

# EXPLORE THE POSSIBILITIES

**A**re we to quick to choose sides, to commit to one person, one idea, one product, one device, one method or one theory? How often do you hear a colleague profess he/she is either for or against, with him or against him, in favor of or opposed to?

The visceral urge to square-off and to compete may be intoxicating, comforting in a sense, but it also may be a primitive vestige of a prehistorical genus long past its prime. At one time the 'survival of the fittest' mindset protected us in a harsh savannah sprinkled with limited resource and showered with abundant threats. But today, a civilized society gains advantage by blending via aligned interest rather than separating via petty differences. Our lustful urge to compete may be satiated when huddling up in corridors, running in mono-specialty packs, umbrellaing under one political ideology or touting one method of treatment.

However, an accepting mind coupled with an enlightened view illuminates the value uniqueness brings to society, medical advancement and our meetings. Yes, you may prefer Juvederm over Restylane, Dysport over Botox, Ulthera over Thermage; a transconjunctival blepharoplasty over a transcutaneous; an open instead of a closed rhinoplasty, but an unwavering path drives irrelevancy. Evolution in thought occurs when we pollinate from outside our neighborhoods.

If we can peer beyond biases and realize that the adjacent doctor product or device is often not as much as a threat as a potential cohort. A dose of creative and solution oriented thinking can lead to

collaborations in which all can gain. Look no further than CoolSculpting and Kybella, which is no longer either/or but rather now positioned as and/ more. I know in my neighborhood in Chicago there are no less than 10 aesthetic physicians on a square block and we all get along very well. And on occasion we may even share a case. I don't view them as competition but rather as complementary. Perhaps, it is a maturing wisdom that comes with age but once graduated past the sophomore hinges snagged on differences a harmonizing balance emerges.

The world is not black and white, binary or zero sum, rather an expanding gray composed of an energy of which 95% is yet to be identified. The sooner we realize 'we don't know what we don't know' the faster we can move forward.

No meeting in the US better exemplifies and provides an opportunity to break from chains of narrow mindedness to see and

hear what colleagues across boundaries are doing and thinking. Additionally, Vegas Cosmetic Surgery is often the first stop for those with a unique idea to be heard. Take advantage of the opportunity. Peek your head into a room in which a new, different or creative thought is being presented. Dialogue colleagues and debate vendors. The fertile field of ideas cultured at VCS are not only good for practices but also... good for the soul.

► **Steve Dayan, MD** is a facial plastic surgeon, professor, and researcher who has published over 100 articles in medical journals and five books

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## HIGHLIGHTS OF THE DAY

### **Acne Scarring - What's New And Upcoming In Treatment?**

**Time** 8:00am  
Todd Schlesinger, MD

### **Hot Devices For 2017 And How To Get The Best Deal**

**Time** 9:00am  
Barry DiBernardo, MD

### **Simultaneous Facelift And Fat Injections**

**Time** 11:15am  
Timothy Marten, MD

### **Total Body Fat Grafting Guided By Patient Desires And Superficial Anatomy**

**Time** 11:20am  
Sonstantino Mendieta, MD

### **Improving Periorbital Aesthetics With Volume Replacement - Hyaluronic Acid**

**Time** 2:00pm  
Guy Massry, MD & Jamil Asaria, MD

### **10 Essential Steps To Beautiful Skin At Age 40**

**Time** 3:00pm  
Heidi Waldorf, MD

### **Lip Lifting: Indications And Technique- Why This Is A Procedure Which Must Be Part Of Your Tool Box**

**Time** 3:30pm  
Jeffrey Spiegel, MD

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“Amazing educational displays at #VCS2016 with @Allergan @skinmedica @VenusConcept Zimmer and @Oxygenetix @VCS2016” @Florez\_vanessa

“Visit us at #vcs2016 booth 704! You MUST feel the Silagen difference! #scars #plasticsurgery #cosmeticsurgery #vegas” @Silagen4Scars

“Meeting with the wonderful #vcs2016 attendees & talking about their Digital Marketing Strategies. Visit Booth #422!” @Ceatus

“At Vegas Cosmetic Surgery? Stop by Booth 118 or, call (512) 657-5866 for a free MyMedLeads demo. #VCS2016 @VCS2016” @MyMedLeads

“Visit ASJrnl at Booth 105 at VCS2016 for journal copies and more #cosmeticsurgery #VCS2016” @HipSurgeryNYC

“Check out the great products for #plasticsurgeons and #dermatologists at #VCS2016 @MiramarLabs @HydraFacial @Syneron” @Florez\_vanessa

“@BSMConsulting great advice on minimizing staff turnover!! Embrace ones role as a #leader #leadershipmatters #goalsetting #vcs2016” @ChantalSchutz

“SENTÉ is at @VCS2016. Make sure to stop by and check us out! #vcs2016 #CosmeticSurgery” @SenteScience

