

THE AMERICAN BOARD OF FACIAL COSMETIC SURGERY



End of the Year Update From the President Carey Nease, MD

As 2018 comes to an end, I can honestly say that I have enjoyed my time serving as the president of the ABFCS. The hours spent in meetings, on conference calls and writing to update you all in our newsletter have been worth the advances that have come as a result. Our board has grown in numbers and is healthy financially, and 2019 looks better that I could have expected when I first came into office. In this article, I will outline some of our accomplishments and the goals for 2019.

To begin, in October in Dallas the ABFCS, in conjunction with the ABCS, examined 6 candidates who chose to challenge our Board exam. Although we had hoped for more candidates, we still consider this a success and a starting point for goal setting in 2019. Our efforts moving forward will be to communicate to those potential candidates through social media, our website, and by attending meetings of the specialties who qualify to challenge our exam and be diplomates of our board. In October, we had a presence at an Oral and Maxillofacial meeting in Chicago where we were well-represented and made a great impression according to David Clark, our executive director. I am proposing that our goal for next year's exam is 20 candidates, and our incoming president, Lisa Chipps, will lead the charge. Other specialties to reach out to include Oculoplastic Surgery, Otolaryngology, Head and Neck Surgery and Dermatology. Let's all do our part to get the word out and encourage those colleagues you know to join us!

As I mentioned previously, our social media and web presence has dramatically improved in the last few months. Our website features our diplomates and their profiles, including links to the practice website and email address to facilitate communication among our group. The people in your communities can learn about our organization on the site and potentially find you to become their cosmetic surgeon of choice!



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Regarding social media, we have contracted with an experienced individual to actively engage both the public and our diplomates to make our presence known. Check us out on FB and Instagram, follow the site and please submit information about yourself, including before and after photos, so that your work can be featured! We not only want prospective patients to see this but those facial surgeons who may decide that there would be value to them challenging our exam and belonging to our distinguished group.

Lastly, the AACS annual meeting is coming up at the end of January in warm, sunny Orlando, FL. This is an important meeting for all of us to attend for several reasons. One, we need to interact with each other face to face to build relationships that are so important to a new and relatively small organization. We will have an information table near the entrance to the exhibit hall, so please stop by and introduce yourself to David Clark who is usually there representing us. Then, the other reason to be there is to recruit more qualified surgeons to join us! There will be several hundred potential candidates for our exam there that may not even realize that we exist. So, please socialize with the other physicians there and let them know about our organization and the value that you think it brings to you and your practice.

I am looking forward to seeing you all soon and have full confidence that Dr. Chipps and the rest of the executive committee and Board of Trustees will continue to grow the ABFCS into a strong organization that provides value to those who call themselves Board Certified Facial Cosmetic Surgeons!

Carey Nease, MD



The American Board of Facial Cosmetic Surgery

www.ambrdfcs.org
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Important information for prospective candidates:

2019 ABFCS Examination

Written Examination CBT (Computer Based Testing)
to be held on October 5, 2019. Various Locations

Oral Examination to be held on October 19, 2019 in conjunction with
the ABCS Annual Examination in Chicago, Illinois.

Application and non-refundable deposit deadline is **April 1, 2019**
More Information may be found on the ABFCS website www.ambrdfcs.org

LETTER FROM THE EXECUTIVE DIRECTOR

David G. Clark, J.D.

As our 2018 Board President Dr. Carey Nease has expressed in this newsletter, it has been a very productive and successful year for your board. I express my gratitude and appreciation for Dr. Nease's active and creative leadership in 2018 as well as that of all of our Board of Trustees, committee chairs and Executive Committee officers. It has been a busy year and continued progress has been made to grow the ABFCS and expand its influence within the profession. The October board exam held in conjunction with the ABCS in Dallas went very smoothly. We look forward to successful exam candidates becoming Diplomates of the ABFCS.



I hope to see as many of you as possible at the upcoming AACS meeting in Orlando. Please stop by the information table and introduce yourself if I haven't met you already. As Dr. Nease says in his letter, please tell as many of your colleagues as possible about the ABFCS. In fact, every conversation you have in Orlando should include "have you stopped by the ABFCS information table yet?" We need more candidates to challenge the exam in order to grow this Board. We will transition to computer based testing ("CBT") in 2019 which allows candidates to sit for the exam at a testing center close to them. The oral exam will take place in Chicago near the O'Hare International Airport so there will still be some travel involved to be tested. Exact dates and places will be determined very soon.

