ON SITE PROGRAM

10th International Symposium of Facial Plastic Surgery

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FACIAL PLASTIC SURGERY

April 28-May 2, 2010
Hollywood, FL

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Table of Contents

Welcome Message from the Chairs ................................................. 4
Schedule-at-a-Glance .................................................................. 5
Message from the AAFPRS President ......................................... 6
Message from the IFFPSS President ......................................... 7
Keynote Speakers ....................................................................... 7
CME and Program Information ............................................... 8
Meeting Events and Hotel Information ..................................... 9
Meeting Supporters ................................................................... 9
Distinguished Faculty ............................................................... 10

Wednesday Schedule
Plenary Session ........................................................... 16
Paper and Focus Sessions ............................................. 17
Focused Learning Opportunities .................................. 18
Welcome Reception ..................................................... 20
Dinner and Lecture .......................................................... 20

Thursday Schedule
Breakfast Sessions ........................................................... 21
Plenary Session ........................................................... 22
Laser Luncheon ........................................................... 22
Dinner and Live Workshop ........................................... 22
Focused Learning Opportunities .................................. 23

Friday Schedule
Breakfast Sessions ........................................................... 27
Plenary Session ........................................................... 28
Laser Luncheon ........................................................... 28
Paper and Focus Sessions ............................................. 29
Focused Learning Opportunities .................................. 30

Saturday Schedule
Breakfast Sessions ........................................................... 35
Plenary Session ........................................................... 36
Focused Learning Opportunities .................................. 37

Sunday Schedule
Breakfast Sessions ........................................................... 41
Plenary Session ........................................................... 42
Paper and Focus Sessions ............................................. 43
Focused Learning Opportunities .................................. 44

Exhibitors ............................................................................... 46
Free Paper Abstracts and Posters .............................................. 54
Welcome from the Symposium Chair

I would like to personally welcome you to the 10th International Symposium of Facial Plastic Surgery, the largest, most internationally diverse facial plastic surgery meeting ever. Led by Philip J. Miller, MD, the Program Committee has assembled an unprecedented educational event highlighting the leading experts from around the world. The most respected faculty from Asia, the Middle East, South America, Mexico, and Europe will share the podium with their North American Colleagues to provide a truly global experience in facial plastic and reconstructive surgery. The inclusion of leaders in the fields of plastic surgery, dermatology, and ophthalmic plastic surgery provides a multi-disciplinary approach not commonly joined in a single meeting.

The comprehensive academic program incorporates in-depth knowledge of all aspects of facial plastic surgery. There are 108 focused learning opportunities, 20 breakfast meetings and six major plenary sessions conducted by distinguished faculty from around the globe covering the full scope of our specialty. Combined with an enhanced video learning center, this meeting is an exceptional educational experience for all. The highlight of the academic program is the keynote presentation exploring "Facial Transplantation in the 21st Century." Surgeons involved with the first three successful face transplantations will come together to share their experience with this dramatic surgery and to discuss the ethical issues that surround face transplantation.

Welcome from the Program Chair

Welcome to Hollywood, Florida for the 10th International Symposium of Facial Plastic Surgery, a unique educational event, designed to showcase the most respected names in the field. With the help of our dedicated Program Committee, we have developed an excellent program of various topics and numerous choices for every participant. You will see a broader international scope, with more speakers from more countries taking the podium to share their knowledge and wisdom. There will be names that you recognize and maybe some that you don’t, as we have scoured the globe for not only the best surgeons, but also the best teachers. Of course, we also feature our home-grown talent, which is plentiful.

Each morning, the plenary session focuses on one major topic area in facial plastic surgery, with a panel of world-renowned experts sharing their knowledge. The afternoons are filled with focused learning opportunities—totalling 108, 50-minute sessions—giving you the option to select topics most relevant to your practice. Early morning breakfast sessions cover business and practice management topics and the latest in technological breakthroughs. On behalf of the Program Committee and faculty, I welcome you to this stellar educational meeting.

Program Committee

Shan R. Baker, MD, Symposium Chair
Philip J. Miller, MD, Program Chair

Peter A. Adamson, MD
Jeffrey M. Ahn, MD
Fazil Apaydin, MD
Benjamin A. Bassichis, MD
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S. Randolph Waldman, MD
Tom D. Wang, MD
Deborah Watson, MD
Mark K. Wax, MD
Edwin F. Williams, III, MD
Interviews for a fundraising feasibility study will take place from Wednesday, April 28 to Saturday, May 1 in rooms 203 and 209. Interviews will be conducted by Association Development Solution (ADS). For more information, look for Ann Jenne at the Registration Desk or AAFPRS Booth.

Please wear your badge at all times. It is required for admittance to all sessions and the exhibition.
Message from the President of the American Academy of Facial Plastic and Reconstructive Surgery

Welcome! Bienvenidos!
On behalf of the American Academy of Facial Plastic and Reconstructive Surgery, I would like to welcome you to our 10th International Symposium. This occurs only every four years and our chairs, Drs. Baker and Miller, have put together a world-class educational event, featuring some of the finest and most seasoned surgeons in the world.

I encourage you to take advantage of all the learning opportunities jam-packed in these five days, but do try to enjoy the site as well. Reconnect with old friends, and make new ones. Be sure to visit our exhibitors who have brought with them the latest in technology and whose presence helped make this meeting possible.

The Westin Diplomat Resort and Spa is a very luxurious facility and I am proud to have you here to enjoy all that it has to offer. South Florida offers an eclectic mix of old and new, traditional and avant-garde. I know your time here will be educational, interesting, and fun! Thanks for coming.

About the AAFPRS
The American Academy of Facial Plastic and Reconstructive Surgery was founded in 1964 and represents more than 2,700 facial plastic and reconstructive surgeons throughout the world. The AAFPRS is a National Medical Specialty Society of the American Medical Association (AMA). The AAFPRS holds an official seat in the AMA House of Delegates and on the American College of Surgeons board of governors.

The mission of the AAFPRS is: to promote the highest quality facial plastic surgery through education, dissemination of professional information, and the establishment of professional standards; to achieve understanding and recognition of the specialty of facial plastic surgery by the medical profession, hospitals, and other medical care entities, legislative and regulatory bodies, and the public at large; to define facial plastic surgery as a specialty that requires intensive training and competence, embodies high ethical standards, artistic ideals, commitment to humanitarian service, and a desire to enhance the quality of human life; to serve as the public’s information source on facial plastic surgery; and to assist members in the practice of facial plastic and reconstructive surgery, guiding them in the delivery of high quality, cost-effective medicine and surgery.

In 1974, the Educational and Research Foundation for the AAFPRS was created to address the medical and scientific issues and challenges which confront facial plastic surgeons. The AAFPRS Foundation established a proactive research program and educational resources for leaders in facial plastic surgery. Through courses, workshops, and other scientific presentations, as well as a highly respected fellowship training program, the AAFPRS Foundation has consistently provided quality educational programs for the dissemination of knowledge and information among facial plastic surgeons.
Message from the President of the International Federation of Facial Plastic Surgery Societies

On behalf of the International Federation of Facial Plastic Surgery Societies (IFFPSS) it is a pleasure for me to welcome you to the sunny city of Hollywood to participate in one of the most important events in facial plastic surgery: the 10th International Symposium of Facial Plastic Surgery. This event will be an educational experience that will be hard to forget. For the past 3 years, the program chairs, Shan R. Baker, MD and Philip J. Miller, MD have worked tirelessly, along with the Program Committee, to set up a very ambitious educational program covering all aspects of facial plastic surgery.

An impressive list of international faculty from all country members of the IFFPSS, the most prestigious faculty members of the AAFPRS, and leading speakers from other specialties are present to offer their knowledge and insights into what has become one of the most challenging and exciting specialties, facial plastic surgery. For the first time, there will be translation from English to Spanish in all of the main sessions of the meeting. This is a unique opportunity for colleagues who are here from Spanish speaking countries.

Hollywood, Florida, with its beautiful sunny beaches and relaxed atmosphere offer the perfect balance for a wonderful week, where work and pleasure have come together to make this an unforgettable happening.

IFFPSS Executive Committee 2009-2010
President Roxana Cobo, MD (CSFPSR)
Past President Gilbert J. Nolst Trenité, MD (EAFPS)
Vice President Wayne F. Larrabee, Jr., MD (AAFPRS)
Secretary Jose Juan Montes B., MD (MSRFS)
Treasurer Pietro Palma, MD (EAFPS)

If you require English to Spanish translation, please visit the Registration Desk. The translation services for this meeting are graciously underwritten by CareCredit.

About the IFFPSS
The International Federation of Facial Plastic Surgery Societies is a group of societies of facial plastic surgeons from various countries around the world. This Federation was formed in 1997 after extensive discussions initiated by the American Academy of Facial Plastic and Reconstructive Surgery. The member societies are:

- ASEAN Academy of Facial Plastic and Reconstructive Surgery
- Australasian Academy of Facial Plastic Surgery
- Brazilian Academy of Facial Plastic Surgery
- Canadian Academy of Facial Plastic and Reconstructive Surgery
- Colombian Society of Facial Plastic Surgery and Rhinology
- European Academy of Facial Plastic Surgery
- Mexican Society of Rhinology and Facial Surgery
- Taiwan Academy of Facial Plastic and Reconstructive Surgery

Keynote Speakers
Generously supported by Allergan Medical with a non-educational grant.
AAFPRS member Daniel S. Alam, MD, helped make medical history as a member of the Cleveland Clinic’s surgical team that performed the first facial transplant in U.S. history in 2008. Dr. Alam was hand-picked by the surgical team leader because of his microvascular expertise and comprehensive training in head and neck surgery.

Benoit Lengelé, MD, was part of a team of surgeons to operate on the first face transplant ever in 2005. Dr. Lengelé will share methods and techniques used to transplant the central and lower face of a woman who had suffered a severe dog bite that had amputated her nose, lips, chin, and adjacent parts of her cheeks.

Bohdan Pomahac, MD, was born and raised in the Czech Republic where he graduated from Palacky University School of Medicine. Since January 2009, Dr. Pomahac has lead the BWH Burn Center while also performing a broad range of plastic surgical and microsurgical procedures. Dr. Pomahac established the composite tissue transplantation program at BWH and led New England’s first face transplantation in April 2009. Among his clinical interests are facial reconstruction, burn reconstruction, and microsurgery.
Target Audience
The 10th International Symposium—sponsored by the AAFPRS Foundation in conjunction with the IFFPSS—is offered for continuing medical education of practicing physicians (MDs and DOs), fellows, residents, and medical students in the field of facial plastic and reconstructive surgery. The program is for physicians with all levels of experience and covers aesthetic, reconstructive and congenital issues relevant to this specialty.

Learning Objectives
The AAFPRS Foundation and CME Committee worked to formulate a program that is contemporary, unbiased and relevant. At the conclusion of this symposium, attendees should be able to:

- recognize and manage some of the more common difficulties associated with blepharoplasty with periorbital rejuvenation
- recognize and manage some of the more common difficulties associated with rhytidectomy and midface rejuvenation
- recognize and manage some of the more common difficulties associated with rhinoplasty
- recognize and manage some of the more common difficulties associated with fillers and injectables
- recognize and manage some of the more common difficulties associated with the current economic environment
- recognize and manage some of the more common difficulties associated with cutaneous defects
- recognize and manage some of the more common difficulties associated with auricular trauma and reconstruction
- anticipate potential complications in patients who are candidates for blepharoplasty, rhytidectomy, midfacelift, browlift, otoplasty, and rhinoplasty
- plan the correction of difficulties encountered during blepharoplasty, rhytidectomy, midfacelift, browlift, otoplasty, and rhinoplasty
- verbalize the resources available for the treatment of common complications following blepharoplasty, rhytidectomy, midfacelift, browlift, otoplasty, and rhinoplasty.

Accreditation and Designation
The Educational and Research Foundation for the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS Foundation) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

The AAFPRS Foundation designates this educational activity for a maximum of 45.5 AMA PRA Category 1 Credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Free Papers
Free papers will be presented in concurrent sessions on Wednesday, Friday, and Sunday. There will be a total of 15 sessions with up to six free papers per session.

Breakfast Sessions
Each morning, beginning on Thursday, five breakfast sessions will be held from 6:30am to 7:45am offering courses on practice management and marketing.

Plenary Sessions
The plenary sessions will be held each morning with panels and specific topic discussions.

Focused Learning Opportunities
There are 108 focus learning opportunities from which to choose, offering physicians a variety of topics and formats.

Disclaimer
Registrants for this course understand that medical and scientific knowledge is constantly evolving and that the views and techniques of the instructors are their own and may reflect innovations and opinions not universally shared. The views and techniques of the instructors are not necessarily those of the Academy or its Foundation but are presented in this forum to advance scientific and medical education. Registrants waive any claim against the Academy or its Foundation arising out of information presented in this course. Registrants also understand that operating rooms and health-care facilities present inherent dangers. Registrants waive any claim against the Academy or Foundation for injury or other damage resulting in any way from course participation. This educational program is not designed for certification purposes. Neither the AAFPRS nor its Foundation provides certification of proficiency for those attending.

Please wear your badge at all times. It is required for admittance to all sessions and the exhibition.
Meeting Events and Hotel Information

Hotel Information
The Westin Diplomat Resort & Spa proudly hosts our 10th International Symposium of Facial Plastic Surgery. The hotel address is 3555 South Ocean Drive, Hollywood, FL 33019. The main phone number is (954) 602-6000.

Speaker Ready Room
Speaker Ready Room is located in Room 215.

Business Center
Located on the 2nd Floor of the South Tower, the Business Center is open from 7:00am to 8:00pm on Mondays-Saturday and 8:00am to 8:00pm on Sundays.
Phone (954) 457-7109; Fax (954) 602-7000

On-Site Registration
Registration will be open daily from 6:30am to 5:30pm (Regency Foyer) with the exception of Sunday, when registration closes at 1:00pm.

Video Learning Center
The AAFPRS John Dickinson Memorial Library will be in the Exhibit Hall (booth 417) and will showcase its most recent aging face and rhinoplasty titles. All registered members and guests will have access to the Video Learning Center and will be able to request viewings from nearly 300 titles.

Welcome Reception
All meeting attendees, their guests and spouses are invited to attend the Welcome Reception on Wednesday, April 28, 2010 in the Exhibit Hall from 6:30pm to 8:30pm. This will be an opportunity for you to mingle with your colleagues and meet and greet some new ones as well as discover what the exhibitors have brought to our exhibition. Guests and spouses who are not registered for the meeting may purchase a ticket to attend the Welcome Reception. This reception is graciously supported by PCA Skin with a non-educational grant.

Opening Ceremony
To formally welcome all our colleagues and international friends, and to celebrate our 46th anniversary, we invite all registrants to attend the Opening Ceremony on Wednesday, April 28, 2010, Regency Ballrom. The ceremony will be special and you will not want to miss it.

Friday Evening Dinner and Dancing
All meeting attendees are invited to a party on Friday, April 30, 2010 from 7:00pm to 10:00pm in the pool area (casual attire). There will be an open bar, dinner buffet, and dancing. AAFPRS member Jeffrey H. Wachholz, MD and his band, "The Rhythm Cure" will provide us with great rock and roll music. This event is generously supported by Dermik, a business of sanofi-aventis U.S. with a non-educational grant.

Exhibition
Great Hall 1-3
The Exhibition for this symposium will feature our loyal exhibitors with their latest products and technology. All breaks and lunches starting on Thursday, as well as the Wednesday evening Welcome Reception, will be held in the exhibit hall to maximize your time with our exhibitors. Only registered physicians, spouses and guests will be admitted into the exhibit area. Non-registered spouses and guests may purchase a pass to have access to the Exhibit Hall everyday from 2:00pm to 4:30pm. This pass does not include admittance to the Welcome Reception. Visit the registration desk to purchase your exhibit pass.

The exhibit hall hours are as follows:
Wednesday, April 28 6:30pm – 8:30pm
Thursday, April 29 10:30am – 4:30pm
Friday, April 30 10:30am – 4:30pm
Saturday, May 1 10:30am – 4:30pm

No Smoking
The AAFPRS has a no-smoking policy. Smoking is not permitted in all meeting rooms, exhibit hall, and social events.

No Recording Devices
The AAFPRS has a strict policy prohibiting the use of cameras, video and audio recording devices. Violation of this policy may result in confiscation of equipment and expulsion from the meeting. Also, please silence your cell phones during all sessions.

Thank You!
The AAFPRS Foundation wishes to thank the following companies for their support of our 10th International Symposium of Facial Plastic Surgery.

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*Nothing to Disclose

Please wear your badge at all times. It is required for admittance to all sessions and the exhibition.
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*Nothing to Disclose
Wednesday, April 28, 2010 Plenary Session

PLENARY SESSION
Regency Ballroom

7:30am - 10:00am
Rhinoplasty Around the World (GS01)
Moderator: Russell W.H. Kridel, MD
Those physicians that attend this session will have the opportunity to learn about the variety of different nasal contours and anatomy throughout the world and the best treatment plan for them. Techniques to enhance facial features in general and the nose in particular will be discussed. Experienced faculty will present their preferred methods to treat different ethnic nose and the panel will compare and contrast treatment options. At the conclusion of this session, the participant should be able to describe differences in nasal anatomy and aesthetics among the world’s different ethnicities and describe detailed treatment options for each of the patient types.
- Hispanic Rhinoplasty - Roxana Cobo, MD
- Caucasian Rhinoplasty - Nicholas Tabbal, MD
- Asian Rhinoplasty - Hong Ryul Jin, MD
- Globalization of Nasal Aesthetics - Peter A. Adamson, MD
- African American Rhinoplasty - Russell W.H. Kridel, MD

10:00am - 10:30am Opening Ceremony
History of the International Symposium
Ted A. Cook, MD
Presentation of the Efrain Davalos Award
J. Regan Thomas, MD

10:30am - 11:00am Break
Regency Foyer

11:00am - Noon
How I Do It: Rhinoplasty (GS02)
Moderator: Russell W.H. Kridel, MD
This session will present detailed descriptions on specific rhinoplasty techniques. The speakers will present how they perform the techniques in a step-by-step fashion. At the conclusion of this session, the participant should be able to perform various rhinoplasty techniques.
- Open and Close: Incision and Closure of External Incision - Ira D. Papel, MD
- Spreader Grafts - Stephen S. Park, MD
- Osteotomies - Russell W.H. Kridel, MD
- Tip Sutures - Roxana Cobo, MD
- Struts and Tip Grafts - Dean M. Toriumi, MD

1:00pm - 2:00pm Lunch
South Palm Court

2:00pm - 3:00pm
Master’s Panel: Repair of Cutaneous Defects Large and Small (MP02)
Moderator: Stephen S. Park, MD
Panelists: Hong Ryul Jin, MD; Fred Menick, MD; Gregory S. Renner, MD; and John L. Frodel, Jr., MD
This panel is comprised of international experts who will go through a host of facial defects, large and small, high lighting important nuances of analysis and proper flap selection. Panelist will present a step-by-step breakdown of surgical techniques employed for reconstruction of complex defects involving the eyelids, nose, lips, and cheeks. Post-op complications and subsequent management options will also be reviewed. At the conclusion of this session, the participant should be able to: learn a method of defect analysis; become familiarized with a host of flaps; and pick up specific tricks and nuances with facial reconstruction.

2:00pm - 3:00pm
See rooms on next page
Paper Presentation Sessions 1-4
International Focus Session 1

3:00pm - 6:20pm
Focused Learning Opportunities 1-18

Efrain Davalos Award
This is an international award which is presented every four years in conjunction with the Foundation’s International Symposia. The award recognizes those outside the U.S. and Canada who have made a significant contribution to facial plastic surgery. This year’s recipient is Roxana Cobo, MD of Colombia, South America.
WEDNESDAY AFTERNOON: PAPER AND FOCUS SESSIONS

2:00pm - 3:00pm
Paper Presentations and Focus Sessions

Paper Session 1 (PS01): Roger A. Allcroft, MD, Moderator
Diplomat 1/2

- "Double C" Plication: A Reliable Technique for Lower Facial Rejuvenation
  Kevin Sadati, MD
- Antihelix Plasty - Filing Technique
  Hermann Raunig, MD
- 5 Year Polymethylmethacrylate Microsphere Soft Tissue Filler (Artefill) Safety and Efficacy Study
  John Joseph, MD
- The Dynamics of Nasal Hump Removal: An Analysis of Inter-Related Aesthetic and Functional Factors
  Pieter Swanepoel, MD
- A Twin Centre Study of Nasal Tip Numbness Following Rhinoplasty and Septorhinoplasty
  Marie-Claire Jaberoo, MD
- Safety and Efficacy of Polycrylamide Hydrogel in the Correction of Deep Nasolabial Folds
  Anthony Sclafani, MD

Paper Session 2 (PS02): J. David Kriet, MD, Moderator
Diplomat 4/5

- Submental Liposuction: A New Treatment Option for Lymphedema In Head and Neck Cancer Patients
  Maria Brake, MD; Maha Gilani, MD; Robert D. Hart, MD; Jonathan RB Trites, MD; and S. Mark Taylor, MD
- Our Experience With The Lateral Crus Pull Up for Treatment of Nasal Valve Stenosis
  Jan Balczun, MD
- Cephalic Positioning of the Lateral Crura: Implications for Nasal Tip-Plasty
  Ashlin Alexander, MD; Ali Sepehr, MD; Nitin Chauhan, MD; and Peter A. Adamson, MD
- Analysis of Nasal Ptosis Correction Using the Lower Lateral to Upper Lateral Cartilage Suspension
  Giancarlo Zuliiani, MD
- Modified Back-To-Back Conchal Cartilage Graft for Caudal Septal Reconstruction in Septorhinoplasty
  Cody Koch, MD
- Aesthetic Ideals of the General Public with Regard to One's Own Face
  Majid Shafiei, MD

Paper Session 3 (PS03): Philip Schoenfeld, MD, Moderator
Atlantic 1/2

- A Radiographic Study of the Anterolateral Thigh Flap With Correlation to Gender and Body Mass Index
  Rahul Seth, MD
- Repair of Oral Cavity Defects Using Vascularized Anterolateral Thigh (ALT) Fascial Flap
  Heather Waters, MD
- Improved Stability of Osseocartilaginous Rib Grafts in Rhinoplasty
  Jared Christophel, MD
- Permutations of the Temporalis Flap in Facial Reanimation
  Garrett Griffin, MD
- Neural Prostheses for Facial Reanimation
  Garrett Griffin, MD
- Simultaneous Intraoperative Mohs Clearance and Reconstruction for Advanced Cutaneous Malignancies
  Rahul Seth, MD

Paper Session 4 (PS04): Scott J. Trimas, MD, Moderator
Atlantic 3

- Buddha's Hand Shape Continuous Suture Suspension of the Zygomatical Fibrofatty Pad for Mid? Face and Lower Facial Rejuvenation
  Dr. Liu, Xiao-Yan
- Combined Grafting of Auto-Cartilage and Implant in the Oriental Nasal Tip Plasty
  Yu Jing-Tian
- Correction to Prominent Zygomatic Bone and Arch with the Mini-Incision Approach
  LU Jingling

Please refer to the codes next to each session title when completing your CME evaluation forms.
FLO 1 Pearls in Rhinoplasty
Regency Russell W.H. Kridel, MD; Pietro Palma, MD; and Dean M. Toriumi, MD
It is always said that a Rhinoplasty is easy to do, but hard to do well. These seasoned rhinoplasty surgeons will share their tips to make the procedures easier and to obtain better results.

