTOR:

The American Board of Facial Cosmetic Surgery website is up and running with many great features. Our website allows an applicant to apply online and prospective patients can search for an ABFCS certified physician near them. There is a link to our current newsletter offering great information for our Diplomates. Other features of our website include the ABFCS history, code of ethics and a listing of our Board of Trustees. Please visit our website at www.ambrdfcs.org. The ABFCS has also established a LinkedIn Group page for our current Diplomates to communicate with one another and post information to share with the group.

Please pass the word to your professional colleagues! It's not too late for qualified applicants to apply to take the 2016 ABFCS Exam! Although a late application fee of \$250.00 applies after April 1st, the applicant has until May 1, 2016 to file a completed application online. Applications completed after May 1, 2016 will be considered for the 2017 ABFCS Exam. Applications must be made through the American Board of Facial Cosmetic Surgery's website. If a potential applicant has any questions they should call Staci Finch at 312-340-4788.

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American Board of Facial Cosmetic Surgery

WELCOME TO AMERICAN BOARD OF FACIAL COSMETIC SURGERY

The ABFCS is designed for extraordinary surgeons that demonstrate the highest standards of training, knowledge, experience and expertise.

ABOUT ABFCS

Congratulations to Dr. Ryan Diepenbrock, Dr. Joseph Niamtu, III & Dr. Niven Tien for passing the ABFCS Exam held on October 17, 2015.

2016 ANNUAL EXAMINATION
October 15-16, 2016
Dallas, Texas, USA

The American Board of Facial Cosmetic Surgery (ABFCS) is an independent certifying board that exclusively tests North American based surgeons' knowledge and experience in the sub-specialty of Facial Cosmetic Surgery. The ABFCS examines and certifies physicians interested in Facial Cosmetic Surgery who have completed a specialized facial cosmetic surgery fellowship and / or have acquired a very extensive knowledge and experience in Facial Cosmetic Surgery.



DAVID G. CLARK, J.D.

EXECUTIVE DIRECTOR, ABFCS

OMEGA MANAGEMENT GROUP, LTD (OMG)



TIPS FOR BLEPHAROPLASTY FROM THE EXPERT

Dr. Kristin Tarbet provides valuable tips to help ensure your next blepharoplasty's outcome is best for your patient.

- 1.** Pre-operative evaluation for blepharoplasty should include a thorough ocular and medical health history to determine for presence or increased risk of dry eye. This history should include systemic disorders and medications, as well as past eye or lid procedures that could impact adequate ocular lubrication and rewetting.
- 2.** Make sure to evaluate for underlying ptosis of the upper lid. Examine the width of the interpalpebral fissure, the location of the upper lid margin with regard to the axial center of the pupil and with regard to the superior limbus of the cornea, as well as levator function.
- 3.** Obtain high quality standardized preoperative photographs, including close up of the eyes and full face, in front and profile views as well as primary, up and downgaze. These photographs are important for documentation and to facilitate a preoperative discussion of asymmetry and patient expectations, as well as managing postoperative concerns and patient satisfaction.
- 4.** Appropriate preoperative counseling is critical in blepharoplasty surgery. A patient's external identity is most associated with their eyes. Eyes are the single most identifying feature on a patient's face and they convey a person's emotion. This direct correlation with a patient's identity and expression of mood can make blepharoplasty a high risk surgery for a patient's mental health. A patient who has any preoperative psychiatric concerns or diagnoses may require a preoperative mental health evaluation.
- 5.** Rule out medical comorbidities to ensure safe and reliable outcomes. A health history specifically evaluating for blood dyscrasias, known thyroid disease and autoimmune or inflammatory diseases can help avoid the increased risk of bleeding and dry eye which can be associated with blepharoplasty in these medical conditions.

