

Facial Plastic TIMES

AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY, INC.

BEST OF BOTH WORLDS AT ADVANCES IN RHINOPLASTY & FACIAL REJUVENATION

The Academy's Advances in Rhinoplasty & Facial Rejuvenation Meeting, April 27 - 30, 2023, combines the best of rhinoplasty and rejuvenation in one place—sunny San Diego.

Plan to attend this meeting designed for advanced care providers, practicing physicians, fellows-in-training, and residents as the AAFPRS Foundation brings together brilliant experts from around the globe and in the fields of facial plastic and reconstructive surgery, aesthetic medicine, dermatology, oculoplastic surgery, maxillofacial surgery, and rhinoplasty specialties.

Attend enlightening keynote presentations and lectures, and don't miss interacting in the panel discussions, hands-on workshops, live demonstrations, and cadaver labs. Breakout sessions will cover rhinoplasty, facial rejuvenation, practice management, minimally invasive techniques and technologies, and practice management.

Not to be missed are invited keynote speakers who will share their knowledge, experience, and lessons learned. The rhinoplasty lineup includes "My 30-year Experience in Rhinoplasty" by Russel W.H. Kridel, MD; "Nasal Tip Surgery" by Richard E. Davis, MD; "Combined Functional and Preservation Rhinoplasty" by Sam P. Most, MD; "Preservation Rhinoplasty, What's in a Name;" by Jonathan M. Sykes, MD; "Airway Considerations in Rhinoplasty" by Dean M. Toriumi, MD; "Wins and Losses at the Alar Rim" by Brittany E. Howard, MD; and "Choosing the Best Technique in Preservation Rhinoplasty" by Aaron Kosins, MD.

Panel discussions will cover a wide range of topics, from revision rhinoplasty and avoiding complications to the crooked nose, psychiatric rhinoplasty, and personal approaches and techniques. There will be many opportunities to discuss your challenges, complications, and questions. Different perspectives are valued; don't miss the panel, "That's Not How I Would Do It: Great Minds that Don't Think Alike."

Facial rejuvenation sessions will not disappoint. A special feature on minimal invasive techniques will include thread lifting, liquid rhinoplasty, aesthetic technologies in skin of color, lip enhancement, the

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2023 AAFPRS Advances in
RHINOPLASTY &
FACIAL REJUVENATION

April 27-30, 2023 | San Diego, California

EARLY BIRD
DEADLINE
March 23, 2023

- latest in fillers and lasers, and Asian blepharoplasty.
- While a special feature on facial rejuvenation will include deep plane face lifting, deep plane neck maneuvers, "Ponytail lift" and mini lift, SMAS plication, to name a few.

The practice management sessions will be taught by physicians (sharing their tried and true experiences) and industry representatives (delivering the latest in marketing and technology).

A live filler demonstration and two cadaver labs will be offered: Injectables, Threads and Facelift, and Rhinoplasty. Space is limited, be sure to reserve your spot soon. In addition to educational sessions to bring your practice and skills to the next level, there will be networking opportunities and the Exhibit Hall highlighting leading-edge tools and technologies.

Come to San Diego to discover new gems in rhinoplasty, facial rejuvenation, minimally invasive techniques, and practice management resources, all in one place. Registration includes admission into all sessions, workshops, luncheons, coffee breaks, receptions, the Exhibit Hall, and industry-sponsored activities. Register today.

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310 S. Henry St., Alexandria, VA 22314;
Phone: (703) 299-9291; Fax: (703) 299-8898
E-mail: info@aafprs.org; www.aafprs.org.

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PRESIDENT'S MESSAGE: YOU ASKED



As always, your Academy is interested in receiving member feedback and is focused on addressing the needs and interests of its members. I would like to highlight what we have accomplished in response to your requests and some of what we are doing to further enhance AAFPRS services and benefits.

You asked for the AAFPRS Member Directory to return to print.

The Board had decided several years ago to stop sending out a hardcopy of the Directory because it was being used by some to generate unauthorized email mailing lists. Instead, we had implemented an online Directory via our members-only part of the AAFPRS CONNECT website, where any member could connect with other members—but each member was in full control over whether to share their email address. I guess, however, that we didn't realize how so many of us refer to the printed version of the Directory, and how much we would miss it! So, our compromise now is that the Directory will again be put to paper and mailed out to members in the first quarter of 2023, *without* email addresses. If you need email contact information, this can still be obtained on CONNECT under Member Directory, via a request to any member.

You asked for enhanced and candid communication.

Unsubstantiated rumors are the bane of any organization, and our Academy is not immune to such threats. You have asked that we further improve the process of communicating with our members. We have taken this to all new levels! To begin, over the course of the pandemic we've added our weekly electronic newsletter—the *AAFPRS Weekly Rundown*—that is sent to every member each Friday which includes the latest AAFPRS information, programs, services, and benefits. Next, I've initiated recording and sending video messages to keep you abreast of the most important Academy and AAFPRS Foundation information (if you are not receiving these due to spam filters at your institution, please let me know). I am trying to keep these messages to less than five minutes, as I know your time is valuable. In addition, a discussion with AAFPRS member **Steve Mobley, MD**, alerted me to the value of Facebook chatrooms and how the AAFPRS and its members can use this members-only platform to ask questions, engage in candid dialogue, and disseminate key information. **DONE!** Please scan the QR code (that appears on page 11) with your smartphone to easily join the brand new AAFPRS Members Chat Group on Facebook. This chat group will be monitored by AAFPRS leadership and staff and is only available to members in good standing. Because it is a closed group, this new member benefit will enable you to ask patient-centered questions, or just discuss what's on your mind. I will be monitoring it also, to keep you in the know!

You asked for a "print-friendly version" of *Facial Plastics Times* (FPT).

