

# THE AMERICAN BOARD OF FACIAL COSMETIC SURGERY

## A MESSAGE FROM THE PRESIDENT

John P. Fezza, M.D.



I hope everyone is having a wonderful summer. The ABFCS has been busy conducting activity as we continue to grow. We have 13 new applicants ready to challenge the board exam in the fall. Although this represents a significant increase over last year's number, we still need to improve our ability to augment this number as new members are our lifeline.

We have sent out survey #3 on tear trough filler; a particular passion of mine. The results are informative as to our members' preferences and are reviewed in this newsletter.

**"The area of non-surgical peri-orbital rejuvenation continues to evolve and the lower lid area presents with distinct challenges."**

A unique benefit of being an ABFCS member is we can learn from each other's practice patterns through these surveys to determine the most effective and safe methods to benefit our patients. We are staying active on many fronts. We continue to make progress working with our webmaster on improving our website, and we are actively updating new talking points. The ABFCS is maintaining an excellent financial position and the positive growth we've experienced in our investments have added to our fiscal health.

New pathways have been approved for dual board certification. Those physicians who pass the ABCS fall exam now have the option to also certify with the ABFCS to further demonstrate proficiency in facial cosmetic surgery. On the meeting front, several ABFCS members, including myself, are participating as instructors in the cosmetic surgery cadaver course at Duke University in August. We also anticipate seeing a solid number of our members presenting at the annual AACS meeting in Las Vegas in February. During that winter meeting we are making efforts to have a combined reception with the ABCS for all members. Lastly, a special shout out to Staci Finch and the Omega Managements Team who continue to work hard to keep our organization on course to excel.



President, ABFCS

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## A LETTER FROM THE EXECUTIVE DIRECTOR

David G. Clark, J.D.

It has been a busy summer at the central office of the ABFCS as candidates' applications to challenge the October examination have been submitted for review.

We currently have about a dozen applications approved or nearly approved. We look forward to meeting our Diplomate examiners and candidates in Dallas in October for the written and oral examination. As Dr. Fezza has stated, the Board's financial position is healthy for a young and developing specialty certifying board.



ABFCS Executive Director

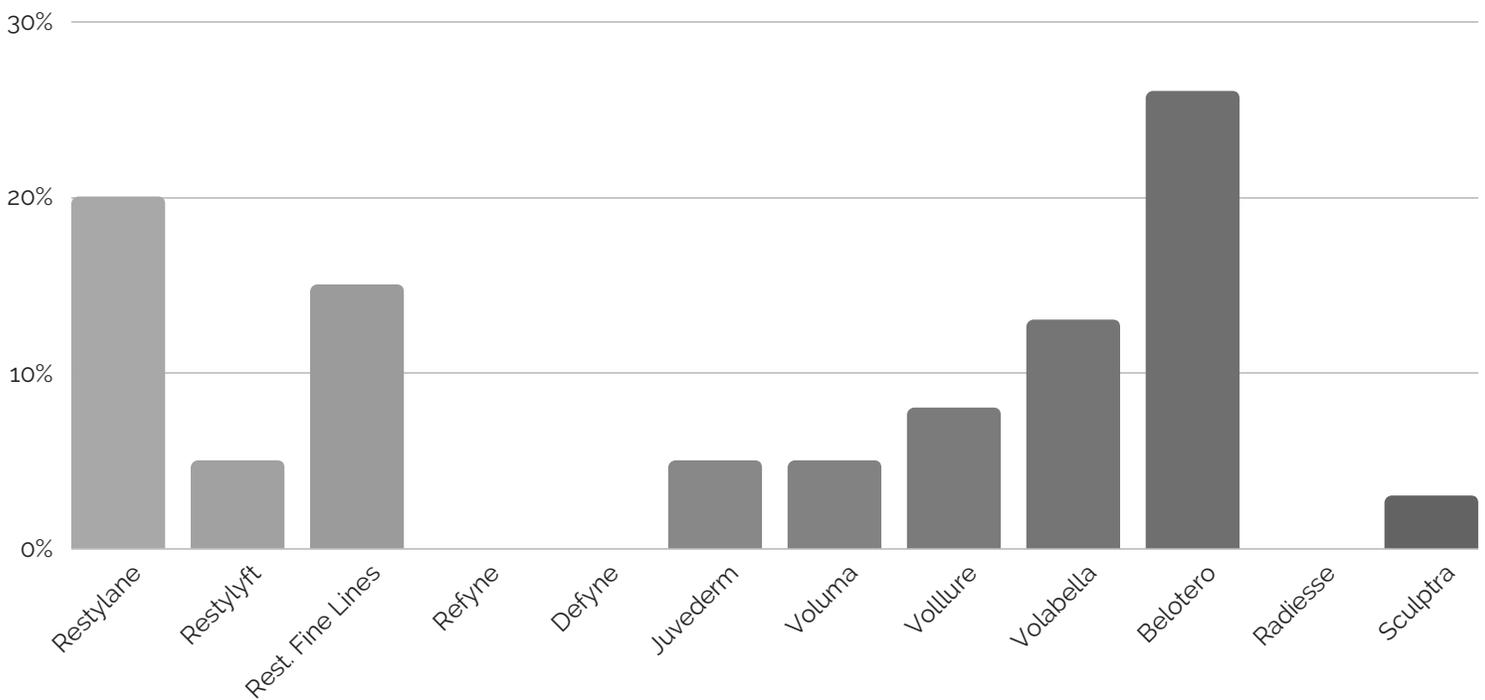
Further growth will ensure a dynamic and viable organization going forward. Staci Finch and I here at Omega Management Group welcome any inquiries from current or prospective Diplomates. So, if you have a professional colleague who may be interested in becoming a board certified facial cosmetic surgeon do not hesitate to direct them to us and we will endeavor to answer their questions.

