Monthly Newsletter Volume 1 Issue 4 May 2017

THE AMERICAN BOARD OF FACIAL COSMETIC SURGERY

A MESSAGE FROM THE PRESIDENT

John P. Fezza, M.D.

Greetings to All ABFCS Colleagues,

The spring season always ushers in a fresh atmosphere of change, excitement and the anticipation of new growth. Just as the trees are starting to sprout their leaves again, I am pleased to report our organization is blossoming.

After working through the sluggish winter months, our members have awoken by actively recruiting new members. We have inducted a record 31 new founding fathers and now have over 15 potential applicants interested in challenging the October exam. This has the potential to increase our ranks to over 150 cosmetic surgeons. There are also applicants taking both the ABCS and ABFCS exams for dual certification. Dr. Nease has also created a new international division and we have seen interest already with several new potential international members.

The surge of new members not only strengthens our board, but has created a sound monetary foundation. Our financial corpus has expanded and our investments have grown to over $83,000. This puts us in a comfortable fiscal position as we hold reserves available to access for future projects.

Many ABFCS members participated in the AACS meeting in San Diego. I am proud to be part of an organization that showcases so many of its talented members. I also was impressed with the spirit of comradery and teaching by many of our notable ABFCS members.

We are truly on the cusp of achieving a solid national presence and I am encouraged by our progress. I must acknowledge the diligence of our board of trustees and executive committee along with a special thanks the Omega group for their tireless work and guidance. Together we will achieve a great presence and be “the” voice of facial cosmetic surgery.

Sincerely,
John P. Fezza, M.D.

President, ABFCS

IN THIS ISSUE

A LETTER FROM THE EXECUTIVE DIRECTOR

David G. Clark, J.D.

ABFCS Executive Director

Omega Management Group, LLC ("OMG") is an association management company that operates as the central office for several medical specialty certifying boards, including the American Board of Facial Cosmetic Surgery ("ABFCS"). The staff at OMG serving the ABFCS are:

- David G. Clark, J.D., Executive Director
- Emily Valerius, MBA, Financial Management
- Staci Finch, Administrative Assistant

As your Executive Director I provide organizational and legal support to the Board of Trustees and Executive Committee of the ABFCS.

I participate in the BOT and EC telephone conference meetings to answer questions, act as note taker and draft the meeting minutes for approval by the board's Secretary and the trustees. Those minutes document the decisions and activities of the governing board and executive committee. Formal, contemporaneous documentation is critical should there ever by a challenge against a decision of the board, particularly with regard to our bylaws, membership or credentialing requirements.

Emily keeps a close eye on the financial resources of the ABFCS. She develops (and revises when necessary) the annual budget for the board, receives and accounts for application fees and sustaining membership dues, and pays and accounts for our expenses and payroll. Emily provides an updated financial statement for each meeting of the BOT and EC.

Staci is the primary contact person for members and applicants She processes the applications to take to our exam through the web portal and assigns applications for review to members of the application review committee. Staci is able to answer most routine questions posted by current Diplomates applicants. She also prepares the agendas for the meetings and distributes copies of meeting minutes, budgets, financial reports bylaws or credentialing changes and any other matters to be considered by the BOT and/or EC.

These are only some of the aspects of what is required to run a medical specialty certifying board. And for Emily, Staci, and myself, the work we do as part of OMG is our part-time job. All of us also work as part of a regular law firm!

Please email us at info@ambrdfcs.org or call 312-340-4788 if any of us can assist you at any time.

DRY EYE SYNDROME FOLLOWING BLEPHAROPLASTY - MYTH OR FACT?

Craig Czyz D.O., F.A.C.O.S., F.A.C.S.

A known complication of blepharoplasty is Dry Eye Syndrome (DES). The literature suggests that those patients with pre-existing DES or history of LASIK surgery may be at an increased risk of exacerbating or developing DES postoperatively. Mechanisms by which blepharoplasty may incite DES include disruption of the lacrimal pump, corneal exposure secondary to lagophthalmos or eyelid retraction, and alterations of the tear film as a result of inflammation. While some studies have shown a significant incidence of DES, up to 30%, none of these studies have examined if this incidence is an exacerbation of existing disease or new onset.