6. Lid laxity must be evaluated in each patient. Increased laxity in the upper or lower lid preoperatively can lead to lid malposition and inadequate blink, rewetting or closure of the lids following blepharoplasty surgery. Lid distraction testing of >6 mm from the globe or poor snap-back testing of lids or a history of floppy lids/sleep apnea should prompt lid tightening procedures to be done concomitantly with the blepharoplasty.
7. The position of the globe relative to the infraorbital rim and malar prominence must be inspected. A negative malar vector with the globe sitting anterior to the rim or malar region, or a proptotic globe position will put the patient at higher risk for lower lid retraction, lagophthalmos and other lid malpositions following lower lid blepharoplasty. Efforts to supplement midface volume or reduce the negative vector impact should be considered along with conservative, or no skin excision and appropriate canthal suspension support at the time of surgery.
8. Likewise evaluation of the position of the brow and presence of brow ptosis must be factored in when considering upper lid blepharoplasty, especially when marking the upper lids in blepharoplasty surgery. The amount of dermatochalasis, particularly lateral hooding, is often secondary to brow ptosis. If the brow position is not addressed at the time of surgery, a worsening of the ptotic brow may result following blepharoplasty alone. Likewise, marking the upper lids for skin excision should occur with the brow held in the appropriate position or the surgeon runs the risk of too much or too little upper lid skin excision and ocular comorbidity or patient dissatisfaction.
9. Ethnic and gender specific anatomic variations must be understood by the blepharoplasty surgeon and discussed clearly with the patient preoperatively. This relates particularly to upper lid height, upper lid crease contour and upper lid fullness. Likewise brow position and contour enter into these gender and ethnic oriented outcomes. Although many variations exist, men and certain ethnicities generally have a fuller lid and lower lid crease. While women generally have a higher lid crease. These natural variations and the patient's expectations and desired outcome must be discussed and agreed upon preoperatively.
10. Preservation of the normal structures of the eyelid should be the focus when performing blepharoplasty surgery as much as possible. This includes orbicularis-sparing skin excision and addressing fat prolapse through fat sculpting, repositioning, transfer or grafting or other volume augmenting modalities rather than fat excision. These techniques tend to preserve normal lid function and provide a more natural youthful appearance. Following these guidelines will help prevent ocular complications and comorbidities and produce greater patient satisfaction and successful outcomes in blepharoplasty surgery.



WRITTEN BY:

KRISTIN TARBET, MD, FACS

CLINICAL PROFESSOR, OPHTHALMOLOGY UNIVERSITY OF WASHINGTON

- DIVISION OF OCULOFACIAL PLASTIC SURGERY

SENIOR PRECEPTOR, ASOPRS UW FELLOWSHIP PROGRAM

DIRECTOR, AMARA MEDICAL AESTHETICS



MARKETING TIPS

Jennifer Deal provides two marketing tips to help practices understand the buying process.

If you missed the first two marketing tips, go to www.ambrdfcs.org/blog. This is #3 and #4 in the series.

3. YOUR JOB AS A COSMETIC SURGEON, OR A MARKETER FOR ONE, IS TO MEET THE SERVICES MARKETING DILEMMA HEADS ON.

What's a service? My favorite answer to that question is also the most concise: a service is a product without mass.

It's extremely difficult for the average consumer to compare services because the latter lack the physical properties of products – services can't be held, seen, tasted, touched or tried on. Moreover, some services are so complex that customers can only gauge quality by perceived outcomes. I say "perceived" because the beauty of an outcome is often in the eye of the beholder.

Academic marketers have a term for this quirk: the Services Marketing Dilemma. As a provider of aesthetic medicine services, you confront the Services Marketing

Dilemma every day in your practice. Your patients want to look a particular way, and they're reasonably certain that you can help them with that. But, your patients won't ever understand the mechanics of how you'll do that for them (not even your patients who went to medical school). They won't know a thing about surgery or anesthesia or cannulas. Their only gauge of a successful outcome is whether they like it. That's not an evidence-based way to evaluate outcomes, but remember that your patients aren't epidemiologists. They're just people with unique (albeit fickle) desires who are doing their best to evaluate whether you can help them.