FLO 2 Fundamental Principles of Facial Fracture Repair
Diplomat J. David Kriet, MD; Hong Ryul Jin, MD; and Peter D. Costantino, MD
In this session, the speakers will discuss the principles of safe and effective repair of the traumatized upper facial skeleton. Topics covered will include management of the midfacial buttresses in Le Fort fractures, treatment of orbital and zygomaticomaxillary complex fractures, and approaches to the injured frontal sinus and skull base. The surgeons will provide tips and pearls that they have developed through years of trauma patient management. At the conclusion of this session, participants should be able to: identify the midfacial buttresses and understand the role they play in proper management of midfacial fractures; understand the principles and approaches to fractures of the zygomaticomaxillary complex and orbit, including the medial orbital wall; understand the importance and principles behind creating a "safe frontal sinus" after frontal and skull base injuries.

FLO 3 The Aging Nose Panel
Diplomat Moderator: Fred J. Stucker, MD
Faculty: Timothy Lian, MD and Armando Boccieri, MD
Aging, although quite individual, is pervasive and impacts nasal function and appearance of all in varying but often predictable ways. Relentless senescent changes lead to deformities that adversely affect both function and appearance. Owing to many factors, the incidence of nasal surgery on geriatric patients has increased from an extremely rare event to a routine surgical occurrence over the past 40 years. There are predictable histologic and anatomic changes that occur in the aging nose. These changes are compounded in those that have a history of prior nasal surgery, in which the deformities wrought by aging and prior manipulation are more than simply additive. Many elderly patients have long-standing pathology and an equally longstanding desire for nasal surgery. We will illustrate and examine the broad categories of geriatric surgical candidates, including patients with a history of prior rhinoplasty, those with long-standing pathology compounded by aging, and those with senescent pathology only apparent after age 60. This overview will include specific aspects of diagnosis, surgical treatment, and special considerations in these populations. Each panelist will present a specific area of interest pertinent to the geriatric nose. These presentations are limited to 8 minutes. The panelists will then be presented with specific cases for their thoughts on analysis and management.

FLO 4 Computer Imaging and Nasal Surgery
Diplomat John S. Rhee, MD and Richard E. Davis, MD
4/5 Computer imaging has become a valuable tool in patient counseling to set realistic expectations and outcomes. In addition, computer imaging software plays a valuable role in physician education and preoperative surgical planning. Evolving computer technology may allow for greater sophistication in outcome measurement, including both the aesthetic and functional nasal airway components. In addition, research and future platforms that measure functional and aesthetic outcomes will be introduced. At the conclusion of this course, the participant should have an understanding of how available computer imaging software can be used in patient counseling, preoperative surgical planning, and basing postoperative outcomes.

FLO 5 Hair Transplantation
Atlantic Jeffrey S. Epstein, MD
1/2 As an aesthetic discipline, surgical hair restoration is an appropriate part of the facial plastic and general plastic surgeons' practice scope. This course is conducted by the founder and director of the Foundation for Hair Restoration and Plastic Surgery, a physician-run management group that brings together, in a group practice model, plastic and facial plastic surgeons who wish to practice hair restoration. Attendees will have the opportunity to learn about how the FHRPS surgeons execute and promote the different hair restoration surgeries and services. At the conclusion of this course, the participant should be able to learn about the marketing, practice organization, and surgical techniques for the full range of services for treating hair loss including: Microscopic follicular unit grafting, incisionless follicular unit extraction, body donor hair to scalp hair transplantation, hairline advancement combined with brow lifting, laser light therapy, platelet rich plasma, research in stem cells.

FLO 6 The Graduated, Customized Approach to Face/Neck Lift
Atlantic Andrew A. Jacono, MD and Samieh S. Rizk, MD
3 There are many approaches in rhytidectomy from small incision, short skin flap SMAS plication techniques to long flap deep plane techniques, with no consensus amongst facial plastic surgeons which is the gold standard. This course presents algorithms to choose a customized rhytidectomy approach for each patient, by analyzing facial glide...
WEDNESDAY AFTERNOON: FOCUSED LEARNING OPPORTUNITIES

4:00pm - 4:30pm Break
Regency Foyer

4:30pm - 5:20pm FLO 7-12 occurring concurrently

FLO 7 Implants in Rhinoplasty Panel
Regency Moderator: Russell W.H. Kridel, MD
Panelists: Hong Ryul Jin, MD; Chuan-Hsiang Kao, MD; and Jaime Fandino, MD

When there is not nasal or ear autogenous cartilage of sufficient quantity or shape for grafting in rhinoplasty, other grafting materials may be necessary. A review of graft choices will be presented. In depth uses of costal cartilage, silastic implants and GoreTex implants will be discussed.

FLO 8 Nasal Reconstruction: State of the Art
Atlantic Moderator: Frederick J. Menick, MD
1/2
The course will present an in-depth discussion of the repair of complex superficial, deep, and composite nasal deformities. The emphasis will be on the appropriate design and transfer of 2 and 3 stage forehead flaps, primary and delayed primary cartilage support, and intranasal lining. The advantages of the full-thickness forehead flap transferred in 3 stages to provide ideal cover lining and support will be central to the discussion.

At the conclusion of this course, the participant should be able to: define a complex nasal deformity which requires regional tissues, rather than local tissue rearrangement; outline principles of an aesthetic nasal reconstruction; discuss flap and pedicle orientation; define the application for 2 or 3 stage forehead flap; present modified applications for the use of folded forehead flap for lining; and discuss revisional surgery.

FLO 9 Personal Approaches to Blepharoplasty
Diplomat
4/5
Personal Approaches to Blepharoplasty
Peter A. Hilger, MD; Fernando C. Pedroza, MD; Daniel G. Danahey, MD; and Francisco L. Ramirez, MD

Four experienced surgeons will provide insights and technical details that are the foundation for their current approach to blepharoplasty. Each surgeon will discuss the evolution of their current approach and opportunity will be made to compare and contrast each surgeons approach. Case presentations will be used to highlight perioperative management, outcomes as well as treatment and avoidance of complications. The course will be structured to encourage input from attendees creating a more interactive environment. At the conclusion of this course, the participant should be able to: understand the rational and goals of different blepharoplasty techniques; understand techniques to manage and avoid potential blepharoplasty complications; understand technical details of several current blepharoplasty techniques; and have opportunity to share their experiences and query the faculty.

FLO 10 Principles of Cutaneous Malignancy MOH’s
4/5
Principles of Cutaneous Malignancy MOH’s Surgery
John D. Hendrix, MD
Skin cancer incidence is on the rise worldwide. Early recognition and use of Mohs micrographic surgery can lead to increased cure rates and improved cosmesis for skin cancer patients.

At the conclusion of this course, the participant should be able to recognize skin cancer at an early stage and understand when patients will most benefit from Mohs micrographic surgery.

FLO 11 Ethical Considerations in Rhinoplasty Panel
Atlantic Moderator: Peter A. Adamson, MD
1/2
Panelists: Gilbert Nolst Trenité, MD; Robert L. Simons, MD; and Nicholas G. Tabbal, MD

This course will attempt to define ethics as they pertain to the practice of rhinoplasty. The moderator will present ethical questions and case scenarios to the panelists who will explore the issues and suggest ethical courses of action. Some of the ethical challenges discussed will include: appropriate use of patient photographs for marketing and presentation; honesty in computer imaging; revision surgery for your or others’ patients; age limits for rhinoplasty; the patient with psychological issues; HIV- and HCA-positive patients and surgeons; internet communications by patients and surgeons; operating on family members; patient transference; and, patient - surgeon personal relationships. Participants will be given the opportunity to pose their own specific ethical dilemmas to the panel. Participants will also be provided a survey of ethical dilemmas to respond
to, with the results to be published. At the conclusion of this course, the participant should be able to: broadly define some of the major ethical issues facing rhinoplasty surgeons; pose specific ethical challenges in rhinoplasty and respond to them through interactive panel discussion; and provide the opportunity for participants to explore their own ethical framework through questions posed to the panel and responses to a case-based survey (results to be published).

FLO 12 Laser Skin Rejuvenation in Hispanic Patients
Atlantic Steve Mandy, MD

FLO 13 Lessons Learned from 20 Years of Rhinoplasty
Regency Robert L. Simons, MD; Nicholas G. Tabbal, MD; and Dean M. Toriumi, MD

Rarely does the opportunity occur for a trio of highly respected and experienced rhinoplasty surgeons to present long-term results. Favoring informal cross-discussion, the value of long-versus short-term results will be explored. Each surgeon will present several of his own long-term cases that have influenced his current philosophy and methodology. At the conclusion of this course, the participant should be able to: understand the difference between short- and long-term results; appreciate the value of lessons learned from following your own patients; and know practical tips on preventing long-term complications.

FLO 14 Surgical Approaches to Forehead Rejuvenation
Diplomat Donn R. Chatham, MD and Gerald G. Edds, MD

Three experienced surgeons share their perspectives on how to evaluate and plan for optimal brow rejuvenation. The focus will not be on endoscopic forehead lifting rather other ancillary techniques designed to achieve a natural and pleasing improvement to the periorbital area. Goals are to help the attendee analyze anatomy, think creatively and offer patients more than one choice.

FLO 15 Upper Blepharoplasty and Ptosis Repair
Diplomat William E. Silver, MD

Eyelid ptosis can be a problem when seen in patients coming into a cosmetic surgeons office for a blepharoplasty. This presentation will give the classification of upper eyelid ptosis, giving examples of each type, how it is diagnosed and measured, and showing different methods of repair. Examples of each type of ptosis will be demonstrated with the technique of repair with operative slides as well as video. At the conclusion of this course, the participant should be able to: diagnose upper eyelid ptosis; measure the degree of ptosis; outline an informed method to address the problem surgically-correcting the ptosis and the dermatochalasis at the same time.

FLO16 Selecting the Best Cutaneous Flaps
Diplomat Brian S. Jewett, MD; Shan R. Baker, MD; and Peter J.F.M. Lohuis, MD

FLO 17 Endonasal Rhinoplasty: Incorporating Structural
Atlantic Crafts to Achieve Long Term Results

Endonasal Rhinoplasty has often and unfairly been described as reduction rhinoplasty by advocates of the open structural approach. Endonasal rhinoplasty with an emphasis on the appropriate use of cartilage grafts and structural re-orientation can be executed with a small amount of surgical dissection, fewer surgical maneuvers and variables thus resulting in an approach that is consistent in delivering long term results. This course will describe in detail, indications, complications, pearls and technical maneuvers used in primary structural rhinoplasty.

FLO 18 Tissue Engineering
Atlantic Craig D. Friedman, MD; Brian J. Wong, MD; and Tessa A. Hadlock, MD

Welcome Reception
All meeting attendees, their guests and spouses are invited to attend the Welcome Reception on Wednesday, April 28, 2010 in the Exhibit Hall (Great Hall 1-3) from 6:30pm to 8:30pm. Guests and spouses who are not registered for the meeting may purchase a ticket to attend the Welcome Reception. This reception is graciously supported by PCA Skin with a non-educational grant.

Dinner and Lecture
Facial Rejuvenation with an Emphasis on Volumizing the Face (not a CME activity)
All registrants are invited to attend a dinner and lecture to be given by Jonathan M. Sykes, MD. This will be held from 8:30pm to 10:30pm in Atlantic 1/2.

The pathophysiology of facial aging includes a loss of skin elasticity, dental and skeletal recession, and soft tissue volume depletion. The manner and rate that a given individual ages is extremely variable. Surgical rejuvenation of the aged face includes procedures to lift ptotic soft tissues, and to add volume in areas of volume deficiency. This lecture will describe the common characteristics of facial aging, and will outline invasive and non-invasive methods to augment facial volume deficiency. Specifically, the use of poly-L-lactic acid (Sculptra) will be described. The technique, indications, and complications of this product will also be discussed. This is generously supported by Dermik, a business of sanofi-aventis, U.S. with a non-educational grant.
BS 1 Strategic Planning for Initiating and Growing Your Practice  
Jason D. Meier, MD and Mark J. Glasgold, MD  
Diplomat 1/2  
This instructional course will provide a significant and strong background in the business aspects of facial plastic surgery that physicians can use when establishing or growing their existing practice. Content will include key information about business practice and how to succeed in both the academic and private practice markets in a changing economic environment. Business topics such as 1) developing a business plan and implementing it; 2) marketing strategies and return on investment; 3) accounting and finance; 4) administration aspects such as human resources and practice development; and 5) insurance aspects will be covered. Most physicians are especially in need of concrete business ideas and strategies that have proven efficacy in practice as success depends, in part, on establishing and maintaining good business methodology and practice. This is especially important as the market in this field becomes increasingly competitive with other specialties.

BS 2 Practice Optimizations: Doorways to Success  
(not a CME activity)  
Robin Bogner Ntoh  
Diplomat 3  
Oftentimes cosmetic plastic surgery practices find their best planned marketing efforts yield poor or ineffective results. While the review of failed marketing efforts can be superficially realized, analysis will show the real reasoning is weak internal practice organization. With effective internal practice optimization and carefully sought out external marketing we can yield effective results. Over the years practices continue to overlook how important software, staff, processes and even forms can have the greatest impact on how well they succeed in their marketing efforts. Practices commonly believe eye-catching newspaper advertisements or well-placed websites are enough to generate conversions. They generate call volume but conversion to revenue is not realized because of a poor practice internal structures. Secondly, patients enter a practice from many different referral sources or “doorways”. Practices often focus on the wrong doorway or neglect their primary doorways. Consistent data shows that the top referral sources are current Patients, Physicians and the Web. The marketing budget, practice resources and staff training should all suggest a greater interest in the top referral sources - and the doorways that lead to them. At the conclusion of the session, the participant should be able to review the key areas that require practice optimization and review the key doorways to a practice. The final result is that they all work together to create a strong internal structure and yield sound marketing results.

BS 3 Financial Management Topics for the Facial Plastic Surgeon  
Min S. Ahn, MD and Beth Brooks  
Diplomat 4/5  
This session studies the critical components of sound financial management in the facial plastic surgeon's office. This course reviews the reports that should be analyzed on a monthly basis, as well as ratios and formulas to ensure proper financial management and decision-making. This course will also review the important ratios and analyses used in the decision-making process for new treatments or capital purchases, which include profitability ratios, sensitivity analyses, return on investment calculators, and internal rate of return. At the conclusion of the session, the participant should be able to generate and read financial statements, such as the balance sheet, income expense report (also know as profit/loss statement) and how that information is used for decision-making and analysis.

BS 4 Facial Skin Rejuvenation in Asians  
Joseph K. Wong, MD and David A.F. Ellis, MD  
Atlantic 1/2  
At the conclusion of the session, the participant should be able to understand various problems with Asian skin and speaker's personal methods of dealing with them; understand the concept and goal in Asian facial skin rejuvenation; be familiar with the common Asian skin blemishes that prompt them to seek medical opinion for cosmetic reasons; and know the various methods of treatment that the speaker most commonly employed.

BS 5 Public Relations Seminar  
(not a CME activity)  
Karen Carolonza and Deborah Sittig  
Green Room PR  
Atlantic 3  
This seminar teaches the fundamentals needed to deal with the media professionally and productively. Participants will learn how to identify what is newsworthy in your own practice and how to reach out to the media. The purpose of the seminar is to provide a better understanding of the media, how to maximize media coverage and how to develop relationships with key journalists in your area. Among the many topics covered are: a review of key media relations terms; how to prepare for a media interview; and how to prepare for a television and radio interview.
Thursday, April 29, 2010 Plenary Session

PLENARY SESSION
Regency Ballroom

8:00am - 10:30am
Facial Rejuvenation Innovations (GS03)
Moderator: Paul J. Carniol, MD
Skin resurfacing and volume enhancement and reduction are critical components to achieving a youthful and beautiful face. A multi-specialty panel of experts will present the latest advances in techniques for facial rejuvenation. At the conclusion of this session, the participant should be able to understand the role of lasers and chemical peels in today’s facial plastic surgery practice; and learn about transcutaneous fat reduction therapies and skin resurfacing in the ethnic patient.

- Avoiding and Managing Complications of Endoscopic Facial Rejuvenation - Oscar Ramirez, MD
- Facial Skin Rejuvenation in Hispanic and African American Patients - Heather Woolery-Lloyd MD
- Lasers vs. Chemical Peels for Facial Skin Rejuvenation - Suzan Obagi, MD
- New Technology for Transcutaneous Fat Reduction - Jason N. Pozner, MD
- Management of Pigment Problems Post Laser Therapy - Steve Mandy, MD
- Innovations in Hair Transplantation - Paul T. Rose, MD
- Hetter Chemical Peel: Technique, Advantages, Complications. - Devinder S. Mangat, MD

10:30am - 11:00am Break with Exhibitors
Exhibit Hall
Great Hall 1-3

11:00am - 1:00pm
KEYNOTE PRESENTATION
Facial Transplantation in the 21st Century: The European and American Experience (GS04)
Moderator: Peter A. Adamson, MD
Special Guests: Benoit Lengelé, MD; Daniel S. Alam, MD; and Bohdan Pomahac, MD; Carmen Paradis, MD; and Sayeed Malek, MD

Generously supported by Allergan Medical with a non-educational grant.

This keynote presentation will bring together, for the first time ever, pioneering members from three American and European face transplant teams. A surgeon from each team will present their surgical case experience and the technical challenges overcome to achieve success. An immunologist associated with the Boston team will discuss the present and future immunological management of these patients and the risks posed to their long-term health. An ethicist from the Cleveland group will review the ethical dilemmas to be resolved prior to embarking on these unique surgical journeys. Arguments surrounding face transplantation will be discussed. Following this overview, the moderator will pose questions to the panel to further clarify the surgical, immunological and ethical issues surrounding face transplantation as we understand them from our early experience. The panel will attempt to create a consensus opinion where it exists, and identify outstanding issues that are still confounding and/or conflicting. The panelists will define the status of face transplantation today and identify future directions to explore in this unique and compelling facial plastic surgery procedure. At the conclusion of this session, the participant should be able to: learn about the surgical, immunological and ethical issues which challenged the pioneers in their original face transplantation cases; provide the opportunity for these medical pioneers to share their stories of success and knowledge gained from their experience in an open forum so that all facial plastic surgeons have a greater understanding of their achievements; identify areas of consensus opinion, issues in dispute and ongoing challenges in face transplantation surgery; and consolidate current knowledge and experience so as to propose guidelines for future research and patient management that will contribute to the development of this field.

1:00pm - 2:00pm Lunch with Exhibitors
Exhibit Hall
Great Hall 1-3
Laser Luncheon
Atlantic 1/2

2:00pm - 6:20pm Focused Learning Opportunities 19-42

7:00pm - 9:00pm Dinner and Live Workshop (LW01)
Atlantic 1/2
Educational grant provided by Medicis Pharmaceutical Corporation and Dermik, a business of sanofi-aventis, U.S.

Laser Luncheon
Fractional Skin Rejuvenation Heavily Weighted for eMatrix and E2 (not a CME activity)
Atlantic 1/2
Thursday, April 29, 2010, 1:00pm to 2:00pm
Mark Nestor, MD
This luncheon is supported by Syneron and Candela with a non-educational grant.

Dinner and Live Workshop (LW01)
Advanced Injection Techniques using Neuromodulators, Hylauronic Acid Fillers, and Collagen Stimulators
Atlantic 1/2 (CME activity)
Thursday, April 29, 2010, 7:00pm - 9:00pm
John G. Westine, MD and Julio F. Gallo, MD
This course will afford the participant an opportunity to view live demonstration injection techniques using neuromodulators (botulinum toxin A), in addition to hyaluronic acid fillers and collagen stimulators (poly-L-Lactic Acid). A variety of injection techniques will be demonstrated by a variety of experienced facial plastic Surgeons. Both basic and advanced techniques will be demonstrated and discussed with ample opportunity for questions throughout the demonstrations.

Educational grants provided by Medicis Pharmaceutical Corporation and Dermik, a business of sanofi-aventis, U.S.
Volume augmentation has become a critical component to overall facial rejuvenation or to provide structure and balance to the face. The midface, in particular, has gained acceptance as an important region to enhance through volume as compared with traditional lifting techniques. Jawline and other facial regions will be covered in terms of alloplast versus fat augmentation and perhaps when to combine methods. The question of safety, technique, and long-term gains for fat transfer versus alloplasts will be covered and more specifically determining what candidate would be ideal for each technique. At the conclusion of this course, the participant should be able to: evaluate patients for fat grafting; discuss ways of minimizing complications; describe the ways in which the bony and soft tissue structures change with age; and describe the fat grafting technique as it pertains to different anatomic areas.