As always, our website [www.ambrdfcs.org](http://www.ambrdfcs.org) is a great place to start for anyone wanting to learn more about the ABFCS. I look forward to seeing many of you in Dallas.

# SURVEY RESULTS PART I

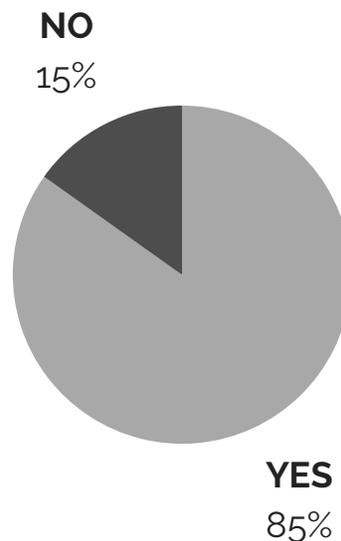
We delivered a survey about practice logistics to our members.  
The results are below:

**Q1:** Which filler do you prefer for the tear trough?



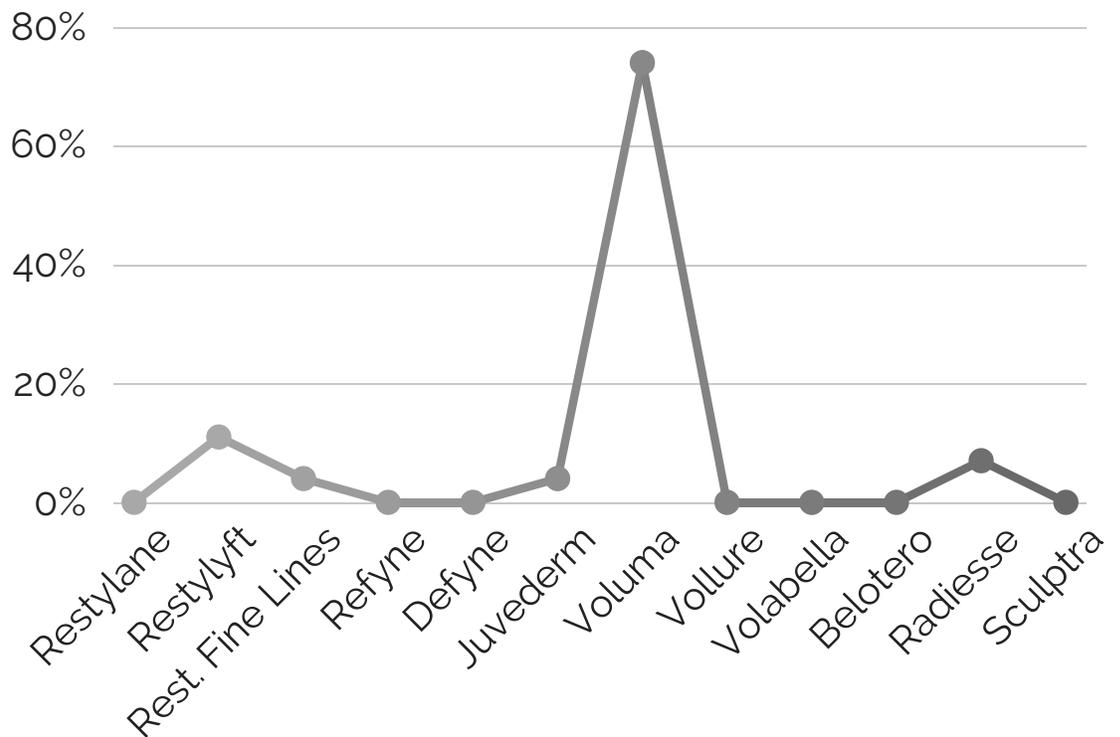
**Q2:**

Do you feel that volumizing the cheeks improves the tear trough?

