



# Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

Volume 15, Number 1 Winter 2011



## Countdown to: The Aesthetic Meeting 2011

New courses, new speakers and beautiful Boston all add up to one of our best meetings ever

By Jack Fisher, MD

The Boston Convention and Exhibition Center

is the site for this year's Aesthetic Meeting 2011 Affirming the Science of Aesthetic Surgery being held May 6 – 11. You've told us what you need in your primary educational event of the year and we've listened: this year's meeting is packed with exciting new teaching courses, scientific

sessions and a half day devoted to practice management issues. Among the highlights are:

- The opportunity to earn up to 14.25 patient safety CME credits
- Sixteen NEW teaching courses on everything from Integrating Surgical Shaping with Volumetric Enhancement—Fat and Beyond—Face, Breast and Body to

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## Aesthetic Society and ASPS Join Forces to Inform Membership on ALCL, Breast Implants, and the FDA

On January 26, 2011, FDA released documents pertaining to ALCL, Anaplastic Large Cell Lymphoma, in the presence of breast implants. The FDA has suggested that the incidence of the association is extremely rare with only 34 cases of ALCL have been published since 1989 of the estimated 5-10 million implants worldwide. Despite the rarity, both ASAPS and ASPS wanted to be sure their memberships were armed with the latest and most detailed information on the subject.

In order to inform the membership, the Societies developed a number of resources which were posted on both the ASAPS and ASPS websites. These includ-

ed the FDA Medical Device Safety Communication, the FDA Preliminary Analysis, Society press releases, and published articles.

In addition, Aesthetic Society President, Felmont F. Eaves, III, MD and ASPS President, Phillip Haeck, MD co-chaired a webinar free of charge to all members to answer questions and explain plans for the development of a case registry by ASPS in cooperation with FDA. Held on Wednesday, February 2nd, the session featured presentations by both physicians and had a record number of pre-registered members totaling more than 660.

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## Society Issues Guidelines for Teaching of Non-Cores

By Robert Aicher, Esq.



Despite the phrase "Physician and Surgeon" on state-issued medical licenses, the two words are not synonymous. Surgeons legitimately claim an expertise not possessed by the generic designation of "Doctor of Medicine."

There are no scope-of-practice limitations upon MDs, so any MD may legally perform any medical procedure. How many patients would be shocked to learn that their psychiatrist could legally operate on them?

Some of our members blur the distinction between physicians and surgeons by engaging in the completely legal practice of teaching surgical techniques to non-surgeons (abbreviated here as "teaching non-cores"). Many of you have requested that the Society take action against such members for jeopardizing patient safety by teaching non-cores how to "overdrive their headlights."

We have heard you. Our patients should never have to wonder which poses the greater risk: the surgery, or their surgeon. However, we must balance the member's right to practice, publish, and teach against the limits of authority our Society can exert in furtherance of its mission of patient safety. We believe we have found that balance.

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THE AMERICAN SOCIETY FOR  
AESTHETIC PLASTIC SURGERY, INC.

INSIDE  
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ISSUE:



Patient Safety and  
the Plastic Surgeon  
Brand: An Industry  
Perspective

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Grant for Treatment  
of Congenital Breast  
Deformity Awarded

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### A Discussion with Andrew Ordon, MD, and Jay Calvert, MD The Surgical Friends Foundation

Plastic surgeons are confronted with congenital deformities, burns, scars and physical traumas often on a day-by-day basis, not only dealing with the surgical complexities, but also the emotional effects. The relief that a surgeon could provide a patient dealing with an injury or condition could be life-changing, and in return, hugely rewarding.

It is no wonder then that in 2009, ASAPS' members Andrew Ordon, MD (from *The Doctors* on CBS) and Jay Calvert, MD (Beverly Hills, CA) joined with Kami Parsa, MD an oculoplastic and orbital reconstructive surgeon to form the Surgical Friends Foundation.

The Foundation connects philanthropists, volunteer surgeons and anesthesiologists with patients who live with difficult and sometimes life-threatening conditions. Their mission is to help individuals living painful lives due to physical deformities that are either congenital, post-traumatic or acquired in some other way.

In a recent interview Dr. Ordon and Dr. Calvert, who are partners in the same office, discussed the origins of the Surgical Friends Foundation.

**Dr. Calvert:** Surgical Friends Foundation is a group of surgeons and other advocates who have come together to provide surgical care to patients who otherwise have no chance of receiving that care.



**Dr. Ordon:** Number one, the three of us are friends, colleagues; we have camaraderie and enjoy working together. Number two—we want to extend our friendship and our expertise to those in need. We want to be their friends.

Their contributions to this Foundation have provided an outlet for their professional expertise and their humanitarian desires.

**Dr. Ordon:** As plastic surgeons, people don't realize exactly what we can do—they think of us as beauty doctors. Our training is so vast and there are so many different specialties. I have no greater joy than to be able to use the seven years of training in medical school towards someone who does not have the opportunity to get that type of care anywhere else.