# RHINOPLASTY AT VEGAS COSMETIC SURGERY 2017

Rhinoplasty is often thought of as the most complex and least forgiving procedure in plastic surgery. The more one learns about this procedure the more complex it becomes. We have invited a superlative international faculty to present a foundation for this multifaceted procedure ranging from basic to advanced techniques in three short half days. The first day began with the basic foundations and finesse in rhinoplasty. Principles for a general approach to rhinoplasty were presented. Form and function go hand-in-hand when addressing cosmetic and functional rhinoplasty. Nasal structure should be respected and maintained in primary rhinoplasty and is often restored in revision rhinoplasty. Rhinoplasty has evolved from a simple ‘cookie-cutter’ reductive procedure to one that often involves a series of grafting and suture techniques for achieving more natural and functional results. Techniques are contrasted, such as columellar struts, caudal septal extension grafts and tongue-in-groove are contrasted. The nasal tip is addressed along with the many complexities and array of techniques available to create an aesthetic nasal tip.

Day two began with the fastest growing area of rhinoplasty: treating the ethnic nose. Ethnic rhinoplasty is no longer about reducing a large nose to help the patient ‘fit in’ or augmenting a small nose to fit a Western European or American standard. It’s about taking a nose of any ethnicity that may have exaggerated features and softening them, yet maintaining the cultural identity of the patients. With presentations from experts in Hispanic, Asian and Middle East rhinoplasty. Dorsal augmentation, tip rotation and

projection also play a large part in ethnic rhinoplasty.

Arguably, hump reduction in the Western hemisphere and augmentation in patients from the Eastern hemisphere and Africa are the #1 most requested procedures in rhinoplasty. Thursday morning continues with the treatment of the nasal dorsum and concludes with a sobering talk on the benefits and risks of non-surgical rhinoplasty. 3-D imaging is presented as a more comprehensive way to demonstrate and plan rhinoplasty and may be the future of surgical planning.

Day three begins by addressing the challenges of functional rhinoplasty, specifically the nasal valve and the crooked nose. Finishing touches in rhinoplasty address alar base refinement as well as augmentation of the pyriform area beneath the nasal base. The concluding session presents important topics that can make or break a successful rhinoplasty: treating excessively thick or thin skin, consistent techniques for successful costal cartilage grafting and rhinoplasty for the aging nose.

Each and every area of rhinoplasty sparks discussion and controversy. We have added a Q&A section to each session so moderators can challenge speakers. We also invite the faculty and attendees to query speakers on their presentations. It is impossible to cover all aspects of rhinoplasty in three and half days. We hope that our presentations were valuable and educational. Thanks for attending VCS.

► **Steven J. Pearlman, MD, FACS**, is a Facial Plastic and Reconstructive Surgeon and Clinical Professor at Columbia University

## 10 TIPS FOR EFFECTIVE COSMETIC BLEPHAROPLASTY

According to the American Society of Plastic Surgeons, over 200,000 cosmetic blepharoplasty surgeries were performed in 2016. Unfortunately, numerous possible complications can occur with cosmetic blepharoplasty, especially with lower eyelid blepharoplasty. A complete, thorough history and physical is crucial to avoid or decrease the risks of possible complications. Here is a summary of my top 10 tips to perform an effective cosmetic blepharoplasty:

- 1. History trauma/previous surgery:** Patients are at a high risk for lower lid retraction, particularly with evidence of a prominent eye and/or a negative vector cheek.
- 2. Systemic disease:** It is imperative to preoperatively diagnose patients with underlying Myasthenia Gravis and Graves’ disease as these conditions can result in postoperative complications.
- 3. Bruising/risks orbital hemorrhage:** It is vital to decrease the risks of orbital hemorrhage as this complication can lead to blindness. A thorough discussion of possible medications that can cause bleeding complications is vital, particularly focusing on over the counter medications. Utilization of arnica, bromelain,

- Ocumend arnica gel pads and ice packs will help to decrease postoperative bruising.
- 4. History of dry eyes:** Preoperative diagnosis and treatment of dry eyes along with appropriate surgical planning is greatly beneficial. It is also important to assess for any preoperative lagophthalmos, which could be contributing to the dry eye symptoms.  
**Prior LASIK surgery:** Risk of dry eyes is between 15-25% after LASIK, so be particularly careful with patients who have a history of dry eyes and have also had LASIK, particularly within the past 6 months.
- 5. Prior neuromodulators:** Ask patients about prior treatments and any planned future treatments with neuromodulators. This information is vital as neuromodulator treatment may effect the brow/eyelid position and contour and must be taken into account for optimal surgical planning.
- 6. Prior fillers:** Fillers in the periorbital region, especially in the lateral brow region can have an effect on brow/eyelid position and contour and should be taken into account.
- 7. Understanding periorbital anatomy:** Discuss and document the effects of deflation, loss of volume, shift of tissues, and any evidence of a

negative vector. Make sure to assess brow position and effect on the upper eyelids, as well as the cheek position and its effect on the lower eyelid.

