Monthly Newsletter Volume 2 Issue 1 March 2018

THE AMERICAN BOARD OF FACIAL COSMETIC SURGERY

MESSAGE FROM THE PRESIDENT

Setting our sights on great things for the ABFCS in 2018

Carey J. Nease, M.D.

I am honored to have taken the reigns of the ABFCS for the 2018 calendar year and expect great things for us this year in our future. Since the beginning of the year we have already accomplished much and are working hard to make your membership as a diplomate in our board highly valuable. There are three aspects of your membership that I believe will be of significant benefit to you in the coming year, and I will outline them below.

First, our social media has launched a vigorous effort to make our specialty of Facial Cosmetic Surgery recognized as the go-to group for those wanting to find the most qualified surgeons for facial cosmetic procedures. We have secured an Instagram account and are active on Facebook, more so than ever. Our board of trustees met in Las Vegas at the AACS annual meeting and discussed in detail how important our social media presence is to our success moving forward. Drs. Talon Maningas and Tanuj Nakra are leading the charge and I believe they will make significant strides towards our goal. We want patients to find YOU when searching for the most qualified surgeon! You can participate by posting, sharing and liking what you see; in other words, be active with us!

Secondly, our membership committee, lead by Dr. Ryan Diepenbrock, is working diligently to reach out to those surgeons currently in residency and fellowship training and even to medical students to let them know that we are in search of applicants to challenge our board exam. We are specifically looking to recruit those in training for otolaryngology, oral and maxillofacial surgery, oculoplastic surgery and dermatology. The one way we feel may be most successful is to meet them face to face at their annual academy meetings and hope to attend as many as possible this year. Your support by paying dues and other contributions will help make this a reality.

President, ABFCS

MESSAGE FROM THE PRESIDENT, CONT.

We had 11 new diplomates pass our exam in the fall and hope to recruit at least 20 this year. Increasing our numbers is vital to the health of our organization.

Thirdly, with publications like our newsletter and the networking of our diplomates we hope to provide a way to communicate that will help us all in our practice of the specialty of facial cosmetic surgery. We have created a group of facial cosmetic surgeons on the website DocMatter.com. Please join and participate in the forum that is just for us (not for the public or your patients) to share ideas, new technology and techniques and even to help deal with complications or difficult patients.

Thank you for a great start to 2018. I would ask that you help your board by recruiting those surgeons who you think would be a valuable addition and let them know about the opportunity to challenge our exam in Dallas this October. If there is anything I can do for you, please don't hesitate to contact me at any time.

Dr. Carey J. Nease
cneasemd@gmail.com

IN THIS ISSUE

A LETTER FROM THE EXECUTIVE DIRECTOR

David G. Clark, J.D.

ABFCS Executive Director

I welcome Dr. Carey J. Nease as our Board President for 2018. Dr. Nease has been with our board from it's inception and has previously served as Board Secretary, as a chairman of the International Committee and, as a member of the Advertising Committee. Our central office staff looks forward to helping Dr. Nease grow and improve this Board for the benefit of all our members and their patients.

I wish to again thank our Past President, Dr. John P. Fezza, and our Board of Trustees for another successful year.

We also congratulate our newest diplomates - who successfully challenged the certification examination last fall: J. Marshall Green III, DDS; Dan Georgescu, MD; Stephen Laquis, MD; Don Julian De Silva, MBBS; William Ramsdell, MD; Robert Fante, MD; Ivan Vrcek, MD; David Gilbert, DDS; Misty Caudell, MD; Carolee Cutler Peck, MD; and Randy Sanovich, DDS. This year we hope to have even more candidates challenge the exam to be given October 20th and 21st in Dallas. Word of mouth by our current Diplomates is still the best way to inform your colleagues about our board.

We are also offering candidates that pass the general cosmetic surgery exam and who have been boarded by the ABCS the opportunity to become "dual boarded" with the ABFCS. There may be a benefit of also being board certified by the ABFCS for certain general cosmetic surgeons who seek a competitive advantage in their marketplace or who concentrate in facial cosmetic surgery procedures.

Please promote our Board to your professional colleagues! Qualified applicants must apply online via our website to take the 2018 ABFCS Exam. Although a late application fee of $250.00 applies after April 1st, the applicant has until May 1, 2018 to file a completed application online. Applications completed after May 1, 2018 will be considered for the 2019 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 or myself at 312-340-4788.

Our website is constantly being improved with suggestions from our members. We continuously implement revisions to improve site navigation and include more information for our current and future members online. Please visit our website at www.ambrdfcs.org.

MEET OUR NEWEST DIPLOMATE

J. Marshall Green III, DDS

Dr. Green is a surgeon, educator, and prolific author. With his experience he actively educates surgical trainees by serving as an assistant professor at three major medical centers. He is a fellow of the American Academy of Cosmetic Surgery and is fellowship trained in Facial Plastic and Reconstructive Surgery. He is double board certified specifically to perform Facial Cosmetic and Reconstructive Surgery by the American Board of Facial Cosmetic Surgery as well as the American Board of Oral and Maxillofacial Surgery.