Based on the observation of a significantly lower rate of DES in our blepharoplasty patients, we designed a prospective study to investigate the incidence of DES following upper eyelid blepharoplasty controlling for pre-existing DES. This key feature of the study design overcomes the influence this confounding variable likely had on the data and conclusions of similar studies. Further, we categorized the evaluation of dry eye into subjective and objective groups. Those in the subjective group either had patient report symptoms of dry eye or current use of artificial tears, Restasis, or any other tear analogs. The objective group consisted of patients who displayed corneal findings on slit lamp exam consistent with DES.

The patients in the study were limited to those undergoing primary upper eyelid blepharoplasty. All cases were performed under conscious sedation with a #15 Bard-Parker blades used for skin incision and monopolar cautery on a Colorado needle tip for hemostasis. Closure was performed in a simple interrupted or running fashion using 6-0 plain gut.

Article continues below.

CONTINUED...

A minimum of 20mm of eyelid skin was left between the eyelid margin and eye brow. Patients were evaluated preoperatively, 1 week postoperatively, and 2 moths postop. Intraoperatively we recorded the location of the lid crease incision, the location of the upper extent of the lid crease incision to the brow ("safety zone") and the amount of lid skin excised (Figure 1).

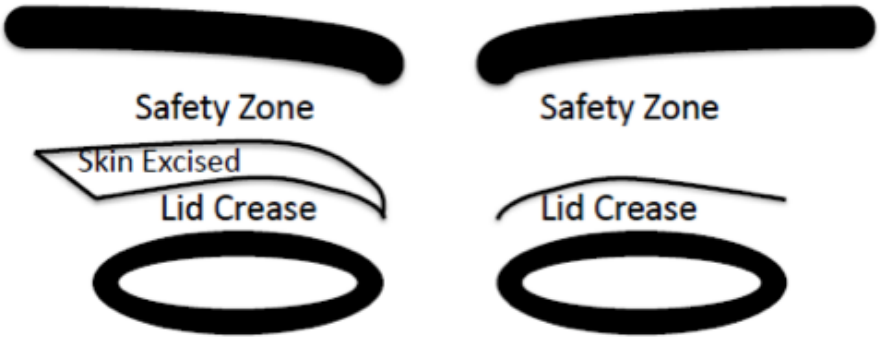


Figure 1. Blepharoplasty skin and incision variables.

A total of 245 patients (488 lids) participated in the study, with 127 patients completing the study through the 2 month postoperative visit. We found a 36% incidence of DES preoperatively (subjective and objective). This decreased to 16% at the 1 week postoperative visit, and 9% at the 2-month postoperative visit. When analyzing the groups of those with and without pre-existing DES, we found the incidence of new onset DES to be 2.3%. Further, we found that 73% of patients who displayed DES at the 2 month visit had pre-existing DES. The amount of skin removed during blepharoplasty had no effect on the incidence of DES when 20mm was spared.

Perhaps the most interesting finding of the study was the decrease in prevalence of DES at the 2 month postoperative evaluation versus the preoperative evaluation. We attribute this decrease to the standard postoperative regimen we prescribe our patients. Blepharitis and meibomian gland dysfunction (MGD) are leading causes of DES and associated dry eye symptoms. The patients postoperative use of antibiotic steroid ophthalmic ointment, which is applied both the eyelid incision as well as on the ocular surface, is one of the primary components of treatment for these disease entities. Thus, with the improvement or resolution of blepharitis/MGD, DES is concurrently improved.

In summary, all patients undergoing blepharoplasty surgery should have a slit lamp evaluation to objectively evaluate for dry eye findings, blepharitis, and MGD. It is important to document the presence of these findings so as to remove any doubt the surgical procedure "caused" the condition. To improve new onset or exacerbation of DES, 20mm of lid skin should always be left when performing an upper blepharoplasty. In those patients with preoperative blepharitis or MGD, treatment prior to surgery will likely reduce postoperative DES.

Acknowledgements: I would like to thank Sandy X. Zhang-Nunes, MD for her invaluable assistance.

ARTICLE COMMENTARY

John J. Martin, M.D.

