

DISPATCHES FROM THE AAFPRS FALL 2016 MEETING

BY PHILLIP R. LANGSDON, MD AND RAMI K. BATNIJI, MD

The American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS) Fall 2016 meeting, held in Nashville, TN, was markedly different from previous meetings.

One of the unique features was the creation of comprehensive, topic-focused tracks: rhinoplasty, surgical facial rejuvenation, non-surgical/minimally invasive facial rejuvenation, facial reconstructive surgery, and practice management.

The rhinoplasty track included a full day of lectures and panel discussions. Each faculty member spoke on a technique that they invented or perfected and their lectures were focused on answering the age-old question in surgery of “how I do it and why I do it.” Dispersed throughout this day were three panel discussions: one on patient analysis, another on the challenging primary rhinoplasty and the final covered secondary rhinoplasty.

The rhinoplasty track also included two days of lectures featuring the “up-and-coming” leaders in rhinoplasty surgery. This allowed many newer faculty members to share their fresh perspectives. The afternoon sessions featured “master lectures” by Newport Beach, CA plastic surgeon Rollin Daniel, MD and Richard Davis, MD, a facial plastic surgeon in Miramar, FL.

FACE TIME

The facial rejuvenation track included a video presentation by Beverly Hills, CA oculoplastic surgeon Guy Massry, MD that focused on his techniques in blepharoplasty. Another

video by New Orleans facial plastic surgeon Devon Graham, MD discussed his techniques for forehead/brow lifting surgery. Additionally, New York City facial plastic surgeon Andrew Jacono, MD presented a video on deep plane rhytidectomy.

The facial rejuvenation main session focused on the forehead/brow, the lower eyelid, face lifting, management of the neck and restoring volume to the face. One of the highlights included an in-depth panel discussion on nuances in lower eyelid surgery moderated by Dr. Massry.

Volumization has been, and continues to be, a pillar in facial rejuvenation. Faculty discussed their preferred techniques for restoring volume including surgical repositioning of the descended cheek/midface tissues, fillers and autologous fat grafting. The facelifting section featured a panel discussion on the various techniques in facelift surgery, including thermoplastic technology, lateral superficial muscular aponeurotic system (SMAS), high SMAS, deep plane, and a modification of the deep plane facelift. One of the key take-home messages was that each technique can produce effective results. The decision of which technique to use is determined by the skill level of the surgeon and the anatomy of the patient.

The minimally invasive/emerging trends main session was popular among attendees. Some of the highlights included in-depth presentations on non-surgical skin tightening procedures using radiofrequency, ultrasound and laser. These presentations provided a realistic analysis of attributes as well as the limitations of these devices.



"I presented my experience on nonsurgical rejuvenation of the lower face using the ThermiTight Radiofrequency technology and participated in a comprehensive panel discussion about the various devices out there for nonsurgical skin tightening," shares Washington DC-based facial plastic surgeon Michael Somenek, MD.

NEW TOPICS

Other topics included advanced techniques in the use of neurotoxins and filler injections. Past AAFPRS President Jonathan Sykes, MD, director of the Facial Plastic and Reconstructive Surgery Department of UC Davis Medical Center in Sacramento, Calif., provided insight on the management of vascular complications with filler injections. Hair restoration and transgender procedures were also included in this session.

Regarding the transgender educational panels, "one of the most fulfilling aspects of this presentation was the number of surgeons who approached us with excitement on how to get involved," says Scott Chaiet, MD, a Memphis, TN-based facial plastic surgeon and moderator of the AAFPRS' first transgender educational panel. "They want to provide care to the underserved transgender community. I hope that the AAFPRS and other medical organizations can continue to educate physicians on how to improve the lives of these patients."

WATCH IT NOW



Host Steve Dayan, MD talks to the new AAFPRS President Fred Fedok, MD in this episode of Aesthetic Insider.

MUSIC CITY

In addition to this new program format, the AAFPRS ventured into a relatively new meeting center for 2016 meeting by holding the symposium in Nashville, TN. "Music City" proved to be an exciting and fun destination for attendees. The new Omni Hotel was perfectly located within short walking distance to many fantastic restaurants, Music City Hall of Fame, and Broadway...a street full of a lively music located in the heart of this world center for country music.