Not only is Dr. Green an accomplished Facial Cosmetic Surgeon but he also is actively involved in complex facial reconstruction for our nation's wounded warriors and our service members and veterans with head and neck cancer. He has Cosmetic Surgery Procedures Certification from the Commonwealth of Virginia, Department of Health Professions. He maintains cosmetic surgery privileges at several local hospitals.

Dr. Green lectures both domestically and internationally with previous trips to China as well as Australia, and Saudi Arabia. He has presented at dozens of meetings, written multiple articles and book chapters, and is currently the editor for an upcoming head and neck nerve reconstruction textbook. As mentioned above he holds academic appointments at Uniformed Services University of Health Sciences, University of Miami - Miller School of Medicine and Naval Medical Center Portsmouth where he serves as the Associate Program Director for Oral and Maxillofacial Surgery.

Dr. Green received his education from several institutions of higher learning including: The United States Naval Academy, University of Mississippi, Baltimore College of Dental Surgery, Louisiana State University Health Science Center, Walter Reed National Military Medical Center, and the University of Miami-Miller School of Medicine. He played Division I Football while at USNA, won 3 Commander In Chief trophies and 2 Bowl Championships. Dr. Green has received numerous awards including ESPN The Magazine Regional First-Team Academic All American, Jeffrey R. Korn Memorial Scholar-Athlete Award, Cmdr. Ralph Sentmann Award, Academy of Dentistry International: Terry Tanaka Student Humanitarian of the Year, AAOMS Dental Student Achievement Award, and Runner up for the American Association of Oral and Maxillofacial Surgery: Laskin Award for Excellence in Journalism.

MEET OUR NEWEST DIPLOMATE, CONT.

J. Marshall Green III, DDS

Dr. Green serves as the Chairman for a unique multidisciplinary Facial Plastic Surgery Microvascular Reconstruction Free Flap Course at USUHS as well as a presenter at the Naval Post Graduate School Annual Mock Board Examination and the Robert E Marx Annual Oral & Maxillofacial Pathology, Reconstruction & Medicine Course. His other courses include Applying Facial Cosmetic Surgery Principles in Complex Facial Reconstruction as well as a Microsurgical Hands on Nerve Repair Course given annually at the American Association of Oral and Maxillofacial Surgery Scientific Meeting. Of all the areas that Dr. Green is trained to operate in his greatest interest lie in all aspects of Cosmetic Facial Surgery and Complex Facial Reconstruction. He takes great joy in helping patients look and feel their best.

Aside from his professional life, Dr. Green loves spending time with his wife Nicole and homeschooled four young children Savannah, John Marshall, Sadie, and Johnathan. Together they run a small family farm in Smithfield, Virginia. Dr. Green has committed much of his time to international missions including travel to India, Peru, Guatemala, and Mexico as well as mobile free clinics here in the US. He takes great joy in showing other medical providers and students the amazing mission opportunities available both here and abroad.

MEET OUR NEWEST DIPLOMATE

William M. Ramsdell, M.D.

I am a dermatologist, practicing Mohs and cosmetic surgery in Austin, Texas. I am sixty-five hears old, not your typical ABFCS board diplomate.

Three dermatologic surgeons pioneered the way for the rest of us. Ted Tromovich developed the fresh tissue method of Mohs Surgery. Jeffrey Klein developed tumescent anesthesia and Richard Fitzpatrick led the way with pulsed CO2 lasers. I could never have become a dermatologic surgeon without the contributions of these men.

Still dermatologist, the road to becoming a cosmetic surgeon was not easy. I have vigorously consumed the cosmetic, plastic, facial plastic and oculoplastic literature for many years. Many surgeons have welcomed me into their offices and I have attended countless cosmetic surgical meeting an cadaver courses. Over time, my practice has evolved into an exclusively surgical one. I perform upper and lower blepharoplasties with fat transposition, brow lifts, face and neck lifts, CO2 laser resurfacing and liposuction.

Taking the ABFCS boards was not easy. Cosmetic fellowships were not available when I trained, so I had to submit 200 cases for review before being able to sit for the boards. I studied hard for nine months. Being a diplomate of the ABFCS was so important to me. I wanted to demonstrate my competence and I wanted to support an organization that welcomes all specialties, that offers many options to improve my skills.

Studying for the boards truly made me a better surgeon. I am able to evaluate my face from the standpoint of other specializes and offer my patients referrals to my maxillofacial and rhinoplasty colleagues. My patients are impressed with my credentials.

I am looking forward to many years of collegiality and learning from this wonderful organization.