Oculo-Facial
Plastic Surgeon

First I would like to thank Dr. Czyz for his insights on dry eye and upper eyelid blepharoplasty. It is certainly something that many of our patients ask about pre-op, and we have all had our share of patients complaining of eye irritation post-op. Looking at the literature, many articles discuss DES as a complication of blepharoplasty, but not many have actually evaluated patients in any meaningful way to document this. In several articles the patients have had both upper and lower blepharoplasty performed.

This should increase the percentage of patients with post-op dry eye due to the increased inflammation, and issues with lower lid malposition and chemosis. Mckinney and Byun reported their findings in 1989 and 1999 which said that Schirmer's testing was not a good predictor of post-op DES.

"More recent studies have shown a fairly low percentage of patients with dry eye post-op blepharoplasty, and the dryness improves with time."

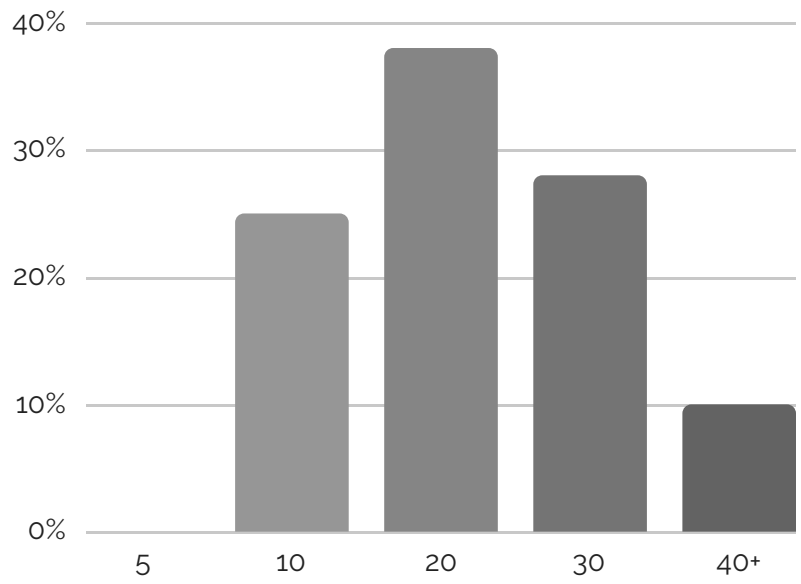
They felt that more important were pre-op anatomical factors such as scleral show, lagophthalmos, negative vector, snap test and previous surgeries. A history of grittiness and dry sensation in the eye were also important factors for determining which patients would have issues with post-op dry eye. Another more recent test for dry eye is tear osmolality, and this can be monitored pre and post blepharoplasty. In 2004 Saadat and Dresner recommended preserving the orbicularis when performing upper eyelid blepharoplasty as a way to decrease post-op dry eye symptoms.

Other more recent studies have shown a fairly low percentage of patients with dry eye post-op blepharoplasty, and the dryness improves with time. Thanks to Dr. Czyz we now have a prospective study looking at this issue. I agree with Dr. Czyz that maintaining at least 20mm of tissue is essential to decrease dry eye symptoms post-op. And very interesting is the conclusion that treating anyone with pre-existing blepharitis and MGD should help to decrease the incidence of post-op blepharoplasty DES.