Eliminating the printing and mailing of FPT was a strategic action that the AAFPRS needed to take to further tighten expenses since the start of COVID. You may think that your dues are enough to sustain the Academy, but they aren't—and with the disruptions of the pandemic, we have been engaging in various actions to both responsibly manage expenses and expand revenue. With many non-profit associa-

FOR IT, WE LISTENED, YOU'RE GETTING IT!

tions and professional societies moving their newsletters and magazines to online-only platforms, we have made this shift, as well. Still, AAFPRS past president **Steve Pearlman, MD**, told me that he looked forward to reading FPT “cover to cover,” yet that’s not possible in the current electronic format we are using. So, beyond the “readers-spread version” of FPT that is emailed to you and currently housed on [CONNECT](#), starting with this issue, we are giving you the ability to download and print out your very own “print-friendly version” of FPT! You will find this version in the body of the email you receive and the readers-spread will continue to remain online. If you have any trouble with the print version, contact Rita Chua Magness at the Academy office, (703) 299-9291; rcmagness@aafprs.org.

You asked for our own internal Rhinoplasty Society.

At the AAFPRS Advances in Rhinoplasty and Facial Rejuvenation Meeting this April in San Diego, you will learn all about the latest developments regarding the launch of the AAFPRS International Society of Rhinoplasty Surgeons (ISRS). At the conference, AAFPRS fellows and AAFPRS International fellows can easily complete a simple membership form, pay the nominal membership fee, and pick up your ISRS lapel pin! The ISRS is the culmination of several years of planning by the AAFPRS Board and our AAFPRS Rhinoplasty Task Force (now a standing committee), under the strategic direction of **Edwin F. Williams, III, MD**. Other than the notoriety of being a member of this exclusive group and your ability to refer to yourself as an “ISRS rhinoplasty fellow,” membership will include allowing you: to use the logo on all your marketing materials and website; to provide educational input into ISRS webinars and ISRS rhinoplasty

panels at our conferences; and to become in the top tier of rhinoplasty speakers at the meetings. Dr. Williams has written a helpful article about where we are in the development and launch of the ISRS, inclusive of the various benefits and membership eligibility requirements—please see page 10 for his detailed ISRS overview. And then, if eligible, be sure to take action to [join the ISRS](#) when you attend the San Diego conference in April! Or contact the Academy office for information.

You asked the AAFPRS for help with United Healthcare’s denials of septoplasty and nasal valve surgery done at the same setting.

United Healthcare (UHC) changed their policy on covering nasal valve surgery (CPT code 30465), requiring that septoplasty be performed at a prior, separate operation. AAFPRS member **Sean Desai, MD**, from Johns Hopkins brought this to our attention, noting that all his organization’s nasal valve surgeries were being denied. Other members also contacted us to let us know they had the same concerning experience. With Dr. Desai’s assistance, the AAFPRS drafted a letter to the UHC CEO and the UHC medical director to explain how this policy change is not surgically sound and is not in the best interest of the patient. As you can imagine, they have not been quick to reply with a resolution—but we are now in active communication exchanges with the UHC medical director and her team, and will keep you apprised of how our advocacy efforts progress with them.

You asked for the AAFPRS to make sure it is taking advantage of our growing, diverse pool of potential leadership candidates.

Hopefully by now you have heard my president’s video message on this topic and submitted your

recommendation(s) to the Nominating Committee for consideration. The AAFPRS Bylaws have always stipulated that it is the job of the Nominating Committee (who themselves are all elected by the membership) to ultimately nominate the slate of candidates for each year’s election ballot for all open, elected positions. This year, to further engage our membership in this process, we are also inviting voting members in good standing to recommend themselves or another AAFPRS fellow member in good standing for consideration by the Nominating Committee. These names will be considered as the Committee works on the 2023 candidate slate. Diversity, equity, engagement, and transparency are important to the AAFPRS Board to ensure that a variety of voices within the membership are represented in the leadership—and this new process will allow for *even more voices* to be heard.

And just a word about being an officer of the Academy or AAFPRS Foundation: *It is a commitment*. It is a commitment of time and a commitment of finances. It’s not just a title to put on your CV. Board members need to be 100 percent invested in the AAFPRS and its mission. If you possess these qualities and would like to suggest yourself for consideration by the Nominating Committee for an open Board position, please do so. Visit the [“AAFPRS Elections” webpage](#) under the Membership tab on our website for more information, for my video message, and for the 2023 recommendation form.

You asked for continued and enhanced financial transparency.

Over the course of the last five-plus years, we have been sharing with the membership a high degree of frank feedback via these president’s columns about the financial re-positioning of the AAFPRS. Now we intend to take

See You Asked For It, page 11

JOSE CARLOS NEVES RECEIVES ESTEEMED DAVALOS AWARD

Dr. Jose Carlos Neves received the AAFPRS Foundation's prestigious *Efrain Davalos Award* at the 13th International Symposium of Facial Plastic Surgery last October 22, 2022, in National Harbor, Md. Presented to an esteemed facial plastic and reconstructive surgeon outside of the United States, this international award is given only once every four years in conjunction with the AAFPRS Foundation's International Symposia to recognize those who have made a significant contribution globally to facial plastic surgery. An overview of the award was provided at the 13th International Symposium by J. Regan Thomas, MD, AAFPRS past president from 1992 and one of the AAFPRS Foundation leaders who helped to establish the *Efrain Davalos Award*. Then, Dr. Neves was announced as the current award recipient by the International Federation of Facial Plastic Surgery Societies (IFFPSS) president (and AAFPRS past president from 2007), Vito C. Quatela, MD—Dr. Quatela also shared with those in attendance some of the below outstanding background information about Dr. Neves.