NEEDLE OR CANNULA?
WHAT I'VE LEARNED OVER THE PAST THREE YEARS

Dr. Ryan Diepenbrock, DDS, FAACS

While I was sitting at my desk contemplating which topic I would tackle in this quarte's newsletter, I glanced up and noticed three boxes of cannulas. Roughly three years ago, I bought my first box of cannulas at the annual AACS meeting. I was excited about the promise of injecting hyaluronic acid filler with less pain, discomfort, and bruising. I ordered boxes for my private practice and my residency program. I was on the cutting edge of contemporary non-surgical facial rejuvenation!

I was not only on the bandwagon, but I also riding shotgun. I used the cannulas for every tear trough, nasolabial fold, temple, and lip that came in the office. I could fill half of a face through a single access site and circumvent the path of even the most tortuous vessel. So why do I have three boxes sitting in my cabinet? It's not that I don't like cannulas, in fact, I use them on a daily basis. It's not that they don't decrease discomfort and bruising, I believe they do. So what changed? The answer is simple; the continued pursuit of optimal patient care.

As my filler technique has evolved and become more refined, I now realize there is a time and place for both a cannula and a needle. I find a cannula is often useful when bulk filler is needed in an area. For example, thin lips lacking volume and architecture are easily treated with linear threads of hyaluronic acid placed along the vermilion border to recreate the shape of the lips. A similar technique is useful along the wet-dry line of the lips for volume placement. The upper and lower lip can easily be treated with a single access site just lateral to the commissures of the lips. But what about the finer nuances of lip injections? It is much more challenging to change the shape of the cupid's bow, add lower lip "pillows," or recreate the upper lip tubercle from a single cannula site. Often times, fine and delicate changes are best accomplished with the precision and control of a 27-gauge needle.

NEEDLE OR CANNULA?
WHAT I'VE LEARNED OVER THE PAST THREE YEARS, CONT.

Another example is for tear trough augmentation. Cannulas provide an excellent means to linearly place hyaluronic acid filler along the orbital malar junction to efface the depression and to camouflage the transition from lid to cheek. What is frequently missed during the diagnosis of these patients, is the fact that many patients have deficiency of volume in the infraorbital region. This is secondary to age related or congenital deficiencies in the bony substructure of the face. This infraorbital hollowing is best addressed with bolus fill along the infraorbital rim. Think of a divot or depression in a worn mattress. If you simply put on a thicker duvet cover, you mask the depression, but when you sit on the bed, it will be noticeable. This principle is applicable when filler is placed in the dermal plane in a linear fashion in the infraorbital region. This may mask the defect, but supraperiosteal placement at the level of the bone, would be a better way to manage the region. I find this is easier to do with direct placement of HA filler with a needle. The same is true for malar augmentation with Voluma or Restylane Lyft.

Another example where I prefer the control of a needle over a cannula is for very superficial applications. Fine perioral rhytids, depressed scars, and acne scars are better treated, in my hands, with very superficial application of HA filler with needle application.

Cannulas are great when placing filler in the dermal to deep dermal plane. From a single access site, a wide surface area may be treated with very little trauma. Cannulas are helpful in highly vascularized areas such as the infraorbital and lateral orbital region. Due to the blunt nature of the cannula, vessels may be pushed, rather that punctured, leaving less post-op ecchymosis, edema, and potential for hematoma formation. When I have a patient with a history of hematoma during filler placement, a cannula is my definite go-to. If I abort the procedure due to bleeding, I will nearly always use a cannula when the patient returns to complete the filler application.

Is this brief essay meant to be the authority on injection technique? NO! It's purpose to help the novice reader realize that hyaluronic acid filler is an art. When creating your masterpiece, you need multiple brushes and paints. Think outside the box, use what works for you, and never be afraid to add new tools to your toolbox.

Advertisement

MICHAEL R. BAILEY, M.D., DDS

Maxillofacial and Cosmetic Surgery Practice

The maxillofacial and cosmetic surgery practice of Michael R. Bailey MD, DDS is located in Boise, Idaho. The practice has been in business in Boise for 25 years and has shown consistent growth year to year and offers the opportunity for future development.

The practice is approximately a 50%/50% mix of oral and maxillofacial surgery and facial cosmetic surgery. There is a strong referral base from both the medical and dental practitioners in the area. There is also a very strong word of mouth referral base.

The owner desires to sell the practice in the summer of 2019. The owner is in good health and under no compulsion to sell the practice. He would like to continue to stay with the practice for an additional two years to allow for a smooth transition.

The city of Boise as well as the surrounding area offers a plethora of outdoor activities including mountain biking, skiing, fishing and hunting. Boise also has shown strong economic and population growth with a low percentage of unemployment. The physical location of the office is in downtown Boise, a top floor location with great views of the Rocky Mountains. The office is 3000 sqft, has a cosmetic consultation room, three treatment rooms, and an in-office operating suite. The office staff is a valuable asset and is willing to help in making a very smooth transition.