I look forward to working with our incoming Board of Trustees for 2019, our president Dr. Lisa Chipps and the other members of the Executive Committee. Please seek me out in Orlando if you have any questions, concerns or ideas to benefit the ABFCS and its mission.

IN THIS ISSUE

I. End of the year update from the President

By: Cary Nease, M.D.

II. Letter from the Executive Director

By: David G. Clark, J.D.

III. Cannula - Needle Technique for Customizing Lip Augmentation

By: Nick Levintov DDS, MD and Manolis Manolakakis DMD, FACS

IV. ABFCS Board Cert. Challenge and Fellowship

By: Manolis Manolakakis DMD, FACS

V. Problem Patients

By: Joe Niamtu, III DMD

VI. Why Are We Diplomates of the American Board of Facial
Cosmetic Surgery?

By: Ryan M. Diepenbrock, DDS, FAACS

VII. Let's Get Social - Regramming

By: Dr. Maningas

CANNULA - NEEDLE TECHNIQUE FOR CUSTOMIZING LIP AUGMENTATION

Nick Levintov DDS, MD and Manolis Manolakakis DMD, FACS

Importance of Digital Photography. Digital Photograph is a key component for before and after evaluation. Patient “selfies”, offset lighting, shadows and angles distract from the true before and true after. Although helpful when diagnosing change from before to current, they are not reliable tools to use when building a relationship and understanding of goals. Standardized photography is key to reliable and



satisfactory results. We use a Nikon D7000 DSLR camera. The camera settings are ISO 800, Shutter speed 1/125th, F-stop f7.1. We have an 18 degree grey backdrop and the patient stands 3 feet in front of the backdrop. We use soft box lighting with the room light off. Standard photographs are frontal, frontal repose (lips relaxed spread apart), right and left 3/4 views, right and left repose views with patient in frankfort horizontal position. Photos are taken prior to injection and at the 2 week follow up.

Lip augmentation techniques have evolved and modified over the years. Patients have also become more sophisticated and knowledgeable. They understand what material we use and why we use it. They also understand and may prefer a cannula to be used instead of needles. The combination of using a cannula and needle allows for a more customized lip augmentation. We are able to achieve volume enhancement as well as treat identified deficiencies in each lip. Described below is our practice’s technique for lip augmentation.

Lip architecture (Figure 1) is important to analyze on each patient when treating for lip augmentation. Important landmarks to consider are the vermilion border, wet dry border of the upper and lower lip, philtrum columns. Not every patient has a cupid's bow or philtrum columns. We routinely augment and fill the philtrum columns. The cupid's bow is approached when outlining the vermilion border. Relative proportions of the upper to lower lip are noted. Our goal is to approach a lip volume of 1/3 upper lip to 2/3 lower lip ratio (Figure 2).

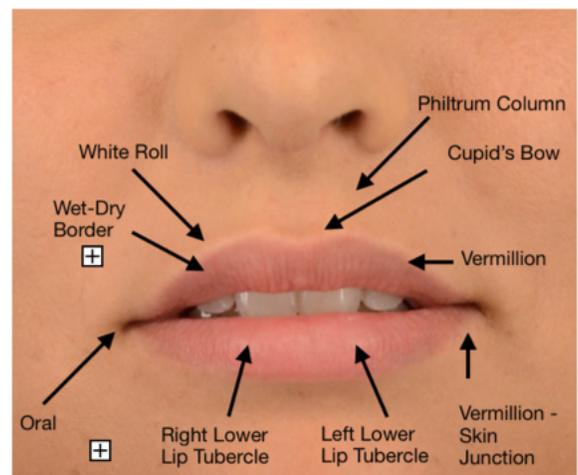


Figure 1: Lip Architecture

BLT topical anesthetic is applied to the perioral region for 15 minutes. The primary goal of the BLT anesthetic is to alleviate the initial puncture of our entrance needle. It is also meant to alleviate the pain associated with cannula movement and deposition of filler material.