After finishing the specialty in otorhinolaryngology and Cervino-Facial Surgery in 2006, Dr. Neves held the Fellowship in Facial Plastic Surgery by the European Academy of Facial Plastic Surgery in 2007-2009. Under the auspices of IFFPSS, he also received training at world-renowned centers: Johns Hopkins, Facial Plastic Surgery Department, in Baltimore; Oregon Health & Science University, Department of Facial Plastic Surgery in Portland; Larrabee Center for Facial Plastic Surgery, Virginia Manson Hospital in Seattle; UCLA, Facial Plastic Surgery Department in Los Angeles; Hospital das Clinicas, University of São Paulo in São Paulo, Brazil;



and Fundef - Cranio-Facial Deformaties Foundation, Dr. Wilson Dewes Clinic in Rio Grande do Sul, Brazil.

Today, exclusively dedicated to facial plastic surgery, Dr. Neves is currently the clinical director of Myface Clinic, a multidisciplinary project that brings together specialties that treat the face and body, which he founded in 2008. He is board certified in facial plastic surgery, EBCFPRS, IBCFPRS (London, U.K.) and in ENT-Head and Neck Surgery (Coimbra, Portugal)—and his credentials are impressive, as he holds/has held the following important positions:

- President-elect, European Academy of Facial Plastic Surgery (EAFPS)
- Member, IFFPSS Fellowship Committee
- Editorial member, Facial Plastic Surgery Journal (Europe)
- Advisory member, Facial Plastic Surgery and Aesthetic Medicine International (USA)
- Former member, EAFPS Fellowship Committee
- Former treasurer, EAFPS Portuguese National Delegate
- Former chairman of the EAFPS Oculoplastics Focus Group
- Past president, Facial Plastic Surgery Committee of the Portuguese ORL/NHS Society
- Former member, Rhinology and FPS Committee of the Portuguese ORL/NHS Society

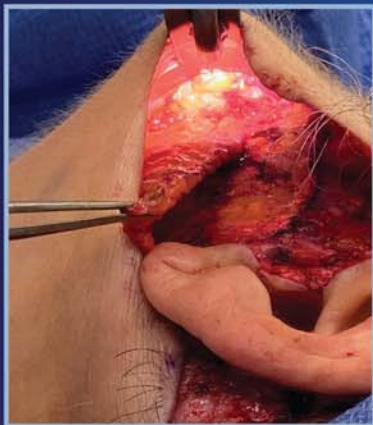
- EAFPS Fellowship in Facial Plastic Surgery (Europe, USA, Brazil)
- Founder and director, My Face, Clinic and Academy (Portugal - Lisbon and Coimbra)

Dr. Neves is also the author of articles and co-author of reference books in the field of facial plastic surgery and he has contributed greatly to the enhancement of the facial plastic surgery global knowledgebase via planning and speaking regularly at national and international meetings and congresses in the specialty—and by participating as a surgeon in several courses with demonstration of techniques in live surgeries. “Dr. Neves is most deserving of this award, as he is artistic and creative, constantly innovating and teaching, and never satisfied with the status quo,” Dr. Quatela enthusiastically shares. “As one of the IFFPSS Global Summit of Facial Plastic Surgery co-directors, he was exceptionally reliable, imaginative, and simply got things done at the highest level! It has been a pleasure working with him in his capacity.”

Dr. Quatela also stressed the important ability and impact that Dr. Neves has as a key leader within the international specialty of facial plastic surgery. “As IFFPSS president, I am looking forward to fostering an even greater alliance and collaboration between the EAFPS and IFFPSS and all International Federation member societies in pursuing the goal of strengthening facial plastic surgery globally,” Dr. Quatela states. “Dr. Neves is a true leader who is open minded, listens and leads with humility—and without question, he will make a great leader as president of the European Academy of Facial Plastic Surgery.”

On behalf of the AAFPRS and IFFPSS boards, please join us in extending congratulations to Dr. Neves on this well-deserved award! ■

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EMERGING TRENDS AND TECHNOLOGIES: MUSCLE STIMULATION AND FACIAL REJUVENATION...OUR

By Yael Halaas, MD

Six years ago, muscle stimulating devices using High Intensity Focused Electro-magnetic (HIFEM) technology first entered the aesthetics market. As part of the original investigators, my office spent much time validating the benefits of the device scientifically and clinically. The technology has expanded to various regions of all the body and to other devices including the pelvic floor and treats both functional and aesthetic issues. As a facial plastic surgeon, the possibility of intervening with facial muscles was intriguing. Patients overwhelmingly seek nonsurgical options over surgical options.¹ The literature shows only mixed, small results for facial yoga exercises. Designing a device to effectively and consistently treat facial muscles took several years but a prototype was available approximately two years ago using combination topical radio frequency (RF) and muscle stimulation (HIFES). My office began clinical use of this device 19 months ago and have found it to be beneficial to our patients.

Clinical studies on the device's effect on skin showed promising results. The histology studies show an increase in collagen by 26 percent^{1,2,3}, and the elastin increase was even higher



and increased by 110 percent.³ A following study⁵ found that after three months of the procedure, there was a 36.8 percent decrease in wrinkles and a 25.3 percent improvement in skin evenness, as investigated through changes in skin texture and facial appearance (see figure 1).

Radio frequency is well accepted to improve skin. The novelty here was the effect on muscle. As facial plastic surgeons, we either operate on the SMAS and platysma or we treat with neurotoxin that immobilize muscles. Only recent studies have revealed that facial muscles, like the frontalis and zygomaticus, in fact, weaken with aging.⁶ Studies were conducted to verify this novel device's effect on facial muscles, reporting a 19.2 percent increase in muscle density (see figure 2) and 21.2 percent increase in the number of myonuclei that provides. This effect was noted just two months after the procedure.⁷

These structural changes in the facial muscles and fascia can lead to an increase in resting muscle tone, which is important for maintaining a lifted appearance. Logically, weak facial muscles require more effort to prevent sagging and hold the surrounding tissue in place. When the muscles are too weak, it can lead to issues such as brow ptosis, nasolabial fold, or sagging cheeks. When muscle tissue function is enhanced, the muscles have enough tone to hold the surrounding tissue without needing to stay

FIGURE 1: BEFORE (LEFT) AND THREE MONTHS AFTER (RIGHT) THE FINAL TREATMENT WITH THE DEVICE. PHOTOS BEFORE AND AFTER PHOTOS SHOW A DECREASE IN WRINKLES.