STAGE 3	STAGE 4
PLANNING	ACTION
Intent To Act with Timeline	Money Saved (Or Financing Secured)
"I'll consider."	"How much?"
Commitment	Reward Positive Substitution Brand Control

Full buying cycle can be seen in Newsletter Volume 1, Issue 1

There are a lot of frustrations inherent in the Services Marketing Dilemma, but there are many marketing opportunities, too. That's why content like case studies, testimonials, and before and after pictures are so impactful. You don't teach patients about what to expect from their procedure because they need medical training, you do that because that's the best way to establish credibility and build trust (and to manage their expectations).

4. PRICING IS TOUGH BECAUSE IT INVOLVES A LOT OF PSYCHOLOGY. THAT'S WHY THERE ARE MORE WAYS TO GET PRICING WRONG THAN RIGHT.

What would you pay for this advice? The laptop I'm using to type it? The wool socks I'm wearing while I work? It all depends on context. What do you normally pay for advice? How do you plan on using my laptop? How warm do you keep your home in December?

One of my favorite experts on consumer decision making is a behavioral economist at Duke named Dan Ariely (he has an interesting life story that involves years of plastic surgery for traumatic burns in his childhood). His work has taught me that pricing is hard because people don't have an internal value meter that tells them how much things are worth. Rather, they have to make quick judgments (more like estimates) about value by making relative comparisons between like things. You can't judge whether you've paid a fair price for a steak

based on how much you spent on your cab ride to dinner. The more valuable queues are the prices of the other items on the menu.

The remarkable takeaway here is that the prices of the many things we DON'T buy actually have considerable bearing on our buying decisions – our evaluations of whether a price is fair. Each time we assign a price to something we're actually making an indelible stamp on not just the value of that thing, but the value of other things that consumers believe to be similar. Moreover, that principle also demonstrates that most people don't really know they want something until they see it in context.

Here's one quick example: next time you're in a restaurant, take a close look at the price distribution of the wine list. Ever notice how most (if not all) wine lists include a few astronomically priced bottles of wine? Let me tell you a secret: no one buys those. But, those bottles have a massive impact on revenue because they give patrons the context they need to justify buying the second most expensive choice (or the third or fourth). Of course, those lesser bottles are also priced in a way that delivers cork-popping margins.

Go apply Dan Ariely's research to your practice! Here's a hint: think about what this means for the way you price your surgical procedures compared to your non-invasive offerings.



WRITTEN BY:

JENNIFER DEAL, MPPM

TREASURER, COSMETIC SURGERY FOUNDATION
PAST PRESIDENT, COSMETIC SURGERY FOUNDATION
MARKETING DIRECTOR, SOUTHERN SURGICAL ARTS
PRACTICE CONSULTANT

SURVEY RESULTS

How can the ABFCS better serve you?

Mark Twain, in parody of the proverbs of Ben Franklin, once wrote, “Never put off till tomorrow what you can do the day after tomorrow just as well.”

A survey was recently submitted to the entire membership on April 8, 2016 to ask, in a reverse parody of JFK, “not what you can do for the ABFCS, but rather, what can the ABFCS do for you.”

The purpose of the survey was to determine what the membership felt the goals of the ABFCS Board of Trustees should be in order to bring an added value to your membership.

The specific questions asked was “The ABFCS BOT is soliciting your input on ways that the ABFCS can add value for its Diplomates. If you should have any ideas please feel free to send us an email within the next 7-10 days. We look forward to hearing from you.”