Using the Softfil 27 gauge sharp needle, a puncture port is made on skin 2-3mm lateral to the oral commissure (figure 3). The puncture is made through dermis into the subcutaneous plane. A twisting motion is made to widen the puncture hole. Afterwards, the Softfil 27G 0.3 x 25mm micro-cannula is used to transition from the subdermal plane into the submucosal plane of the upper lip. The blunt cannula is positioned with the opening and side point marker facing the mucosal surface (Figure 4). The cannula is lined parallel and beneath the wet dry border of the lip.

Using your non dominant upper index and middle finger, gently roll and evert the skin-vermillion junction to gain maximal exposure to the wet-dry border (Figure 5). This move also keeps the skin - vermillion junction taut to minimize the risk of malpositioned filler deposition and control the flow. Gentle streamed aliquots of Juvederm Vollure are deposited in retrograde fashion. At the end of the retrograde deposition of the upper lip to the commissure, the syringe is reoriented and cannula is transitioned into the lower lip submucosal plane (Figure 6). Transition is made without removing the cannula. It's advanced up to the lower lip tubercle. Filler is deposited in retrograde fashion at the wet-dry border. Majority of the filler material is deposited between the intercanthal distance of the lip and tapered laterally (see figure 2). Modification is made to very thin, deflated, curled lips. In this case- we manually flip out the lip again and place additional material along the wet border of the body of the lip. The identical procedure is completed on the opposite site.

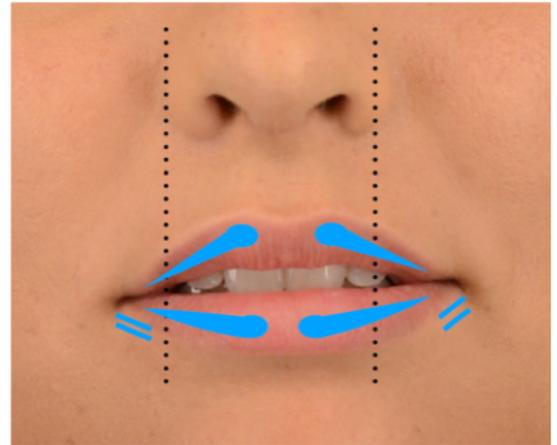


Figure 2: Lip Body Injections



Figure 3: Needle Puncture



Figure 4: Cannula Point

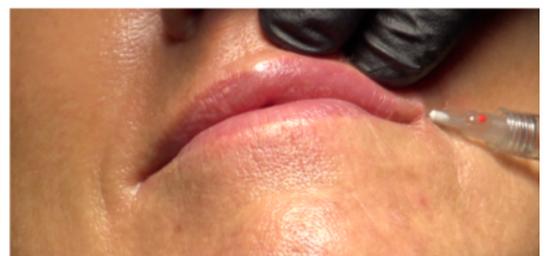


Figure 5: Upper Lip Eversion

Lip outline augmentation is completed with Juvederm Volbella. A 30G sharp needle is used for aliquot injections, injected in retrograde fashion. In stepwise approach, the philtrum columns are reformed (Figure 7). Cupids bow is injected along the vermilion border. A line parallel to cupid's bow peaks is noted and used to inject the lower lip midline (Figure 8). Vermillion border is injection. 0.1 - 0.2cc of volbella is remaining at this point. The remainder of filler material is used to inject aliquots to the lower lip tubercles. The vermilion - skin junction of the lower lip commissures are injected (figure 2). This acts as a kick-stand to bring the corners of the lip up.

There are many benefits to using the cannula. The blunt end minimizes bruising due to minimal risk of tearing vessels. In addition, the cannula opening is approximately 1mm behind the blunt tip. This minimizes product loss in the cannula. You can predictably estimate where the filler material is being deposited; close to the tip end (see figure 4). The needle allows for more precise augmentation when philtrum columns, downturn commissures, lower lip tubercles require augmentation.