FLO 20 Alloplastic Implants vs Fat Transfer
Diplomat Samuel M. Lam, MD and Harry Mittelman, MD
1/2 Volume augmentation has become a critical component to overall facial rejuvenation or to provide structure and balance to the face. The midface, in particular, has gained acceptance as an important region to enhance through volume as compared with traditional lifting techniques. Jawline and other facial regions will be covered in terms of alloplast versus fat augmentation and perhaps when to combine methods. The question of safety, technique, and long-term gains for fat transfer versus alloplasts will be covered and more specifically determining what candidate would be ideal for each technique. At the conclusion of this course, the participant should be able to: evaluate patients for fat grafting; discuss ways of minimizing complications; describe the ways in which the bony and soft tissue structures change with age; and describe the fat grafting technique as it pertains to different anatomic areas.

FLO 21 Tips, Tricks, and Pearls in Rhinoplasty
Diplomat Philip J. Miller, MD
3 Successful rhinoplasty consists of proper diagnosis, appropriate planning, perfect execution and appreciation of the limitations and complications of the operation. This talk will focus exclusively on presenting tips, tricks and pearls in executing many different rhinoplasty techniques include: modification and insertion of spreader grafts and tip grafts; delivery techniques; subtleties of septoplasty; advanced anatomy and its influence on results; osteotomy pearls; choice of instruments; how to improve exposure; innovative suture techniques, and more. At the conclusion of this course, the participant should be able to learn advanced and specific techniques modifications to enhance and expedite their current rhinoplasty operation.

FLO 22 Perioral Rejuvenation
Diplomat Ross A. Clevens, MD and William H. Truswell, MD
4/5 Aging changes affecting the perioral region are considered amongst the most bothersome lines and wrinkles to patients. The aging perioral region cannot be successfully rejuvenated with procedures such as facelift or skin resurfacing and instead requires a direct approach. The purpose of this FLO is to familiarize the surgeon with the unique constellation of aging changes related to this region including skin changes and the development of muted architecture such as the lengthening of the upper lip, thinning of the vermilion, flattening of the philtrum, loss of the Cupid's bow and the downward sloping corner of the mouth. This FLO will present a comprehensive approach to address aging changes related to the mouth, lips and nasolabial folds with an emphasis on surgical solutions such as the corner of the lip lift, subnasal lip lift, direct lip advancement and direct excision of the nasolabial fold. Non-surgical approaches including cutaneous resurfacing, injectable fillers, fat, implants and Botox will be touched upon.

FLO 23 Laser Lipolysis, Part 1
Atlantic J. David Holcomb, MD
1/2 Attendees will learn how to incorporate the highly specific interstitial mid 1400 nm micropulsed NdYAG laser into current facial aesthetics practice. Existing "lipolysis" laser wavelengths will be compared and contrasted including clinical implications of advanced thermal imaging data. At the conclusion of this course, the participant should be able to understand the: background basic science and interstitial/lipolysis laser tissue interaction; concept of thermal confinement and related efficacy and safety implications; clinical use of mid 1400 nm micropulsed NdYAG interstitial laser; skin flap pre-dissection/undermining; subregional facial contouring; adjunctive use with rhytidectomy; concurrent use with subdermal injectable fillers; latest data regarding skin tightening efficacy; and important safety measures.

FLO 24 Principles and Options for Scar Revision in the 21st Century
Atlantic J. Regan Thomas, MD and David B. Hom, MD
3 A discussion of the ideology, pathophysiology and anatomy of inappropriate and unsightly facial scarring will be discussed. Practical instruction on scar revision and scar camouflage surgical techniques will be discussed. Using patient examples through clinical photography and video, a practical approach to successful scar camouflage techniques will be demonstrated. Patient examples and scar analysis with a selection process for the best technique will be described. At the conclusion of this course, the participant should be able to: recognize wounds that have a high likelihood of
THURSDAY AFTERNOON: FOCUSED LEARNING OPPORTUNITIES

FLO 25 Facial Rejuvenation in African American Patients
Regency Heather Woolery Lloyd, MD and Charles M. Boyd, MD
FLO 26 Surgical Management of Massive Facial Fractures
Diplomat Fred G. Fedok, MD; John L. Frodel, Jr., MD; and Phillip R. Langsdon, MD

In this fifty-minute session the presenters will cover the currently recommended methods of evaluation and management of patients with massive facial fractures. Clinical scenarios of panfacial injuries including adult and pediatric patients will be presented. The three experts will discuss timing of repair, sequencing, exposure, methods of fixation, postoperative care, and other issues. There will be an additional focus on frontal sinus management, the pediatric patient, the disrupted orbit, and complex mandibular injuries. This will be in a case presentation and panel commentary format. Time for audience directed questions will be provided.

At the conclusion of this course, the participant should be able to: understand some of the more accepted methods of obtaining exposure for the operative treatment of patients with massive facial fractures; understand some of the current management principles of pediatric patients with massive facial fractures; and understand some of the more accepted methods of the operative treatment of the frontal sinus fractures of patients with massive facial fractures.

FLO 27 Alar Base Surgery
Diplomat Carlos Arturo Pedroza, MD and Shan R. Baker, MD

The course will present two facial plastic surgeons’ personal perspectives on nasal base surgery. Different surgical techniques will be discussed as they relate to variables which govern the surgical approach use. These variables include race, skin thickness and nasal tip support. Illustrations, animations, and video clips are used to enhance the understanding of the surgical procedures. Long term results are presented. At the conclusion of this course, the participant should be able to: tell difference between a wide nasal base and excess alar flaring; know when to use specific types of alar and nasal base reduction procedures; maximize the aesthetic results of nasal base surgery; and know complications of nasal base surgery and how to avoid these complications.

FLO 28 Facial Augmentation with Fat
Diplomat Moderator: Samuel M. Lam, MD
4/5 Panelists: Thomas L. Tzikas, MD and Mark J. Glasgold, MD

Volume restoration of the face via fat transfer has become more widely recognized as an important method to naturally rejuvenate the face either alone or in combination with other techniques. This course will focus on aesthetic principles, safety, longevity, techniques, complications, and refinements involving fat transfer by leading practitioners in the U.S. At the conclusion of this course, the participant should be able to learn philosophy, techniques, and outcomes with facial fat transfer.

FLO 29 Laser Lipolysis, Part 2
Atlantic Richard D. Gentile, MD

In 2006 the FDA approved the SmartLipo laser for use for an extended number of soft tissue applications including laser lipolysis. In addition to laser lipolysis we have found the laser very useful in elevation of facial flaps for facial rejuvenation particularly if there has been previous surgery (revision rhytidectomy). Our early introduction of these innovative techniques for subcutaneous laser assisted surgery has evolved into specific techniques for minimally invasive procedures including laser facial contouring and minimal incisional approaches. We review our experience in the development of these innovative techniques in over 400 procedures. The advantages disadvantages and potential complications are reviewed as well as patient selection for subcutaneous laser assisted facial rejuvenation. The course will include a didactic session followed by a round table discussion with other facial plastic surgeons who have implemented these innovative techniques. At the conclusion of this course, the participant should be able to: understand the concepts behind the introduction of subcutaneous lasers for internal laser facial aesthetic surgery; understand laser physics basic to the 1064 and 1320 nm Nd:YAG lasers and their tissue interaction in facial and neck tissues; learn criteria for patient selection for subcutaneous laser assisted facial rejuvenation; learn the various techniques for laser facial contouring, minimal incision laser assisted facial rejuvenation procedures and laser assisted face and neck lift; learn ancillary procedures such as laser facial contouring procedures combined with microablative laser skin rejuvenation.
THURSDAY AFTERNOON: FOCUSED LEARNING OPPORTUNITIES

FLO 30 Stem Cells for Facial Volume Restoration
Atlantic William H. Beeson, MD
1/2 The course will provide participants with knowledge of wide-ranging topics related to stem cell and regenerative biology, including: a brief history of the field, research on animal models of regeneration, tissue engineering, and the political and ethical issues surrounding the stem cell debate, review of human clinical research, and the applications for facial plastic surgery soft tissue augmentation to date. At the conclusion of this course, the participant should be able to: list the properties that define a stem cell; explain how stem cells are derived for clinical application; compare and contrast tissue-specific stem cell types (e.g., blood, skin), and the basic mechanisms that regulate them; list common and extrapolate potential clinical use(s) of stem cells; and assess the ethical and political issues related to stem cell research.

3:50pm - 4:30pm Break with Exhibitors Exhibit Hall Great Hall 1-3

4:30pm - 5:20pm FLO 31-36 occurring concurrently

FLO 31 Latest Advances in Endoscopic Facial Rejuvenation Regency Oscar Ramirez, MD
The author will summarize briefly the evolution of the technique and the advancements made over the years. At the conclusion of this course, the participant should be able to: describe the anatomic and aesthetic basis for the technique; explain why it is safer than other techniques; learn how to integrate the endoscopic central oval facial rejuvenation with other techniques; learn the indications for the pure endoscopic technique; learn the indications for the Biplanar procedure; describe the different ancillary procedures that can be used with the technique; show short and long term results; and demonstrate its usefulness for the treatment of lower eyelid complications and problems.

FLO 32 The Role of Microvascular Flaps in Facial Reconstructive Surgery
Diplomat Tamer A. Ghamen, MD and Jeffrey S. Moyer, MD
1/2 This course will cover free tissue transfer applications in a variety of different defects involving the following sites: scalp, cheek and parotid, tongue, nose, mandible, and anterior and lateral skull base. A brief overview of the anatomy and blood supply will be given for the different free tissue transfers. Choice of host vessel selection will be discussed for each of the different sites listed above. The advantages and disadvantages of each of the different flaps will be discussed. At the conclusion of this course, the participant should be able to: list different options for reconstruction of head and neck defects; identify the blood supply for the different flaps; and discuss the advantages and disadvantages of each of the different flaps.

FLO 33 The Difficult Rhinoplasty Panel
Diplomat Moderator: Daniel G. Becker, MD
3 Panelists: Norman J. Pastorek, MD; Jorge A. Espinosa, MD; and Ira D. Papel, MD
This expert panel takes a case-based approach to "The Difficult Rhinoplasty." Challenging rhinoplasties and their solutions will be discussed in this course.

FLO 34 Update on Approved and Non-Approved Fillers
Diplomat David A.F. Ellis, MD
4/5 As everyone knows, there is a plethora of injectable fillers in the world. In order to get injectable fillers sanctioned by the FDA, there are many steps and hurdles companies must do. However in Canada, HPB (health protection branch) Canada's equivalent to the FDA allows and accepts foreign research is performed properly. Therefore Canada gets excellent injectable fillers before the United States of America. Injectable fillers can be classified as permanent, long term (lasting longer than 18 months), and short-term lasting no longer than a year before the need for reinjection. Even permanent fillers will have to be reinjected because patients continue to age. Dr. Ellis will review approved and non-approved fillers that may be coming to the United States in the next couple of years. Being familiar with these new fillers are important for the facial plastic surgeon as many patients have had injections outside the United States of America. On completing this course, everyone will learn the current use of injectable fillers and be able to select which injectable filler would be best for which patient. A discussion of non-approved injectable fillers will allow the facial plastic surgeon to have an understanding of these fillers to help their patients who have had injections in a foreign country.

FLO 35 Comprehensive Management of Mandibular Fractures: The Whole Story, Part 1
Atlantic Robert M. Kellman, MD and Lawrence J. Marentette, MD
1/2 The treatment options for management of mandibular fractures continue to evolve, and it is important for the practitioner caring for patients with fractures to be familiar with the variety of options available as well as the principles determining which to select. In part I, the basic biomechanical principles of mandibular fracture repair will be presented along with approaches and techniques for repairing the fractures that occur. The course will progress from the most simple and straightforward cases to the more complex and challenging cases. Part II will continue with both challenging and controversial aspects of mandibular fracture repair, and it will include modern technological advances such as endoscopic and percutaneous approaches.
THURSDAY AFTERNOON: FOCUSED LEARNING OPPORTUNITIES

FLO 36 Personal Approach to Rhinoplasty
Atlantic Fred Menick, MD
3 Well-defined nasal relationships form the basis for postoperative goals. Anatomy determines nasal shape. And the aesthetic Normal never changes. This course will emphasize restoration of a sub-surface framework in secondary rhinoplasty and the cocaine nose. Anatomic reconstruction of the tip and dorsum will be discussed. At the conclusion of this course, the participant should be able to: appreciate the interdependence of reconstructive and cosmetic rhinoplasty principles; understand the indication and technique of anatomic alar cartilage replacement after total destruction of the tip cartilage; and use rib cartilage to re-support the collapsed dorsum.

5:30pm - 6:20pm FLO 37-42 occurring concurrently

FLO 37 Microdroplet Silicone Injection
Regency Jay Barnett, MD
There are around 120 fillers and you can use any that you want. Regardless, you should know about LIS because at one point or another it will help you and your patients get better results. It’s useful on any age group, not just on the aging face.

FLO 38 Transbleph Forehead Lift
Diplomat Phillip R. Langsdon, MD and David A.F. Ellis, MD
Elevation of the brows through an upper eyelid incision can be an effective alternative in the list of brow lifting techniques. This session will describe patient selection, technical aspects of the procedure, post operative care, alternatives, limitations, and results. A video will also be used to demonstrate the technique. At the conclusion of this course, the participant should be able to understand: patient selection for the transblepharoplasty Brow Technique; the technical aspects of the transbleph brow lift procedure; when other options may be more advantageous; and the parameters of possible results.

FLO 39 Revision Rhytidectomy
Diplomat Neil A. Gordon, MD
This course will describe the varied etiologies of patients presenting for revision rhytidectomy surgery. The course will detail assessment of potential patients, how to stratify surgical candidates and technical options in revision surgery. In addition, the course will highlight and emphasize potential technical pitfalls that could produce poor outcomes and what surgical cases to avoid. At the conclusion of this course, the participant should be able to: understand patients complaints presenting for revision surgery; understand assessment of patients presenting for revision surgery; know the surgical options for revision rhytidectomy; and better decide on potential surgery candidates.

FLO 40 Regional Approach to Periocular Rejuvenation
Diplomat M. Sean Freeman, MD and Kris S. Moe, MD
4/5 Periocular rejuvenation can be one of the most powerful and important means of restoring a more youthful, healthy appearance to the aging face. Though many of the means to achieve this do not initially appear to be complex, detailed knowledge and a nuanced approach are necessary to provide the patient with an optimal, long-lasting outcome in a safe manner. The course will provide a detailed discussion of the broad range of options available for rejuvenation of the forehead - eyelid - midface region. The topics will include the following: key concepts in bone and soft tissue anatomy; orbital and periorbital analysis - determination of the esthetic issues, and detection of underlying pathology; preoperative patient evaluation: indications and contraindications; analysis and management of the aging eyelid support complex: surgical techniques in upper and lower blepharoplasty; management of periorbital fat: excise, reposition, or inject?; appropriate uses of periocular injection: fillers and chemodenervation; laser and chemical resurfacing of the periorbital region; complementary therapy of the forehead, eyebrow, and midface; and management of complications in periorbital surgery. At the conclusion of this course, the participant should be able to: achieve an advanced understanding of the effects of aging on the ocular and periorbicular region; gain insight into the interrelated anatomy of the forehead, eyelids, and midface; learn the decision making process in creating a comprehensive therapeutic plan; and understand how to optimize patient safety and effectively manage complications.

FLO 41 Comprehensive Management of Mandibular Fractures: The Whole Story, Part 2
Atlantic Robert M. Kellman, MD and Lawrence J. Marentette, MD
See description for FLO 35

FLO 42 Fractionated Laser Skin Rejuvenation: Basic Science and Implications for Clinical Decision Making, Part 1
Atlantic Paul J. Carniol, MD; J. David Holcomb, MD; and Joely Kaufman, MD
There are multiple challenging decisions when using fractional lasers. In order to make these decisions it is important to understand how these lasers work and what to consider when selecting a laser and then deciding how to use it. This FLO addresses these issues. At the conclusion of this course, the participant should be able to: understand how fractional lasers work; evaluate the differences and similarities in fractional lasers; and use the understanding of fractional lasers to select the laser and techniques for patient’s problems.
BREAKFAST SESSIONS
6:30am - 7:45am

BS 6 The Importance of Utilizing Financial Controls in Your Practice
Karen Zupko
Diplomat 1/2
At the conclusion of this session, the participant should be able to institute checks and balances to prevent employee theft and assess how to monitor and maintain the financial integrity through reports.

BS 7 Brand Building Blocks: A Foundation for Future Practice Growth and Success (not a CME activity)
Wendy Lewis
Diplomat 3
Transitioning from reconstructive surgical practice into cosmetic procedures requires a plan, commitment, investment and new way of thinking.

BS 8 How to Build a High Performance Team
Edwin F. Williams, III, MD
Diplomat 4/5
Most surgeons'/physician’s have a tendency to over emphasize personal performance at the sacrifice of others. Consequently too much emphasis is placed on the importance of the physician/provider without a clear understanding of building and growing a successful team. This segment outlines a systematic approach to getting the right people on the bus to drive your practice and ancillary support staff in a sustained and positive direction.

BS 9 The Surgeon and The Internet (not a CME activity)
Jeffrey Segal, MD, Medical Justice
Atlantic 1/2
Historically, if a patient was dissatisfied with care, he or she could tell his or her friends and family. The criticism was limited to a small circle of people. If the patient was injured negligently, he or she could hire an attorney to prosecute a lawsuit. The threshold for finding an attorney and prevailing posed a significant barrier for the patient achieving redress. With the Internet, if a patient is unhappy he or she needs do little more than access a growing number of Internet physician rating sites. in 2009, there are more than 40 sites. Such criticism can be rendered anonymously. Those with an axe to grind can pose as patients, such as disgruntled office staff, competitors, or even ex-spouses. The posts are disseminated worldwide, and once posted, the criticism rarely comes down.
While transparency is a laudable goal, such sites generally lack any accountability. Given how important reputation is to physicians, the traditional remedy of suing for defamation because of libelous posts is ordinarily ineffective. First, many patients who post libelous comments do so anonymously. Next, the Internet Service Providers hosting such sites are generally immune from liability for defamation. Finally, the law has a very formal definition for libel, and a negative rating does not necessarily equate to "defamation." A novel method of addressing un-policed physician rating sites in the Internet age is described. The system embraces the use of mutual privacy contracts to provide physicians a viable remedy to anonymous defamatory posts. in exchange, patients receive additional privacy protections above and beyond that mandated by law. Each party benefits.

BS 10 Search Engine Marketing and Social Media Sites (not a CME activity)
Robert Baxter, Surgeon’s Advisor
Atlantic 3
This session will provide a comprehensive guide to Internet marketing, search engine optimization, social networking, online reputation management, and creating and maintaining a conversion-oriented plastic surgery web presence. From link building and video optimization to social networking and more, the course includes important insider’s strategies that achieve results, maximize visibility, increase a plastic surgeon’s patience base, and help a surgeon avoid the pitfalls associated with this industry. At the conclusion of this session, the participant should better understand how to create, modify, adjust, and optimize their Internet strategy.
Friday, April 30, 2010 Plenary Session

PLENARY SESSION
Regency Ballroom

8:00am - 10:30am
Periorbital Rejuvenation (GS05)
Moderator: Donn R. Chatham, MD
Rejuvenation of the periorbital complex is essential in aging face surgery. Experts in the field will discuss their techniques to provide the optimal result. At the conclusion of this session, the participant should be able to know the relevant periorbital anatomy and function, and state-of-the-art techniques in upper and lower lid blepharoplasty.

- Digital Evaluation of Preoperative Lower Eyelid
  Michael Patipa, MD
- Controversies in Periorbital Rejuvenation
  Foad Nahai, MD
- Lower Eyelid Surgery - Richard C. Sadove, MD
- Controversies in Periorbital Rejuvenation Panel
  Moderator: Donn R. Chatham, MD
  Panelists: Michael Patipa, MD; Foad Nahai, MD; and Richard C. Sadove, MD

10:30am - 11:00am  Break with Exhibitors
Exhibit Hall
Great Hall 1-3

Friday Evening Dinner and Dancing
All meeting attendees are invited to a party on Friday, April 30, 2010 from 7:00pm to 10:00pm at the pool area (casual attire). There will be an open bar, dinner buffet, and dancing. AAFPRS member Jeffrey H. Wachholz, MD and his band, The Rhythm Cure, will provide us with great rock and roll music. This event is generously supported by Dermik, a business of sanofi-aventis U.S., with a non-educational grant.

11:00am - Noon
Master’s Panel: Revision Rhinoplasty (MP03)
Moderator: Russell W.H. Kridel, MD
Special problems in revision rhinoplasty that vex the surgeon are septal perforations and the persistently crooked nose. These and other difficult dilemmas the surgeon faces in revision rhinoplasty will be discussed.

