NEWS & TRENDS

PLASTIC SURGERY RESIDENCY 2.0

BY DENISE MANN

Despite technological advances, residency education still remains largely siloed.

The American Society for Aesthetic Plastic Surgery (ASAPS) and ANZU have partnered to break down walls through a new Residency Education & Collaboration Platform.

“We built this product so it can be used by many different specialties, including dermatology, to cross collaborate with peer groups in real time,” says Barry Fernando, MD, a plastic surgeon in Phoenix, AZ and one of the founders of ANZU.

“Many residency programs still don’t leverage good quality technology,” he says. “They may download a Google drive app or Dropbox to amass information and then share it via email, but there is no interaction between different programs.”

The missing link, he says, is such cross collaboration between institutions. “This will be the golden fleece.”

The plan is to sign up at least 20 programs for this new collaborative plastic surgery residency network, he says. The platform provides access to educational resources, an independent content management system for each residency program, a networking app for all participating programs, an HTML-based web page builder for residents to generate/share multi-media notes, a “Virtual Journal Club,” and a search engine with specialty specific tagging and filters, among other features.

The network also allows affiliated associations such as ASAPS to reach—and teach—residents early on before they set up their practices or officially launch their careers.

Washington University in St. Louis was among the first to join the new plastic surgery residency network.

“It’s a residency tool of the future and a fantastic supplement to resident education,” says Terence M. Myckatyn, MD, an associate professor of surgery and director of the cosmetic surgery program at Washington University in St. Louis.

“The big benefit is that it synergizes a combination of platforms including peer-reviewed research, expert opinion, and procedural videos,” he says. “Textbooks are outdated by the time they are printed and research articles are great, but don’t always put information into context.

In St. Louis, we do it our way, but now residents can see how procedures are done at other institutions and once they get out of training, they are able to essentially keep up and study innovation.”
The New York Post recently reported that actress Stephanie March, the ex-wife of celebrity chef Bobby Flay, said she developed an allergic reaction to her breast implants.

“The problem wasn’t something anyone could have prevented or predicted — it was that I am allergic to implants. Plain and simple. My body did. Not. Want. Them,” Ms. March wrote in an essay on Refinery29 that the New York Post picked up.

One morning, she sat up in bed and felt “a sickening wet mucus sliding down my chest. It was everywhere, soaking my shirt and the sheets. My right implant was infected and the seams of the scar on my right breast had burst.”

Ms. March’s surgeon removed the whole implant and sent her to an infectious disease doctor. She had the implant put back in after six weeks and experienced another infection and rupture two months later, only to realize she was allergic to them, according to media reports. It is implied throughout the articles that the implants were silicone.

Modern Aesthetics* reached out to some leading breast surgeons to find out if it is, in fact, possible to be allergic to a breast implant and if it is possible, is it probable?

And in a nutshell, the answer is probably not. Given the known biocompatibility of silicone, the doctors interviewed think that this may be a case of capsular contracture or an infection, not a true allergy. Still, as one doctor puts it, it is not “an impossible scenario.”

(“None of the surgeons quoted in this article treated Ms. March or had any information other than what was reported in the news article.”)

“True allergic reactions to silicone would be very rare. In most cases when someone had their implants removed because of ‘rejection’ or an ‘allergy, it was actually either an infection or capsular contracture,” says Roswell, GA plastic surgeon Miles Graivier, MD. “The silicone molecule is unable to stimulate the body to form antibodies. The body does not attack the silicone with antibodies so it does not stimulate an allergic reaction.”

That said, he adds, “the body does recognize the silicone as a foreign body and it does react to this foreign substance by forming a capsule around it.”

Silicone is well regarded for implantable (and non-implantable) medical devices precisely because it is biocompatible and bio-inert, and it has a very low immune response to it, agrees Tracy M. Pfeifer, MD, MS, a New York City plastic surgeon.

Foley catheters used in the ureter and bladder, among other medical devices, also contain silicone, she says. “Thousands and thousands of foley catheters are used every year in the United States and no one has ever claimed that they are allergic to them,” she says.