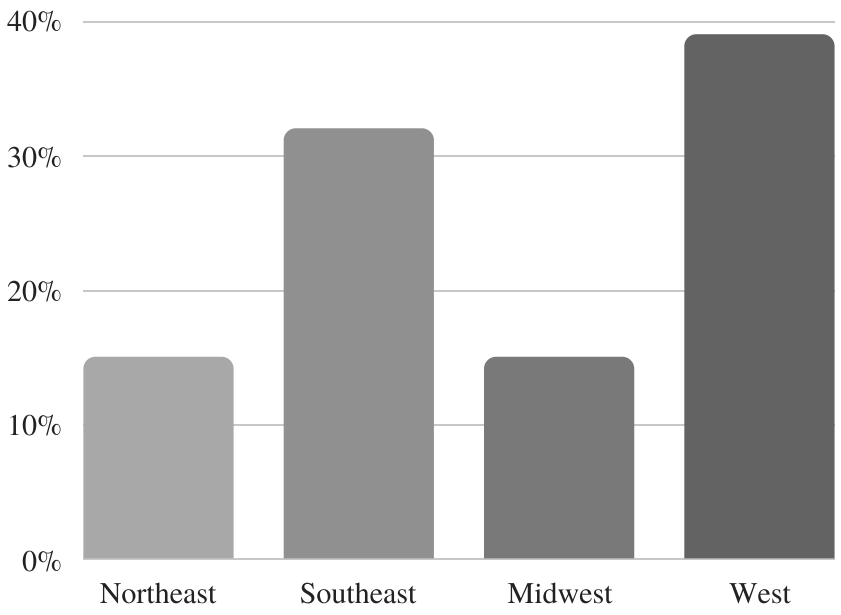
Dr. Bailey is board certified by the American Board of Oral and Maxillofacial Surgery and the American Board of Facial Cosmetic Surgery.

Please email baileymike@mac.com with any questions/inquiries.

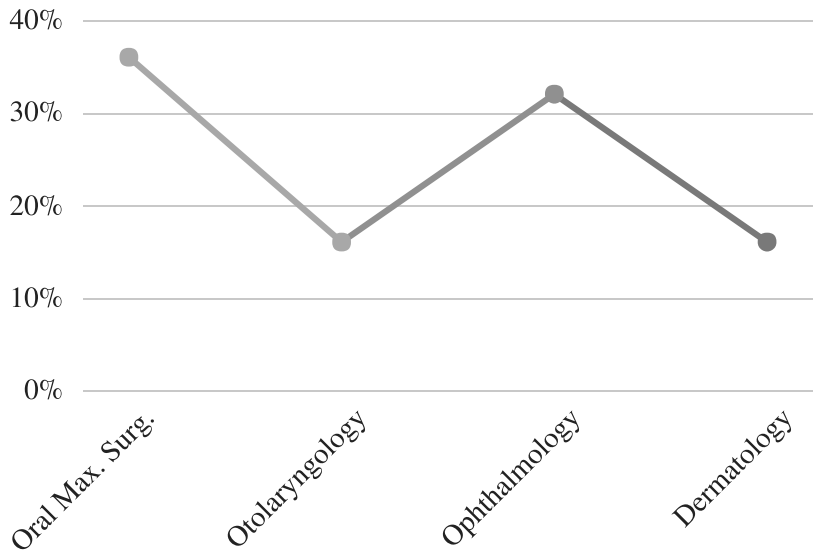
SURVEY RESULTS
Lower Eyelid Blepharoplasty, Part I

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

Q1: What region of the country do you practice?

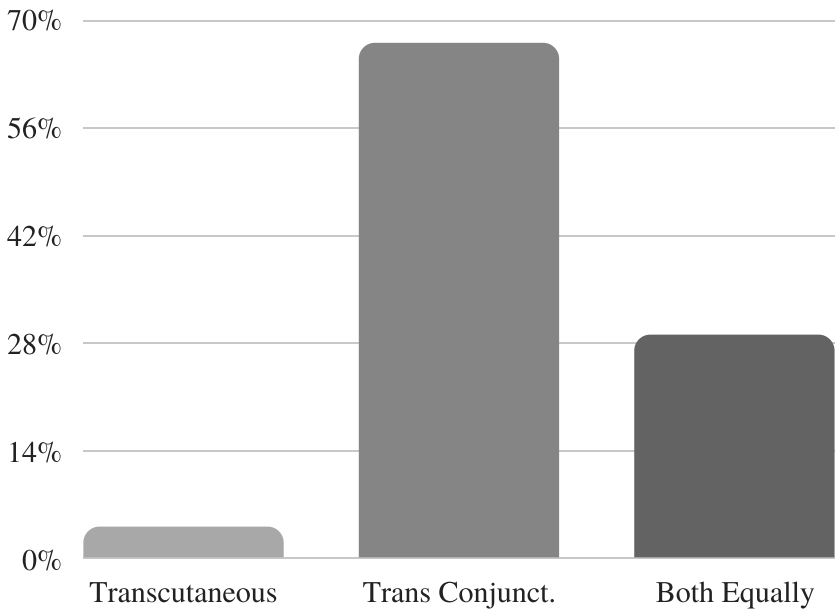


Q2: What is your training background?