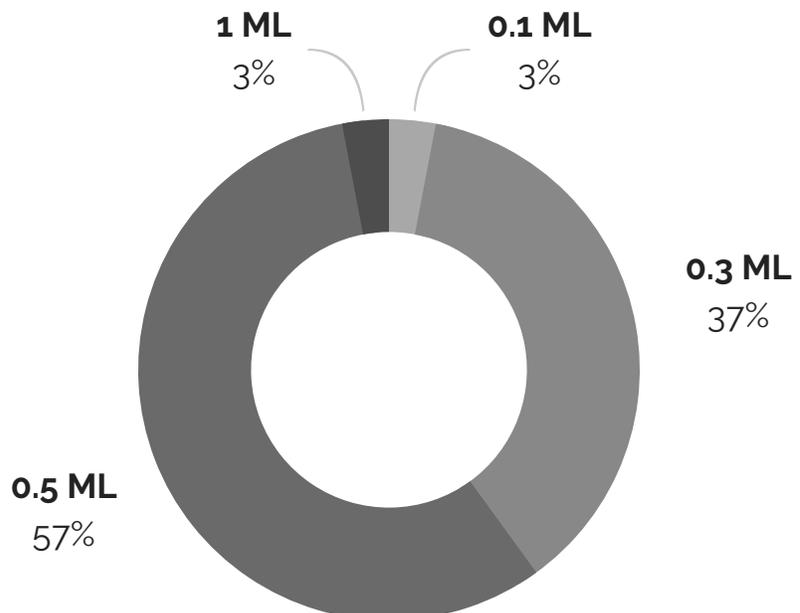


## SURVEY RESULTS PART II

**Q3:** If yes to question #2, which filler do you prefer for the cheeks?

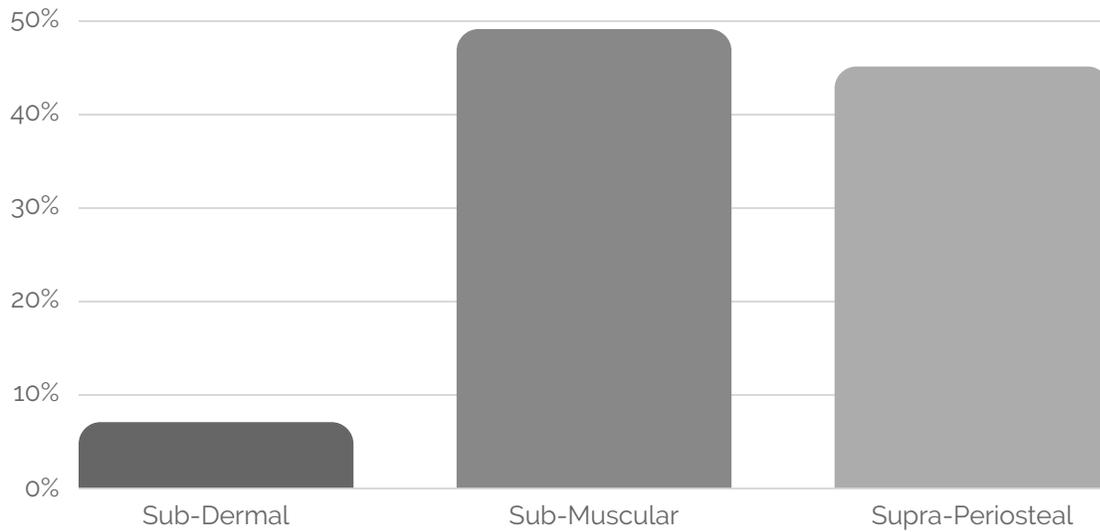


**Q4:** How much volume do you typically place per lid?

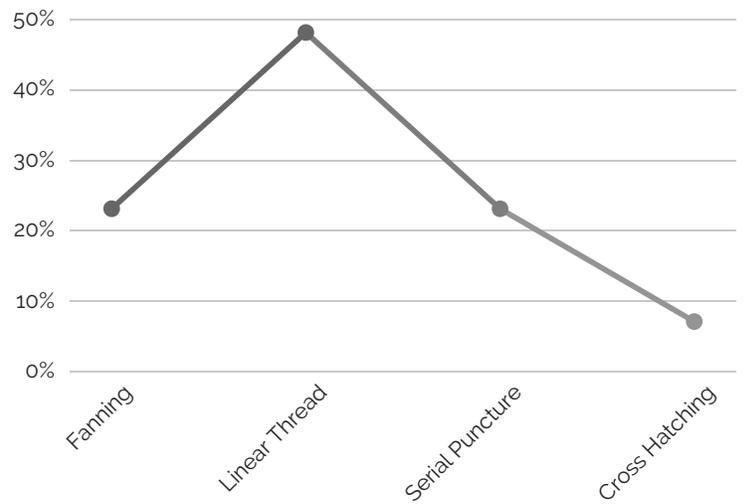


## SURVEY RESULTS PART III

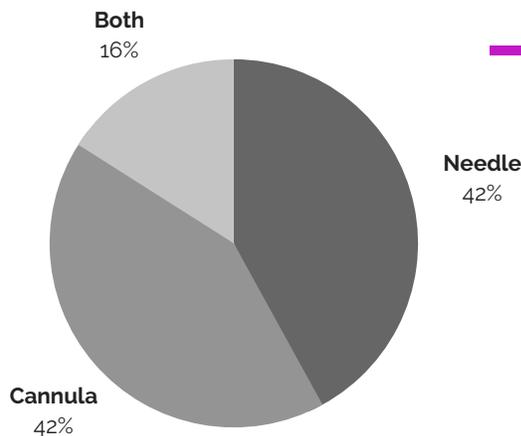
**Q5:** What is the plane of injection?