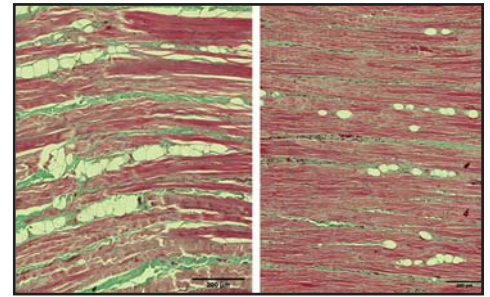


FIGURE 2: ILLUSTRATIVE DEPICTION OF INCREASED MUSCLE TISSUE DENSITY. RED COLOR REPRESENTS THE MUSCLE TISSUE, GREEN COLOR REPRESENTS INTERSECTED COLLAGEN FIBERS. WHITE COLOR DROPLETS REPRESENT LIPID DROPLETS.

contracted, thus reducing the above-mentioned issues. Studies have shown this device can increase muscle tone by 30 percent⁸, resulting in an overall lifting effect of 23.1 percent⁹, as evidenced in our patients (see figure 3).

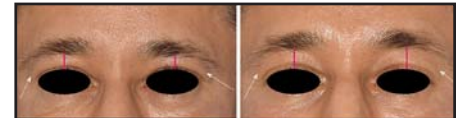


FIGURE 3: BEFORE (LEFT) AND THREE MONTHS AFTER (RIGHT) THE FINAL TREATMENT WITH THE EMFACE DEVICE. PHOTOS BEFORE AND AFTER PHOTOS SHOW A LIFTING EFFECT ON EYEBROWS.

The effects of RF and HIFES are not limited to individual use, but also exhibit significant synergy when used together. Studies have found that the expression of heat shock proteins (HSP) and the number of activated satellite cells (SC) is elevated when the muscle is exposed to a combination of heating at around 40°C and supramaximal contractions, in comparison to applying energy separately or in succession.^{10,11} This simultaneous application thus delivers a stronger stimulus, leading to a more robust response in the skin, muscle, and fascia, resulting in more pronounced structural remodeling.¹²⁻¹⁶ Importantly, the one year clinical results do not show any deleterious reduction of facial fat nor masseter hypertrophy.

FIELD EVOLVES

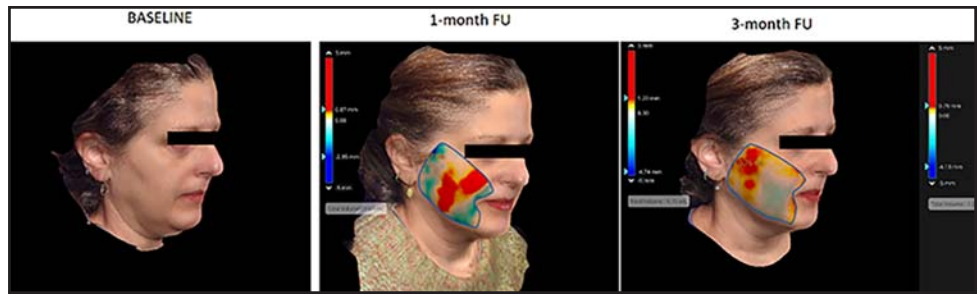
In addition to impacting muscle and skin tissue, the combined RF/HIFES device also can affect the subdermal connective tissue. Synchronized RF heating may support the fascia through collagen and elastin remodeling, similar to what has been documented in previous skin tissue studies because the facial fascias are also composed of elastin and collagen. Additionally, fascia has been purposed to respond to mechanical stimuli¹⁷, which this device delivers through HIFES stimulation. The combination of heating and mechanical stress on the fascia can lead to remodeling, resulting in increased tightness and elasticity of the fascia.

Summary

This novel device without downtime or pain has allowed my patients to enjoy long-lasting benefits to both the skin and muscle layers. We have treated a cohort of both non-surgical and post-facelift patients over the past 19 months and seen significant, worthwhile benefits. The treatment can be used as a stand-alone treatment or in combination with other long-standing aesthetic treatments with no deleterious effect. A new era of facial modulation using muscle-based devices has been started and will complement our field.

You can view references [here](#). ■

This column is designed to share innovations in treatment, surgical procedures, implants, and other devices, as well as successful practice management examples, for review and consideration by the reader within the context of his or her own practice. The views expressed are those of the authors. The AAFPRS does not necessarily endorse any of the products or services mentioned in this article. Contact the author directly with comments and questions: Yael Halaas, MD at drhalaas@drhalaas.com.



3D PHOTOANALYSIS OF THE PATIENT SHOWED IMPROVEMENTS IN THE FACIAL CONTOURS THROUGHOUT THE FOLLOW-UPS. VOLUME HAS BEEN DECREASED IN THE LOWER FACE (JOWLS) AND SHIFTED IN AN UPWARD DIRECTION TOWARDS THE MID-FACE AREA.