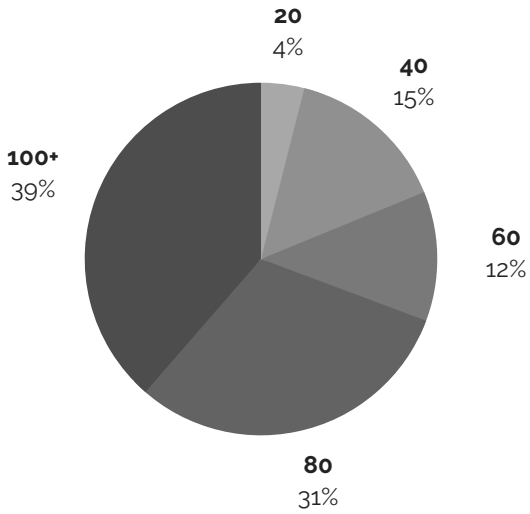
SURVEY RESULTS PART I

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

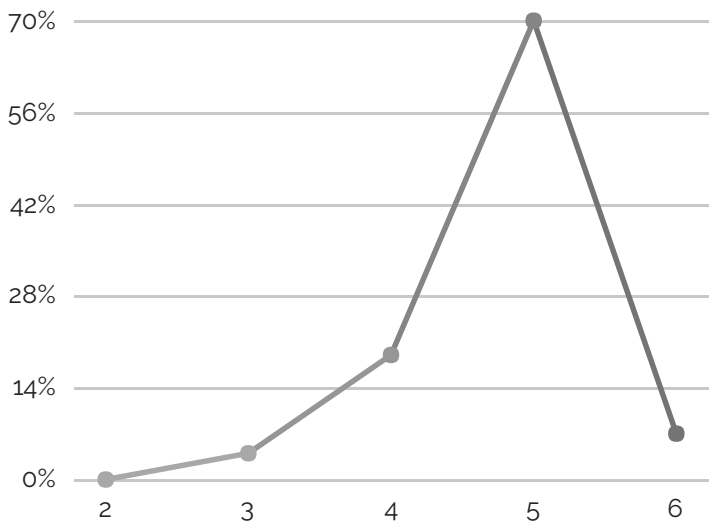
Q1: How many patients do you see in an average day?



Q2: How many patients do you se in an average week?



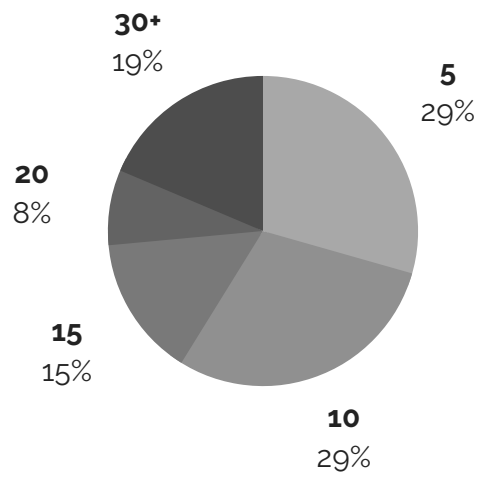
Q3: How many days a week do you work?



SURVEY RESULTS PART II

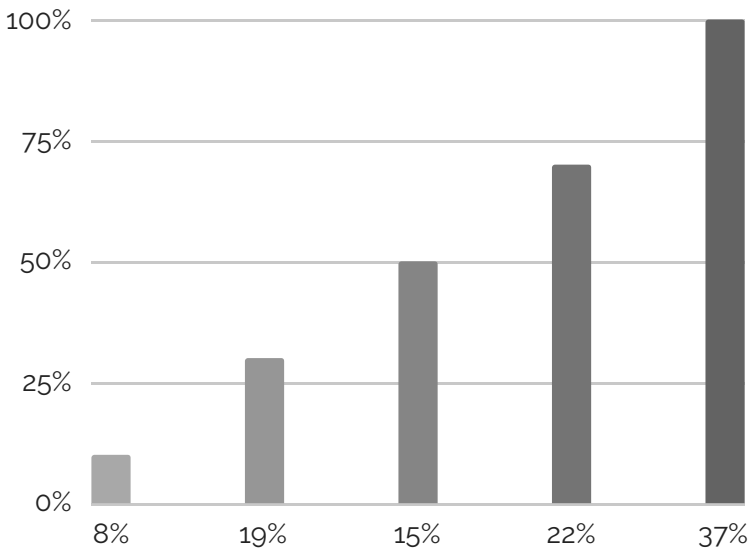
Q4:

How many surgeries do you perform in an average week?