- Septal Perforations - Hossam Foda, MD
- The Crooked Nose - Armando Boccieri, MD
- The Asymmetric Tip - Pietro Palma, MD

Noon - 1:00pm  Focused Learning Opportunities 43-48

1:00pm - 2:00pm  Lunch with Exhibitors
Exhibit Hall
Great Hall 1-3
Laser Luncheon
Atlantic 1/2

2:00pm - 6:20pm  Focused Learning Opportunities 49-72

Laser Luncheon
Understanding Techniques and Technology for Micro Ablative Skin Rejuvenation – The TotalFX Approach (not a CME activity)
Friday, April 30, 2010, 1:00pm-2:00pm
Atlantic 1/2
Richard D. Gentile, MD
This luncheon is supported by Lumenis with a non-educational grant.
11:00am - Noon
Paper Presentation Sessions and Focus Sessions

**Paper Session 5 (PS05):** Shervin Naderi, MD, Moderator
Diplomat 3

- Levator Aponeurotic Reconstruction for Blepharoptosis Correction
  Li Dong, MD
- New Technique in Using Eprfe in Augmentation Rhinoplasty
  Jing-Ling Ly, MD
- Revision Augmentation Rhinoplasty with Costal Cartilage
  Kao Chuan-Hsiang, MD

**Paper Session 6 (PS06):** Anurag Agawal, MD, Moderator
Diplomat 4/5

- Diced Cartilagefascia Grafts for Premaxillary Augmentation in Rhinoplasty
  Adam Stanek, MD
- Intermediate Dissection Composite Rhytidectomy under Local Anaesthesia
  David Santos, MD
- Evolution in Nasal Tip Contouring Techniques: 10-year Evaluation and Analysis
  Nitin Chauhan, MD
- A Comparison of Standard Dissection Methods and the Synergy Harmonic Scalpel in Facial Rhytidectomy
  Jonathan Grant, MD
- Revision Otoplasty - How To Manage The Disastrous Result
  Alexander Berghaus, MD

**Paper Session 7 (PS07):** Kofi Boahene, MD, Moderator
Atlantic 3

- Reconstruction of complete Hypo-Pharyngeal Stenosis with Radial Forearm Free Flap
  Ryan Manz, MD
- Surgical Management of the Lower Lid and Midface in Facial Nerve Paralysis
  Pepper, MD and Jon-Paul, MD
- Low Risk, Highly Effective Modified Phenol/Croton Oil Chemical Peel
  Christopher Savage, MD
- The Butterfly Graft Revisited for Saddle Nose Deformity with Middle Vault Collapse
  Harrison C. Putman, III, MD; Xavier Vega Cordova, MD and Michael J. Brenner, MD
- Microscopically-Assisted Rhinoplasty
  Ahmed El Guindy, MD
- Pericranial Flaps for Nasal Reconstruction
  Callum Faris, MD

**International Focus Session 2 (IFS02):**
John Kim, MD, Moderator
Atlantic 1/2

- The Rational Use of Autografts in Rhinoplasty
  Jose Antonio Patrocinio, MD
- Surgery of the Nasal Tip
  Antonio C. Cedin, MD
- Pollybeak Deformity: Diagnosis, Management & Prevention
  Alireza Mesbah, MD
- Rhinoplasty for Nasal Feminization in Gender Reassignment Patients
  Hesham Saleh, MD

**Special Focus Session (SFS01):**
Sigmund L. Sattenspiel, MD
Diplomat 1/2

Upper Eyelid Blepharopexy: An Alternative to Brow Lifting
The blepharopexy is a modified supratarsal fixation adapted for selected use in the patient with little or no upper eyelid show. It is indicated in those women and men with low brows and a heavy infrabrow space in whom a browlift is either inappropriate, contraindicated or rejected by the patient. This technique develops upper lid invagination via sufficient skin and orbicularis muscle excision as well as adequate fat removal. Retraction is furthered by electrodesiccation of the septum orbitale. Finally, the desired crease is then deepened and maintained by a supratarsal fixation of the levator aponeurosis. Unique to this technique is the use of continuous absorbable sutures incorporating the supratarsal fixation with the skin closure. Details and nuances of technique are described.

At the conclusion of this presentation, the participant should be able to: learn and understand the indications for a unique blepharopexy procedure; determine the most suitable candidates for an upper lid blepharopexy procedure; and learn the technique of a modified supratarsal fixation blepharopexy technique in selected patients.
FRIDAY AFTERNOON: FOCUSED LEARNING OPPORTUNITIES

Noon - 1:00pm  FLO 43-48 occurring concurrently

FLO 43  Controversies in Periorbital Rejuvenation
Regency  Foad Nahai, MD
There are many surgical and non-surgical procedures available for rejuvenation of the periorbital area. These procedures range anywhere from injectable fillers and toxins to complex mid face and cheek lifts through the lower eyelid. Each has a role in rejuvenation of the periorbital area. At the conclusion of this course, the participant should be able to: understand the available options; understand indications for each of the treatment modalities; and know the risks and morbidity associated with each procedures.

FLO 44  Craniofacial Syndromes and Repairs
Diplomat  Sherard A. Tatum, III, MD
As facial plastic surgeon we may from time to time be called upon to evaluate patients with craniofacial syndromes. It is therefore useful to have a working knowledge of these conditions and their management. It is not necessary to practice full time pediatric facial plastic surgery to be able to render aid to this patient population particularly in secondary reconstruction. This course will cover diagnosis and management of common craniofacial problems including craniosynostosis, branchial arch anomalies, and clefting. The focus is on the unique role facial plastic surgeons can have in the care of these patients. At the conclusion of this course, the participant should be able to: diagnose common craniofacial disorders, describe options for repair of associated deficits, and recognize the role of facial plastic surgery in providing this care.

FLO 45  Treatment of the Nasal Tip
Diplomat  Richard E. Davis, MD; Cemal Cingi, MD; and J. Regan Thomas, MD
Effective refinement of the nasal tip remains a fundamental aspect of cosmetic nasal surgery. In addition to achieving a natural and attractive nasal tip contour, effective tip refinement techniques must also maintain a satisfactory nasal airway and remain stable over time. Three experienced and accomplished nasal surgeons will share their insights for effective tip refinement and the pitfalls therein. At the conclusion of this course, the participant should be able to: recognize common cosmetic deformities of the nasal tip; properly analyze the anatomic variations that produce tip deformities; identify appropriate surgical strategies for refinement of various tip deformities; and identify potential pitfalls in cosmetic surgery of the nasal tip.

FLO 46  Reconstructive Rhinoplasty
Diplomat  Jeffrey S. Moyer, MD
4/5  The course will provide a defect-based approach to reconstruction of simple and complex nasal defects. The course will focus on defects created by Moh's surgery and will include helpful techniques for aesthetic and functional nasal reconstruction. Case examples as well as video will be used to aid in meeting the objectives of the course. At the conclusion of this course, the participant should be able to understand the common approaches to nasal reconstruction of both partial and full-thickness defects of the nose.

FLO 47  Optimizing Lip Rejuvenation
Atlantic  Andrew A. Jacono, MD and Ross A. Clevens, MD
FLO 48  The Crooked Nose
Atlantic  Peter J.F.M. Lohuis, MD; Fazil Apaydin, MD; and Dario Bertossi, MD

1:00pm - 2:00pm  Lunch with Exhibitors
Exhibit Hall
Great Hall 1-3

2:00pm - 2:50pm  FLO 49-54 occurring concurrently

FLO 49  Complete Platsyma Muscle Suspension Facelift
Regency  David Rosenberg, MD
The primary goals of facelift surgery are to create long lasting and natural appearing results with the shortest recovery times possible. More specifically, the ideal facelift technique should consistently restore age appropriate beauty by combining a defined jaw line, smooth contoured neck and robust cheek while avoiding any visible signs suggestive of a surgical outcome. Recent developments in a facelift often address the above challenges by limiting the depth of facial dissection, avoiding post auricular incisions and circumventing a lateral neck dissection. On the contrary, during the past decade Dr. Rosenberg’s approach headed in the opposite direction. Instead of reducing the scope of surgery, his facelift technique has evolved into an extensive platysma muscle isolation, undermining and suspension. Having performed this operation on over a thousand patients, Dr. Rosenberg has confirmed both its safety and remarkable effectiveness in rejuvenating the aging face. At the conclusion of this course the participant should be able to understand the anatomic extent of the platysma muscle, its relevance to facelift surgery, and appreciate the importance of safely undermining and suspending this muscle as a single unit during facelift surgery.
FLO 50 Personality and Beauty Concepts
Diplomat Peter A. Adamson, MD and Abel-Jan Tasman, MD

1/2 This course will review relationships between beauty and personality. Dr. Adamson will describe some of the types of patients with dangerous personalities that present themselves for cosmetic surgery. Through case examples gleaned from his own practice these personality types will be discussed and recommendations made as to their management. Dr. Tasman will present his findings related to the effect of facial rejuvenation surgery on the perception others have on the patient's personality. It can be shown that several different personality traits are perceived as improved after rejuvenation surgery as based on photographic analysis. Furthermore, the patients' ages were perceived as younger in the study presented. This positive aspect of surgery may be more relevant for the patient rather than the actual rejuvenating effect. At the conclusion of this course, the participant should be able to: better understand the various types of patient personality that may present for cosmetic surgery, especially those that are more prone to being dissatisfied with the results of their surgery; review the results of a study which shows that others have an improved perception of a patient's personality following facial rejuvenation surgery, and to discuss the implications of this; appreciate in general the importance of personality in selecting patients for aesthetic surgery.

FLO 52 Fractionated CO2 Laser Skin Rejuvenation, Part 2
Diplomat Harry Mittelman, MD; David A.F. Ellis, MD; and Paul J. Carniol, MD

Fractionated CO2 lasers are frequently used for skin rejuvenation. In this FLO will discuss techniques for fractionated CO2 laser skin rejuvenation as well as the use of combination lasers for facial rejuvenation. At the conclusion of this course, the participant should be able to: understand how to use fractionated CO2 lasers for facial skin rejuvenation as well as the range of results that can be achieved; learn how to avoid and manage complications of fractionated resurfacing; and develop and understanding of when it may be advantageous to use a combination of lasers.

FLO 53 Platelet Gels and Hemostasis
Atlantic J. David Holcomb, MD; Edward H. Farrior, MD; and Devinder S. Mangat, MD

In an effort to reduce recovery time, minimize bruising and swelling and improve outcomes for the ever more demanding patient in the ever more competitive market adjuncts to good surgical technique abound. These include platelet rich plasma, thrombin, fibrin and various laser applications. In presenting this panel we will try to distill the information regarding these surgical adjuncts and provide some recommendations based on the panelist experience that will make your decision to integrate these new technologies into your practice or not easier.

FLO 54 Global Views on Women in Facial Plastic Surgery: Opportunities and Challenges in the 21st Century
Moderator: Theda C. Kontis, MD
Panelists: Roxana Cobo, MD; Donna J. Millay, MD; and Robin Lindsay, MD

Bringing an international perspective to the discussion, the speakers will delve into topics typically not discussed in an open forum. How is being a woman an advantage to our specialty? Does this advantage differ from country to country? Do we use our gender as an advertising advantage? How do patients perceive women surgeons from country to country? What specific challenges do women face in our specialty? How has each panelist overcome these—or do they continually face these challenges? What advice can they give new women physicians? Is it possible to be an academician, researcher, lecturer, wife, and mother—or must some of these roles be sacrificed? Has this changed over time, or do the new physicians face the same challenges that the more senior women did?
3:00pm - 3:50pm FLO 55-60 occurring concurrently

FLO 55 Alternative Surgical Approaches for Forehead and Diplomat Midface Rejuvenation
3 Lucas Patrocinio, MD and Jorge Espinosa, MD
Surgical manipulation of the forehead, brow, and midface is of increasing interest to the facial plastic and reconstructive surgeon. Since the earliest approach of elliptical skin excisions to elevate the brow and diminish crow's feet, several surgical and nonsurgical approaches have been described. In this course we review the most significant reports of the literature and discuss the different approaches to rejuvenate the upper and middle thirds of the face. We describe endoscopic techniques and oppose them to minimally-invasive transblepharoplasty approaches. Video clips and surgical diagrams illustrating these techniques and postoperative results are shown. Indications, contraindications and specific application are reviewed. Main causes of flaws are presented and a step-by-step technique is presented to achieve excellent long-lasting results. At the conclusion of this course, the participant should be able to: assess the aging forehead and midface and select the most appropriate procedure for surgical rejuvenation; and have a thorough understanding of the surgical anatomy and a safe technique to effectively rejuvenate the aging forehead and midface.

FLO 56 Repair of Major Soft Tissue Injuries of the Face
Diplomat William W. Shockley, MD and Daniel S. Alam, MD 1/2
FLO 57 Functional Rhinoplasty, Part 2 (See FLO 51)
Regency
FLO 58 Fractionated CO2 Laser Skin Rejuvenation, Part 3
Diplomat J. David Holcomb, MD; David A.F. Ellis, MD; and Harry Mittelman, MD 4/5
This will be an advanced course in the latest findings and technology for the very popular fractionated CO2 Laser rejuvenation. The presenters will describe their experience with these relatively new technologies. The emphasis will be on results based on laser selection, settings, down time, risks, patient acceptance, and cost. In many practices, Fractionated Laser Technology results have limited the use of other laser technologies for sun damage, hyper-pigmentation, skin striations, sallow skin color, mild acne craters and even minimal skin tightening (but not vascular processes of the face, e.g. telangiectasias, rosacea, etc.).

FLO 59 Management of the Unhappy Blepharoplasty Patient
Atlantic
1/2 William P. Mack, MD and Stephen W. Perkins, MD
Managing a dissatisfied or unhappy blepharoplasty patient begins during the preoperative consultation and examination. A great deal of emphasis will be placed on the evaluation, examination, and determination of the patients expectations prior to performing the blepharoplasty. Making the proper diagnosis and developing an appropriate surgical plan to specifically treat the aging eyelid condition will be systematically presented. Identifying potential or "likely" problems ahead of time and applying preventative surgical maneuvers will be stressed. Finally, how to properly manage the postop blepharoplasty patient for "normal" postop sequelae as well as when and how to intervene to manage postop complications or untoward healing results will be covered in detail. At the conclusion of this course, the participant should be able to: make the proper diagnosis prior to surgery in order to plan the operative procedures most likely to achieve a good, safe surgical result, as well as meet the patient's expectations; learn surgical techniques to avoid, prevent, and treat complications or prolonged post-operative healing issues; learn a systematic postop case management for blepharoplasty patients which may involve when and how to intervene surgically and non-surgically to satisfy the patient, if not make the patient happy, with their blepharoplasty result.

FLO 60 Low Morbidity/High Effectiveness Facelift
Atlantic
Devinder S. Mangat, MD and J. Regan Thomas, MD
Using Illustrations, video demonstrations and cadaver demonstrations through both photographic and video techniques, a stepwise demonstration of facelift techniques, which minimizes complications while enhancing appropriate results, will be presented. Patient analysis, patient selection and avoidance of complications will be emphasized. Pre and Post operative results will be presented for evaluation of techniques, which have been recommended for utilization. At the conclusion of this course, the participant should be able to: access and evaluate patients for appropriated surgical selection; discuss alternatives to techniques related to patient anatomy and surgical goals; discuss in a stepwise fashion typical techniques of face lift procedure emphasizing avoidance of potential complications; discuss complications and how to best avoid those through technique selections; discuss preoperative, intraoperative, and postoperative care routines; and advise patients on best technique.

3:50pm - 4:30pm Break with Exhibitors
Exhibit Hall
Great Hall 1-3
4:30pm - 5:20pm FLO 61-66 occurring concurrently

FLO 61 Revision Rhinoplasty
Regency Moderator: Minas Constantinides, MD
Panelists: Wayne F. Larrabee, Jr., MD; Steven J. Pearlman, MD; and Geoffrey W. Tobias, MD
Senior surgeons will debate various challenges in revision rhinoplasty, including use of autogenous vs. alloplastic grafts, improving functional problems, dealing with the skin envelope, and offering their unique strategy ladders in revision surgery. At the conclusion of this course, the participant should be able to: predict difficulties during revision rhinoplasty; incorporate new methods of addressing complex problems; and analyze their outcomes more expertly.

FLO 62 Review of Lower Eyelid Surgery and Rational for Diplomat Transconjunctiva Septa Suture for Bags
1/2 Richard C. Sadove, MD
Presentation documents the history and development of various lines of thought for lower eyelid surgery. The benefits of trans-conjunctiva suture repair of the lower eyelid septum is presented. It is for routine treatment of lower eyelid middle and medial "bags." The technique/result is presented with a high quality, close-up video/photos. Via the transconjunctiva incision, the inferior edge of the capsulopalpebral fascia is sutured to the arcus marginalis of the orbital rim. Aesthetic results were excellent and over/under treatment of fat is avoided. Recovery of muscle tone and eyelid aperture shape to preop status is rapid. Complications, few and mild, are documented. Scleral "show" is virtually eliminated. This is safe, reliable technique for treatment of lower lid fat bags.

FLO 63 Cleft Lip Rhinoplasty
Diplomat Tom D. Wang, MD and Jonathan M. Sykes, MD
This course will focus upon the specific issues related to rhinoplasty in the patient with cleft lip deformity. Discussion will cover both primary and revision surgery, including timing, technique, outcomes and complications. The panelists will share their personal experiences in dealing with this most difficult of rhinoplasty operations. At the conclusion of this course, the participant should have a better understanding of the surgical indications and techniques of cleft rhinoplasty.

FLO 64 Neuromodulators: Botox vs Reloxin Purtox
Diplomat Corey S. Maas, MD

5:30pm - 6:20pm FLO 67-72 occurring concurrently

FLO 65 Avoiding Complications in Face Lifting
Atlantic Douglas D. Dedo, MD; Harrison C. Putman, III, MD; and William H. Truswell, MD
All surgical procedures have certain risks associated with them. Facelift surgery is also not risk free. When facelift complications occur they are too often obvious to the patient and all they encounter. A successful facelift practice is one where complication risks are minimized and complication avoidance is paramount. This course will instruct how to recognize and minimize complications, how to treat them efficiently and successfully, and how to handle the patient during this distressing period. At the conclusion of this course, the participant should be able to have a solid understanding of how to: minimize the risk of complications from face-lifting; recognize and manage complications should they occur; and manage the distraught patient.

FLO 66 Revision Endonasal Rhinoplasty Panel
Atlantic Moderator: Norman J. Pastorek, MD
3 Panelists: Robert L. Simons, MD and E. Morera Serna, MD
The panelists will describe how secondary rhinoplasty differs from primary rhinoplasty both in psychologic and physiologic terms. Psychologically, patient's expectations differ when the poor result is long term rather than short term, older patients differ from younger patients. Emotional and planning investments and risk differ in the secondary patient as opposed to primary cases. Physiologically, secondary rhinoplasty is totally different from primary rhinoplasty because of surgical scar involving all tissue planes. Cartilage grafting for camouflage, augmentation, projection, and function restoration become very important in secondary endonasal rhinoplasty. The senior surgeons will demonstrate with slides, videos, and diagram illustrations their personal methods of handling difficult secondary cases. At the conclusion of this course, the participant should be able to: know how to approach the secondary rhinoplasty patient in terms of nasal analysis and surgical planning; use reliable techniques and grafts endonasally to achieve; normal appearing results; and witness the long-term results of secondary endonasal rhinoplasty.

FLO 67 Management of Septal Perforations Panel
Regency Moderator: Fred J. Stucker, MD
Panelists: Fernando C. Pedroza, MD and Stephen F. Bansberg, MD
The incidence of septal perforation is difficult to determine but has been reported to approach 1% of the population. The causes and clinical implications will be discussed by the panel. The symptoms
vary from none to extremely troublesome and this 
will be explored, especially as they deal with the 
management options. Our panel will deal with 
their personal methods of evaluation and manage-
ment of septal perforations. The panelist will 
present briefly, their approach to managing this 
troublesome problem. Each will outline their 
surgical approach and their thoughts on alternative 
methods of management. Cases will then be 
presented to emphasize unusual and/or compli-
cated problems.

**FLO 68 Forehead Lift: Evolution of Techniques**
Diplomat and Palate

*1/2* Surgical manipulation of the forehead and brow is 
of increasing interest to the facial plastic and 
reconstructive surgeon. Since the earliest approach 
of elliptical skin excisions to elevate the brow and 
diminish crow’s feet, several surgical and nonsurgi-
cal approaches have been described. In this course 
we review the most significant reports of the last 
decade and discuss some issues on: anatomy, 
approach, dissection plane, flap fixation, facial 
paralysis, minimally-invasive techniques, and 
secondary procedure. Video clips and surgical 
diagrams illustrating these techniques and postop-
erative results are shown. Indications, 
contraindications and specific application are 
reviewed. Main causes of flaws are presented and a 
step-by-step technique is presented to achieve 
excellent long-lasting results. At the conclusion of 
this course, the participant should be able to: 
assess the aging forehead and select the most appropriate 
procedure for surgical rejuvenation; and have a 
thorough understanding of the surgical anatomy 
and a safe technique to effectively rejuvenate the 
aging forehead.

**FLO 69 Step by Step Techniques for Repair of Cleft Lip 
Diplomat and Palate**

*3* James E. Sidman, MD and Eric J. Dobratz, MD 
During this session step by step techniques will be 
described for unilateral cleft lip repairs including 
the triangular flap and the Millard advancement 
rotation flap. A bilateral cleft lip repair will be 
described as well. Descriptions of cleft palate 
repairs will include a "four flap," Von Langenbeck 
and Furlow Z-plasty techniques. This talk will 
stress the technical aspects of the repairs describing 
various pearls and nuances learned by the senior 
presenter during his experience in cleft repairs. At 
the conclusion of this course, the participant should 
be able to: understand the surgical approach to the 
repair of the unilateral and bilateral cleft lip; know 
the techniques for repair of partial and complete 
cleft palate; and identify pearls that we have found to 
be helpful in optimizing the results of these 
techniques.

**FLO 70 Creating Facial Harmony with Framework**
Diplomat Remodeling Panel

*4/5* Moderator: William J. Binder, MD 
Panelists: Harry Mittelman, MD and Jonathan M. 
Sykes, MD 
This course is intended to help provide the surgeon 
with a three-dimensional perspective of the underly-
ing skeletal framework and its role in aesthetic 
surgery. Understanding limitations inherent in 
underlying bone structure is necessary to assess and 
predict aesthetic outcome. A comprehensive 
approach to facial rejuvenation must include 
evaluation and quantification of the elements of 
soft tissue and their interface with underlying 
skeletal structure which affects the aging process. 
Such deficiencies may be attributable to the 
presence or absence of midfacial volumetric mass 
and its redistribution by gravity over the underlying 
skeletal structure. Facial contouring has a defined 
role in addressing "facial harmony and framework 
remodeling" to reverse the signs of aging and 
extend the longevity of soft tissue procedures. This 
presentation will provide a logical approach to 
identify, analyze, and treat facial deficiencies that 
will ultimately influence the surgeon’s decision in 
choosing from among the different procedures used 
to rejuvenate the face.