**Q6:** How much volume do you typically place per lid?

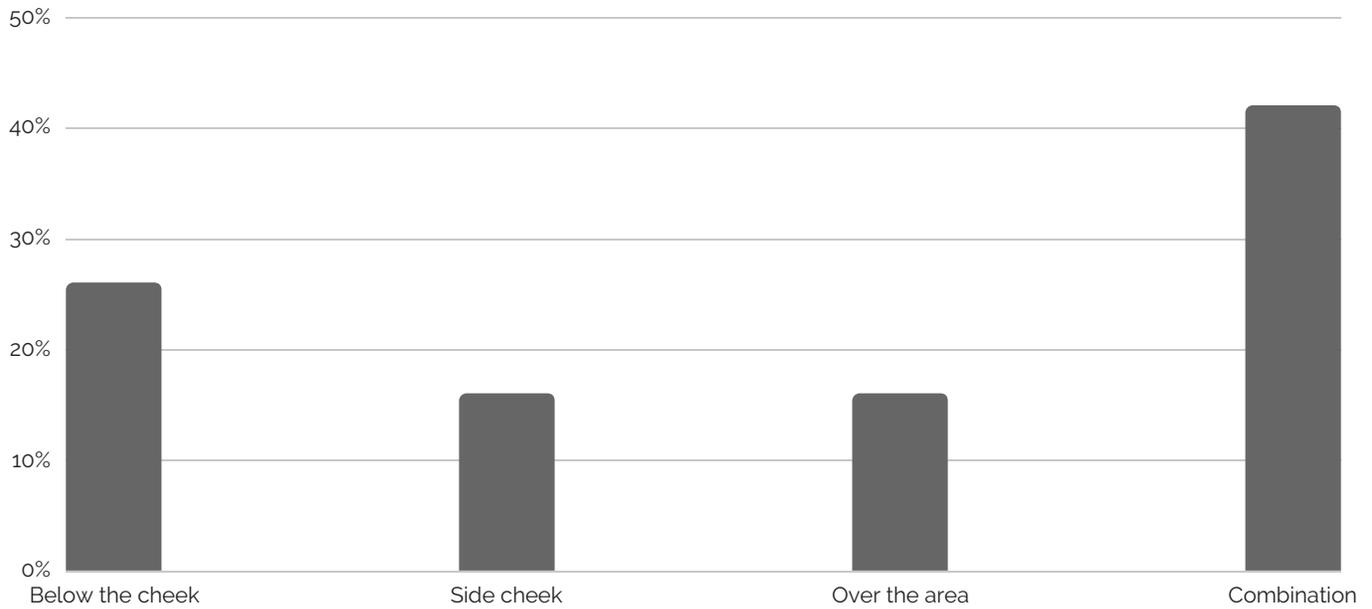


**Q7:** Do you use a needle or a cannula?

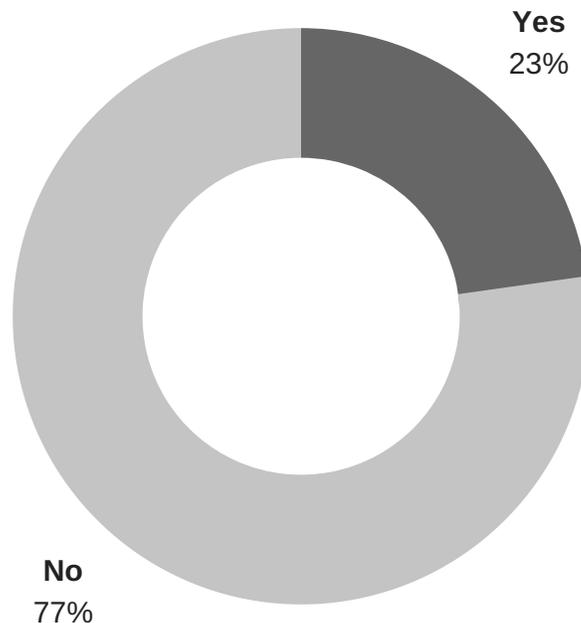