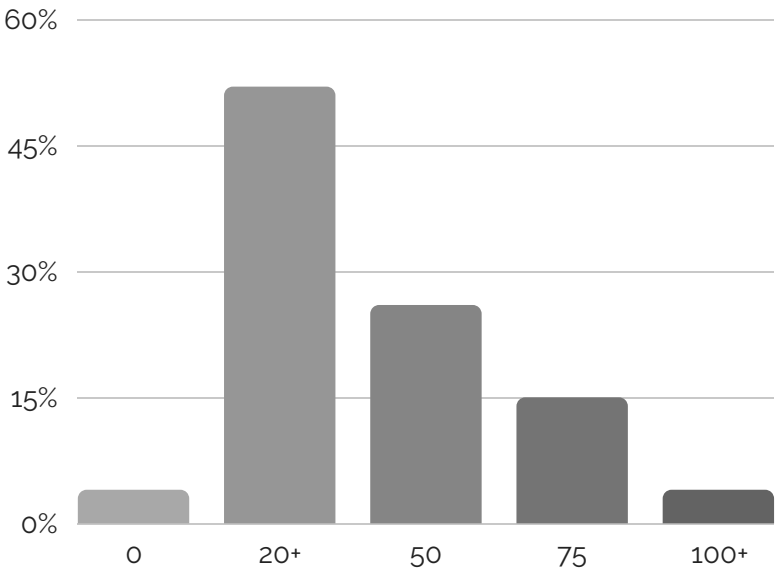
Q5:

What percentage of your surgical practice is cosmetic?



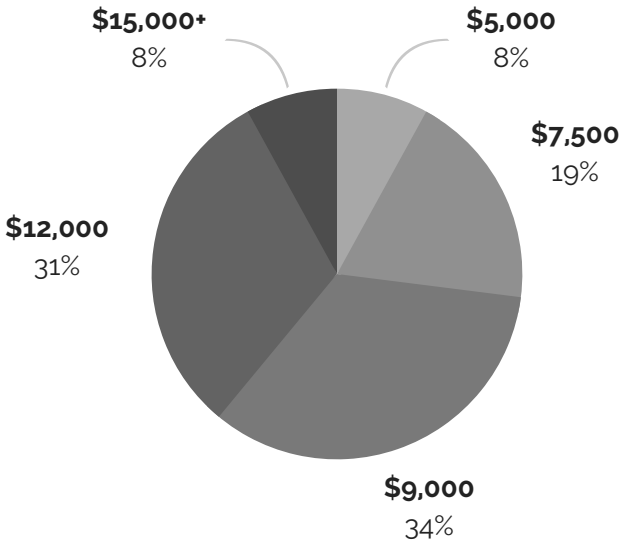
Q6:

How many facelifts do you perform in a year?



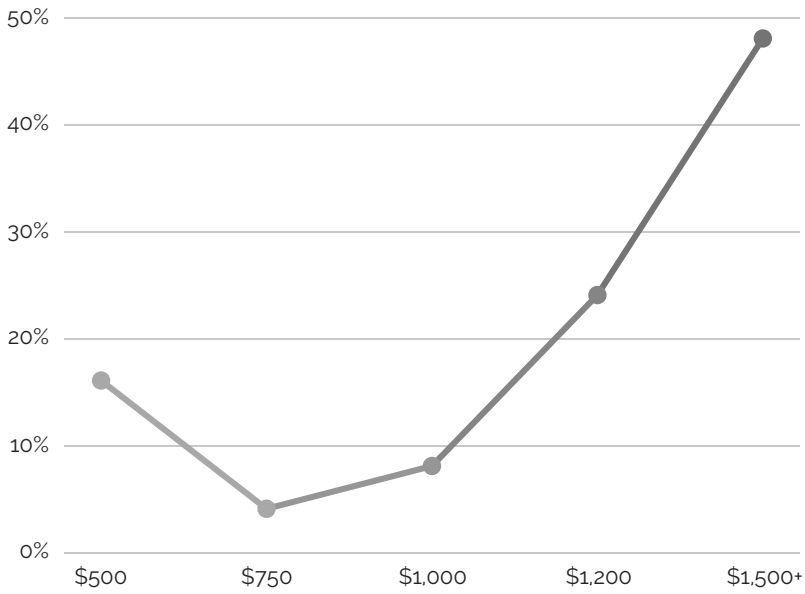
Q7:

What is the average cost to a facelift including surgery cent and anesthesia fees but excluding additional procedures?