CONSIDER BEING A VOLUNTEER FOR THE FACE TO FACE PROGRAM

One of the many benefits of being a member of the AAFPRS is the option to volunteer for the AAFPRS Foundation's humanitarian program, **FACE TO FACE (FTF)**. The FTF humanitarian program allows physicians to use their surgical skills and expertise to help those who are in need domestically and abroad. All programs are conducted under the auspices of the Educational and Research Foundation for the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS Foundation). There are three arms to **FACE TO FACE** for which you can participate. They are:

FACE TO FACE International

This program provides pro bono corrective and reconstructive surgical services to children abroad with facial deformities caused by birth or trauma. U.S. based surgeon's lead the international missions in the exchange of surgical knowledge, case analysis and experience with hundreds of surgeons worldwide. Recent missions have included: Peru, Ecuador, Vietnam, Cambodia, Colombia, Africa, Haiti, India, Ethiopia, and recently Ukraine.

Most missions' teams are formed well in advance of the actual trip. If interested, please request a list of Team Leads from the Academy office to contact a

leader to add your name as a potential team member.

FACE TO FACE: The National Domestic Violence Project

This project provides low cost or pro bono facial plastic and reconstructive surgery to survivors of domestic violence in the U.S. These efforts have helped to repair both physical and psychological scars and enables the individual to regain self-esteem to help rebuild their lives.

FACES OF HONOR

This program provides pro bono medical and surgical expertise to veterans and active duty members who were injured while serving in the United States Armed Forces. We want to help eligible veterans find a qualified surgeon with the best matched skills, and hopefully in a convenient location.

Take a moment to review two short [video](#) clips from a domestic violence survivor and a FACES OF HONOR patient as to the impact the program has had on their lives. Also, the September/October 2022 edition of *Facial Plastic Times* includes articles on FTF: *The Purple Gala* and an update on the first AAFPRS mission to Ukraine.

To donate to support these programs, kindly click [here](#). To volunteer, please contact Karen Sloat at ksloat@aafprs.org. ■

RETURN MISSION TO LIMA, A TRANSFORMATIVE SUCCESS

By Ryan Brown, MD

The AAFPRS Foundation's FACE TO FACE program sponsored another cleft lip and palate mission to Lima, Peru, January 7-13, 2023. The surgeons on the trip were myself, Ryan Brown, MD, and Shaun Desai, MD, who are both AAFPRS members. This is our 9th mission to Lima, and we returned to the same government teaching hospital, called Dos de Mayo. It was so gratifying to partner with local surgeons, anesthesiologists, medical students, nurses, translators, and social workers to make this a true joint effort between the United States and Peru—ultimately producing a great amount of meaningful teaching and collaboration throughout the week. This was our first mission back after the COVID-19 pandemic and there are many patients and families that have been eagerly awaiting our return, as they could not find any access to care.

During this busy week, we operated on 64 patients with cleft lip and palate conditions. Sixty were primary patients that had not had surgery before, and many



were two or three years old and had not had surgery because of the pandemic.

To try to provide as many services as possible, we also brought down speech therapists, an audiology team, and an optometry team. In the course of the week, a speech therapist was able to work with over 50 patients that had previously had surgery to provide speech and feeding consults to the patients receiving surgery during this mission. Our audiology team was also able to test and fit 65 new hearing aids for children with severe hearing loss. Additionally, our optometry team was able to test and fit 273 pairs of brand-new glasses for children that needed them. *So, it was a very productive week!*

We are always amazed at the love these parents have for their children and how much they will sacrifice to get them the care they greatly need. During our mission, I operated on a beautiful four-month-old girl named Mileny who was born with a bilateral cleft lip and palate. Her family members are descendants of the Inca and speak Quechua, a local dialect. She is from a very small village in the rural mountains of Peru and no one in this village had ever seen a cleft before and didn't know what to do.

Luckily, Mileny's five-year-old brother told his elementary school teacher that his sister was

MOTHER AND FOUR-MONTH OLD DAUGHTER TRAVELLED THREE DAYS TO LIMA FOR SURGERY.



born with a cleft lip, and she called a friend in Trujillo, which is a much bigger city, who was aware of our upcoming mission. The family was put in touch with us, and we purchased bus fare for Mileny and her mother Isabel and arranged travel. Isabel is an amazing woman. She had only two years of public education and never learned to read or write. She had never travelled outside of her mountain town before, yet embarked on a three-day journey that involved walking, riding a motorized taxi-bike (tuk tuk), and two days on multiple buses to arrive in Lima. Just like we do for all patients coming from outside of Lima, we had a local medical student meet them at the bus station and arrange for a hotel and food near the hospital that hosts our mission. Isabel had never been to a city before, which must have been incredibly intimidating given how big Lima is; yet she said she traveled a great distance to help her daughter. She told our team that she was afraid she would get the reverse of altitude sickness by coming down out of the mountains to get to Lima and become ill. She took that risk to get her daughter the care she needed.

Mileny received the two-hour surgery by our team and recovered exceptionally well. She had a very wide bilateral cleft lip, and her surgery was truly transformative. It was very emotional for everyone in the recovery room, as Isabel held Mileny and shared her story of how far she had travelled. It was palpable to feel the love that this mother had for her child and her desire for her precious child to have as good a life as possible. *It is humbling to help such wonderful people who love their children so much!*

We will return to Lima in November for another FACE TO FACE mission. ■

ARCHIVES CORNER: ANCIENT KNOWLEDGE...THE HISTORY OF THE EDWIN SMITH PAPYRUS

The first written descriptions of facial trauma and surgical management, including the first mentions of treatment of mandibular and nasal fractures, date back to the seventeenth century BC. The text was written on a 15.3-foot papyrus scroll and was left lying in a tomb in Thebes, Egypt for over 3,000 years. It was written right-to-left in hieratic, the Egyptian cursive form of hieroglyphics. In 1862, this papyrus scroll was sold to antiques dealer Edwin Smith, who attempted to translate the scroll but was unsuccessful. The papyrus was then donated to The New York Historical Society by his daughter after his death in 1906. After painstakingly studying the text, renowned Egyptologist James Henry Breasted was successful in translating the papyrus in 1930. Today the papyrus scroll is known as the Edwin Smith Papyrus and is housed at the New York Academy of Medicine.