**FLO 71 Alar Notching and Composites**
Atlantic

*1/2* This course will discuss tips and techniques for 
treating and preventing alar notching and retracted 
alar deformities. Asymmetric irregular notched alas 
can be an unsightly tell tale sign that rhinoplasty 
has been performed. Attention to diagnosing the 
patient at high risk for alar deformities will be 
addressed along with easy to implement grafting 
techniques described for maintaining a well formed 
and stable ala. Harvesting and employing auricular 
or septal cartilage for creating grafts will be 
discussed, along with video demonstrations of 
placing the grafts via either the external or 
endonasal approach. Important considerations to 
maintaining the functional external nasal valve will 
be elaborated on as well. At the conclusion of this 
course, the participant should be able to: identify the 
patient at risk for post rhinoplasty alar deform-
ity; identify the patient at risk for functional 
external valve collapse; better understand 
important nuances to harvesting grafts from the 
nasal septum and ear for alar repair; be introduced 
to unique, novel and easy to implement alar 
grafting techniques; and feel comfortable imple-
menting alar grafting into their practices.

**FLO 72 Endoscopic Midface Lifting**
Atlantic

*3* Thomas Romo, MD; Holger G. Gassner, MD; 
and Vito C. Quatela, MD
BREAKFAST SESSIONS
6:30am - 7:45am

BS 11 Utilizing Aesthetic Technology and Public Relations for Practice Growth (not a CME activity)
J. David Holcomb, MD and Angela O’Mara
Diplomat 1/2
Investment in new aesthetic technology requires sustainable return on investment (ROI). Working with local media to highlight newly available aesthetic technology can help improve ROI and enhance practice growth and profitability. At the conclusion of this session, the participant should be able to understand: ten different approaches to enhancing device specific ROI and practice growth; how to overcome market variability regarding various public relations kit, how to develop and utilize a concise synopsis of your credentials, practice offerings and unique media stories.

BS 12 Successful Marketing in Any Economy (not a CME activity)
Anne A. Cohen
Diplomat 3
In both growing and regressing economic conditions, there are two resources in ROI-driven marketing that will catapult you far and away past the big-spenders with their flashy ads and expensive events. Minimal time, preparation and cash is required to utilize these two resources in your marketing armamentarium. At the conclusion of this session, the participant should be able to: understand the difference between push and pull marketing; have a working knowledge of applying social marketing to increase business; and be able to create ROI-driven events through internal marketing and cross channel affiliations.

BS 13 Non-traditional Marketing for a Non-traditional Field: The Unique Marketing Needs of Plastic Surgeons (not a CME activity)
Candace Crowe; Wendy Lewis; Jeffrey Segal, MD; and Steve Watson
Diplomat 4/5
How a fully thought out and implemented patient education program from start to finish can outperform traditional advertising such as TV spots and radio. Patient education increases a practice’s integrity, help avoid price wars, increases patient retention, empowers your staff, assists in supporting an under or over scheduled day, helps develop strong relationships with your patients and helps them to become confident decision makers, reduces anxiety, and reduces malpractice claims. At the conclusion of this session, the participant should be able to: get information on a variety of styles and programs being used; understand the value of a well thought out program and answering just questions that are being asked at each inquiry/patient touch point; and understand how they might implement a plan at each touch point in their practice.

BS 14 Update on Injectables and Fillers
Mark Hamilton, MD
Atlantic 1/2
This course will review the major injectable fillers available worldwide with focus on those available in the US. Emphasis will be on injectable techniques to provide best results with minimal side effects. Filler characteristics and how to utilize those to optimize treatments will be reviewed. At the conclusion of this session, the participant should be able to: recognize available fillers and their characteristics; understand techniques which consistently provide good results and minimal morbidity; and recognize the breadth of filler options available worldwide.

BS 15 Your Online Reputation: Monitoring, Enhancing, and Fixing When Patients Get Nasty (not a CME activity)
Robert Baxter, Surgeon’s Advisor
Atlantic 3
The wild west of the Internet - ratings, reviews, and reputation. With an extensive background in reputation management, Robert Baxter of Surgeon’s Advisor delves into this unmonitored, unchecked area of the web. How do you monitor your reputation online? How can you effectively facilitate working with patients to get the positive word out there? What do you do when someone ruins your reputation - whether it’s a real patient or an ex-employee or jealous competitor pretending to be one? From managing your good name to crisis management when things go wrong, an inside look at something every surgeon needs to pay close attention to.
PLENARY SESSION
Regency Ballroom

8:00am - 9:30am
Rhytidectomy and Midface (GS06)
Moderator: Keith A. LaFerriere MD
Knowledge of midface lifting is essential for complete facial rejuvenation in 2010. The midface is a continuum from the lower eyelid to the perioral area and recognition of aging changes in this region guides the treatment options. This session will concentrate on deciphering different approaches to midface lifting in rhytidectomy. In addition to covering the various choices for midface rejuvenation in facelift surgery from the perspective of experienced facial plastic and plastic surgeons, the panelists will be presented with a series of challenging problems unique to the midface. Each presenter will outline his philosophy for the midface in rhytidectomy, the rationale for the approach chosen, complications and expected post-operative course. The session will end with an open discussion on why there is still controversy among experienced surgeons about the best way to approach the midface. At the conclusion of this session, the participant should be able to:
• discuss a variety of techniques to achieve good long term results in midface lifting; describe in detail the differences and why one would choose one technique over the other; and understand that there is not a single perfect operation for midface rejuvenation.

9:30am - 10:30am
Master’s Panel: Midface Management, Selected Challenges (MP04)
Moderator: Peter A. Hilger, MD
Panelists: Edwin F. Williams, III, MD; Foad Nahai, MD; and Keith A. LaFerriere, MD
Through case presentation panelists will share insights on approaches to rejuvenation that have proven effective in their practices and share frustrations and failures they have experienced over the past 10 to 15 years in mid-face rejuvenation. At the conclusion of this session, the participant should be able to: learn techniques that have proven effective in mid-face rejuvenation; appreciate techniques that have been ineffective or associated with an unacceptable rate of complication; and understand fundamental anatomy and pathologic processes that cause mid-face aging.

1:00pm - 2:00pm Lunch with Exhibitors
Exhibit Hall
Great Hall 1-3

2:00pm - 6:20pm Focused Learning Opportunities 73-96
SATURDAY AFTERNOON: FOCUSED LEARNING OPPORTUNITIES

2:00pm - 2:50pm FLO 73-78 occurring concurrently

FLO 73 Anatomical Considerations and Personal Approach Regency to Face Lifting
James M. Stuzin, MD
FLO 74 Aesthetic Otoplasty
Diplomat Peter A. Adamson, MD and Shan R. Baker, MD
1/2 Aesthetic otoplasty will be reviewed from both the perspective of a cartilage-sparing approach (Dr. Adamson) and cartilage-cutting approach (Dr. Baker). The aetiology and incidence of the deformity, surgical anatomy, and indications for the procedure will be reviewed. The different surgical techniques, including Furnas soft-tissue setback, Mustarde anti-helical fold creation, surgical incision and excision techniques, and adjunctive procedures will be described. Videoclips will clarify the sequential steps of the procedure and patient examples will illustrate the results attainable. An interactive question and answer period with the participants will follow the presentation. At the conclusion of this course, the participant should be able to: describe the protruding ear deformity and indications for its correction; describe the techniques and discuss the relevant merits of cartilage-sparing and cartilage-cutting surgical procedures to correct the deformity; and illustrate the achievable results with these procedures and enhance the participants' ability to obtain their own excellent results.

FLO 75 Treatment of Vascular Lesions
Diplomat Wm. Russell Ries, MD and Marcelo Hochman, MD
The course is designed to enhance the participant's understanding of current modalities in the treatment of vascular anomalies including hemangiomas and malformations. Clinically applicable information on laser, medical and surgical treatment modalities will be covered in detail. At the conclusion of this course, the participant should be able to: describe the protruding ear deformity and indications for its correction; describe the techniques and discuss the relevant merits of cartilage-sparing and cartilage-cutting surgical procedures to correct the deformity; and illustrate the achievable results with these procedures and enhance the participants' ability to obtain their own excellent results.

3:00pm - 3:50pm FLO 79-84 occurring concurrently

FLO 79 Short Scar Facelift
Regency Foad Nahai, MD
The indications, limitations, and long term results of short scar facelift will be presented. How to select a patient for a short scar facelift and a description of the operative procedure will be included. At the conclusion of this course, the participant should be able to: define who is and...
who is not a candidate for a short scar facelift; know technical aspects of the procedure to avoid dog ears around the earlobe; and know the limitations of the procedure.

FLO 80 Facial Paralysis: Management in the 21st Century
Diplomat Kris S. Moe, MD; Patrick J. Byrne, MD; and Theresa A. Hadlock, MD
The treatment of facial paralysis has long been a great challenge to facial plastic and reconstructive surgeons. In recent years, new strategies have been developed to rehabilitate these patients. In this course, three leading surgeons will present a practical overview of the contemporary management of facial paralysis. The course will present basic information, but focus particularly on cutting edge techniques. This will include management of paralytic lagophthalmos and ectropion, new advance in regional muscle transfer, free tissue transfer, and minimally invasive techniques. At the conclusion of the course, the participant should be able to: identify opportunities for improving the patient with complete or partial paralysis by performing a practical physical exam; generate a treatment plan for their own patients; and perform several procedures discussed.

FLO 81 Face lift Refinements in the 21st Century
Diplomat Moderator: Richard D. Gentile, MD
3 Panelists: Fernando C. Pedroza, MD; Fred G. Fedok, MD; and Richard C. Sadowe, MD
The history of facelift surgery is a relatively short one and one that emerged and evolved primarily in the 20th century. After introduction in the early 20th century much remain unchanged until about 60 years later in the century. From that time on significant technical adaptations were introduced just about every ten years. This panel will focus on specific techniques and approaches to facial rejuvenation techniques including current concepts of "popular" and "effective" technology and ask some intriguing questions. Will the trend toward less invasive techniques continue or will technology enable more effective (extensive) operations to be performed with less morbidity? How will culture change affect the development of new procedures or approaches to facial rejuvenation? Will new concepts in our approaches to aging mechanisms bring about technical changes that enable more youthful results from our aging face procedures? At the conclusion of this course, the participant should be able to: understand the underlying concepts for development of contemporary techniques for facial rejuvenation procedures; understand demographics, cultural and spiritual basis for patient's interest in facial rejuvenation; understand the ability of technology and technology "shocks" to influence and transform the way patients percieve facial rejuvenation procedures; and appreciate the growing trend of patient's and surgeons working together to develop and plan an approach to facial rejuvenation that is highly individualized.

FLO 82 Rhinoplasty in Children
Diplomat D. J. Menger, MD; Gilbert Nolst Trenité, MD; and Tom D. Wang, MD
This discussion will focus on the indications and contraindications for rhinoplasty in childhood. Preoperative considerations, technical limitations and surgical outcomes will be presented. At the completion of the session, participants should have a better understanding of the effectiveness and ramifications of childhood rhinoplasty.

FLO 83 Non-Ablative Laser Skin Resurfacing: Atlantic Current Practice
1/2 J. David Holcomb, MD and Mark Nestor, MD
Attendees will learn how and why the physician panel continues to incorporate traditional non-fractional laser skin resurfacing modalities and techniques into current aesthetic practice. At the conclusion of this course, the participant should be able to understand: rationale and clinical objectives of non-fractional laser skin resurfacing modalities and techniques; appropriate matching of patient skin type and indication with wavelength and treatment protocol; and tips on avoiding and managing complications.

FLO 84 Suture Techniques in Rhinoplasty
Atlantic Roxana Cobo, MD; Grant S. Hamilton, MD; and Hossam M.T. Foda, MD
Suture techniques are a powerful and non-destructive method of reconfiguring the cartilages in the nose. This course will discuss methods of reshaping the upper and lower lateral cartilages using permanent and semi-permanent suture placement. These strategies are applicable to both functional and aesthetic improvements. At the conclusion of this course, the participant should be able to understand the role of sutures in: supporting the nasal base; reshaping and reorienting the lateral crus; and opening the internal nasal valve.

3:50pm - 4:30pm Break with Exhibitors
Exhibit Hall
Great Hall 1-3
SATURDAY AFTERNOON: FOCUSED LEARNING OPPORTUNITIES

4:30pm - 5:20pm FLO 85-90 occurring concurrently

FLO 85 Management of the Difficult Neck Panel
Regency Moderator: Daniel E. Rousso, MD
Panelists: Stephen W. Perkins, MD; Julian P. Trujillo, MD; and James M. Stuzin, MD
For many patients undergoing Facelift surgery, the degree of improvement in the neck area is the yardstick by which they judge the results of the procedure. The neck is a critical factor in the rejuvenation of the aging face, and oftentimes is a complex problem to address. Thick, heavy skin, adipose tissue, platysma laxity, ptotic submandibular glands, and digastric muscles all contribute to the aesthetic outcome. Each member of this multispecialty panel of experts will present their individual approach to the difficult neck. Time will be allotted for audience questions and participation.

FLO 86 Principles of Orthognathic Surgery
Diplomat Jonathan M. Sykes, MD and Jose E. Barrera, MD
Evaluation of facial deformities should include analysis of the facial skeleton, the soft tissues, and the dentition. The secret to facial beauty is balanced proportion of all facial features. Establishing balanced facial proportion begins with good dental occlusion. This course includes a detailed systematic evaluation of skeletal and soft tissues and how they relate to dental occlusion. A systematic plan for evaluating and treating dentofacial deformities is outlined. This involves using cephalometric x-rays and bony models for analysis. Lastly specific surgical treatments, including maxillary and mandibular movements to establish optimal three dimensional harmony is detailed. At the conclusion of this course, the participant should be able to: identify various forms of malocclusion and the relationship of malocclusion to facial disharmony; use cephalometric radiography and dental study models to establish a treatment plan for the patient with dentofacial disharmony; and outline the surgical corrections and techniques to correct dentofacial disharmony.

FLO 87 Fillers for Facial Contouring and Selection
Diplomat Thomas L. Tzikas, MD
The use of facial fillers has undergone explosive growth over the last decade despite the global economic downturn. New products are introduced to the U.S. market every few months resulting in confusion for the patient and sometimes for the clinician as well. This presentation will review the most commonly used filler materials intension-ally and in the U.S. with regard to the indications, best utilization by location and volume, patient selection, safety, complications (avoidance and treatment). Innovative techniques for injection will be discussed. The presenters have a great deal of experience with the use of the products to be discussed and will share their clinical knowledge.

FLO 88 Photography and Imaging
Diplomat Koen Ingels, MD and Daniel G. Becker, MD
This course reviews the use of photography and computer imaging in facial plastic surgery. Digital photography and computerized photo-imaging allow improved documentation, communication and education. Practical pearls and tips will be discussed.

FLO 89 Volume Restoration for a Youthful Eyelid
Atlantic Brian P. Maloney, MD and Harry Mittelman, MD
The periorbital region is a complex anatomical area. Because of the multitude of anatomic structures and layers, the aging process creates unique challenges for the cosmetic surgeon. This course begins with a review of the anatomy of the periorbital region, with particular emphasis on the clinical impact of the aging process on these structures. The evolution of periorbital rejuvenation procedures is reviewed with a culmination of volume restoration of the eyelid area. At the conclusion of this course, the participant should be able to: understand the complex orbital anatomy and the aging changes associated with these structures; and learn techniques to restore volume to the senile orbit, allowing them to create a more youthful eye.

FLO 90 Techniques for Nasal Tip Deprojection
Atlantic Richard E. Davis, MD; Jillian Rowe Jones, MD; and Dirk J. Menger, MD
Effective deprojection of the nasal tip ranks among the most challenging of all cosmetic rhinoplasty procedures. In addition to a natural and attractive nasal contour, tip deprojection must also maintain a satisfactory nasal airway and remain stable over time. Various methods for tip deprojection will be presented by three experienced rhinoplasty surgeons. At the conclusion of this course, the participant should be able to: recognize the hallmark anatomic features of the over-projected nasal tip; develop an appropriate surgical strategy for tip deprojection; and identify potential pitfalls in deprojection of the nasal tip.
FLO 91 Avoiding Complications of Midface Surgery Panel
Moderator: Stephen W. Perkins, MD
Panelists: Foad Nahai, MD; Jason N. Pozner, MD; Herve Respaldo, MD; and Lucas G. Patrocinio, MD
Management of the aging midface-lower eyelid complex is multi-factorial and several approaches and philosophies will be presented. Most are surgical approaches, but non-surgical options will be introduced, as well as specific techniques demonstrated with video and diagrammatic explanations on how to correct midfacial aging. Particular attention will be paid to how to recognize, avoid, and treat the complications of each technique. At the conclusion of this course, the participant should be able to: learn to diagnose each component of the aging process of the midface-lower eyelid complex; become familiar with the various treatment options for rejuvenating the midface, both surgical and non-surgical; learn to recognize the potential complications of each technique used to rejuvenate the midface-lower eyelid complex and be able to institute preventative measures to avoid these complications; and learn how to manage and avert complications of midfacial-lower eyelid rejuvenation.

FLO 92 The Male Facelift
William H. Truswell, MD; Ross A. Clevens, MD; and Devinder S. Mangat, MD
The facelift operation for male patients presents many issues that one does not routinely encounter with female patients. The initial consultation must recognize and manage a different set of expectations, concerns, and knowledge of the procedure than found in the routine encounter with women patients. The approach to planning and the performing the surgery involves different parameters. Lastly, the postoperative care, patient handling and possible complications require the surgeon to be able to understand and use other talents and intuitions than normally employed. At the conclusion of this course, the participant should be able to: learn that performing facelifts in men is not as routine a procedure as in women; know how to alter their approach in consulting with the male patient; and learn the different surgical approaches in male face lifting and the how to deal with the different postoperative issues and complications they may encounter.

FLO 93 Large Volume Fillers for Facial Rejuvenation
David A.F. Ellis, MD
A review of long-term injectable fillers in replacement of fat injections will be discussed. Indications and techniques will be reviewed in the 17 area that fillers can be used. Discussion of non-FDA approved fillers will be mentioned including those that are used worldwide. At the conclusion of this course, the participant should be able to understand the uses of fillers used in the head and neck.

FLO 94 Cartilage Grafts in Rhinoplasty
Minas Constadinides, MD and Charles A. East, MD
How grafts of septal, ear, and rib cartilage are best utilized in rhinoplasty will be thoroughly discussed in this course. Each speaker will present his own biases regarding cartilage grafts, utilizing critical evaluation of his own long-term results as the guide to improved outcomes. The evolution of each presenter's technique over his career will clarify which graft works best in which setting. At the conclusion of this course, the participant should be able to: better assess the role of cartilage grafts for the various parts of the nose (upper, middle & lower); understand the complications associated with cartilage grafts and how to avoid them; and immediately incorporate new ways of utilizing grafts in surgery.

FLO 95 Combining Midface and Lower Facelift Surgery
Vito C. Quatela, MD and William J. Binder, MD
A significant amount of scientific and medical advances have been made in realm of wound healing over the last two decades. With the advent of recombinant DNA technology with growth factors, it has made it possible to produce growth factors in large quantities to improve wound healing. This panel intends to address these contemporary and practical aspects of wound healing relevant to facial plastic and reconstructive surgery. At the conclusion of this course, the participant should be able to: be informed of the significant advances being made in wound healing relevant to facial plastic and reconstructive surgery; and gain insight into the future therapeutic potential of growth factors in facial plastic and reconstructive surgery.
BREAKFAST SESSIONS
6:30am - 7:45am

BS 16  Internet Strategies: Is the Internet the New Center of the Marketing Universe?
    (not a CME activity)
    Karen Zupko
    Diplomat 1/2
    At the conclusion of this session, the participant should be able to evaluate Internet marketing options, efficacy and cost and select a strategy that differentiates you from spammers and competitors.

BS 17  The Importance of Quality and Customer Service in Maturing Your Practice
    Jason N. Pozner, MD
    Diplomat 3
    The practice of plastic surgery has changed due to increased competition and changes in information available to patients. The importance of maintaining surgical quality is a given in most practices yet lapses in customer service are common. This course is intended to review current marketing strategies for plastic surgery and office management. At the conclusion of this session, the participant should be able to: review issues of quality in a practice and improve customer service skills; identify areas of practice to improve quality.

BS 18  Finding Your Own Personal Pathway to Success
    Richard D. Gentile, MD
    Diplomat 4/5
    The contemporary facial plastic surgeon enjoys many possible different ways to practice their profession in the 21st century. Conventional approaches to practice opportunities include academia, associate and group practice as well as private solo practice. This session will evaluate various practice paths one may choose and evaluate to opportunities and threats of each different approach. Finally the session will evaluate current challenges facing private practitioners with regard to facing challenges in affiliations, acquisition of technology and affording top level management. At the conclusion of this session, the participant should be able to: understand the various practice opportunities available to facial plastic surgeons; learn the various opportunities and threats of the different career paths; and learn and understand the opportunities and challenges that face those pursuing private practice paths.

BS 19  Gender Differences in Periorbital Surgery
    Jeffrey Spiegel, MD
    Atlantic 3
    In this course, we will discuss gender differences in periorbital surgery. Brow and eyelid shape differences will be discussed and techniques for periorbital rejuvenation ranging from office-based blepharoplasty to full orbital reshaping will be reviewed. At the conclusion of this session, the participant should be able to: learn differences in periorbital attractiveness between men and women; know how to vary techniques for men and women; and know when to add brow and bony orbital surgery to the rejuvenation.

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PLENARY SESSION
Regency Ballroom

8:00am - 8:55am
Auricular Trauma and Reconstruction (GS07)
Moderator: William W. Shockley, MD
Panelists: Thomas Romo, III, MD; John Hoffmann, MD; and Craig S. Murakami, MD
Contrasting techniques for the treatment of auricular trauma, defects and congenital microtia will be presented. Long term clinical results and a review of complicating factors will be discussed. The use of autogenous and synthetic materials will be explored.
Learning Objectives: At the conclusion of this session, the participant should be able to: demonstrate the spectrum of surgical techniques used in microtia reconstruction; become familiar with the assessment and care of congenital microtia; and be aware of a variety of reconstructive techniques for auricular defects.