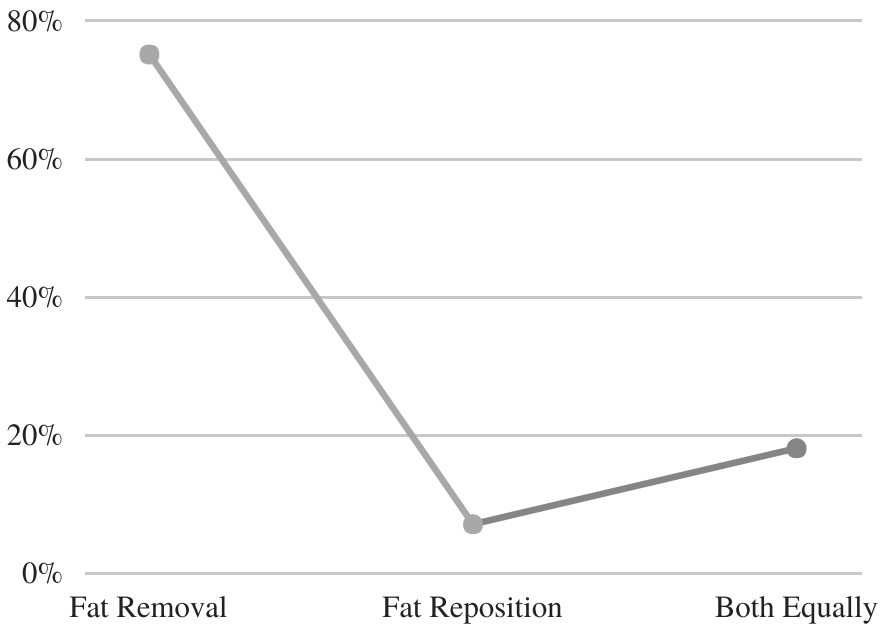


SURVEY RESULTS
Lower Eyelid Blepharoplasty, Part II

Q3: What is your preferred surgical approach to aesthetic lower eyelid blepharoplasty surgery?

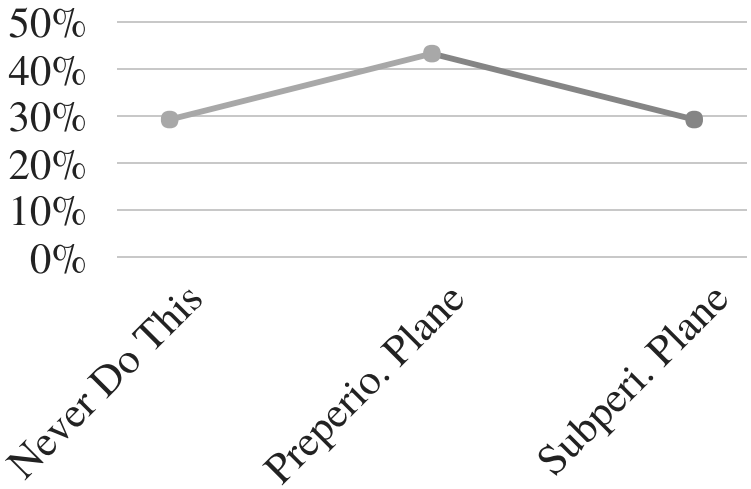


Q4: What is your preferred management of steatoblepahron?

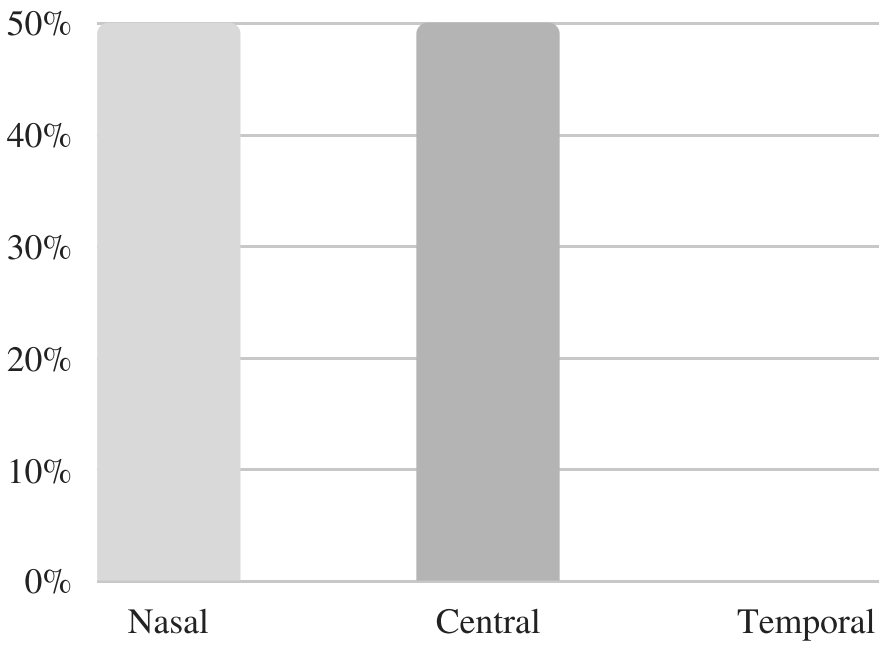


SURVEY RESULTS
Lower Eyelid Blepharoplasty, Part III

Q5: In performing fat repositioning, where do you routinely place the fat pedicle?