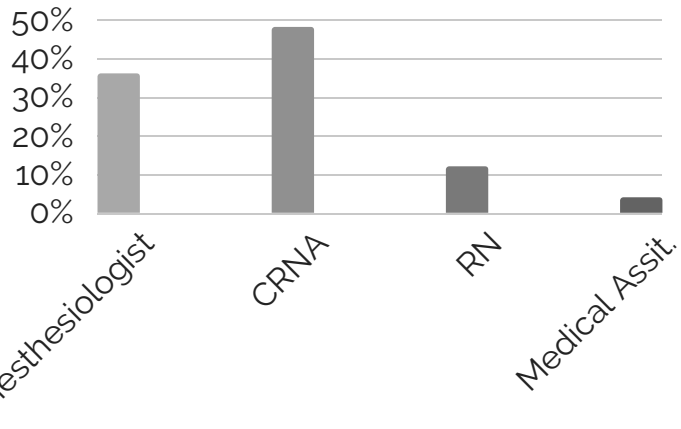


SURVEY RESULTS PART III

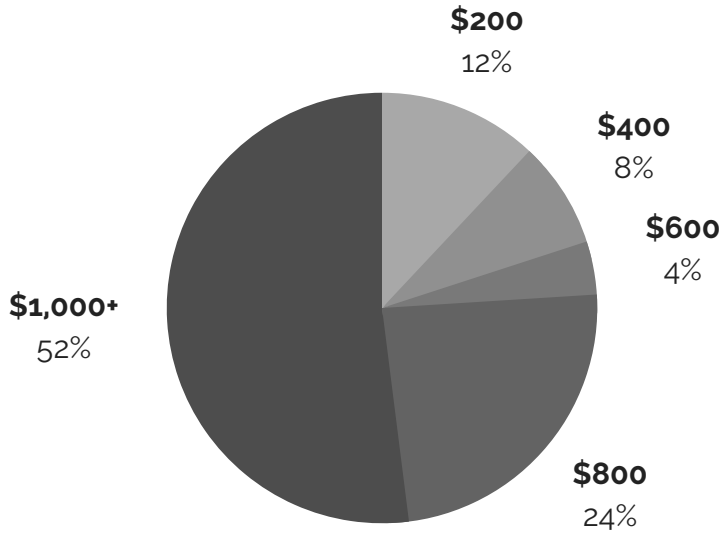
Q8: What is the facility fee charge for a facelift?



Q10: What type of anesthesia provider do you use?

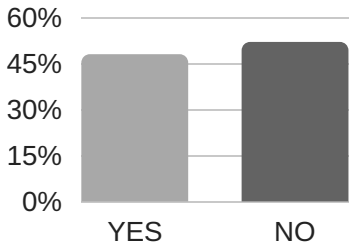


Q9: What is the average anesthesia fee for a facelift?

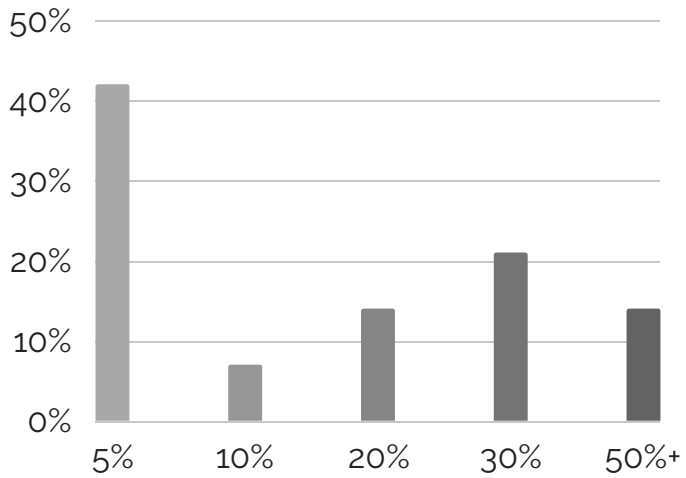


SURVEY RESULTS PART IV

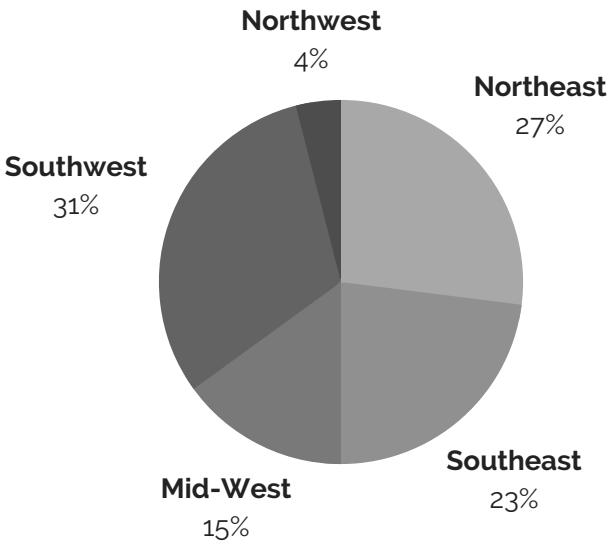
Q11: Are you an owner in a surgery center?



