Join Us this Month for the “ASAPS Las Vegas 2015 Aesthetic Symposium: State of the Art in Facial Rejuvenation”

By Richard J. Warren, MD

Co-chair Dr. Glenn Jelks and I are extremely excited about the forthcoming ASAPS Las Vegas 2015 Aesthetic Symposium: State of the Art in Facial Rejuvenation, occurring January 29–31, 2015, at The Bellagio Hotel. This educational event brings together the world’s foremost aesthetic faculty with an in-depth exploration of aging concepts, anatomy, aesthetic evaluation, surgical options, fat grafting, fillers, and complications. In addition to the Aesthetic Symposium, plan to attend the optional facial cadaver lab on Thursday morning, January 29. Special pricing and working with this outstanding faculty make this an opportunity you won’t want to miss. A one-day “Skin Care Session” will be offered concurrent with the general session on Friday, January 30, organized by the Society of Plastic Surgical Skin Care Specialists (SPSSCS).

Joining me, as Symposium Chair, and Glenn Jelks, MD, as Symposium Co-Chair/Cadaver Lab Chair, we’ve invited the top international experts in facial rejuvenation and fat grafting, including:

- Javier Beut, MD
- Nuri Celik, MD

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Six Steps to Reduce Taxes on Investments

By Carole C. Foos, CPA and Andrew Taylor, CFP®

Individuals in the highest income tax brackets may discover unpleasant surprises this year when they learn of their investment tax liability. In 2013 domestic equities provided investors with returns they have not witnessed since the late 1990s. This successful year for U.S. stocks was accompanied by the implementation of The American Taxpayer Relief Act of 2012 that caused an increase in the top marginal tax rate to 39.6%, an increase in long term capital gains and dividend tax rates to 20% for those same taxpayers, and a 3.8% surtax on net investment income (commonly referred to as the Medicare Tax). The confluence of these two events may mean higher taxes for you.

Proper tax planning becomes more critical as we move into an era of higher taxes. Five years of a rising stock market equates to many traditional investment vehicles holding large amounts of unrealized gains that can become realized gains if you are not careful. In this article, we will provide you with six suggestions that could save you thousands of dollars in investment taxes over the next several years.

Account Registration Matters: If you are reading this article you likely have a reasonable amount of investment experience and have become familiar with the benefits of security diversification in your portfolio. However, a

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Make a Difference: Contribute Your Stats

For the past 17 years, our Society has come to be relied upon as the go-to resource for aesthetic plastic surgery statistics thanks to your participation in our annual survey on cosmetic procedures performed. This December, we mailed to you our annual survey to fill in the number of cosmetic procedures you performed from January 1 to December 31, 2014. The survey is also accessible online at www.ASAPStatistics.com. You have the option to save the survey as you are filling it out instead of completing it in one session. For your convenience, we have shortened the survey by eliminating questions that are no longer relevant to aesthetic plastic surgery. The information you provide us will be completely anonymous.

Your participation in this survey is crucial in providing data on trends in the aesthetic industry as well as insights into the health of our economy; all of which are sought after by top-tier media outlets, as well as industry and financial investment advisors. This is not only an opportunity to reinforce the Aesthetic Society’s credibility but also a platform for you to engage with the media, comment on the data while educating the public about the aesthetic industry and increase exposure for C

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Meet Us in Montréal!

The Aesthetic Meeting 2015
May 14–19, Palais des Congrès

Skin Care 2015
May 12–15, The Westin and Palais des Congrès

WE ARE AESTHETICS.

Membership FAQ

When is the Next ASAPS Active Member Application Deadline?
July 1, 2015. For more information, please visit www.surgery.org/active-membership
Repeated attention has been given to the divide between reconstructive and aesthetic medicine, as if a gap separates healthy patients from those who have been traumatized by disease. As a woman who has stood on the less fortunate side, as well as a researcher who has cleared the divide, I can attest that integration helps make true healing possible.