Figure 6: Transition to Lower Lip



Figure 7: Philtrum Column

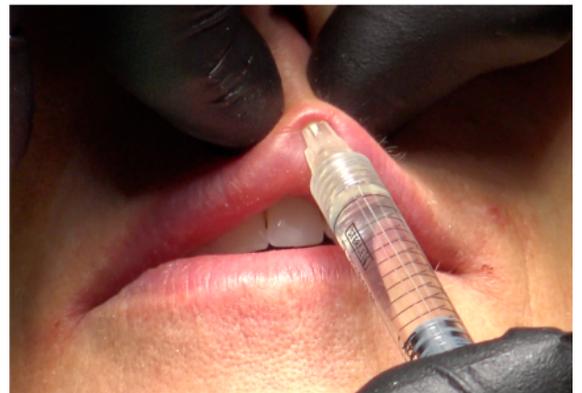


Figure 8: Sharp Needle for Lip Vermillion

ABFCS BOARD CERT. CHALLENGE AND FELLOWSHIP

Dr. Manolis Manolakakis



Why I Joined AACS and Challenged the ABFCS Board Certification:

Until recently, single-degree Oral and Maxillofacial Surgeons who had received advanced training in facial cosmetic surgical procedures, either through their residency or post-graduate fellowship training programs, lacked their own niche. There was no way to acknowledge not only to themselves, but also to the public, that they are highly qualified and proficient in the safe delivery of facial cosmetic surgery.

After this opportunity became available to this particular group of surgeons, I owed it not only to me, but to my patients, and to my specialty, to obtain board certification.

Although the American Board of Oral and Maxillofacial Surgeons (ABOMS), a prestigious organization to be a part of, requires an examination that challenges a candidate's competency and covers the full breadth of oral and maxillofacial surgery, it does not focus solely on the subspecialty of facial cosmetic surgery. The American Board of Facial Cosmetic Surgeons (ABFCS) examination covers the full breadth and truly tests the candidate's knowledge of aesthetic evaluation, choosing the correct procedure based on each individual patient's facial anatomy, and management of complications. There is no other examination like this, specifically focusing on facial cosmetic surgery.

Why I Created a Facial Cosmetic Surgery Fellowship:

While there are a multitude of reasons why I chose to create a facial cosmetic surgery fellowship, the driving force behind this idea was to have the opportunity to educate other doctors in the art of combining an already thorough knowledge of the facial anatomy with aesthetics. Aside from performing surgery, one of my greatest passions is to mentor and teach. My father was the most influential person in my life, and one of my greatest teachers; I undoubtedly inherited this trait from him. I feel that I am honoring him by sharing my advice, expertise and knowledge with aspiring surgeons.

I am a bit bias regarding how rewarding a fellowship can be, since I was fellowship-trained, myself. I had such an amazing experience, and I wanted to pay it forward to the next generation of surgeons. At the time I had applied for a fellowship, there was only one option for a single-degree OMS, and that was with Dr. John Griffin at Baptist Memorial Hospital - Golden Triangle in Columbus, Mississippi. I was lucky enough to gain acceptance into this well-coveted, prestigious program, and to spend a year with this man. Without his mentoring and friendship, I would not be where I am today, and this endeavor would not have been possible.

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Surprisingly, prior to the creation of my fellowship, there were no options for OMS in one of the largest markets in the United States – the Greater New York City area. I always knew that I wanted to lead my own fellowship someday. However, bringing my dream to fruition proved to be a bit more difficult than I had anticipated; a “dentist” attempting to create a facial cosmetic surgery fellowship took planning and lots of perseverance.

The best thing my father, my coaches, my peers or other specialists could say to me was, “No”. “No” - you are not smart enough; “no” - you do not have the test scores for OMS; “no” - you will never be able do cosmetic surgery in New Jersey or New York. I used this to further fuel my drive to prove them all wrong. When I initially applied for cosmetic privileges at the hospital where I am on staff, the Chief of Plastic Surgery, who decided to cancel my face-to-face meeting, called me on the phone that night and said, “It ain’t gonna happen!” After a long battle with plastics and general surgery, I eventually obtained my cosmetic privileges.

Fast forward eight years, the same hospital I had to battle is now sponsoring my fellowship and is 100% funded by GMEC, which is unheard of for a facial cosmetic surgery fellowship. Being a fellowship director has had an extremely positive impact on my private practice, my overall career, and has added more value to my specialty. I have a great sense of achievement knowing I was able to make a difference in my field and the future of oral and maxillofacial surgery and facial cosmetics.

PROBLEM PATIENTS

Joe Niamtu, III DMD



For new or seasoned cosmetic surgeons, there are few things as satisfying as doing a consult with patient acceptance and scheduling for surgery. After all, this our passion and what we live for; and it is our business. As joyful as this can be, accepting the wrong patient can turn into a nightmare, energy draining experience and lawsuit for that matter.