## SURVEY RESULTS PART IV

**Q8:** Where is the entry point for your injections?



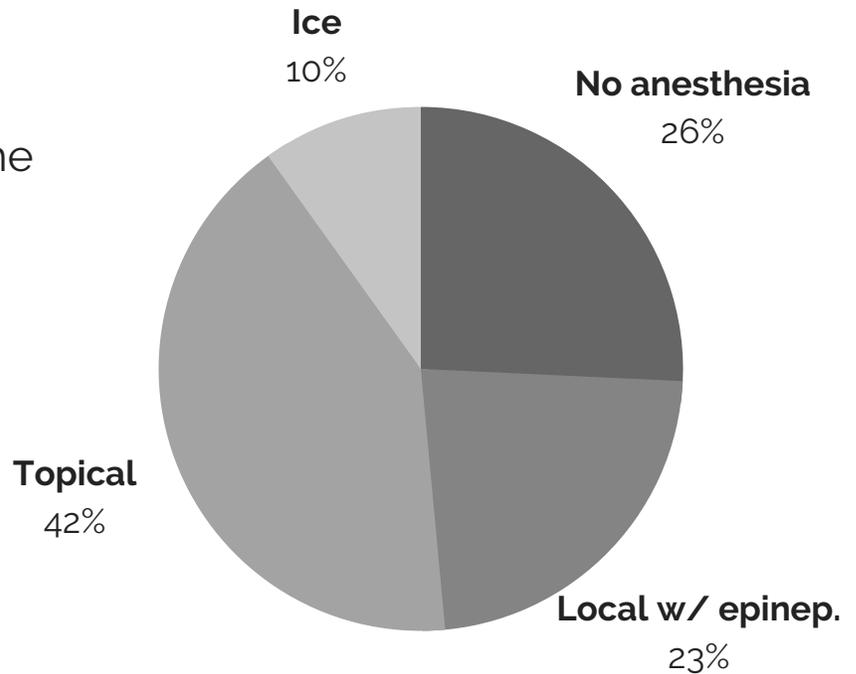
**Q9:** Do you attempt to cross the orbital retaining ligament with your injection?