The Edwin Smith Papyrus may have been known to ancient surgeons as the “Secret Book of the Physician.” It is believed that the papyrus served as a textbook for the trauma that resulted from military battles. Forty-eight cases of injury are recorded with each case detailing the type of injury, examination of the patient, diagnosis and prognosis, and treatment.

“In each case, one of the following three verdicts follows the diagnosis: 1) ‘(This is) a medical condition I can heal.’ 2) ‘(This is) a medical condition I intend to fight with.’ And 3) ‘(This is) a medical condition that cannot be healed.’ This therapeutic rationale, which is still applied in modern military triage, shows that the ancient Egyptian physician must have had an enormous experience in the natural history and treatment outcomes of traumatic injuries.”¹

The papyrus also identified simple treatments for nasal injuries: nasal manipulation followed by lint, swabs, and plugs of linen as absorbents. Splints were created from thin wood padded with linen, with grease and honey, which was often applied to fresh wounds.

The hieroglyphics used were more common in an earlier era, around 3,000–2,500 BC. Therefore, it is commonly believed that the scroll could possibly be a copy of an older text. The original authorship is still debated, but it is suggested that the Egyptian physician Imhotep, who served under the Third Dynasty of pharaoh Djoser (26th century BC), could have been the author of the original text.

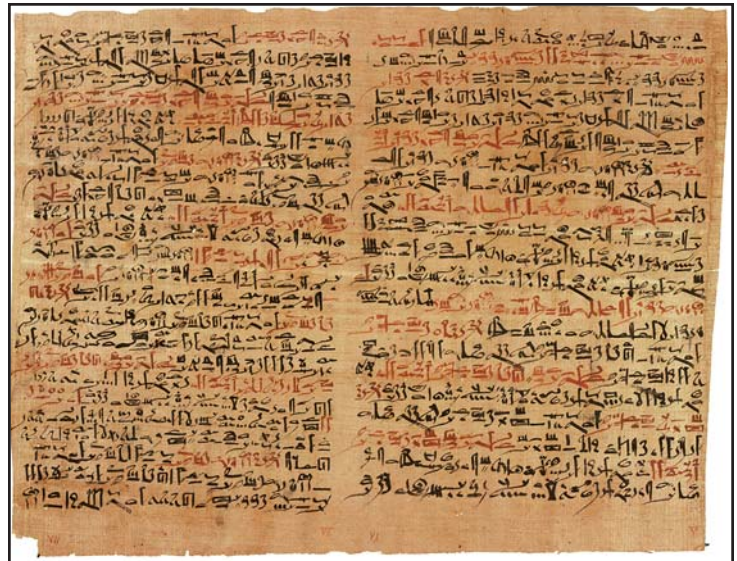
Breasted’s translation of the papyrus in 1930 changed the understanding of the history of medicine. It demonstrated that Egyptian medicine was not confined to magical healing, which was presented in other Egyptian medical documents. The Edwin Smith Papyrus revealed that rational, scientific practices were used in Ancient Egypt and medical practices were constructed through observation and examination. These procedures demonstrate an Egyptian level of knowledge of medicines that surpassed that of Hippocrates, who lived 1,000 years later.

The Edwin Smith Papyrus serves an important role today. As the oldest known surgical treatise on trauma, it shines a light onto the origins of medical practices in the ancient world. It conjures questions, such as, “What medical practices have

changed?” and “What has remained the same?” It demonstrates how advanced the Egyptian level of knowledge of medicine was in that era. It also compels us to examine the relationship between history and the evolution of knowledge. If this ancient papyrus was not discovered, what knowledge would have been lost? What knowledge has already been lost? *We are where we are today because of those who came before us.* It is almost incomprehensible to imagine living during the era of the Edwin Smith Papyrus. Life was remarkably different in countless ways. Several aspects of the medical world have changed since that era—but to see these origins gives us a fuller picture of the field of facial plastic and reconstructive surgery...and it gives us a fuller picture of ourselves. ■

Editor’s Note: This article is part of a series from the Robert L. Simons Archives & Heritage Center. It was written by Justine Rothbart, AAFPRS Archivist.

1. van Middendorp, J. J., Sanchez, G. M., & Burrige, A. L. (2010). The Edwin Smith papyrus: a clinical reappraisal of the oldest known document on spinal injuries. *European spine journal* : official publication of the European Spine Society, the European Spinal Deformity Society, and the European Section of the Cervical Spine Research Society, 19(11), 1815–1823.



THE AAFPRS INTERNATIONAL SOCIETY OF RHINOPLASTY

By Edwin F. Williams, III, MD

As someone who tries to be a good listener, I've been paying attention for the past 10 years to our younger members and leaders about how the Academy can represent them even better and further highlight their impressive expertise in rhinoplasty. Certainly, rhinoplasty has always been a central component of focus for our Academy and AAFPRS Foundation mission-driven work—but I concluded about six years ago that we really don't have our own formal, more overt, "rhinoplasty society" or recognition. Most of our younger members really want to be able to showcase all of their expertise and they do so within the broader specialty of facial plastic surgery—including branding for their website, as well as continuing to pursue our place in public perception as the true experts in facial plastic surgery, *inclusive of rhinoplasty*.