- 8. Understanding upper eyelid anatomy:** Patients with dermato-chalasis and/or ptosis will subconsciously contract their frontalis muscle to secondarily raise their eyelids. It is important during the preop assessment to relax the brow to accurately document the actual brow and lid positions for optimal surgical results.
- 9. Lower eyelid anatomy:** It is imperative to assess preoperatively for any evidence of lower lid laxity by the snap back test and the lid distraction test and to correct any lower lid laxity during the lower lid blepharoplasty. Pre-existing inferior scleral show and lagophthalmos should also be documented. Patients with prominent eyes, negative vector and with a prior history of trauma or surgery are at a high risk for lower lid retraction.

► **William P. Mack, MD**, is an Oculoplastic Surgeon at the Mack Center for Facial & Eyelid Cosmetic Surgery, Tampa, FL, and Clinical Associate Professor at the University of South Florida.

# ESSENTIAL TIPS TO MANAGE PATIENT EXPECTATIONS

MICHELE GARBER HIGHLIGHTS THE IMPORTANCE OF MANAGING YOUR PATIENTS' EXPECTATIONS AND OFFERS TIPS ON HOW THIS CAN BE ACHIEVED

**K**EY TO RUNNING A successful and profitable practice is your ability to manage patient expectations. All too often, aesthetic patients have unrealistic expectations and are not prepared for their surgical journey, including their post-op recovery.

Surgical practices need to spend more time with patients to ensure that all aspects of the procedure, as well as realistic outcomes are thoroughly explained and understood by patients. Managing patient expectations starts at the practice level. One should never assume that your patient understands the scope of their surgery, or outcome. This also applies to non-invasive treatments, such as Botox and fillers.

## SCREENING PATIENTS

I recommend that every practice screen their patients for psychological disorders such as body dysmorphia. Patients with psychological disorders will never be happy with their results. These patients end up being very difficult patients and can cause harm to a practice financially and emotionally. Patients that exhibit and screen for these disorders should be referred to the proper medical professional prior to any plastic surgery or cosmetic procedures. All aesthetic practices should have psychologists or psychiatrists to whom they can refer.

## THE CONSULTATION

An unhappy patient is a practice's worst nightmare resulting in bad online reviews and a possible law suit. It is a best practice to prepare the patient in every aspect of the surgery, realizing that in rare cases the outcome may not be ideal.

During the initial consultation there is great deal of information for the patient to absorb. Your patient is focused on the procedure(s) and excited for the outcome; therefore much of the information is not retained. Many times the

information is so overwhelming that the patient leaves the office with many unanswered questions. This can lead to a misunderstanding of the surgical outcome and post-operative recovery process.

Managing expectations to ensure the best outcome works both ways. The patient has an aesthetic goal in mind that he or she must convey to the surgeon. It is important that in order for expectations to be realistic the surgeon must also have a clear understanding of the patient's goals and must be a good listener. The surgeon should help the patient articulate his or her goals if he or she is unable to do so. Every patient who walks through your practice door is there for a specific reason. It is best to uncover this goal during the initial consultation.

If the patient's goals are unrealistic this is the time to note this and advise the patient that these goals are unrealistic. If the patient does not understand this, then it is up to the surgeon to decide if this patient is the right patient for his or her practice. Sometimes it's better for both parties not to pursue the procedure or surgery.

Proper patient preparation is a team effort. Surgeons should realistically discuss the aesthetic outcome as well as the post-op recovery period. Your staff is also responsible in ensuring that the patient fully understands the procedure, potential outcomes as well as office policies.

## PATIENT INFORMATION

Patients today are very savvy and most of them will do research online prior to a consultation for a procedure and some patients hire a plastic surgery coach to guide them through this process. However, there is a lot of misinformation as well as good resources. Some patients even rely on a friend or family member who had the same procedure. Therefore, it is not necessary to dumb down the procedure, surgery or make light of the recovery time. Transparency is



“I recommend that every practice screen their patients for psychological disorders, such as body dysmorphia.”

very important to managing patient expectations and developing the trust on both sides; patients have to trust you as the surgeon and your team and you have to trust your patient.

Surgeons and staff are sometimes reluctant to tell the patient the truth for fear that he or she will not commit to the procedure, therefore losing a 'sale'. This is medicine and should be treated as such. If your patient is truly committed to the outcome, have the financial resources and time, they will not back out.

## ABOUT MICHELE GARBER

Michele has over 25 years in the aesthetic industry working with both practices and consumers. She

is a former lifestyle publicist, media consultant and educator. Michele is the founder of The NipTuck Coach, an independent plastic surgery consultancy, a patient advocate and Host and Producer of The NipTuck Talk Show. She is a contributor to Deep Body, a women's online health website and is editor and chief of Beauty News Talk. Michele Frequently lectures at medical meetings and has recently partnered with a concierge post-op recovery care service in Beverly Hills, CA.

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