9:00am - 9:50am
Complication from Otoplasty (GS08)
Moderator: Edward H. Farrior, MD
Panelists: Peter A. Adamson, MD and Robert O. Ruder, MD
Otoplasty as a surgical technique should be rewarding, safe and uncomplicated for the patient, family and physician. The goal of this panel will be to educate the participants regarding the avoidance of complication that may make the experience anything less than that. We hope to do this by summarizing the speakers techniques with regard to how each technique will help prevent and avoid complications. The management of complications will also be discussed but is not the main emphasis of the panel.

10:00am - Noon  Focused Learning Opportunities 97-108
Noon  Meeting Adjourned

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8:00am - 9:50am Paper Presentations and Focus Sessions

**Paper Session 8 (PS08)**
Anthony Brissette, MD, Moderator
Diplomat 1/2
- The Application of Autologous Fascia Transplantation to Nasal Tip In Augmentation Rhinoplasty
  Wen Huang, MD
- The Experience of 238 Cases of Revision Rhinoplasty In Patients With Failed Augmentation Rhinoplasty
  Dr. Guo and Dr. Ai Yu-Feng
- Ear Reconstruction Using Tissue Expander With 20 Years Experiences
  Li Dong, MD and Zhuang Hongxin, MD

**Paper Session 9 (PS09)**: Michael Fritz, MD, Moderator
Diplomat 3
- The Temporoparietal Fascia Flap: Versatility in Head and Neck Reconstruction
  Ryan Collar, MD; David Zopf, MD; Kevin Fung, MD; David Brown, MD and Jennifer Kim, MD
- Eyelid and Brow Asymmetry in Patients Evaluated for Blepharoplasty
  Kristian Macdonald, MD
- Auricular Reconstruction (2010): From Incisionless Otoplasty to Microtia
  Robert Ruder, MD

**Paper Session 10 (PS10)**: Grant Gillman, MD, Moderator
Diplomat 4/5
- Total Maxillary and Orbital Floor Reconstruction with Stacked Fibula Osteocutaneous Flaps
  Tara Shipchandler, MD
- Trends In Level of Evidence in Facial Plastic Surgery Research
  David Cote, MD
- Complications of Extracorporeal Septoplasty. Avoidance, Outcomes, and New Techniques
  Steven Mobley, MD and Matthew Wilson, MD
- Temporalis Tendon Transfer at the Time of Facial Nerve Resection to Manage Mid-Facial Paralysis
  Noah Meltzer, MD
- Reconstruction of Small Nasal Defects
  Charles Woodard, MD

**International Focus Session 3 (IFS03)**
Brian Jewett, MD, Moderator
Atlantic 1/2
- The Let Down Technique in Rhinoplasty
  Jose Juan Montes, MD
- Septorhinoplasty : Middle East/Iranian Experience
  Alireza Mesbahi, MD
- Rhinoplasty Saga in Brazil
  Joao Maniglia, MD
- Alar Base Surgery
  Washington Almeida, MD

**Paper Session 11 (PS11)**: Craig Cupp, MD, Moderator
Atlantic 3
- The Long Term Effect of A Transtemporal Midface Lift on Lower Eyelid Aesthetics
  Andrew A. Jacono, MD and Benjamin C. Stong, MD
- Minimally Invasive Techniques
  Norbert Gorski, MD
- Perioperative Hyperbaric Oxygen Decreases Postoperative Face Lift Echymosis
  Andrew A. Jacono, MD and Benjamin C. Stong, MD
- Sonic Rhinoplasty: Novel Applications of Ultrasonic Bone Aspirator In Rhinoplasty Surgery
  Edmund A. Pribitkin, MD
- Feminizing Mandibuloplasty
  Jeffrey Spiegel, MD
- Reconstructive Perspectives for Cutaneous Defects Involving The Nasal Tip: A Retrospective Review
  Ryan Collar, MD
SUNDAY: FOCUSED LEARNING OPPORTUNITIES

10:00am - 10:50am  FLO 97-102 occurring concurrently

FLO 97  Asian Rhinoplasty
Regency Joseph K. Wong, MD; Steve Chuan-Hsiang Kao, MD; and Hong Ryul Jin, MD
The course is designed to help attending surgeons to understand the unique features in Asian Rhinoplasty. Detailed discussions of anatomy, aesthetic analysis, choice of alloplastic vs autogenous implants, surgical techniques as well as potential complications will be given. At the conclusion of this course, the participant should be able to: understand the unique characteristic of Asian Rhinoplasty; be familiar with various surgical techniques and options; and be familiar with management of potential complications.

FLO 98  Blepharoplasty: The South American Approach
Diplomat Jaime Fandino, MD and Carlos A. Pedroza, MD

FLO 99  Creating a Spontaneous Smile: Modern Techniques in Facial Reanimation
Atlantic Babak Azzizadeh, MD
Facial paralysis reconstruction remains to be one of the most challenging of all facial plastic surgical procedures. There have been tremendous advances in facial reanimation procedures. This course will outline the causes of facial paralysis and modern techniques in restoring a spontaneous smile. In particular, the course director will discuss the use of cross facial nerve grafts and gracilis muscle transfer in restoring facial movement. At the conclusion of this course, the participant should be able to: gain an understanding of novel methods in achieving spontaneous facial movements in individuals suffering from facial paralysis.

FLO 100 cancelled

FLO 101 New Computer Assisted Innovations in Facial Plastic Surgery

FLO 102 Fractionated Laser Skin Rejuvenation: Erbium Atlantic 4 Options, Part 4
J. David Holcomb, MD; Daniel E. Rousso, MD; and Mark Nestor, MD
Attendees will learn how and why the physician panel incorporates ablative (and non-ablative?) fractional and non-fractional erbium skin resurfacing lasers into current aesthetic practice. At the conclusion of this course, the participant should be able to: understand rationale and clinical objectives of fractional versus non-fractional erbium laser skin resurfacing modalities and techniques; understand appropriate matching of patient skin type and indication with wavelength and treatment protocol; and know tips on avoiding and managing complications.
The largest minority ethnic group in the United States is the "Mestizos or Hispanics" and rhinoplasty is the most frequently performed facial plastic surgery procedure within this group. No special surgical technique exists that can be standardized for mestizo noses. The role of the surgeon is to have a clear understanding of the patient's ethnic background, understand what the patient really wants and have an array of different surgical options with their own limitations and complications that can help the patient reach a realistic goal in surgery.

At the conclusion of this course, the participant should be able to: understand the different facial characteristics of the Latin American (mestizo) patient in order to be able to perform an accurate diagnosis of existing deformities; learn about the different surgical approaches and techniques used in mestizo patients, emphasizing long term results; and understand the potential pitfalls in performing this surgery and how to prevent them.

The course is designed to help attending surgeons to understand the unique features in Asian blepharoplasty. Detailed discussions of anatomy, aesthetic analysis, choice of stitch vs incisional approach, surgical techniques as well as potential complications will be given. At the conclusion of this course, the participant should be able to: understand the unique characteristic of Asian Blepharoplasty; be familiar with various surgical techniques and options; and be familiar with management of potential complications.

Facial cutaneous defects in Asians have some differences from Caucasian counterparts both in etiology and treatment. Although resection of facial skin cancer is the leading cause for defects, it is not as common as Caucasians. Moh's resection, a primary choice for tumor resection in US, is not popular. Instead, conventional surgical resection with confirmation of the surgical margin is the usual method for tumor removal. The principles of facial reconstruction in Asian do not differ from those of Caucasians.

However, there are fine nuances to consider including relatively thick facial skin, not prominent nasal aesthetic subunits, and even cultural differences. In this talk, the course director will address these differences in detail with diverse case presentations.

This presentation will outline the speakers' experience with lower eyelid rejuvenation, concentrating on transconjunctival and external approaches, fat repositioning (preservation), fat excision, fat transplantation, resurfacing options and managing lid laxity. At the conclusion of this course, the participant should be able to: discuss the indications and preference for transconjunctival vs. external approach; understand management options for treating fat pseudoherniation; have multiple choices for resurfacing residual rhytids; diagnose and have several ways to treat lid laxity; and recognize that there is not a single best approach to lower eyelid rejuvenation.

This will discuss the latest techniques for skin rejuvenation and future techniques for skin rejuvenation. At the conclusion of this course, the participant should be able to: learn the current techniques for skin rejuvenation; understand how to select techniques for your patient's needs; and develop concepts of potential evolving techniques for skin rejuvenation.
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"Double C" Plication: A Reliable Technique for Lower Facial Rejuvenation
Kevin Sadati, MD
Introduction of a new technique for SMAS plication called "Double C" Plication. A double running sutures in a "C" shape patterns for SMAS re-suspension. It provides an evenly distributed multi-vector radial traction on the SMAS and lateral platysma, allowing for a more uniform suspension. Method: 1500 facelifts under local anesthesia. Nerve injuries were avoided, and the temple hairline and earlobe clefts were preserved. Revision rate was less than 0.7%.

Antihelix Plasty - Filing Technique
Hermann Raunig, MD
Many techniques have been described for the surgical correction of protruding ears. A novel modification of a cartilage-sparing otoplasty technique is provided herein. In this modification, a diamond-coated file is used to abrade the anterior surface of the antihelical cartilage to create biomechanical remodeling with resultant formation of a new antihelix. This procedure is done by anterior access through a subperichondral tunnel. It is appropriate for patients having a stiff or soft auricular cartilage and underdeveloped antihelical ridge and a moderate hypertrophic conchal wall. To preserve the new aspect of the auricle, the antihelix is now secured with two 4.0 non resorbable sutures. (One each for the upper and lower third). The skin is closed with a 5.0 resorbable suture.

Results: From 2001 to 2009 I used this technique on 700 ears including 16 cup ear deformities. The results were uniformly satisfying. There is no operatet look.

5 Year Polymethylmethacrylate Microsphere Soft Tissue Filler (Artefill) Safety and Efficacy Study
John Joseph, MD
Methods: This multi-center, prospective, open-label study enrolled 1008 subjects. Subjects received bilateral NLF treatment with up to 2 "touch-ups". Subject-reported adverse event (AE) & satisfaction data is collected. Subject-reported Aes were followed up by phone and/or office visit. Possible granulomas were ruled-out by biopsy. Patient satisfaction was measured by 5-point scale. Results: An interim analysis was completed out to the 18-month time point. Available data from 991 of 1008 subjects was analyzed. The incidence of device-related AEs to date was 70/991 (7.1%) with a mix/frequency of AE type that compares favorably to the current label. No device related SAEs were reported. Four lesions were identified and biopsied. Only 1 was a granuloma which responded completely to a single treatment. Patient satisfaction rates of 88% of subjects reporting being very satisfied or satisfied at 18-month. Conclusions: Interim results of this 5 year study suggests a safety profile which is consistent with, and possible more favorable than, the approved device label. The incidence of granulomas to date in this study is less than 0.1%. These interim safety results appear analogous to other marketed fillers.

The Dynamics of Nasal Hump Removal: An Analysis of Inter-related Aesthetic and Functional Factors
Pieter Swanepoel, MD
Rhinoplasty procedures to remove dorsal humps create mid-vault constrictions. A simplified and precise approach to removal - preceded by comprehensive analysis of the inter-related dynamics of the nose - adapts the dorsal borders of the upper lateral cartilages to form a natural, permanent spreader-graft.

Identify the offending anatomy (tip rotation may obviate hump removal). Skeletonise the skin soft tissue envelope (SSTE), free the mucosa from the under-surface of the dome, and section the upper borders of the upper lateral cartilages from the dorsal border of the septum (working at a slanting angle, remove a V-section of the bony hump). If indicated, remove a 'pie-slice' of the anterior/inferior angle of the caudal septum to facilitate tip-rotation and the realignment of the M-arch module.

Conservatively trim the dorsal border of the cartilaginous section of the septum. Leave the dorsal borders of the upper lateral cartilages intact. Roll the upper borders inward into the V-section to create naturally positioned spreader grafts. The borders, so treated, establish natural spreader-grafts that counter-act the inevitable narrowing of the mid-vault.

A Twin Centre Study of Nasal Tip Numbness Following Rhinoplasty and Septorhinoplasty
Marie-Claire Jaberoo, MD
Methods: We performed 155 rhinoplasties/septorhinoplasties between April 2005 and January 2008 in the two Units, 93 cases of which were deemed eligible. Of this, 65 patients (34 -female) were deemed eligible for the study (33 from NPH and 32 from CXH). The age range was 15-67 years (mean 30.5years).

Results: Seventy percent (70%) of eligible patients were contactable. 13 patients had rhinoplasties while 52 had septorhinoplasties. 15 underwent an open approach and 50 had an endonasal approach. 48 (74%) patients did not experience tip numbness at all. 9 patients had numbness that resolved within 2 weeks and 1 developed it and it resolved within 0 months. One patient continued to have mild numbness up to a year and 6 (9%) patients- beyond 8 months severely.

Conclusion: Our results correlated well with those of our peers in the published literature. We compared similar techniques by three separate dedicated rhinologists with extensive experience in this type of operation.
Combined Transconjunctival Release and Midface Lift for Ectropion Repair
Andrew A. Jacono, MD and Benjamin C. Stong, MD

Objective: To report the efficacy of a new technique for cicatricial ectropion repair using combined transtemporal subperiosteal midface lift with transconjunctival scar release using an objective ectropion grading scale.

Methods: This is a retrospective consecutive case series in a tertiary care facial plastic and reconstructive surgery practice of thirteen patients who underwent combined transtemporal endoscopic midface lift with transconjunctival scar release to repair post blepharoplasty cicatricial ectropion. The preoperative and postoperative degree of ectropion was graded based on an ectropion grading scale developed by Moe et al. using digital analysis software. Statistical analysis was performed using a paired t test.

Results: The mean preoperative and postoperative ectropion grades were 2.85 (range 1 to 3), and .69 (range 0 to 2) respectively with an average improvement of 2.14 (range 1 to 3). All patients (100%) had statistically significant improvement in their postoperative ectropion grade (p<.0001).

Conclusions: The transtemporal subperiosteal midface lift offers a complete release of the midfacial soft tissues decreasing the vertical tension on the lower eyelid and improving anterior lamellar deficiency. Combining the midface lift with a transconjunctival scar release offers a synergistic benefit to patients with cicatricial ectropion, and is important in the armamentarium of ectropion repair.

Learning Objectives: At the conclusion of the presentation the participant should be able to understand and discuss an objective classification/grading system and mechanism of ectropion, primarily focusing on postoperative cicatricial ectropion and lower eyelid malposition along with the indications of current repair techniques. The participant should be able to understand how the described repair/correction technique offers statistically significant improvement in both primary and revision cases that have potentially failed other techniques.

Submental Liposuction: A New Treatment Option for Lymphedema in Head and Neck Cancer Patients
Maria Brake, Maha Gilani, Robert D Hart, Jonathan RB Trites, S. Mark Taylor

Objectives: Patients who have undergone extensive treatment for head and neck cancers are at risk for neck lymphedema, which can severely affect quality of life. Liposuction has been used successfully for cancer patients who suffer from post-treatment limb lymphedema. Our study was intended to review the outcomes of head and neck cancer patients at our centre who have undergone submental liposuction for post-treatment lymphedema.

Methods: Two validated surveys (Rhinoplasty Outcome Evaluation and The Darriford Appearance Scale) were used to assess patients satisfaction pre- and post-operatively. All head and neck cancer patients who had undergone submental liposuction for post-treatment lymphedema between Sept 1, 2007 and Dec 31, 2009 were included in the study.

Results: Ten patients met the criteria outlined by our study. There was a significant improvement in patients’ self-perception of appearance, mental health and quality of life.

Conclusions: Liposuction is a simple and feasible option to help improve the quality of life for head and neck cancer patients suffering from post-treatment lymphedema.

Our Experience with the Lateral crus Pull up for Treatment of Nasal Valve Stenosis
Jan Balczun, MD

Introduction: Nasal valve collapse occurs due to Bernoulli forces. If this occurs, either the lateral crura of the lower lateral cartilages are too weak or the nasal valve is too narrow. During the past decade, multiple permanent suspension suture techniques have been described. Our aim was to investigate the outcome of a technique modified by us.

Method: We used a technique in which a permanent submucosal suture was placed between the piriform aperture and the distal part of the lower lateral cartilage to widen the nasal valve and to stabilise the lateral nasal wall.

Patients: Eleven patients underwent the procedure mentioned above in our clinic between January and October 2009. After that operation they were asked about the results with a questionnaire and the results were objectified with clinical examination and anterior rhinomanometry.

Results: Nearly all of the patients reported about an increased nasal breathing, which was objectified by us.

Conclusion: This technique is a simple, quick and well tolerated operation for nasal valve stenosis.

Cephalic Positioning of the Lateral Crura: Implications for Nasal Tip-Plasty
Ashlin Alexander, MD; Ali Sepehr, MD; Nitin Chauhan, MD; Peter A. Adamson, MD

Objective: The size, shape and position of the lower lateral cartilages are integral to the appearance of the nasal tip. The effect of cephalically positioned lateral crura on the form and function of the nasal tip is poorly understood. Computer modelling can help to elucidate these effects.

Methods: A Matlab computer program (the ‘Tip-Plasty Simulator™’) was developed to model the medial and lateral crura. Various rhinoplasty techniques for the nasal tip were then applied to the model, comparing the lateral crura in orthotopic, intermediate and cephalic position. The result-ant effect on tip dynamics was then measured.

Results: Cephalic positioning of the lateral crura impacts the results of various tip-plasty maneuvers, according to the "Tip-Plasty Simulator™". The directionality of the change in projection, rotation, and nasal length produced by the various tip-plasty maneuvers is largely the same as those expected and observed clinically. Thus, the relative effect of cephalically positioned lateral crura on these maneuvers can be predicted.

Conclusion: The "Tip-Plasty Simulator™" enhances the ability of the rhinoplasty surgeon to predict the effects of various tip-plasty maneuvers, given the variable range in alar cartilage orientation that he or she is likely to encounter.
Analysis of Nasal Ptosis Correction Using the Lower Lateral to Upper Lateral Cartilage Suspension
Giancarlo Zuliani, MD

Patients: All patients presenting with extreme nasal tip ptosis who subsequently underwent cosmetic rhinoplasty were eligible for this study. Severe tip ptosis was defined as a nasolabial angle less than or equal to 80 degrees in men and 90 in women. Thirty-four patients were identified who underwent the procedure over the last 18 years. Of these 34 subjects, 24 were found to have at least 1 year follow up pictures and documented clinic visits. Thirteen of these patients were followed for at least 3 years (range 3-18 years) and were included as the long term cohort.

Main Outcome Measures: The preoperative morphed or hand drawn illustrations were obtained and the nasolabial angles were measured in comparison to the standard preop, the 1 year postop, and long term postop groups.

Results: The average preoperative nasolabial angle for the entire group was 83.4. The average preoperative morphing or illustrated angles measured 104.7. The one year follow up measured 102.5 while the average nasolabial angle in the long term group measured 101.5. The differences between the preop, 1 year postop and long term group were significant at the p less than 0.0001 level. The similarities between the morphed, 1 year postop, and long term group angles were also statistically significant.

Conclusions: The LUCS is an extremely durable technique in the correction of nasal tip ptosis. It has consistently proven to provide accurate and reproducible results.

Modified Back-to-Back Conchal Cartilage Graft for Caudal Septal Reconstruction in Septorhinoplasty
Cody Koch, MD

Background: Many patients who present with loss of nasal tip support at the medial crura and abnormalities of the caudal septum suffer from cartilage deficiency. We report our experience using a modification of the back-to-back auricular cartilage graft for reconstruction of the caudal septum-nasal tip complex in the cartilage deficient nose in external and endonasal rhinoplasty.

Methods: Retrospective chart review

Results: Eight patients underwent caudal septal reconstruction and medial crural augmentation with the modified back-to-back conchal cartilage graft during the time period studied. Six patients underwent external septorhinoplasty while two patients underwent an endonasal approach. Median follow-up was 12 months. At last follow-up patients rated their breathing as normal in 7/8 cases and improved, but not normal, in 1/8 cases. Cosmesis was rated as excellent in 7/8 cases and good in 1/8 cases. There were no postoperative complications.

Conclusions: We report a modification of the back-to-back conchal cartilage graft for caudal septal reconstruction that provides both reliable functional and cosmetic outcomes with minimal complications.

Aesthetic Ideals of the General Public with Regard to One’s Own Face
Majid Shafiei, MD

Introduction: Quantification of facial parameters has yielded various ratios and angles to describe ideal facial aesthetics. Imaging and software advances have assisted application of ideal aesthetic proportions to surgery consultation. Recent studies have suggested that rhinoplasty patients tend to make requests for surgery that conform to ideas of aesthetic proportion, but it remains unclear whether the general public shares adherence to these proportions with regard to their own appearance.

Methods: Thirty volunteers completed a questionnaire on demographics as well as prior training in aesthetics. Lateral and AP images were loaded into image manipulation software. Images were manipulated based on participant input to create their most attractive image. Five parameters were compared between original and manipulated images.

Results: Seventy-three percent of participants requested changes to nasal structure, 70% requested superficial skin changes, and 53% requested neck lifting. Changes requested in nasal structure resulted in significant migration toward ideal for base width/IP distance only.

Conclusion: Changes to nasal anatomy were the most common requests, but these resulted in only modest effect on the parameters studied. The general public did not gravitate toward the ideal parameters with the exception of the base width/IP distance ratio. Volunteers were frequently interested in superficial skin changes and reduction of the cervicomental angle.