"The Nashville setting was attractive and accommodating. The proximity of the Omni hotel, the convention center and the nearby amenities created a friendly exciting

My New Favorite Thing:



SKIN TYPE SOLUTIONS

"Skin Type Solutions (STS) has improved revenue and has improved customer loyalty. Based on what we offer, they return to the store to purchase—not an office visit but to buy what they need. I like that I can

answer my patients' questions about skincare with less time and less effort and it gives them advice with options. Patients are happy with the results, and it's a great feeling to help someone look and feel better with truly simple measures. Patients refer friends and family based on their experience and often based on compliments they receive on how their skin looks.

I would recommend STS to others. It's a streamlined system that allows you, the physician, to give your expert opinion on skincare to patients. The items are affordable and often less costly than what they may spend on their current skin care regimen, which may be less effective. This is a system that can be taught to the office staff, thus it does not require my effort at all fronts at all times. That being said, you have to spend the time educating your staff on how it works."

—Autumn Starnes, DO, Cutting Edge Dermatology, Norton, VA

GET MORE: Download the Modern Aesthetics® App for more from Dr. Starnes

atmosphere,” agrees AAFPRS President Fred Fedok, MD, a facial plastic surgeon in Foley, AL.

PRACTICE-CHANGING PEARLS

“I have heard incredible reviews on the part of the attendees who were excited to see new voices from across the world and younger, more vibrant individuals present new topics,” says meeting co-chair Samuel M. Lam, MD, FACS, a facial plastic and hair restoration surgeon in Plano, TX.

“The meeting did a great job introducing new speakers, topics and treatments,” adds Angela Sturm, MD, a facial plastic surgeon in Houston and

volunteer faculty member at University of Texas Health Science Center at Houston. “I love that the organizers have been open to broadening the scope and depth of our practices with the latest noninvasive technologies and cutting-edge surgical techniques,” she says. “I definitely came away

with information that will change my practice!”

Dr. Fedok was equally impressed. “The overall format of the AAFPRS Annual Meeting in Nashville was changed allowing for more speakers with new and important things to present with more thorough coverage of the four pillars of the specialty: aging face, rhinoplasty, reconstruction, and minimally invasive procedures. Fantastic planning!”

[Download the Modern Aesthetics® App for more photos.](#)



Phillip R. Langsdon, MD is a facial plastic surgeon in Germantown, Tenn.

Rami K. Batniji, MD is a Newport Beach, Calif.-based facial plastic surgeon.

Modern Aesthetics TAKE FIVE

UP, UP AND AWAY: NEW GASTRIC BALLOON FOR WEIGHT LOSS TAKES FLIGHT

Take Five with ... Andrew Rasdal, President and Chief Executive Officer, Obalon Therapeutics Inc., San Diego, CA.

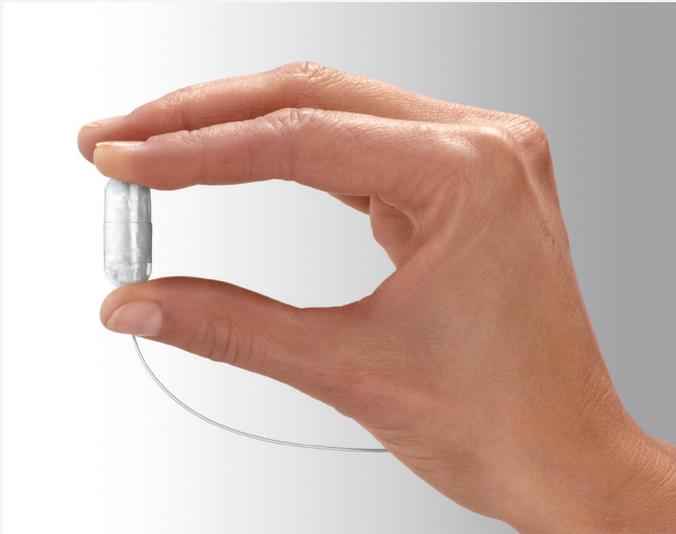
There is an obesity epidemic in the US, and one that shows no sign of declining. In fact, some reports suggest it is getting worse. About 78 million Americans are obese today, according to the federal Centers for Disease Control and Prevention. Obesity increases risk for a host of diseases and conditions including diabetes, heart disease, stroke, arthritis and some types of cancer.