**Dr. Calvert:** As surgeons we are the ones who are privy to the joy and transformation that these patients go through once their physical deformities are corrected. We are donating our care, our time, and we believe it is going to make a difference. If it's one patient at a time, so be it. But, I think it's this attitude about health care that is going to really lead Surgical Friends to a different level.

Dr. Calvert performs all types of plastic surgery but specializes in nasal reconstruction surgery and facial surgery. His focus is helping patients look and feel normal—not always the easiest achievement.

**Dr. Calvert:** Anytime the face is distorted, the nose goes with it. My goal is always to achieve facial harmony. When things are not there or not normal—creating normalcy is very tough. That's my passion.

**Dr. Ordon:** We are a fully accredited, state-licensed surgery center, which is a great tie in to when we donate our services. Not only are we here, but we can donate our surgery center as well. We've had people fly in from Eastern Europe, South America and various locations. We've already done a bunch of really exciting, cutting edge procedures. Dr. Parsa was involved in a complex case that came to us from South America. A gentleman had injured his eye and had a number of surgeries in his country, but it quite hadn't worked out. In addition, there was Elena who had a congenital problem with her eye and nose—that [required] a Dr. Calvert and Dr. Parsa collaboration.

Mission teams have also been sent to Cambodia, Haiti and St. Vincent Island to provide relief in often war-torn and deep poverty areas. For both domestic and international patients, they:

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If a member's license to practice medicine is restricted or revoked by a state medical board, the Society's bylaws provide automatic membership consequences. Asking the Society to revoke membership by making teaching non-cores an ethical violation, however, would invoke due process for any member charged. This in turn would launch a debate of whether an activity, legal under any state's code of medical practice, could still be sufficiently unethical to justify ASAPS membership revocation.

We have chosen a less contentious path. To avoid any implication of Society endorsement, we will "deny the podium" to members who teach non-cores. That is, we will not permit them to be your ASAPS teachers, to be your ASAPS leaders, or to publish in *Aesthetic Surgery Journal*, thereby acknowledging their rights, while enhancing patient safety and preserving the good name of the *American Society for Aesthetic Plastic Surgery*.

"ASAPS leadership has become increasingly concerned about plastic surgeons training non-core physicians in invasive surgical techniques. Physicians who drift outside their scope of training do not have the prerequisite knowledge and experience to safely "pick up" complex surgical techniques that our members have trained for years to master" said Felmont F. Eaves, III, MD, ASAPS President. "This new Society policy will help us to address this patient safety concern and uphold ASAPS patient safety values."

### Watch What You Blog.

Many of us are providing on-line responses to patient questions, a great patient education service. However, please

be careful what you say, as well as how you say it.

With respect to what you say, several months ago one of our members was sued in Small Claims Court by a patient, not an uncommon event, but her "evidence" was a comment posted by one of our members on the website RealSelf regarding fat grafts. The commissioner properly rejected the evidence as hearsay taken out of context with no opportunity for cross-examination, but the mere fact that one member's online comments were used (even if unsuccessfully) against another member underscores the importance of qualifying

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**When you respond to Ask-a-Surgeon, or any equivalent patient resource, remind yourself and the person asking the question that you do not have a physician-patient relationship, you have not taken their history, and you have not seen their medical records.**

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your remarks. When you respond to Ask-a-Surgeon, or any equivalent patient resource, remind yourself and the person asking the question that you do not have a physician-patient relationship, you have not taken their history, and you have not seen their medical records. You are basing your response completely on what they are telling you, which may be total lies, so never speak in absolutes

With respect to how you say it, many Ask-a-Surgeon and equivalent sites have begun posting your responses in real time, meaning that no editor will polish your words. If your response is replete with grammatical and typographical errors, you demean yourself, your practice, and the profession. So do your colleagues a favor: carefully proofread your remarks before posting, or better yet, give the job to the member of your staff who you always suspected was an English major.

*Bob Aicher is General Counsel for the Society.*

1. Provide access to quality care so these individuals can undergo their reconstructive surgery and start their rehabilitation process,

2. Help these individuals raise the necessary money through means of fundraising, charitable donations and community involvement.

Surgical Friends went to Siem Reap, Cambodia January 2-9 in 2010 to perform operations on those suffering from land mine injuries and now live with physical deformities. Working with the Angkor Hospital for Children through "Friends Without a Border," they were able to perform surgery on over 30 land mine victims and train doctors in Cambodia to deal with future cases.

Once they returned, they started raising money for the devastating earthquake that hit Haiti on January 24, 2010. Drs. Ordon and Parsa, along with various members of the organization, were finally able to make a trip out on June 30th – July 5th and provide relief to many Haitians suffering with scars from burns, facial injuries and damage to their extremities.

In the spring of last year, they were also able to send a medical team of ten to the Island of St. Vincent and provide life-altering surgical procedures to over 20 patients. This past November they had a silent auction and fundraiser in Beverly Hills, CA to raise money to help more patients this coming year.

To learn more or donate to this foundation, please visit [www.surgicalfriends.org](http://www.surgicalfriends.org)