## SURVEY RESULTS PART V

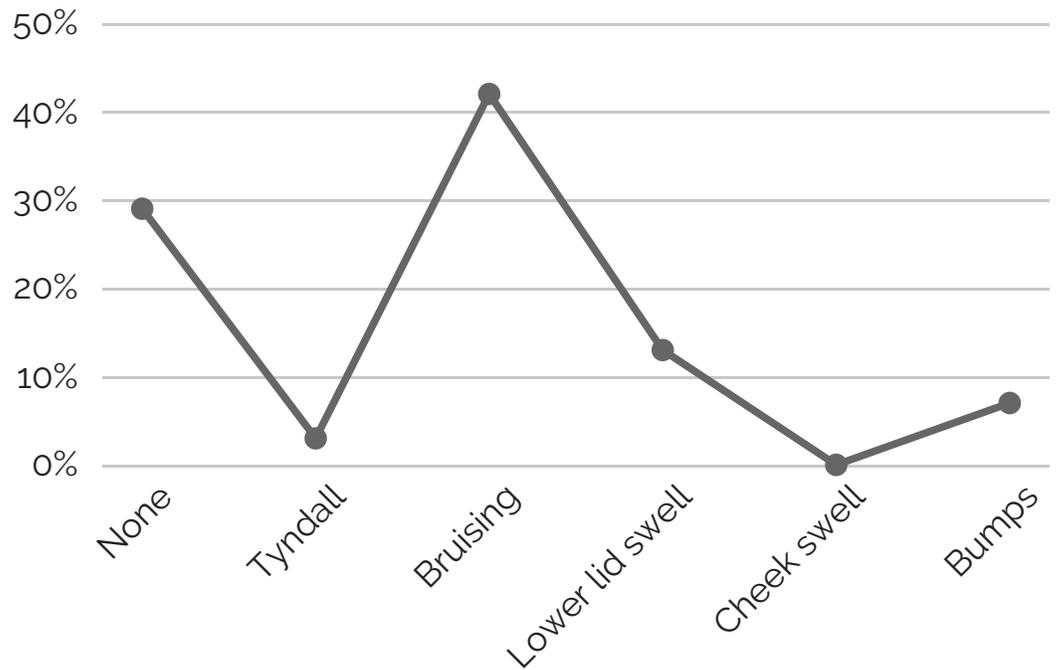
**Q10:**

How do you numb the area to be treated?



**Q11:**

What issues do you see after tear trough injection with your filler of choice?



# SURVEY RESULTS ANALYSIS

Allan E. Wulc, M.D., FACS

This survey is enlightening. While only 39 of our members responded—a small number—enough responded to show a very wide range of approaches to the non-FDA approved injection of fillers to the tear trough. I assume that most injectors are happy with their technique and obtain satisfactory results.

The majority of respondents (74%) choose a filler that is “lighter” and has a lower G’. However, 15 % of respondents choose filler with higher viscosity and cohesivity to augment the tear trough. I would be very interested to know where these respondents actually place the filler to avoid some of the problems I see in my local practice area from other injectors, such as prolonged swelling, festooning, and Tyndall-like phenomenon.

A single injector uses Sculptra. Nodule formation under the eyes has been described with under-eye Sculptra--I’ve seen it--and it’s difficult to correct. Most injectors feel that volumizing the cheek improves the tear trough, presumably due to volumization of the SOOF or the middle cheek fat pad. Restylane Lyft, Radiesse, or Voluma are preferred by respondents in this location, presumably due to their lifting capacity.

Most injectors go deep under the muscle or onto periosteum and inject less than .5 ml, using the full range of injections options (linear threading, serial puncture or fanning, and cross hatching), though there is a preference for the deposition of filler using the linear thread technique (48%). Cannula versus needle seem to be evenly distributed, with the entry point varying, but injections from below seem to be preferred or a combination preferred. Interestingly, most injectors (77.4%) do not cross the orbital retaining ligament with their injections.

Numbing is performed with topical in the hands of most surgeons. (41.94%) Bruising and swelling are the most frequent issues seen post treatment. It would have been interesting to compare rates of bruising and swelling in the cannula vs noncannula group, but this information cannot be determined based on the way the questions were formulated in this survey.