“I don’t believe she was allergic to the silicone implants. It’s almost unheard of and would be a reportable case,” says Kiya Movassaghi, MD, a clinical assistant professor of plastic surgery at Oregon Health & Science University in Portland and the President of the Northwest Society of Plastic Surgeons. “There are no screening tests for breast implants. This presentation is still a very rare but not an impossible scenario.” He is also the medical director of Movassaghi Plastic Surgery & Ziba Medical Spa in Portland and a board member of American Society for Aesthetic Plastic Surgery.
August is National Hair Loss Awareness Month, and Modern Aesthetics reached out to three top hair restoration doctors to find out what is new and exciting in this burgeoning field.

“One of the greatest advances in hair restoration is the ability to take a large number of grafts, under local anesthesia, that are about 1mm or smaller and then place them into small needle sticks. With this approach, a completely natural hair restoration can be achieved. A few decades ago, the advancement was taking a strip from the back of the head and chopping it into smaller grafts, but now that method is outdated and leaves a large scar on the patient's head.

Today, we can offer most of our male and female patients a complete or near complete reconstruction. This can all be done under local anesthesia without noticeable scarring or downtime. Treatment plans may include both surgical and medical treatment. Medical treatment would include medications, specialized shampoos, growth factor products, light therapy, etc.

The future for hair restoration is bright as it is for many fields in medicine. Some very interesting things are being done with platelet rich plasma (PRP) and stromal vascular fraction (SVF) or processed fat from liposuction that contains stem cells. As these and other therapies advance, results will only improve.”

Stephen J. Ronan, MD
• Plastic Surgeon
• Blackhawk Plastic Surgery
• Danville, CA
• Founding Member, North American Society for Hair Restoration (NASHR)

“Eyebrow and beard transplants are growing in popularity. Follicular unit extraction (FUE) is incisionless and allows for quick healing. We are currently conducting a FDA-approved study on the potential efficacy of adipose-derived stem cells for the treatment of male and female pattern hair loss (Kerastem). PRP is quite popular as well and we have seen benefits with its use.”

Jeffrey Epstein, MD
• Facial Plastic Surgeon
• Miami, FL and New York, NY

“There are a lot of exciting things going on in a field that typically moves in fits and starts. For decades, all we had in terms of drug-based treatments were Propecia (finasteride) or Rogaine (minoxidil), but today’s pipeline is robust. There is much enthusiasm about prostaglandin analogs including Allergan’s Latisse, which is already approved for eyelash growth. Latisse is now being studied in the scalp, and we are awaiting the analysis of a Phase II trial that used a higher dose of the agent than earlier studies. This makes sense as the scalp is harder to penetrate than the skin around the eyelashes. KYTHERA Biopharmaceuticals, Inc., prior to its acquisition by Allergan, submitted an investigational new drug application to the FDA for KYTH-105 (setipiprant) for treatment of androgenetic alopecia. Setipiprant is a selective oral antagonist of the prostaglandin D2 receptor. Research has found that men with male pattern baldness have elevated levels of PGD2. It has been previously evaluated by Actelion Pharmaceuticals Ltd. in nine clinical studies as a potential allergic inflammation treatment. It is possible that prostaglandin analogs and antagonists will be used together to treat hair loss.”

Ken Washenik, MD, PhD,
• President and Chief Medical Director
• Bosley Medical Group
• Beverly Hills, CA
FDA Clears Syneron Candela’s PicoWay Laser for Ultra-Short 785nm Wavelength; UltraShape Power for Fat Destruction

The FDA cleared Syneron Medical Ltd.’s PicoWay picosecond laser for a new ultra-short 785nm wavelength. The addition of the new wavelength expands the capabilities of the PicoWay picosecond laser, making it possible to remove all tattoo ink colors including blue and green. It will be available in the fourth quarter of 2016, the company states.

The clearance was supported by a 15 patient study, covering 22 tattoos, of which 18 contained blue and green inks. Blinded evaluation of tattoo clearance, by independent board-certified physicians, showed that 83 percent of the treated blue/green tattoos had “good” to “complete” treatment response after two PicoWay treatments with the 785nm wavelength. Investigator assessments of tattoo clearance showed similar results to blind-
ed evaluation findings. There were no treatment complications, and PicoWay treatments were generally associated with no discomfort to mild discomfort for the majority of treatments.