For new practitioners, it may be hard to turn away a patient that is willing to write a check on the spot, but again, the ramifications of choosing the wrong patient are significant.

Cosmetic surgery is a complex specialty that lures many patients with complex personality disorders including Body Dysmorphic Disorder (BDD). In the age of selfies, Facetime and social media, many patients are obsessed with looking at themselves; often in a negative circumstance.

Seasoned practitioners usually learn the warning signs of problematic patients by hard knocks. After one gets stung several times we learn to spot these red flags.

One of my biggest reliant factors as to whom I treat is the observations of my staff. They are pretty spot on when a patient does not seem “normal”. Patients that are pushy or rude on the phone or those that are dismissive of staff but nice to the surgeon are part of that problem. So, rule number one, listen to your staff.

Other red flags include patients that:

- Are not friendly and don't smile at consult.
- Disparage previous surgeons but tell you that “you are the best”.
- Patients that keep asking the same questions or interrupt the doctor.
- Patients that are too busy for surgery or to follow instructions.
- Patients that are preoccupied with the surgical fee above all else.
- Patients that do not want their picture taken, even for medical records.
- Patients that ask that you don't tell their spouse their actual surgical procedures.

- Patients that are obvious cosmetic surgery addicts and already overdone.
- Patients who won't sign certain portions of a consent.
- Patients that are habitually tardy or cancel.
- Patients that insist on a short recovery that is unreasonable or can only take several days off of work.
- Patients that resist follow up appointments.
- Patients that expect unrealistic changes and want something gone or fixed instead of improved.
- Patients that are not forthcoming with health history.
- Patients that don't have a caregiver.
- Patients with over concern about anesthesia and or surgical complications.
- Patients with complications from previous surgeries.
- Patients that are young and want “sculpted faces”, giant breasts, etc.

I can make this list go into the hundreds but don't have that space in this small article. Being a great surgeon, having an excellent reputation and loving ones job has so much to do with choosing the right patients. If it does not feel right, pass on it. Losing a surgical fee in the short run is offset by peace of mind.

When we see signs of negative behavior, we annotate that so we know that this particular patient may need special attention or may be problematic.

Learn how to choose the correct patients and avoid the problematic ones and your life will be smoother. All of us occasionally get tricked by someone we thought was stable, that just happens. Also, in all fairness, sometimes a patient that seemed potentially problematic turns out to be a gem. Young surgeons should ask their more experienced friends for their own red flag warnings. Collect a list and it will help you recognize potentially negative behavior.

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WHY ARE WE DIPLOMATES OF THE AMERICAN BOARD OF FACIAL COSMETIC SURGERY

Ryan M. Diepenbrock, DDS, FAACS

I am extremely proud to be part of the American Board of Facial Cosmetic Surgery. Our board has flourished since its inception in 2015. The ABFCS is North America's only board devoted to certifying sub-specialists in the field of facial cosmetic surgery. As such, the ABFCS has the responsibility of recognizing only those surgeons who have reached the pinnacle in training, surgical acumen, didactic proficiency, patient safety, and proficiency.



Why have we decided to become Diplomates of the ABFCS? Why did we study and prepare for the exam? Why do we pay our dues? The answer is simple. We are Diplomates of the only board that recognizes our dedication to surgical and non-surgical rejuvenation of the face and neck.

Although we understand why we are members, does the public, media, our patients, and colleagues realize what it means to be a Diplomate of the ABFCS? What do you say when someone asks you how a facial cosmetic surgeon is different from a plastic surgeon or a facial plastic surgeon? Let's review.

(1) Specialty organization for the future:

- There is no specialty that "owns" the face. The American Board of Facial Cosmetic Surgery is a multi-specialty Board that recognizes those surgeons who are uniquely qualified via credential and experience to perform both surgical and non-surgical cosmetic surgery in the head, face, and neck.
- The vast scope of knowledge and experience from multiple specialties ensures our Diplomates are truly the experts of all levels of the face and supporting structures. From the skin, to soft tissue such as muscle and fat, to the facial skeleton, Diplomates of the American Board of Facial Cosmetic Surgery have proven that they are capable of managing the underlying cause of each individual's cosmetic concern.
- Due of the influence of multiple specialties, The American Board of Facial Cosmetic Surgery offers a unique advantage to other Boards comprised of only one specialty. The ABFCS allows multi-disciplinary dialogue, discussion, and educational opportunities where the breadth of experience from each core specialty is utilized to expand the knowledge of other members.