Given that facial plastic and reconstructive surgery encompasses a wide range of treatments and surgical procedures, are there specifically enhanced ways that the Academy could further affirm the authoritative expertise that our members have specifically in rhinoplasty? Should we develop a more unique rhinoplasty-focused recognition or society for AAFPRS members, under the umbrella of the Academy? We strategically discussed this topic with the AAFPRS Board and others in Academy leadership. Under the guidance of Mary Lynn Moran, MD, who was AAFPRS president at the time, a slate of task force members was identified to work with me on exploring these questions and accomplishing this mission. Those on the on the task force (which has since been formally converted into a standing com-

mittee via several governance actions under the presidencies of Paul J. Carniol, MD, and Corey S. Maas, MD) are:

- Edwin Williams, III, MD, chair
- Peter A. Adamson, MD
- Roxanna Cobo, MD
- Jaimie DeRosa, MD
- Jason S. Hamilton, MD
- David W. Kim, MD
- Vito C. Quatela, MD
- Steven J. Jurich, AAFPRS CEO and EVP (ex-officio, non-voting member)

Our first charge was to determine, if moving forward with this concept, what criteria would be necessary to ask of our members, so that they could be included in such a rhinoplasty-focused entity. There was also a lot of productive and passionate discussion about what the name of such a society should be, how this effort should be organized, and how it should be structured within the Academy.

I'm deeply grateful for the time the above group spent and with the hours of discussion and debate over the above-mentioned issues and any related concerns—dialogue that occurred both within the task force/committee and also on many occasions with the AAFPRS Board too.

Ultimately, through the hard work of the task force/committee in conjunction with the AAFPRS Board of Directors, we agreed on the name of the **AAFPRS International Society of Rhinoplasty Surgeons (AAFPRS ISRS)**—and its logo (see logo image on page 11). This society would exist within the American Academy of Facial Plastic and Reconstructive Surgery and would be open to both AAFPRS fellows and AAFPRS International fellows. While there will be a variety of benefits for ISRS members (outlined herein), the overall goal is to eventually be charged to work with our AAFPRS CME Committee and conference co-chairs on helping to develop

innovative and leading-edge rhinoplasty education (for conferences, online tools, and webinars)—as well as recognizing those in our specialty worldwide who not only have a special interest in, but also have demonstrated proficiency and a passion for, rhinoplasty and rhinoplasty education.

Members of the AAFPRS ISRS—referred to as "ISRS rhinoplasty fellows"—will receive the following benefits upon meeting membership criteria and acceptance into the AAFPRS ISRS:

- Recognition as an "ISRS Rhinoplasty fellow."
- ISRS logo for your website.
- ISRS electronic badge for use within the AAFPRS Find a Surgeon site and AAFPRS CONNECT profile.
- Inclusion in the exclusive ISRS online collaborative community for networking with your rhinoplasty expert peers.
- Exclusive opportunities to present ISRS-related education (in conferences, webinars and via online resources) and write articles—highlighting your expertise and advancing the field.
- Press release template to highlight your attainment of ISRS Rhinoplasty fellow status.
- And opportunities to participate in future ISRS research initiatives.

Now that the society is officially approved and we initially started sharing this concept with the AAFPRS membership throughout last year at our conferences, our current AAFPRS president Theda Kontis, MD, and I will be working closely with the AAFPRS Board and management team, as well as the ISRS Committee, to begin the process of a wide, formal launch to grow ISRS membership over 2023.

The criteria put forth and approved by the AAFPRS Board for someone to become a member of this society are as follows:

- Perform a minimum of 25 rhinoplasty surgeries each year.

SURGEONS...WHAT? WHY? AND HOW?

- Attend at least one AAFPRS rhinoplasty meeting every two years.
- Obtain at least one reference from an AAFPRS fellow or AAFPRS International fellow member.
- Attain AAFPRS fellow or AAFPRS International fellow member status (prior to applying to ISRS).
- Render an annual ISRS rhinoplasty fellow dues fee of \$225.00.

To be clear, this is just the beginning—and we most certainly have our work cut out for us! Where this effort goes and what this looks like over the next many years is yet to be fully determined. We now have a minimal viable product to help our membership further gain the well-deserved recognition as specialists in rhinoplasty, and with that will come website branding and

so many other things as Academy benefits for joining the society.

I strongly encourage you to submit an ISRS application and to join this incredible effort. Please feel free to reach out to me or Member Relations at the Academy office with any comments or questions (via memberservices@aafprs.org or 703-299-9291). The AAFPRS ISRS membership application can be found at: www.aafprs.org/isrs.

I'm extremely grateful for the task force/committee members and the AAFPRS Board members who have all worked so hard with me on making this a reality for the next generation of AAFPRS members who specialize in rhinoplasty! And now, please become engaged too, so we can take the next step in advancing this exciting effort. ■



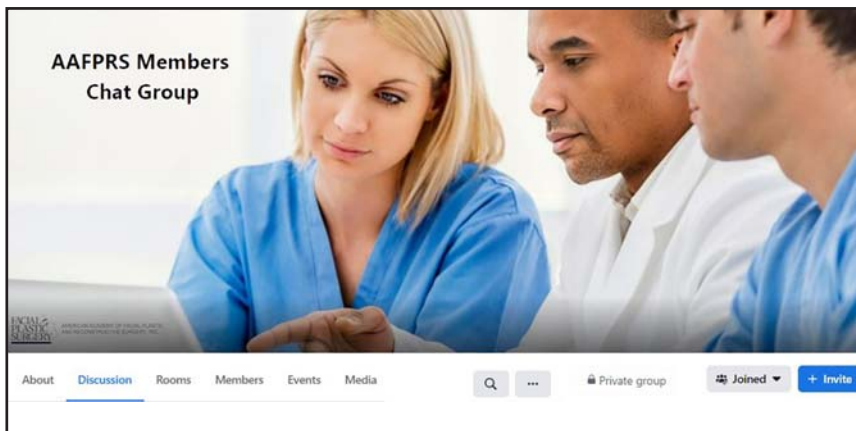
YOU ASKED FOR IT

From President's Message, page 3 that sharing of financial information a step further, as we are in the process of developing helpful graphics and dashboards that will look like annual reports you may see from other organizations. We think this will be an improved way to keep our members aware of how we are doing. This new format is being worked on at our Board retreat in March. Once finalized, our AAFPRS treasurer, **Charles Boyd, MD**, and I will present the information to the Academy members. Because of the sensitive content, you will be required to log into the *AAFPRS members-only* part of our website to view. You will hear more about this at a later date, as we work to implement these advancements.