Bariatric surgery can help save lives, but until now most of the surgeries were invasive and indicated for individuals who already have developed obesity-related complications. The newest weight loss procedure, however, may help people avoid these conditions in the first place.

WHAT IT IS

“The Obalon 6-Month Balloon System is actually the

third gastric balloon system to be approved by the US Food and Drug Administration. The Obalon system is indicated for temporary use to facilitate weight loss in adults with obesity (BMI of 30 – 40 kg/m²) who have failed to lose weight through diet and exercise. The System is intended to be used as an adjunct to a moderate intensity diet and behavior modification program. It is a multilayer polymer rolled into a swallowable capsule. Patients drink a cup of water and swallow the capsule with the tube attached, exactly as they would any other pill. Once the capsule reaches the stomach, it releases the balloon. This is all confirmed via X-ray. Next, the surgeon inflates it with gas. Up to three balloons may be placed during the first three months, and volume is slowly increased over time. The entire treatment lasts six months. Balloons are removed



Small capsule attached to a slender tube (left); Inflated Balloon

endoscopically while the patient is under conscious sedation at the end of six months.”

WHAT IT ISN'T

“It is not a substitute or a bridge to surgery and it is not a magic pill.”

HOW IT IS DIFFERENT

Other available weight loss balloons are filled with saline water, not gas. In addition, other balloons make you stop eating because you feel poorly. Ours makes you feel full and sated, but not sickly. Our goal is to help patients intervene early before they develop complications related to obesity. We believe our system provides individuals with a true chance to prevent many of these negative consequences. While all three available gastric balloons do facilitate roughly the same amount of weight loss, the Obalon system appears to be safer. In one study, there was a single adverse event, a bleeding gastric ulcer, occurred in one balloon patient on high dose NSAIDs who had an outpatient knee replacement procedure. Non-serious adverse device events, mostly abdominal cramping and nausea, occurred in 90.8 percent of patients (99.6 percent were rated mild or moderate). Both older balloon systems are placed when the patient is under deep sedation in an operating room suite. Ours does not involve anesthesia and is placed within 10 minutes. “

A BANNER YEAR

“The Obalon 6-Month Balloon System received approval from the US Food and Drug Administration in September 2016 and completed an initial public offer that same month. The true commercial launch is slated for January 2017

with a roll-out planned in 10 key markets: San Diego, Los Angeles, San Francisco, Dallas, Houston, Phoenix, Miami, DC/Baltimore, New York City and Philly/South Jersey. We are selling to bariatric surgeons first, and then will open it up to plastic surgeons. We recently had our first appearance at a meeting – ObesityWeek 2016, the annual conference hosted by the American Society for Metabolic and Bariatric Surgery and The Obesity Society. It was exciting and there was a lot of interest and curiosity about the project.”

RESEARCH BACKED

“Patients with obesity who swallowed the gas-filled balloon capsules lost 1.9 times more weight than patients who relied on diet, exercise and lifestyle therapy alone, according to research presented at ObesityWeek 2016. This weight loss was maintained at 12 months. The double-blinded randomized, sham-controlled trial included 387 patients, about half of whom received treatment with the Obalon balloon and the other half with a sugar-filled sham capsule. Patients, who had a BMI of between 30 and 40, swallowed three capsules over a 12-week period (one every three weeks). All patients at the 15 study sites also underwent 25 minutes of lifestyle therapy administered by a blinded registered dietitian every three weeks. After six months, patients were informed which capsule they received and those with the Obalon balloons had them removed endoscopically. The average percent total weight loss after six months for Obalon balloon patients was 6.81 percent, while those in the sham control group had 3.59 percent total average weight loss. Balloon-treated patients had nearly 25 percent excess weight loss. Six months after the balloons were removed, 89.5 percent of the average total weight lost during the treatment period was maintained.” ■