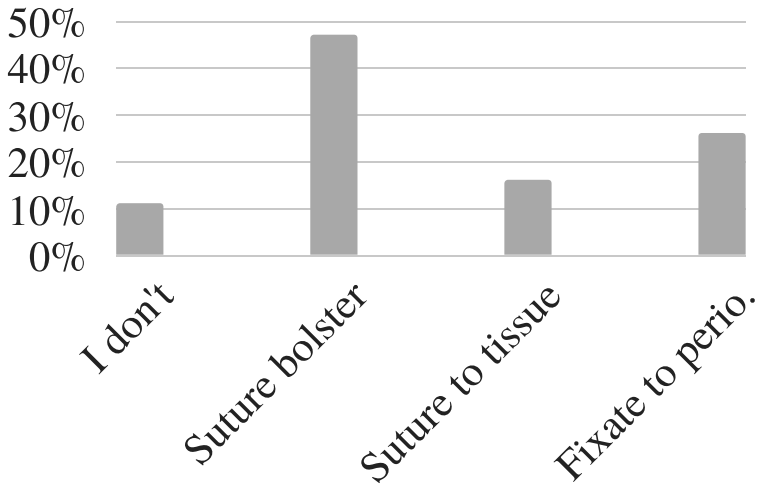


Q6: If you perform lower eyelid fat repositioning, which fat pads are routinely repositioned?

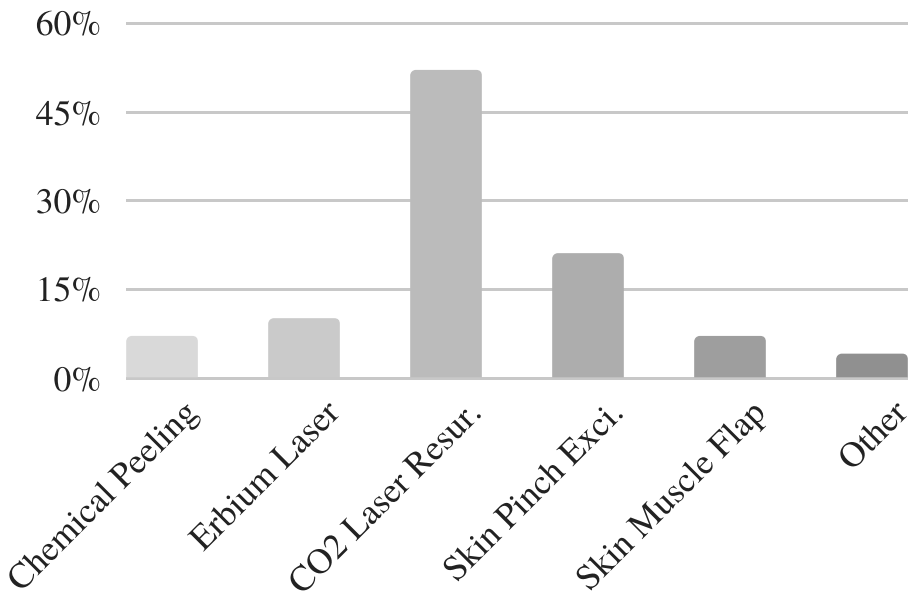


SURVEY RESULTS
Lower Eyelid Blepharoplasty, Part III

Q7: If you perform lower lid fat repositioning, how do you routinely fixate the fat pedicle?

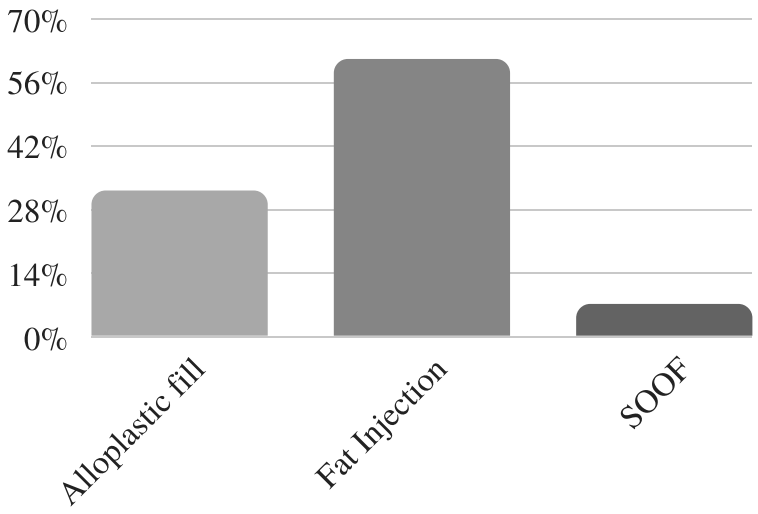


Q8: What is your preferred management of lower eyelid skin rhytids?