## SURVEY RESULTS ANALYSIS, CONT.

Allan E. Wulc, M.D., FACS



For those seeking answers as to whether there is single accepted filler, a single means of distributing the filler or a preferred amount of filler or location for its distribution, this survey will not be satisfying in creating any type of consensus. It does tell us, though, that a variety of fillers, and techniques, can be employed to enhance the tear trough.

Oculofacial Plastic  
Surgeon

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Allan Wulc, MD, FACS graduated from Amherst College. He attended the University of Pennsylvania Medical School where he performed his residency in Ophthalmology. He has since then completed three fellowships in oculofacial surgery, orbital surgery, and cosmetic surgery. An ASOPRS member since 1986, he holds Board Certification in Ophthalmology (ABO), Plastic Surgery (AAPS), and Facial Cosmetic Surgery (ABFCS).

Dr. Wulc is on the teaching faculty at the University of Pennsylvania, and at Temple University, and has trained residents and fellows from these institutions. He also plays classical piano and dabbles with painting and photography. His passion for the arts is what led him to a career in aesthetics, medicine and surgery.

# MARKETING TIPS

Jennifer Deal, MPPM, provides marketing tips to help practices understand the buying process

*Previous marketing tips can be found at [www.ambrdfcs.org/blog](http://www.ambrdfcs.org/blog).*



## Personas are essential to great marketing.

Of all the marketing jargon out there, “segmentation” is the worst. Ever. Remember the quaint idea that marketers could herd consumers together by gender, age buckets (e.g. 35-55) and other demographics to create broadly similar groups? Marketers used to talk about segmentation with so much confidence! As if a 35-year old Caucasian mom in Atlanta would have the same tastes and preferences as a 52-year old Caucasian mom in Tampa. Today marketers have access to more information. Patients and prospects have never been a more accessible source of insights. Understanding our prospect patients helps us shy away from talking about vague demographics alone and more about preferences and behaviors. That allows us to talk in terms of personas instead of genders, ethnicities and age and income ranges.

What is a persona? HubSpot offers one of my favorite definitions: **“fictional, generalized characters that encompass the various needs, goals, and observed behavior patterns among your real and potential customers. They help you understand your customers better.”** Persona creation is one of the most important aspects of your marketing plan and other major projects, such as website redesigns.

Here’s one brief, simple example of a persona for an aesthetic medicine practice: “Beach Bound Beverly: Beverly is a working mother and wife who wears many hats and handles a lot of responsibilities. She doesn’t have much time because she has so many priorities, but she’ll devote her attention to different projects as the need arises. Lately, she’s been so rushed that she hasn’t had a moment to treat herself. She stays in good shape, but she’s not as confident at the beach as she used to be. She’s thinking of doing something easy and effective – like a vein treatment or some other non-invasive procedure. At this point in her life, she’s just too busy for surgery. But, that won’t be the case in a few years.”



**Personas help you see your marketing (and your business in general) from the perspective of your customers.** That, in turn, not only helps you be better at marketing but at all of the customer experience facets of your practice. Personas grant you focus in your decision-making and the discipline to stick to the things that truly matter to your patients. Personas also give you a compelling reason to invest in talking to patients regularly. If you don’t know your customers, now is the time to get started! A simple series of interviews will suffice.

Treasurer & Past President, Cosmetic Surgery Foundation  
Marketing Director, Southern Surgical Arts  
Practice Consultant

## UPCOMING EVENTS

### **AACD Facial Cadaver Workshop**

August 19, 2017

Durham, NC

[www.cosmeticsurgery.org](http://www.cosmeticsurgery.org)

### **AAFPRS Annual Meeting**

October 26-28, 2017

Phoenix, AZ

[www.aafprs.org](http://www.aafprs.org)

### **Global Aesthetics Conference**

November 1-5, 2017

Miami Beach, FL

[www.globalaestheticsconference.com](http://www.globalaestheticsconference.com)

### **ASOPRS Fall Meeting**

November 9-10, 2017

New Orleans, LA

[www.asoprs.org](http://www.asoprs.org)

### **5th Biennial Caribbean Facial Plastic Surgery Update Symposium**

February 7-11, 2018

Grand Cayman, Cayman Islands

[www.fps-int.com](http://www.fps-int.com)

Please contact us for any events or meetings  
you would like us to post in future newsletters!