I hope you are excited about the above actions the AAFPRS is taking to respond to member needs and feedback, as well as to further advance our transparency, engagement, and inclusion among our diverse membership. The future of our specialty and our Academy is bright—and I greatly value collaborating with each of you to ensure that we all see the sun shining through!

Theda C. Kontis, MD

Join the Brand New AAFPRS Member Chat Group on Facebook



Calling all AAFPRS Members on Facebook! We invite you to join our new members-only AAFPRS Members Chat Group and connect with other Academy colleagues on all-things facial plastic surgery.

To be admitted into the group, simply click on the above link or scan the QR code with your smart phone and then click 'Join Group' or type AAFPRS Members Chat Group into the Search bar on Facebook and request to join.



This is a great way to communicate with your colleagues, share facial plastic surgery news, ask questions and provide updates, and discuss upcoming meetings and events! We look forward to chatting with you!



2023 AAFPRS ANNUAL MEETING

AAFPS.ORG/ANNUALMTG

SAME GREAT MEETING. SAME FABULOUS CITY.

New dates and a fantastic venue!

**#AAFPS2023 | October 25–28
Mandalay Bay Resort and Casino
Las Vegas, Nevada**

The 2023 AAFPRS Annual Meeting will now take place on October 25–28, at the Mandalay Bay Resort and Casino in Las Vegas, Nevada.

REGISTRATION OPENS IN MAY. IN THE MEANTIME,
SAVE THE DATES AND MAKE PLANS TO JOIN US.

We look forward to seeing you!

Questions? Contact us at 703.299.9291 or
education@AAFPS.org.

**FACIAL
PLASTIC
SURGERY**

EDUCATIONAL AND RESEARCH FOUNDATION FOR
THE AMERICAN ACADEMY OF FACIAL PLASTIC
AND RECONSTRUCTIVE SURGERY

Paid Classified Ads

Facial Plastic Surgeon Needed in Philadelphia

Busy lucrative solo facial plastic surgery practice seeking talented, motivated, energetic facial plastic surgeon. Candidates welcome to perform full mix of aesthetic and reconstructive procedures. Office located in the beautiful affluent Main Line Philadelphia suburbs is appointed like an upscale spa, perfect for aesthetic surgery clientele. Perfect candidate has completed a facial plastic surgery fellowship with excellent results demonstrated with before and after photos, but newly graduating fellows are also welcomed to apply. Competitive salary, productivity bonuses and full benefits leading from associate to partner will be offered. Send CV to faslfr@aol.com. Would also entertain an existing general plastic surgery practice joining our practice.

Opportunity in Atlanta

Established and successful cosmetic practice located in the affluent suburbs of North Atlanta seeks a personable and motivated BC/BE facial plastic surgeon with great work ethic to join two-surgeon team (facial plastic surgeon and plastic surgeon) in a 18,000 sq ft. free standing facility, accredited surgery center, medical spa, and wide spectrum of aesthetic nonsurgical, surgical, and laser services. Ideal candidates have fellowship training, interest in rhinoplasty and/or hair transplants, and additional services. Three years of private practice experience preferred. Competitive salary, productivity bonus, medical benefits, 401k, collaborative marketing, and pathway to partnership available. Send inquiries with CV to info@northsideplasticsurgery.com.

AAFPRS members may submit classified ads such as the above for a minimal fee. The ad will also appear on **AAFPRS CONNECT** under "Career Opportunities." (Note: You need to log in to see the listings.) Questions? Contact rcmagness@aafprs.org.



FACIAL PLASTIC TIMES JANUARY/FEBRUARY 2023

AAFPRS Foundation Meetings

2023

APRIL 27-30

Advances in Rhinoplasty &
Facial Rejuvenation
San Diego, CA

MAY 3-4

Spring Meeting @ COSM
Boston, MA

OCTOBER 25-28 (New Date)

AAFPRS Annual Meeting
Las Vegas, NV

2024

APRIL 4-7

Advances in Rhinoplasty &
Facial Rejuvenation
Orlando, FL

MAY 15-16

Spring Meeting @ COSM
Chicago, IL

OCTOBER 23-26

AAFPRS Annual Meeting
New Orleans, LA

Key Dates and Deadlines

March 31, 2023

Late-breaking Posters deadline for 2023 Annual Meeting

May 15, 2023

Abstract Submission Opens for 2024 Advances in Rhinoplasty &
Facial Rejuvenation Meeting

July 10, 2023

Abstract Submission Opens for 2024 AAFPRS Spring Meeting @ COSM

Ukraine Mission Continues to Highlight AAFPRS FACE TO FACE Humanitarian Program

In September of 2022, the AAFPRS Foundation's FACE TO FACE Program partnered with several other organizations on a nine-day medical mission to Ukraine to deliver advanced reconstructive surgeries and corrective plastic surgery procedures to patients who suffered injuries because of Russia's war on Ukraine. In the spirit of international collaboration and learning, American and Ukrainian colleagues worked side-by-side at the medical facility of Ivano Frankivsk Oblast Hospital. Even as the AAFPRS Foundation is currently engaged in new collaborations and meticulous planning for a second Ukraine Mission this coming April 2023, our September 2022 FACE TO FACE-led mission continues to be recognized throughout the medical community!

Please take a moment to view a short video documentary on the participants (and organizations) involved in last September's mission at <https://vimeo.com/775617790>.