A Radiographic Study of the Anterolateral Thigh Flap with Correlation to Gender and Body Mass Index
Rahul Seth, MD

The anterolateral thigh (ALT) flap has become a frequently used free flap for head and neck reconstruction. Widespread utility of this flap has been based on literature of ALT flap thickness performed primarily in Asian populations. Due to the generally larger body habitus in a western population, the flap is often much thicker thereby limiting its utility. We studied ALT flap characteristics and thickness in a midwestern american population. CT angiograms of 100 patients were assessed, yielding 189 lower extremity scans. Perforator vessels were located in 86% of scans, and most commonly were myoseptocutaneous (44%) followed by septocutaneous (42%) and myocutaneous (14%). Subcutaneous fat thickness was measured at the visualized perforator location, and differed significantly by gender and race. Mean male and female ALT thickness was 10.0 mm and 19.8 mm (p<0.001), respectively. Further, a positive linear relationship was established between body mass index (BMI) and ALT thickness (R-square 0.22, p<0.001). These associations may assist the reconstructive surgeon to predict ALT flap thickness and donor site selection.
Repair of Oral Cavity Defects Using Vascularized Anterolateral Thigh (ALT) Fascial Flap
Heather Waters, MD

Methods: Retrospective analysis of 4 patients (ages 40-77) undergoing free ALT fascial flap reconstruction of oral cavity defects. Demographics, defect characteristics, surgical interventions and flap details were recorded. Postoperative results were judged by patient satisfaction and observer documentation of functionality and bulk/contour.

Results: Surgical defects included partial glossectomy, floor of mouth resection, maxillectomy and palatectomy. All patients underwent free ALT fascial flap reconstruction without complication. Mean flap size was 9.75 cm x 8.25 cm. Flap reconstruction provided excellent speech and swallowing capabilities with good tissue bulk and contour without revision. All were well mucosalized within 6 weeks.

Conclusions: Reconstruction of large oral cavity defects with free ALT fascial flaps is safe and effective. This method avoids excess bulk in patients with significant subcutaneous fat providing reliably thin, well-vascularized, durable tissue and excellent post-operative functionality. Pre-operative and post-operative photo documentation was obtained to be used in poster or presentation form.

Improved Stability of Ossecartilaginous Rib Grafts in Rhinoplasty
Jared Christophel, MD

Cartilaginous rib grafts from the 6th, 7th, and 8th rib complex for use in rhinoplasty carry the risk of time-dependent warping or mobilization; the extent of which is not always determined in the OR. There have been many attempts to minimize or predict the warping, such as concentric carving, setting the graft aside in saline for two hours, or an in-plane K-wire. Use of an ossecartilaginous rib graft from the 11th rib combines the benefits of a bone graft that does not warp or mobilize, and a cartilaginous distal tip. The use of bone provides stability of dorsal and tip projection, and allows for ossecintegration with the nasal bones for improved graft survival and decreased mobilization. The distal cartilaginous portion of the graft allows the surgeon to shape the tip contour, and serves as an onlay spreader graft. The harvest site also allows for further harvesting of cartilage-only grafts from the 9th/10th fused rib complex if needed. Use of the 11th rib for rhinoplasty has been described in the literature, but the incidence of warping has not been studied. We present a series of 38 ossecartilaginous rib graft rhinoplasties performed over seven years. We review the aesthetic results, incidence of warping, mobilization, donor site morbidity, and complications. The surgical technique for harvesting an ossecartilaginous rib graft is also described.

Neural Prostheses for Facial Reanimation
Garrett Griffin, MD and Jennifer Kim, MD

Facial paralysis can be a debilitating condition with significant functional and emotional consequences. Restoring emotive facial reanimation is perhaps the most difficult aspect of rehabilitation. Numerous dynamic techniques have been reported, including classic temporalis muscle transposition. Displeasure with aspects of this procedure including the creation of temporal hollowing and fullness over the zygomatic arch led to the popularization of temporalis tendon transfer. No study has ever directly compared the objective excursion achieved by these two techniques. Additionally, no study has compared the patient’s subjective opinion of their appearance and quality of life. In this study, a single surgeon’s experience using both temporalis muscle transposition and orthodromic temporalis tendon transfer were compared. Motility was assessed using photographs at rest and with spontaneous smile. Patient’s subjective analysis was evaluated with the Derriford Appearance Score-24 (DAS-24). This revealed a significantly greater excursion and significantly better scores on the DAS-24 in the tendon transfer group. Potential modifications for patients displeased with their existing temporalis muscle transposition are discussed.

Permutations of the Temporalis Flap in Facial Reanimation
Garrett Griffin, MD and Jennifer Kim, MD

Facial paralysis is a relatively common problem with devastating emotional and functional consequences. While medical, surgical, and physical therapy strategies to improve the condition have been described and refined over the last 35 years, clinicians remain frustrated with the variability in spontaneous recovery and the inconsistency of results using currently available rehabilitative options. The ideal intervention would restore facial symmetry at rest, as well as the voluntary and involuntary function of the individual facial muscle groups critical for speaking, breathing, eating, ocular protection, and emotional expression. Electrical pacing with a facial implant - a corollary to the cochlear implant for hearing rehabilitation - is a concept that has been considered in the literature but has been thus far unattainable. Recent advances in neural prosthetic technology may now allow this exciting idea to become a reality. In this presentation, animal data involving the concept of pacing for facial reanimation will be reviewed. Original electrophysiologic data regarding the paralyzed human orbicularis orbi and zygomaticus major muscles will be presented, as well as implications for the design of electrodes for facial pacing.
Conclusion: A fibrofatty layer exits in the midface that can move simultaneously when a suspension force is applied. This layer can be divided into two parts, the zygomatic fibrofatty pad and the periosteum. Lifting the fibrofatty pad upwards is associated with lessening of skin wrinkles and to explore a new method for facial rejuvenation.

Methods: The soft tissue covering of middle and lower face was investigated using cadaver dissections. Between the subcutaneous layer and the SMAS was investigated using cadaver dissections.

Results: From 1995-2009, 150 patients were performed ptosis correction by using this technique, the patient's ages ranged from 6 to 68 years old. The follow-up period ranged from 1 week to 6 years. The operating surgeon evaluated the clinical outcome as "excellent" in 35%, "good" in 50%, under-correction occurred in 13% (within 1.5 mm ±), among them under-correction of medial side of lid margin occurred in 5%, over-correction occurred in 2%. The later two conditions need to be secondarily repaired.

Conclusions: Ptosis correction of shortening aponeurosis does not damage contractile structure of the levator, which lets the levator maintain its primarily autonomy movement extent as possible, rather than play the role in suspension function simply. The procedure is comparative minimal invasion, shorter surgical time, and higher efficacy of the correction. The result of the correction does nearly not change from the immediately to the later postoperative period. The technique also offers satisfactory functional results with few (correctable) complications. Therefore, this technique is an easily controllable procedure for minimal and moderate blepharoptosis correction.

Key words: anatomy, middle and lower face, fibrofatty pad, mid cheek
Application of Expanded Polytetrafluothlene and Acellular Dermal Matrix in Rhinoplasty
LU Jingling, MD

Objective: To investigate the best graft material and current methods to obtain aesthetically pleasing results.

Methods: Application of Expanded Polytetrafluothlene and acellular dermal matrix in Rhinoplasty.

Results: 49 patients with application of ePTFE augmentation Rhinoplasty. There was no complications happened such as immunologic reaction, exposure or swing of the implants during follow-up?

Conclusion: Expanded polytetrafluothlene and acellular dermal matrix servers as a good implant in augmentation rhinoplasty for easy using and achieve the better result. It can effectively high and prolong the nose and drive up the nasal tip?

Diced Cartilagefascia Grafts for Premaxillary Augmentation in Rhinoplasty
Adam Stanek, MD

Poor support of both the nasal base and the tip, a poor anterior projection of the vertical plane of the upper lip as well as an acute nasolabial angle may be caused by hypoplasia of the premaxilla. Since rhinoplasty alone does not target this malformation, premaxillary augmentation needs to be applied to modify this kind of deformity. The purpose of our presentation is to demonstrate a technique for premaxillary augmentation that utilises diced cartilage wrapped in fascia. We show the technique for preparing, placing and fixing the graft step by step. Our presentation details our experience and the results achieved in 11 rhinoplasty patients (longest follow up 31 months): simply to prepare, the grafts provided a sufficient augmentation, no displacemt, no visible absorption and no negative side effects occurred. We will discuss the outcome, indications as well as limitations of this technique. The use of diced cartilagefascia grafts is a simple, safe and effective method for premaxillary augmentation in rhinoplasties. We present our modification of a diced cartilagewrappedinfasciagraft acc. to R. Daniels rsp. the "Turkish Delight" graft acc. to O. Erol. Both surgeons suggest and apply these grafts for augmenting the nasal dorsum only.

Intermediate Dissection Composite Rhytidectomy under Local Anaesthesia
David Santos, MD

Composite Rhytidectomy is a time tested highly effective technique for facial rejuvenation. The traditional technique describes extensive dissection which reaches to the nasal labial fold, beyond the body of the musculus zygomaticus, and to the malar fat pad in order to achieve the desired SMAS and fat pad mobilization. A more conservative approach less extensive intermediate dissection technique was adopted which utilizes a safer local anaesthesia modality. This technique travels in a sub-SMAS plane medially over the malar eminence, mid-way along the orbicularis and zygomatic musculature, and medially to the anterior border of the masseter muscle. One hundred consecutive patients underwent intermediate composite rhytidectomy and were prospectively evaluated. Time of surgery, amount and tolerance of local anaesthesia were assessed. Split-face before and after picture analysis at one month and six months showed excellent rejuvenation. There were no facial nerve injuries and 6 minor hematomas. The advantage of an intermediate dissection composite approach is the technical ease of a less than extensive dissection, and it allows for the application of safe levels of lidocaine local anaesthesia avoiding general anaesthesia and its associated morbidities.

Evolution in Nasal Tip Contouring Techniques: 10-year Evaluation and Analysis
Nitin Chauhan, MD

A major trend in rhinoplasty philosophy has involved the shift away from destabilizing, excisional maneuvers, towards stabilizing, strengthening maneuvers. This has been seen in the variety of maneuvers directed towards tip manipulation, control and re-contouring. This shift in philosophy is a perceived pattern of practice which we sought to objectively assess by comparing two groups of 50 consecutive rhinoplasty patients, separated by 10 years. Tip-plasty techniques were assessed among the groups and categorized as reductive versus stabilizing maneuvers, with revision rate used as a surrogate measure for surgical success. Of the maneuvers deemed to be stabilizing and strengthening, there was a statistically significant increase in the usage of lower lateral crural strut grafts, alar margin grafts, lateral crural overlay grafts, columellar plumping grafts and supratip grafts. Of the maneuvers deemed to be reductive, there was a significant decrease in medial crural excision, lobule scoring, lateral crural release, and cephalic trim. Congruous with the overall evolution of the philosophy of rhinoplasty apparent in the literature, the results of this study demonstrate a decrease in reductive techniques with a concurrent increase in stabilizing and strengthening techniques. This trend may contribute to reduced revision rates, particularly in the setting of complex, revision rhinoplasty.
A Comparison of Standard Dissection Methods and the Synergy Harmonic Scalpel in Facial Rhytidectomy
Jonathan Grant, MD
Method: The Synergy Harmonic Scalpel (SHS) was utilized for skin flap elevation and hemostasis on one side of the face, while scissors dissection and bipolar electrocautery and hemostasis were used as the control on the other side. Operative times, drain output, ecchymosis, and edema scores were compared. Patients and independent facial plastic surgeon evaluators scored ecchymosis and edema outcomes in blinded fashion. The effects of Arnica montana administration on postop ecchymosis were also considered.
Results: For the 20 subjects enrolled, no significant difference was noted in comparing operative times or drain outputs. From both the patients' and independent evaluators' perspectives, use of the SHS was associated with significant improvement in ecchymosis scores at 1 day, 1 week, and 2 weeks postop. Edema was also significantly improved, but only at 1 week postop from the patients' perspective. Arnica montana was only associated with improvement in ecchymosis scores from the independent evaluators' perspectives at 1 week postop.
Conclusions: Use of the SHS is associated with significant improvement in postop bruising, both from the patients' and independent evaluators' perspectives, early in the postop period. From the patient's perspective, edema also appears to improve, but to a less significant degree. Peri-operative Arnica montana may improve rhytidectomy bruising to a small degree, but data supporting its utility is limited in the present study.

Revision Otoplasty - How to Manage the Disastrous Result
Alexander Berghaus, MD
Otoplasty for correction of prominent ears in general is a beneficial surgery for the patients concerned. However, inadequate cartilage incision or resection as well as postoperative infection may lead to unsightly results making a much worse impression than the original deformity. For correction of such disastrous results, the authors present a systematic approach, including exposure and unfolding of the deformed cartilage, smoothing of irregularities and unwanted incision lines, covering of edges using different materials, reconstruction of the original shape of the ear cartilage and reshaping it using sutures. When the ear cartilage is substantially destroyed, partial or total reconstruction becomes necessary, using porous polyethylene supporting implant structures and skin transplants if needed.

A Novel Experience with the Septorhinoplasty Database in Monklands Hospital
Mr. N Balaji and Arunesh Sil, MD
Background: Along with significant developments in the field of facial plastic surgery, the need for a reliable database has been growing for a long time.
Database: In Monklands hospital, we have created and maintained a septorhinoplasty database.
Materials and methods: We analysed our data on a retrospective basis for perioperative details entered during a one year period. 110 patients were included. The preoperative variables were grouped for analysis into Patient predisposing factors, septal deformity factors, bony pyramid deformity factors, mid segment deformity factors, tip deformity factors. Post operative scores were visual analogue scores on patient satisfaction, deformity perception, and nasal obstruction at 1 week and 6 weeks. Hierarchical regression modelling was performed to explore the associations between preop and post op scores. 4 models were created, and repeated for 1 week and 6 weeks postop.
Result and conclusion: Only one model with the patient satisfaction score at 1 week as a dependent variable was significant (p=0.00). The patient factors and septal factors had a significant contribution to predicting patient satisfaction at 1 week post op. 24.3% of the variance in the patient satisfaction scores were explained by our model. Of this, patient factors accounted for 22.4% of the variance and septal factors explained 10% of total variance. We were able to generate a model for predicting post op scores.

Reconstruction of Complete Hypo-Pharyngeal Stenosis with Radial Forearm Free Flap
Ryan Manz, MD
Patients with complete hypopharyngeal stenosis are often tracheostomy and gastrostomy tube dependant. Free flap reconstruction has been considered a less than ideal method of repair in the past, as placement of insensate tissue in the pharynx and hypopharynx would place the patient at an unacceptable risk for aspiration.
Methods: All patients underwent a radial forearm free flap reconstruction (RFFF) of a stenotic hypopharyngeal segment. The larynx was preserved in all cases. Post-operatively, all patients were examined with modified barium swallow videofluorography with a speech language pathologist. Serial flexible endoscopic laryngoscopy was performed on all patients to survey for recurrent stenosis.
Results: Two of three patients were tracheostomy dependant prior to surgery, and all were G-tube dependant at the time of surgery. All patients were decannulated post operatively and were able to resume safe oral intake. No patient showed evidence of aspiration or penetration on post-operative modified barium swallow studies. Serial endoscopic examinations have revealed no evidence of recurrence of stenosis with a mean follow up of 6 months.
Conclusion: In our series of 3 patients, this novel patch RFFF technique was an effective and safe treatment for complete pharyngeal stenosis with laryngeal preservation.
Surgical Management of the Lower Lid and Midface in Facial Nerve Paralysis
Pepper, MD and Jon-Paul, MD
Although the immediate and long-term complications of facial nerve paralysis have well-characterized effects on ocular function, the optimal therapeutic approach to address lower lid malposition remains a matter of debate. Abnormal lid laxity results from loss of innervation of the palpebral and preseptal portion of the orbicularis oculi, resulting in paralytic ectropion. The canthal tendons are subjected to greater downward pull from ptotic midface soft tissues, contributing to decreased elasticity of the overall lid-support complex. The downward vector of these forces results in subnormal tear production, increased rates of tear evaporation, and abnormal lacrimal punctum position. There are a variety of procedures that may be implemented in order to correct the malposition and dysfunction of the lower lid in the setting of facial nerve paralysis. Given that multiple procedures may be required, the authors present a unified approach to the mid-face that allows simultaneous access for lower lid correction as well as suspension of ptotic midface soft tissue. A variation on the suborbicularis fat pad (“SOOF”) lift is discussed, which in our experience offers more lasting suspension of the malar soft tissue as well as the nasal valve.

Low Risk, Highly Effective Modified Phenol/ Croton Oil Chemical Peel
Christopher Savage, MD
Skin resurfacing is an important part of treating actinic damage as well as acne scarring in the average Facial Plastic surgeon’s practice. While both Laser resurfacing and Chemical peels are very common, we believe that a modified Croton oil/Phenol peel provides the best results and with the least adverse side effects. The traditional Baker-Gordon peel used to be the gold standard in skin resurfacing, but this has now been replaced by the safer more effective peels developed by Gregory Hetter, MD We will show how Hetter’s work has demonstrated that Croton oil not Phenol is the active ingredient that determines depth of injury. This paper will discuss the use of multiple depth peels in the same patient on different parts of the face to get the best result with the most rapid healing and few side effects, particularly pigmentation abnormalities. The paper will outline the typical course for a patient undergoing a Chemical peel including post peel routine, treating variable healing and showing results of the peel in patients with Fitzpatrick 1-3 skin.

The Butterfly Graft revisited for Saddle Nose Deformity with Middle Vault Collapse
Harrison Putman, MD; Xavier Vega Cordova, MD and Michael J. Brenner, MD
The use of conchal cartilage grafts has been described in a variety of ways to correct nasal valve dysfunction or collapse for functional restoration of nasal airway patency. In addition, ear cartilage grafts have been described as nonfunctional onlay dorsal grafts for saddle nose deformities. This presentation describes the use of a combined cavum cocha/cymba cocha graft for both functional and cosmetic reconstruction of severe bony and cartilaginous saddle deformity with middle vault collapse, as well as contralateral cymba cartilage grafts for external valve collapse. Technical aspects of graft harvesting, refinement and placement are described for the primary surgical procedure, along with minor non incisional procedures to ensure optimal cosmetic results to minimize graft visibility.

Anatomic Comparison of the Deep Plane Facelift and the Transtemporal Midface Lift
Andrew A. Jacono, MD and Benjamin C. Stong, MD
Background: Surgical midface rejuvenation has included midface and traditional facelift procedures. The two most effective techniques have been the deep plane facelift and the extended transtemporal subperiosteal midface lift. No quantitative study has been performed to identify the more effective procedure.

Methods: Five cadaveric dissections were performed with a unilateral transtemporal subperiosteal midface lift followed by a deep plane facelift on the same hemi head. Three suspension sutures were evaluated: transtemporal, midface lift, zygomaticofacial and melolabial sutures, and a deep plane facelift suture, to determine the degree of elevation on the nasolabial fold. Statistical analysis was performed to compare their effectiveness.

Results: The melolabial suture elevates the nasolabial fold 3.2 mm more than the deep plane suture (p=.03), and 2.4 mm more than the zygomaticofacial suture, p=0.10. At no point did the deep plane suture offer more elevation than either the zygomaticofacial or melolabial suture.

Conclusions: Midface lifting surgery is challenging due to the difficulty of adequately releasing the soft tissues overlaying the craniofacial skeleton and resuspending them effectively. A comparison of the extended midface lift and deep plane facelift demonstrates the statistically significant advantage of the transtemporal midface lift to elevate the nasolabial fold, particularly the melolabial suspension suture.

Learning Objective: At the conclusion of the activity the participant should be able to understand and discuss the principles of flap biomechanics and how they affect surgical outcomes. The participant should be able to compare and contrast how the deep plane facelift and transtemporal midface lift techniques affect the nasolabial fold and understand the statistically significant advantage of the midface lift on elevating the nasolabial fold.
Pericranial Flaps for Nasal Reconstruction
Callum Faris, MD
Objective: Little exists in the literature on the use of pericranial flaps for nasal reconstruction. We describe a case series of patients where pericranium has been used for nasal reconstruction. Anatomical Basis: Medially the pericranium of the forehead is supplied deep branches of the supraorbital (SOA) and supratrochlear (STA) arteries and perforators from the superficial SOA and STA arteries. These deep branches of SOA and STA are axial vessels and have intercommunications between STA and SOA territories and across the midline. From prior clinical experience large amounts of pericranium can be raised on the deep SOA and STA for successful anterior skull base repair to as far as the planum sphenoidale. On analysis of anatomical studies recommendations on surgical technique are proposed to protect the pedicle when raising the pericranial flap.
Method: We present several cases where an anteriorly based pericranial flap based on the deep STA used as a interpolated axial flap or tunneled axial flap for nasal reconstruction.
Conclusions: Anteriorly based pericranial flap is well located for use in nasal reconstruction. We have found it well suited to reconstruction of the inner lining of the nasal cavity. It is readily accessible once a paramedian forehead flap has been raised, avoiding further incisions associated with a second donor site. Its potential in terms of vascular supply for nasal reconstruction needs to be confirmed.

The Application of Autologous Fascia Transplantation To Nasal Tip In Augmentation Rhinoplasty
Huang Wen, MD; AI Yu-feng, MD; NI Yun-zhi, MD; Yang Jian, MD; Song Xiao-dong, MD; HAN Guo-dong, MD; Feng Hu-li, MD; GU Bin, MD
Objective: To investigate the clinic application of autologous fascia transplantation in nasal tip rhinoplasty.
Method: Between January 2005 and November 2007, 226 patients who had lower nose tip or thin skin of nose tip were involved. We sutured autologous fascia to the tip of nasal prosthesis, and put the combination to the augmentation rhinoplasty space.
Results: After 6 month to 2 years postoperative follow-up, all patients were satisfied. The nasal tip were beautiful and natural. There were not exposure of prostheses and other complications.
Conclusion: The autologous fascia combined with prosthesis transplantation in rhinoplasty is a brand-new method, which has occult donor site, easy obtained donor tissue, perfect tissue compatibility, high safety and beautiful shape.

The Temporoparietal Fascia Flap: Versatility in Head and Neck Reconstruction
Ryan Collar, MD; David Zopf, MD; Kevin Fung, MD; David Brown, MD and Jennifer Kim, MD
With a unique characteristic profile - richly vascular, thin, pliable, and often within the surgical field - the temporoparietal fascial flap has been employed for many diverse situations in head and neck reconstruction. This versatile flap allows the surgeon to have a number of options: microvascular free transfer or pedicled use, single or multiple layers of vascularized tissue, alone or as a composite with skin, bone or hair. The temporoparietal fascial flap can be used in challenging reconstructions of head and neck cancer defects, in combination with prosthetics or autografts for auricular reconstruction, or for the management of cerebrospinal fluid leaks, amongst a long list that continues to grow with ever-expanding surgical ingenuity. The anatomy of this flap, along with basic and advanced applications, is reviewed along with novel case examples from our institution.