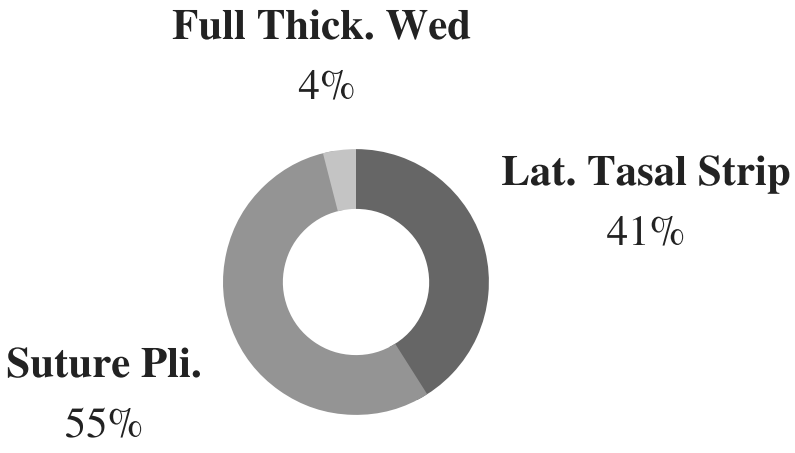


SURVEY RESULTS
Lower Eyelid Blepharoplasty, Part III

Q9: If you perform lower eyelid orbital fat removal (subtractive blepharoplasty), what other techniques do you use to address the lower eyelid - midface continuum?

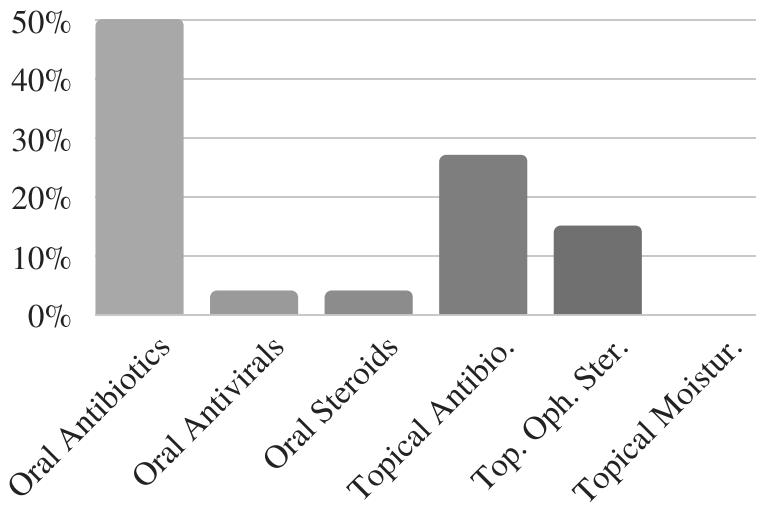


Q10: How do you routinely address the lower eyelid laxity at time of lower eyelid blepharoplasty?