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(2) Recognition of Facial Cosmetic Surgery Training:

- Built on the shoulders of Diplomates of the American Board of Cosmetic Surgery, the American Board of Facial Cosmetic Surgery has unified surgeons who have dedicated their practice to facial rejuvenation and has given them a certifying body which recognizes their training, experience, and determination to be the experts of the head, face, and neck.
- Qualifications for challenging the Board are the most rigorous of any Board specifically dedicated to facial rejuvenation. Our Diplomates require either an accredited fellowship in facial cosmetic surgery, or a minimum of 125 surgical procedures on the face over a two-year period, and Board Certification in a recognized surgical specialty.
- Our Diplomates do not “dabble” in facial cosmetic surgery, but have dedicated all or a significant portion of their practice to treating facial cosmetic conditions. Whether with non-surgical treatments such as skin resurfacing, facial fillers, or neurotoxins; or surgical modalities such as face lifts, rhinoplasties, or blepharoplasties, ABFCS Diplomates are dedicated to the safe and effective treatment of our patients.
- There is no “weekend course” or conference that qualifies an ABFCS Diplomate. Only hands-on experience and years of education and surgical training dedicated to the diagnosis, treatment, and management of our patients.

(3) Entry level opportunity in a new organization of the future:

- Facial Cosmetic Surgery is an ever evolving and progressing sub-specialty. ABFCS is dedicated to becoming and maintaining its position at the “tip of the spear”. This means we are eagerly looking for ambitious, accomplished, and driven surgeons who want to be part of something bigger than themselves. For those who want to give back to the ABFCS, there are multiple committees looking for surgeons who want to make a name for themselves and a difference in the world of facial cosmetic surgery.

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(4) More comprehensive recognition and unity between multiple specialties:

- No specialty “owns” the face. No residency can truly teach all there is to know about the intricacies and relationship of both the hard and soft tissue structures of the face and neck. The ABFCS is the only multi-specialty organization that draws on the expertise of multiple medical specialties that truly understand the complexity of the head, face, and neck. Drawing on the knowledge of Dermatologists, Oculoplastic Surgeons, Oral and Maxillofacial Surgeons, Otolaryngologists, Plastic and Reconstructive Surgeons, and other medical specialties, the AFBCS places all its Diplomates on equal ground and utilizes each surgeon’s expertise for the advancement of all.
- The ABFCS prides itself on multi-disciplinary dialogue and education. We are a body of one, and the ABFCS provides certification to all specialists who meet the requirements.

(5) Opportunity for ASOPRS, Dermatologists and Oral and Maxillofacial Surgeons for recognition:

- Oculoplastic Surgeons, Dermatologists, and Oral and Maxillofacial Surgeons have made vital and lasting contributions to the efficacy and safety of facial cosmetic surgery. The ABFCS provides a source for recognition to credentialing officials and the public.
- Cosmetic Surgery has been intimately linked to Oculoplastic Surgery, Dermatology, and Oral and Maxillofacial Surgery for decades. The ABFCS provides recognition for the advancements these specialties have made to facial cosmetic surgery.

(6) The Experience Route available to Otolaryngologists:

- Otolaryngology is a unique and highly specialized surgical subspecialty focusing on the management of issues involving the head and neck. The anatomy in this region is so complex that some physicians choose to perform additional elective training after five years of General Otolaryngology training in order to focus on specific areas within the head and neck. One such area of expertise is Facial Plastic and Reconstructive Surgery. While General Otolaryngologist are trained and responsible for performing facial plastic procedures, the group of surgeons who pursue additional training are highly focused on repairing congenital, traumatic, neoplastic, and other defects of the face.