The response to the survey was less than overwhelming if you consider only four (4) Diplomates (out of 96) choose to respond. The significance of the response however introduced three important ideas which included the following: (1) Participate in starting AACS facial cosmetic surgery fellowships to train other surgeons (Thanks to Dr. Afshi Rahimi); (2) Create a site to allow Diplomates to have live discussions on a daily basis to address new techniques as well as best practice procedures in Facial Cosmetic Surgery (Thanks to Dr. Sohelia Rostami) and (3) Ask the ABFCS Diplomates to become aware of advertising restrictions in their state sponsored by our board certified plastic surgery colleagues and write letters of support, when requested, to confirm the rights of independent boards, like the ABFCS, to the guaranteed right to free commercial speech as set forth in

the first amendment to the US Constitution (Thanks to Dr. Robert Shumway and Dr. Suzan Obagi).

The significance of this third point raised should be apparent if you take a look at the American Society of Plastic Surgery (ASPS) advocacy link at <http://www.plasticsurgery.org/for-medicalprofessionals/advocacy/advocacy-news/asps-and-la-society-testify-on-board-certification.html>. There you will see very specific plans and actions ASPS is undertaking at state legislature and state medical board levels in Louisiana, California, Pennsylvania, Indiana, Arizona, New York. Their “truth in advertising campaign” is to push State legislatures and medical boards to restrict board certification for only ABMS boards. In the link, you will also find a section stating that ASPS will financially support local and state plastic societies to help with this advocacy. From this nationally coordinated and well financed effort, you can understand why ABFCS diplomates cannot advertise their ABFCS Board Certification in up to the ten states. It is certainly easier for one group (Board Certified Plastic Surgeons) to compete in the marketplace if it can successfully keep another group (Board Certified Facial Cosmetic Surgeons) out.

The ASPS plan is to introduce language in all states that include the following language that: “Requires all physicians seeking certification to have satisfactorily completed postgraduate training that is accredited by the accreditation council for graduate medical education (ACGME) or the AOA that provides substantial and identifiable supervised training of comprehensive scope in the specialty or subspecialty certified, and the organization utilizes appropriate peer review.”

PRESIDENT'S MESSAGE

Thank you to all who have so actively engaged in the ongoing development of this organization. I cannot emphasize enough the value of our most important marketing resource, our diplomates. If there were any time that your effort would have maximal effect, it would be now.

Here are the two most critical reasons why:

ONE

The "Founding Father" enrollment period has been extended through the end of 2016.

Therefore, if you know someone that is:

- a current American Board of Cosmetic Surgery diplomate,
- and they perform facial cosmetic surgery,
- and they are not on this list: <https://www.ambrdfcs.org/diplomates>,

Please call them and encourage them to become a diplomate!

TWO

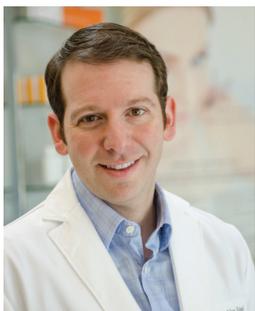
The application for the American Board of Facial Cosmetic Surgery exam must be received by May 1st.

Therefore, please urge anyone you know who would qualify for the examination and diplomate status, but would not qualify for the grandfather program, to complete their application now!

There is an application portal that is readily accessible on our website.

Please do let me know if you have referred a colleague to grandfather or to the examination so that I may thank you, personally, for your effort and so that we may help facilitate their application.

The most important effort for the American Board of Facial Cosmetic Surgery this year is growth – please do all you can to help.



DR. ALEX SOBEL

PRESIDENT, ABFCS

Please contact Staci Finch via the ABFCS at ambrdfcs@gmail.com to express your interest in participating in future exams.

UPCOMING EVENTS

October 15 & 16

ABFCS Exam – Dallas, Texas

NEWSWORTHY



GRANDFATHER OPPORTUNITY EXTENDED

American Board of Facial Cosmetic Surgery Grandfather Opportunity extended to December 31, 2016 for ABCS Diplomates

- Certified in General, Facial and Dermatologic Cosmetic Surgery
- Current fee remains \$2,500

Contact:

ABCFS - Staci Finch
staci.omega@gmail.com



Have tips you want to share with your peers?

Email us at:

ambrdfcs@gmail.com