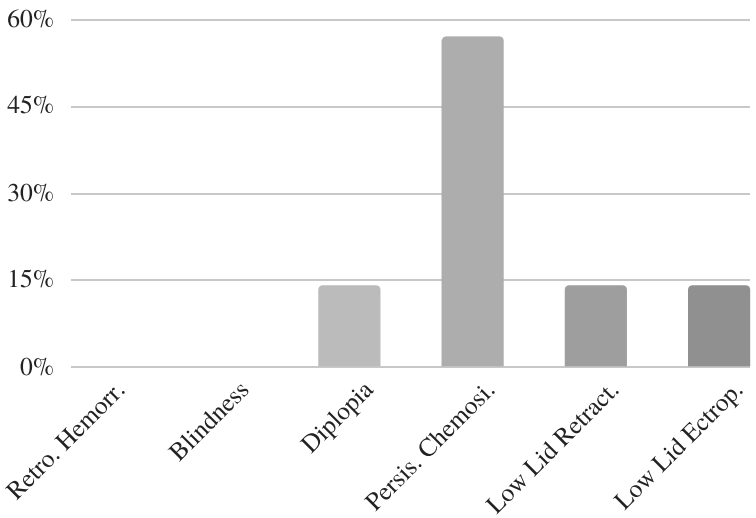


SURVEY RESULTS
Lower Eyelid Blepharoplasty, Part IV

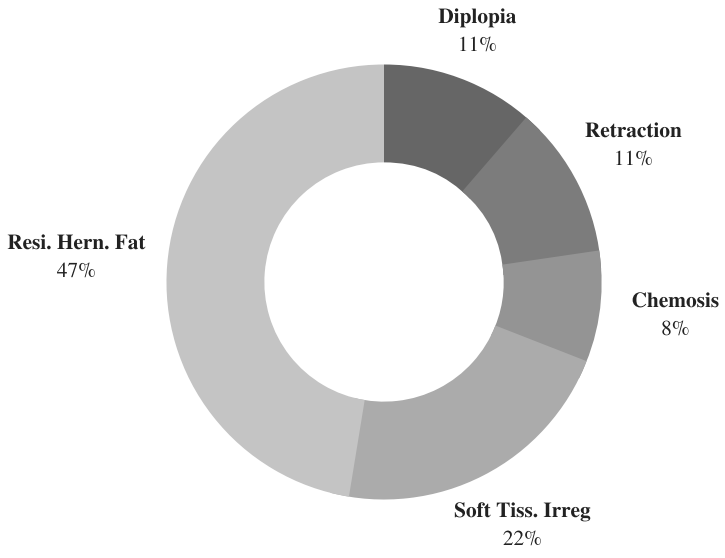
Q11: What is your routine postoperative medication management?



Q12: Have you ever encountered these potential early complications?



Q13: Have you experienced these long term complications (>90 days postop.) after lower eyelid blepharoplasty?



SURVEY RESULTS
Lower Eyelid Blepharoplasty, Anaylsis

Dr. Robert Schwarcz, FACS

We present an interesting survey on ABFCS members and their approaches to lower eyelid blepharoplasty. All four regions of the country were represented with four differing original specialties for these facial cosmetic surgeons. The majority or 68% utilize a transconjunctival approach and 29% use a combination of transcutaneous and transconjunctival. Almost no one surveyed used a straight transcutaneous approach.

With regards to steatoblepharon we see the majority or 75% perform a fat reduction method as opposed to only 7% reporting to transpose the fat. Of those who transpose the fat 42% place the fat in the pre periosteal plane while 29% choose the subperiosteal approach. Nasal and central fat pads are equally transposed while temporal never. The majority or 47% of surgeons transposing the fat are securing the pedicle transcutaneously on a bolster with 26% of those surveyed fixated it to the periosteum.

Interestingly, when asked about lower eyelid excess skin most or 52% replied they use carbon dioxide laser as opposed to excision which amounted to 21% which was second most common way. For those that perform subtractive blepharoplasty 61% also perform fat grafting to periorbital region while more than 30% would add alloplastic fillers. Of note 56% of those responded would do suture plication to tighten a lax lower eyelid as opposed to 41% performing an actual lateral canthplasty. Fifty percent of surgeons stated they give oral antibiotics and 27% give topical.

For the most common complication encountered it was chemosis at 57% while lower eyelid ectropion, retraction and diplopia all had 14%. For longer term or greater than 90 days of persistent complication, the most common was residual herniated fat at 46% while soft tissue contour irregularities was 21%.

SURVEY RESULTS ANALYSIS, CONT.

I found this study both interesting and reassuring. The most interesting aspect was the different specialties that responded and how similar the approaches actually were. The only thing I would change would be to break down the responses by specialty to see where those in the various specialties differ in their apporoach.

About Dr. Schwarcz

After completing his Ophthalmology residency and serving as chief resident, Dr. Schwarcz completed his ASOPRS accredited Oculoplastic Surgery fellowship at the Stein Eye Institute, UCLA Medical Center under Drs. Goldberg and Shorr.

He then completed another two year surgical fellowship training, under Dr. Ron Strahan in Facial Cosmetic Surgery in Santa Monica, CA. After moving to NYC ,Dr. Schwarcz was appointed Chief of Oculofacial plastic surgery service at Montefiore Medical Center, Albert Einstein College of Medicine for eight years.

He is now in full time private practice in NYC and is an associate clinical professor at Mount Sinai Hospital ICAHN School of Medicine attending both Ophthalmology and Plastic Surgery residents.

Dr. Schwarcz has over 40 published medical articles including textbooks, several patents on surgical instruments and continues to lecture on a national and international circuit.

UPCOMING EVENTS

Master Brow Lift Procedures WebClinic
April 3, 2018
8 PM
www.cosmeticsurgery.org

Facial Rejuvenation 2018
April 12 - 15, 2018
Chicago, IL
www.aafprs.org

ASOPRS Spring Scientific Meeting
May 31 - June 3, 2018
Austin, TX
www.asoprs.org

AAD Summer Meeting
July 26 - 29, 2018
Chicago, IL
www.aad.org

12th International Symposium of Facial Plastic Surgery
October 15 - 18, 2018
Dallas, TX
www.aafprs.org

ABFCS Examination *application due April 1*
October 20 - 21, 2018
Dallas, TX
www.ambrdfcs.com

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