In designing and leading a national quality of life study, I interviewed women across the U.S. in an exploration of the importance of self-perceived beauty to the healing process. Unequivocally, women advocated for the impact body confidence has on sexuality, and how its existence enables women to move forward after cancer. Over and again women spoke of the far reaching impact of disease and, more sadly, of the glass wall which seemed to trap them on the wrong side, while physicians viewed their desire for physical wholeness to be almost frivolous after such a life threatening event. Rather than acknowledging self-perceived beauty’s rightful place as a foundational component of establishing a healthy self-image, it has been largely relegated to the confines of an “added benefit.”

Little thought is given to the post cancer woman beyond breast reconstruction, and, as a thrilled patient of a prophylactic mastectomy who has cleared the divide, I can attest that integration helps make true healing possible. In acknowledging a future beyond disease.

There are basic fundamental changes that happen to many women after cancer which aesthetic medicine is designed to manage. Primary examples are surgical scarring, textural changes in skin, fat atrophy, fat redistribution, vaginal changes, volume loss in both the face and hips, and the ever present “sneakers with a suit” effect that occurs when an amazing outcome in breast reconstruction is the crowning element on a woman whose face and figure may not have fared as well. This is the classic opportunity to engage a woman in the life changing experience of “the rest of the journey.”

While aesthetic practices are likely to have a large number of post cancer women in their current patient base, the real gift lies in knowing how to engage those women in defining a new vision for themselves, and offering them the opportunity to explore physical restoration beyond fillers or botox. It begins with a conversation. Experience tells us that patients often schedule time for the procedures they are most familiar with, or which were most recently advertised, rather than the ones that may best suit their goals.

Often, in the post cancer woman, it is a combination of procedures that actually allows the patient to reach the restored image they so want to create. By having the frank and exploratory conversation that navigates the overall imprint cancer left on the patient, physicians are able to create a literal road map back to wholeness. Engaging the patient in defining an overall vision for her physical goals allows the practitioner to establish an evolving relationship which, by its design, will meet the objectives of the patient in a meaningful way. After all, if labiaplasty is what will give her back her confidence with her mate, does botox to the brows really get us there? CALIEB (www.calieb.com), a program for the post cancer woman of which I am the chairman, focuses on the impact that cancer and life-saving treatments have on appearance. We have embraced this approach to wholeness, offering multi-specialty solutions to meet the vision of restoration as defined by the patient. As one example of this whole body approach, Dr. Ken Hughes addresses issues surrounding the redistribution of fat frequently following breast reconstruction. Dr. Hughes addresses issues surrounding the redistribution of fat frequently following surgically-induced menopause. He notes that an eye on overall balance and symmetry often leads one to lower body work to fully complement beautifully reconstructed breasts.

Other members of the CALIEB team agree, noting that patients find the erasure of the evidence of surgery to be a significant “page turner” in their journey towards wholeness, and physicians find the freedom to aggressively pursue body and facial contouring when scarring can be dealt with as a minimal issue. For example, as Dr. Alice Pien of AMA Skincare, points out, “our work with a wide spectrum of lasers and other integrative modalities has allowed us to witness the positive impact of erasing scars, or what patients sometimes call ‘the lines of anguish’ often caused by the trauma of cancer. When you do that, it’s like a new chapter for the patient.”

Deb Ditto, N.P., remarks that patients often experience facial volume loss after chemo, and are greatly disappointed that just “getting their hair back” doesn’t really offer the return of their “best self”, so hoped for during the long battle with cancer.

Rhinoplasty is another unexpected addition to the arsenal in battling the ravages of fat atrophy, as well as structural changes occurring in the face after volume loss, which often requires a new approach to managing ideal dimensions. Patients frequently have volume changes that can be addressed with fillers, and various surgical lifts, and the final touch of reshaping the nose to match the newly restored face can dial back the clock ten years. Dr. Hughes notes, “Aesthetic medicine has a primary role in delivering complete restoration to a woman’s fight to regain her sense of self after cancer.”

As Dr. Asher Milgrom, also of AMA Skincare, concludes, “Watching a woman who has been through so much look in the mirror, love how her body looks, and smile with joy at the face in her reflection is a miracle. To be a party to the intimacy of that miraculous transformation is the secret privilege of being healers.”

So what does rhinoplasty have to do with breast reconstruction? Sometimes, everything.

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