Q12: If you are an owner in a surgery center (ASC), what is your yearly return on investment?



Q13: What region of the country do you live in?



SURVEY RESULTS ANALYSIS

Patrick M. Flaharty, MD

Oculo-Facial
Plastic Surgeon

Reading the member survey provided some interesting information worth sharing. Regarding daily and weekly workload 90% of members see between 10 and 30 patients in a day with only 10% seeing greater than 40 patients in a day. When looking at the weekly patient volume 69% of member see greater than 80 patients in a week with 38% seeing over 100 patients each week. This is one hard working group!

To accomplish all this work roughly 90% of members work 4 to 5 days per week with 3.7% working 3 days per week (lucky you) and 7.4% working 6 days per week (workaholics). With respect to surgical volume 74% of those who responded perform between 5 and 15 cases per week while 26% perform 20 or more surgeries each week.

All of the surgeons who do perform more than 20 surgeries per week are doing at most 50% cosmetic. This makes sense since our functional cases are usually less time consuming than the cosmetic surgeries. When asked about the percentage of your practice which is cosmetic roughly 40% responded less than 50% of their practice is cosmetic while 60% responded that their practices are atleast 70% cosmetic with 37% of respondents having practices which are exclusively cosmetic.

"This is one hard working group!"

There is wide variation in the number of facelifts performed each year with roughly 80% doing 50 or fewer facelifts in a year and 20% performing 75 or more facelifts each year. Regarding anesthesia providers it is interesting that 36% of respondents use anesthesiologist with an additional 48% using CRNAs totaling 84% who use either anesthesiologist or CRNAs while 16% use either RNs or medical assistants. Lastly the regional response to the survey was strongest from the Northeast (27%), the Southeast (23%) and the Southwest (31%). The Midwest had 15% with only one respondent from the Northwest and none from California.

Best wishes to all for a great spring and summer. Look forward to seeing everyone at this years meetings!

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.

Your marketing will never be successful until you make creating content a priority

We talked earlier about how the "services marketing dilemma" is an opportunity to teach your prospects in a way that "nurtures" them into great patients – the kind with realistic expectations who put a high degree of trust in your wisdom and skill (and will actually follow your post-op instructions). For elective medicine practices, marketing should be about educating prospects in a way that helps them make informed decisions about procedures and providers. You've spent so many years in school, residencies and fellowships. You've performed myriad procedures. As "The Producers" say, "When you got it, flaunt it!" Making a commitment to creating educational content is a critical, but time consuming step.

However, Google will reward you with great results! You'll not only have a more powerful website, but you'll be able to feed the lead nurturing strategies that will deliver the right patients. Over time, your practice will be more fulfilling than you can imagine. When most people talk about Search Engine Optimization, they tend to focus on keywords and other technical minutia.

That gives physicians and practice leaders the impression that they can just pass off responsibility for their website (and marketing content in general) to a bunch of website developers with thesauruses who then disappear and return a few months later with keyword research and site designs concepts.

Your website is far too important for such a shallow approach to search engine optimization. There are no short cuts! And while, yes, the technical details and design are important too, and should indeed be delegated, your website absolutely needs content to thrive. You're the physician, so you're the expert. No one else can leverage that knowledge for you. Except for your competitors…

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

UPCOMING EVENTS

Vegas Cosmetic Surgery
June 7-11, 2017
Las Vegas, NV
www.vegascosmeticsurgery.com

AAFPRS Annual Meeting
October 26-28, 2017
Phoenix, AZ
www.aafprs.org

Global Aesthetics Conference
November 1-5, 2017
Miami Beach, FL
www.globalaestheticsconference.com

ASOPRS Fall Meeting
November 9-10, 2017
New Orleans, LA
www.asoprs.org

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