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- While General Otolaryngologist and Facial Plastic Surgeons are both equipped and trained to perform cosmetic surgeries of the face, their primary focus is rarely isolated to this discipline. The ABFCS is unique in that it is 100% focused on cosmetic procedures of the face. Carrying the credentials of "board certified" through the ABFCS means that one is uniquely qualified to perform cosmetic procedures on the face. Furthermore, it shows dedication and focus to the art of facial cosmetic surgery and provides a competitive advantage through distinction in a highly competitive market.

(7) The Routes available for Single Degree OMS for certification

- Facial Cosmetic Surgery has been a requirement for successful completion of an accredited OMS residency for years. After graduation, many OMSs continue to provide safe and effective surgical and non-surgical rejuvenation to patients. The ABFCS provides a means to finally recognize single degree Oral and Maxillofacial Surgeons for their expertise and contributions to facial cosmetic surgery.
- The ABFCS is the first board which recognizes the experience of single degree Oral and Maxillofacial Surgeons in the field of Facial Cosmetic Surgery. The ABFCS puts all surgeons, regardless of degree, on equal footing based on each individual surgeon's experience in surgical and non-surgical management of the head, face, and neck.

For further information, visit <https://www.ambrdfcs.org/why-join>

Let's Get Social!

DR. MANINGAS

The ABFCS recently launched it's social media pages on Instagram and Facebook! Here are a list of things you can do to increase engagement and your exposure....

- Follow and like the pages @facialcosmeticsurgeons
- Comment on the content
- Repost and share posts (see instructions for reposting on Instagram)
- Use consistent hashtags
- Send in media (if appropriate consent has been obtained) if you would like featured on the ABFCS media outlets to dallas@mcosmeticsurgery.com



Re-gramming

How to Re-gram Manually

One of the most popular (and simple) ways to Regram content is through a manual screenshot on your mobile device. Simply take a screenshot with your phone of the content you want to repurpose and click the Instagram camera button to upload the screenshot. However, you cannot Regram video content through this manual section so make sure you're only doing this for photos.

When you have the content saved to your phone's photos, crop the image to exclude everything but the original photo. You can easily do this in Instagram's native photo editing tools by clicking the cropping button and adjusting your image dimensions.

Always make sure to add a caption that gives the appropriate credit to the original source by adding:

- Credit: @username
- Image: @username

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How to Re-gram Through the App 'Repost Plus for Instagram'

Another option for Re-gramming is using the app REPOST PLUS FOR INSTAGRAM. This app is free (with option to upgrade to get rid of ads) and connects directly to your Instagram account once you're ready to Re-gram. A major plus for Repost for Instagram is it allows you to share other's video content without significantly affecting the quality. One downside of the app is you'll have to bear through some ads from time to time since it is free.

Once you choose a video or image to share, follow these steps:

1. Click the three dots in the top right on Instagram's platform.
2. Click "Copy Share URL."
3. Open the Repost Plus Instagram app.
4. Your recently (and previously selected) content will appear, select the one you want to Regram.
5. Choose the location and color of the Repost for Instagram icon.
6. In the upper right corner, click the Upload icon and tap "Copy Caption"
7. Click Repost and select "import to Instagram."
 - This is open your Instagram app where you can Paste the copied caption
8. Once you pasted the caption, Tap "Share" in the top right corner and it will automatically post to your Instagram feed.

Avoid Significant Edits

Getting approval to Regram is critical, but so is respecting the original content. If you plan to Regram content, make sure you avoid making edits as much as possible. For brands, tidying up a user's UGC (User-Generated content) post could be valuable, but adding multiple filters, logos or other text to the post is tacky.

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Promote User-Generated Content

With the same idea of promoting a contest photo, asking for user-generated content is a great idea to get Regrammed. According to a Forrester report, 70% of consumers trust one another over brands when looking for recommendations.

This means you should absolutely encourage users to share photos and videos using your product or service. You can also get creative and ask users to post images of how your product or service makes them feel. Or ask for outcome photos or videos after consumers use your product or service.

Advocate Your Branded Hashtags

Branded hashtags are one of the best ways companies get their audience to participate and engage. A report from Simply Measured, discovered 70% of hashtags on Instagram are branded. That number isn't likely dropping anytime soon.

Branded hashtags get users to participate so whenever they see, use or even notice your brand, they can add the hashtag. For Instagram contests, this is a great way to make sure people participate with your branded hashtag.

When people on Instagram use your hashtag, you'll have a larger list of UGC to choose from to Regram.