The FDA also cleared Syneron’s non-invasive fat destruction device, UltraShape Power, for non-invasive reduction of abdominal circumference via fat cell destruction. UltraShape Power uses focused, pulsed mechanical ultrasound energy to target and destroy fat, offering measurable fat reduction to the abdominal area. UltraShape Power’s USculpt transducer delivers 20 percent more energy than its predecessor. A recent clinical study with UltraShape Power’s USculpt transducer documents a 32 percent reduction in subcutaneous fat thickness, positioning UltraShape Power as a powerful solution for non-invasive fat reduction.

UltraShape Power’s ultrasound energy is applied to the skin in a proprietary pulse structure to ensure effective fat destruction with no damage to surrounding tissue including blood vessels, nerves, and muscles, resulting in a safe and comfortable treatment experience. UltraShape Power’s lighter transducer for high maneuverability enables the customized treatment of large and small fat pockets.


The United States is still the plastic surgery capital of the world, according to the newest statistics from the International Society of Aesthetic Plastic Surgery (ISAPS).

The US had the highest number of cosmetic procedures in 2015 with 1.4 million surgical and 2.6 million non-surgical procedures. Brazil reported 1.2 million surgical and 1.1 million non-surgical procedures. Rounding out the list for the most procedures are South Korea, India, Mexico, Germany,
Colombia, France, and Italy, the statistics show. There were more than 21 million surgical and nonsurgical cosmetic procedures performed worldwide in 2015, an increase of more than one million reported cosmetic procedures from 2014.

Study Demystifies Sleep Wrinkles

Stomach and side sleeping positions cause wrinkles over time, and the effect is worsened with advancing age, new research published in Aesthetic Surgery Journal suggests.

“Sleep wrinkles form in response to distortion created when the face is pressed against any sleep surface. They tend to worsen over time due to repetition combined with thinning of the skin and decreased elasticity as we age,” explains lead author Goesel Anson, MD, a Las Vegas plastic surgeon. Sleep wrinkles are also influenced by the amount of time spent in various positions. While some sleep wrinkle patterns can reinforce facial expression lines, most sleep wrinkles tend to be perpendicular to expression wrinkles. Most sleep wrinkles can be seen on the forehead, lips, and cheeks. Unlike facial expression wrinkles caused by muscle contractions, sleep wrinkles that are formed because of mechanical compression during sleep can’t be eliminated using botulinum toxin.

“One way to minimize sleep wrinkles is to limit facial distortion during sleep. If you can stay on your back, that’s ideal,” Dr. Anson says. “There are several specialty pillows available to help achieve that. Dermal fillers can temporarily improve wrinkles of any type however neurotoxins won’t have much effect on these wrinkles since they are not caused by muscle contractions.” Noninvasive aesthetic treatments which promote collagen production could decrease sleep wrinkles.

Dr. Anson developed JuveRest The Sleep Wrinkle Pillow.

My New Favorite Thing: HALO BY SCITON

“I’ve been using Sciton’s Halo since September 2015, and the more I use it the more I like it. I love how versatile this hybrid device is. I am able to treat all sorts of different patients and skin concerns including pores and texture issues with relatively little recovery time. I am also able to dial up a slightly more aggressive treatment for more severe sun damage and texture issues because of the versatility of the device.

Sometimes one treatment is all that is needed, but my recommendations will vary based on patient goals and the severity of the skin condition we are addressing. I generally ask the patient to come back within three to six months to assess the results.

HALO is my go-to for relatively mild-to-moderate sun damage, enlarged pores, and texture concerns. It is very well tolerated and comfortable, and that’s a big plus for patients. Most can apply makeup 24 hours later, and even those patients who are treated more aggressively have recovery time ranging from four to five days. HALO consistently delivers good results with a treatment that is comfortable and has manageable recovery. That’s why it has such high patient satisfaction in my office.”

Elizabeth L Tanzi, MD
• Director, Capital Laser and Skin Care, Chevy Chase, MD
• Clinical Assistant Professor of Dermatology
• George Washington University School of Medicine Center Washington, DC