Quantitative Modeling of Facial Osteocutaneous Ligaments Using a Novel Technique to Measure Laxity
Ryan Manz, MD
Methods: Measurements were made on fresh cadavers stabilized by Mayfield Skull Clamps. A 1 cm dot matrix was placed on the cadaver's faces. A measured amount of force was applied to the skin via suture, and displacement of the skin was measured with tension in 4 directions. A fixed laser aimed at the skin indicated the original position of the skin.
Relative laxity measurements were calculated based on the most lax area on each hemi-face and converted into relative laxity units (RLU). Mean relative laxity was calculated for all hemi-faces for each direction on all points measured. These values were color coded and applied to a 2-dimensional map of the face.
Results: Six hemi-faces on 3 fresh cadavers were measured from trichion to menton and tragus to midline. The areas with most inferior laxity were mid brow (0.49 RLU) and the glabella (0.57 RLU). The areas of skin with the most superior laxity were at the body of the mandible (0.99 RLU) and the zygomatic cheek (0.95 RLU). The zygomatic cheek had limited inferior laxity (0.36 RLU). The areas with the most lateral and medial laxity were the mid brow (0.45 RLU) and the zygomatic cheek (0.78 RLU) respectively. The zygomatic cheek had limited lateral laxity (0.31 RLU).
Conclusion: The face has defined variable amounts of laxity in different areas. These zones of fixation correlate to know osteocutaneous ligaments and the model predicts the directional dependence and helps define the anatomical characteristics of these ligaments.

FREE PAPER ABSTRACTS AND POSTERS
Eyelid and Brow Asymmetry in Patients Evaluated for Blepharoplasty
Kristian Macdonald, MD
Objectives: Patients rarely present with a complaint of eyelid or brow asymmetry for evaluation of blepharoplasty. We aimed to determine the incidence of asymmetry in patients evaluated for blepharoplasty.

Methods: Patients who had an assessment for upper eyelid surgery from January 2004 to January 2009 were included in this retrospective study. The presenting author (KIM) measured the following distances: the margin pupil (MPD), central eyebrow (CED), nasal eyebrow (NED) and temporal eyebrow (TED). The senior author did the same for 10% of randomly selected patients. A 95% confidence interval was used to calculate asymmetry between the right and left sides.

Results: 100 patients (94 female, mean age 57.7) were included in the study. The average MPD, CED, NED and TED were 0.55mm (95%CI 0.45-0.65), 1.77mm (95%CI 1.47-2.07), 1.34mm (95%CI 1.14-1.54), and 1.78mm (95%CI 1.50-2.06), respectively. There were 93% of the patients who had at least one measurement of asymmetry greater than 1mm, 75% with at least one greater than 2mm, and 37% with at least one greater than 3mm.

Conclusion: There is a high level of eyelid and brow asymmetry in this population.

Auricular Reconstruction (2010): From Incisionless Otoplasty to Microtia
Robert Ruider, MD
Reconstruction of the congenitally deformed auricle can be a frustrating intraoperative experience. This one hour presentation will discuss our twenty year experience evaluating and reconstructing the congenitally deformed auricle. We shall discuss non surgical molding procedures, incisionless techniques to correct the protruding ear, to new procedures to construct the microtic pinna. We shall present innovations that can help the facial plastic surgeon achieve consistently reliable aesthetic results.

Total Maxillary and Orbital Floor Reconstruction with Stacked Fibula Osteocutaneous Flaps
Taha Shipchandler, MD
Objective: To present and evaluate outcomes for total midface and inferior orbit reconstruction using a stacked osteocutaneous fibula flap.

Methods: Prospective analysis of five patients (ages 18-72) undergoing stacked fibula reconstruction for total midface and orbital defects was performed. Defect types: Brown 3a (2); Brown 3b (3). Preop, intraop, postop photos, and graphical illustrations of reconstructive techniques were obtained. Qualitative measures for speech, swallowing, breathing, orbital support and facial contour were evaluated (mean followup: 2 yrs).

Results: The surgical technique (preop planning, key support structures, and intraop reconstruction) is discussed. All patients achieved excellent facial appearance, swallowing, breathing, speech and midface stability.

Conclusions: Fibula osteocutaneous flap for total midface and inferior orbital reconstruction creates a stable skeleton for facial appearance and orbital support, while providing excellent oromotor function and a framework for dental rehabilitation. This method should be considered when reconstructing complex midface and orbital floor defects.

Trends in Level of Evidence in Facial Plastic Surgery Research
David Cote, MD
Objective: To assess trends in the level of evidence in leading facial plastic surgery journals in recent years.

Methods: All scientific articles within the field of facial plastic surgery published in Laryngoscope, Archives of Facial Plastic Surgery, Otolaryngology-Head and Neck Surgery, Journal of Plastic Surgery, and Plastic and Reconstructive Surgery from 1999, 2002, 2005, and 2008 were rated for level of evidence. The presence of p-values and/or confidence intervals was also noted.

Results: Of 975 articles were reviewed, 88% were clinical and 88% were therapy articles. Overall, there was an increase in the average level of evidence of articles published from 1999 to 2008. There was also a significant increase in the proportion of articles reporting p values and confidence intervals. However, the number of articles containing level I or II evidence remains low.

Conclusion: With the increase demand for evidence-based medicine, facial plastic surgery literature has seen an overall increase in the quantity of higher level evidence research published. However, articles representing level I and II evidence remain rare.

Complications of Extracorporeal Septoplasty. Avoidance, Outcomes, and New Techniques
Steven Mobley, MD and Matthew Wilson, MD
Advanced functional nasal surgery has seen several milestones; including the external approach, spreader and batten grafts, butterfly grafts, and more recently the technique of extracorporeal septoplasty (ES). The sparse literature to date has stated many of the technical advantages of using this more advanced technique. However, much less has been written about the complications associated with using the ES technique. The author has extensive experience with ES. A multi-year sampling of cases was studied to look more closely at complications arising from ES. Complications were recorded included data as to the when such complications were discovered. The role of contributing factors was also carefully assessed to help establish possible risk factors for complications from ES. Statistically significant increased risk of complication was seen in regards to revision vs. primary case as well as patient gender. Other factors including choice of autograft material were not shown to statistically increase risk of complication. A variety of complications were recorded along with their frequency and distribution. The author has evolved his technique somewhat differently from what has been previously described in the literature. This technique, along with cadaveric and intraoperative instructional photos and video, will further illustrate novel improvements on technical maneuvers that should help surgeons decrease their complication rate from ES and improve patient outcomes.
Temporalis Tendon Transfer at the Time of Facial Nerve Resection to Manage Mid-Facial Paralysis.
Noah Meltzer, MD

Objectives: Describe a technique that allows for effective and efficient dynamic facial reanimation at the same setting as tumor extirpation with facial nerve sacrifice. Compare temporalis tendon transfer (TTT) to traditional static or delayed reanimation techniques.

Study Design: Retrospective case series at a tertiary care academic medical center. Methods: In 5 patients, immediate orthodromic TTT was employed in the same surgical setting as radical parotidectomy with CN VII sacrifice. Demographic information, tumor characteristics, surgical interventions, and procedure details were recorded. Postoperative functional results were judged by patient and surgeon evaluation of symmetry and dynamic function.

Results: All patients tolerated TTT without complication. Excellent facial symmetry and good dynamic motion were accomplished in all patients.

Conclusions: Synchronous TTT provides excellent rehabilitation of mid-face support and motion in the setting of tumor extirpation with facial nerve sacrifice. This result is nearly immediate, without return to the operating room.

Reconstruction of Small Nasal Defects
Charles Woodard, MD

Study Design: Retrospective chart review.

Methods: The medical records of patients requiring nasal reconstruction from 2000-2009 for Mohs defects less than or equal to 1.5 centimeters were reviewed. Variables analyzed included location of defect, size of defect, use of cartilage, flap design, smoking status, and post-operative complications. Complications included nasal obstruction, graft necrosis, and poor cosmesis requiring scar revision.

Results: Two hundred eight patients with two hundred thirteen nasal defects less than or equal to 1.5 centimeters were identified. The most common location was the alar subunit, followed by the tip, dorsum, and sidewall. Ninety eight (46 percent) of the defects employed cartilage grafts for reconstruction. Seventy (87.5 percent) alar defects were reconstructed with cartilage as a composite or hatron graft. The sidewall and dorsum were the least likely to require cartilage grafting; one (7.1 percent) and one (4.2 percent), respectively. Thirteen (6.3 percent) patients had a post-operative complication. Seven (36.8 percent) were smokers and six (3.2 percent) were non-smokers. Overall, nasal obstruction was an infrequent complication (1.4 percent).

Conclusions: Regardless of defect size, location, and flap design, smokers are at higher risk of developing a postoperative complication. Subtle modifications in classic flap design and liberal use of cartilage grafting reduce the risk of postoperative nasal obstruction.

The Long Term Effect of a Transtemporal Midface Lift on Lower Eyelid Aesthetics
Andrew A. Jacono, MD and Benjamin C. Stong, MD

Objective: To assess long term quantitative changes in the vertical height of the lower eyelid following concurrent transtemporal midface lift with transconjunctival blepharoplasty with skin pinch.

Methods: Forty-nine consecutive patients who underwent transtemporal midface-lifts and transconjunctival blepharoplasty with skin pinch were analyzed using digital photography to assess the change in the vertical height of the lower eyelid at one year. Preoperative and postoperative photographs were analyzed, and measurements of the vertical height of the lower eyelids were made. Statistical Analysis was performed on the preoperative and postoperative difference.

Results: The mean vertical height of the lower eyelid was 11.8mm preoperatively, and 9.3mm postoperatively with an average overall decrease of 2.5mm. The change in the vertical height of the lower eyelid height was statistically significant (p=.0002).

Conclusions: Age related changes to the midface/ lower eyelid complex are marked by increased vertical height of the lower eyelid and an increase in the infraorbital hollowing with a resultant double contour deformity. To our knowledge there has been no report of the sustainable effect of the transtemporal midface-lift on the change in the vertical height of the lower eyelid. The transtemporal midface-lift provides a statistically significant, durable decrease in the vertical height of the lower eyelid.

Learning Objective: Following the presentation the participant should be able to understand the complex changes associated with aging of the lower eyelid and midface and compare and contrast the different surgical techniques used for rejuvenation. The participant should be able to discuss and understand the dynamic forces that affect the lower eyelid and the statistically significant long term benefit of offering a transtemporal extended subperiosteal midface-lift along with blepharoplasty on lower eyelid/midface aesthetics.

Minimally Invasive Techniques
Norbert Gorski, MD

FPS should be interested in minimally invasive techniques. It helps to build the patient-surgeon relationship. Those are "repetitive" procedures and provide a permanent income and became one of the most popular comprehensive facial surgical procedures. Human life expectancy and the quality of life have been increasing; as a result people are becoming more conscious of their health and their look. According to the statistics published by the American Society for Aesthetic Plastic Surgery, there was a 115 percent increase in the number of lipoplasties and breast augmentations from 1997 to 2001, whereas the number of facelifts increased by only 18 percent, and the number of Botox injections increased by 2356 percent. Furthermore, Botox injections, collagen injections, chemical peels, microdermabrasion, and sclerotherapy accounted for nearly 64 percent of the 8.5
million cosmetic procedures performed in 2001.
The most often minimally techniques are: Botulinum toxin injections, hyaluronic acid injections, collagen injections, fat injections, chemical peels, and dermabrasion. Minimally invasive methods offer several advantages: procedure takes approximately 15-30 minutes and can be done under local anesthesia in most office settings. The simplicity of the procedure makes the revisions and/or the repetition of the procedure very easy.
The fact that those procedures build patient doctor relationship help to chose the known and trusted surgeon as the one who will perform upcoming surgical procedures on the patients face.

Perioperative Hyperbaric Oxygen Decreases Postoperative Face Lift Echymosis
Andrew A. Jacono, MD and Benjamin C. Stong, MD
Objective: To objectively quantify the effect of perioperative hyperbaric oxygen therapy on the resolution of bruising in facelift surgery using a previously validated computer and mathematical model.
Methods: This is a prospective controlled trial of thirteen patients undergoing rhytidectomy in a tertiary facial plastic surgery practice. All patients were offered the option to undergo perioperative oxygen therapy with six choosing to undergo treatment. Patients received standard post operative care including antibiotics, an oral steroid taper, arnica montana, and bromelain. Postoperative photographs were analyzed using a mathematical computer model for color change to assess postoperative echymosis in cheek flaps.
Results: Photographs were analyzed on postoperative days 1, 5, 7, and 10. There was a statistically significant decrease in the degree of color change in the treatment group of 35 and 30% on postoperative days 7 and 10, p=.005, and .025, respectively.
Conclusions: Changes in bruising can be difficult to detect and quantify using subjective analysis methods. Modifications in surgical technique and use adjunctive therapies aim to hasten healing and allow patients to return to work and their usual personal life sooner. Hyperbaric oxygen therapy offers patients a significant beneficial adjunctive therapy to facilitate healing and reduce echymosis following face lift surgery.
Learning Objective: At the conclusion of the presentation the participant should be able to understand and use an objective computer model to evaluate and assess postoperative echymosis as well as the efficacy of current treatment modalities used to reduce postoperative bruising.
Sonic Rhinoplasty: Novel Applications of Ultrasonic Bone Aspirator in Rhinoplasty Surgery
Edmund A. Pribitkin, MD
At the conclusion of this presentation, the participants should be able to explain the principle of ultrasonic bone aspiration and describe its advantages in rhinoplasty surgery.
Objectives: Rhinoplasty often requires precise, graded bone removal without damage to surrounding nasal soft tissue and mucosa. Unfortunately, current techniques using drills, rasps and rongeurs may be associated with decreased visualization, heat generation, mechanical chatter and lack of surgical precision with resultant soft tissue injury. We describe the advantages of ultrasonic bone removal in septoplasty, dorsal hump reduction, and turbinate reduction in rhinoplasty.
Study Design: Case Series
Methods: The SONOPET ultrasonic bone aspirator (MIWATEC Co., Ltd.) utilizes ultrasonic waves to emulsify bone while concurrent irrigation and suction of the bone particles produces a clean surgical field. This enables precise, graded removal bone under direct visualization without thermal or mechanical injury to the surrounding soft tissue or mucosa. We describe the application of this technology to septoplasty, dorsal hump reduction and nasal spine reduction, turbinate reduction with early follow-up to one year.
Results: No individuals experienced delayed healing, infection, scarring or other complications. Advantages of each ultrasonic aspirator technique over commonly accepted methods are delineated through intraoperative video.
Conclusions: Ultrasonic bone aspiration permits precise, graded bone removal without damage to surrounding nasal soft tissue and mucosa. We describe novel applications of ultrasonic bone aspirator in rhinoplasty surgery and delineate its advantages over conventional techniques.
FREE PAPER ABSTRACTS AND POSTERS
Correction of Deviated Philtrum with Philtroplasty: An Illusion of Deviated Nose
Lee, MD and Joo-Hyung, MD

Human eyes are so sensitive as to perceive the changes to mm stat in the face. Particularly in cases of nose, it is located central to the face, the center of left-to-right symmetric structure. Accordingly, in cases of deviated nose in which the nose was deviated to the unilateral direction, its effects appear on the contralateral side. Therefore, a deviation can be easily perceived. Besides, a perception of the nasal deviation is also affected by the location of other facial structures as well as the absolute vertical-and-horizontal concept. In this patient, we obtained the satisfactory treatment outcomes using a surgical correction with the philtroplasty without performing a rhinoplasty.

Endonasal Placement of Spreader Grafts: Experience in 41 Consecutive Patients
Donald Yoo, MD

Objectives: To evaluate the efficacy of placing spreader grafts via an endonasal approach and to examine the immediate and long term functional results.

Methods: A retrospective review of 41 consecutive cases involving adult patients who underwent nasal valve reconstruction was performed. History and clinical examination established the cause of nasal obstruction, with internal valve dysfunction confirmed through endoscopic evaluation and Cottle maneuver. Surgical correction involved a spreader graft harvested from autologous cartilage, and placed using an endonasal approach. Comparison and evaluation of preoperative versus postoperative symptom severity, photodocumentation, and patient self-assessment were used to quantify the results of the operation.

Results: Our study included 22 women and 19 men, ranging in age from 19 to 56 years (mean, 32 years); 27 patients were Asian, 12 were white, and 2 were Hispanic. Among our patients determined to have isolated internal nasal valve dysfunction, twenty five patients reported significant improvement, fifteen noted some improvement, one described no change, and none experienced a worsening of symptoms. Conclusions: The endonasal approach to placement of spreader grafts for nasal valve reconstruction is extremely effective at relieving nasal obstruction due to internal nasal valve dysfunction. Paramount to the success of the procedure is appropriate patient selection, and careful attention to surgical technique.
A Novel Suture Technique in Alar Base Reduction
Sunny S. Park, MD; Stewart C. Little, MD; Fred J. Stucker, MD
Since the first description of alar base resection by Weir in 1892, variations in narrowing the ala have developed. The discrepancy between the various techniques is based on the amount and location of skin and soft tissue excision, and the type of reposition. At least one study in the literature has shown that there is no significant narrowing of the alar flare using the conventional technique (mean follow up 11 months). The senior author also noted no long term improvement prompting the utilization of the technique presented. We propose a suture technique that has been used for the last 35 years. The placement of the suture is such that it prevents 1) widening of the ala by decreasing the lateral tension and 2) stretching of the ala back to a more flared position during wound healing. The senior author has performed this technique on more than 100 patients. Patients are satisfied and no revisions have been required. We believe an alar base fixation of one ala to the other promotes the maintenance of flare width.

The Use Of Three-Dimensional Imaging In Planning Mentoplasty
Sanjay P. Keni, MD; Robert A. Glasgold, MD and Akin I. Glasgold, MD
Three-dimensional (3-D) photography heralds numerous and widespread applications in plastic surgery. Three-dimensional morphing technology is already available to show predicted results of breast augmentation, and has proven to reliably predict postoperative results. Software is currently in development to allow facial plastic surgeons to morph facial characteristics, namely the nose and chin, in 3-D, to aid in preoperative planning. In our study, we validate the use of morphed preoperative 3-D images in planning augmentation mentoplasty. Thirty-two patients underwent mentoplasty, with the surgeons’ (RG/AG) judgment as the sole determinant of size of implant to be used. Qualitative satisfaction of both patient and surgeon was determined postoperatively. The Face Sculptor program (Canfield Scientific, Inc.) was then used to morph the chins on the patients’ preoperative 3-D images to an aesthetically pleasing result, and anterior chin projection was determined on these images. These measurements were then compared to the thickness of the implant used. We found that the measurement generated from the morphed preoperative 3-D image corresponded to the thickness of the implant used. Thus, 3-D imaging and morphing software can reliably assist the surgeon in determining the size of implant to use in augmentation mentoplasty.

Topical anesthesia for staged dermabrasion: Aesthetic refinements in Mohs reconstructive surgery.
Donald Yoo, MD
Objectives: To describe and evaluate the use of topical agents as exclusive anesthesia in dermabrasion for scar revision after Mohs reconstructive surgery. Methods: Patients returned 6 to 8 weeks after reconstructive surgery for scar revision. Topical anesthesia was achieved with a eutectic mixture of lidocaine-prilocaine (EMLA) applied to the surgical area, with an occlusive dressing, at least 45 minutes prior to the procedure. Throughout dermabrasion the patient’s pain level and adequacy of anesthesia were assessed, and any additional anesthetic requirements noted. Results: Adequate anesthesia was achieved with the initial application of topical anesthetic in all cases of staged dermabrasion. Usage of a eutectic mixture concurrently with an occlusive dressing permitted rapid absorption through skin, at high anesthetic concentrations. Patients uniformly expressed strong preference for this method of delivery over receiving local anesthetic, even with the extended wait time of this technique. The needle-sticks required for local injection of anesthetic were successfully obviated in our patients. Resultant wound contour deformities were also avoided. Conclusions: Spot dermabrasion in the early post-surgical period following Mohs reconstruction provides an efficacious adjunctive treatment to achieve an improved aesthetic outcome. Topical agents effectively provide anesthesia for scar revision without distortion of the local tissue, while improving patient comfort.

10-minute Rhinophyma: Easy and Cost-effective
Sunny S. Park, MD; Timothy Lian, MD; Fred J. Stucker, MD
Rhinophyma continues to affect predominantly older Caucasian men, and cause functional as well as cosmetic impairments. There are various treatment options ranging from scalpel excision to carbon dioxide laser usually with acceptable success. As a result, no one modality has been universally accepted. Having employed most methods available, we find the combination of a blade and argon beam coagulator (ABC) in conjunction with tumescent anesthesia to be the most expeditious method which yields excellent results. It is the most cost-effective modality in the treatment of rhinophyma. The procedure commences with injection of local anesthesia under pressure ensuring some hemostasis. Wick blade excision of the pathologic tissue and the use of ABC for hemostasis. The total length of the procedure has never exceeded 10 minutes after adequate anesthesia. In the course of 20 years and over 200 patients, no patient has needed additional procedures for recurrence or unsatisfactory cosmesis.
Complex Nasoseptal Reconstruction Using Anterolateral Thigh Fascia Flap
Peter Revenaugh, MD

Restoration of nasal structure and function can be challenging for extensive defects and often involves multiple surgical stages with potential donor site morbidity. This article highlights a novel use of free anterolateral thigh (ALT) fascia flap for complex nasoseptal reconstruction. A 76 year old male underwent near total septectomy and infrastructure rhinectomy for mucosal melanoma. His extirpative defect included central and caudal septum, medial and intermediate crura, and nasal tip cartilage as well as mucosal lining of vestibule, tip and adjacent nasal floor. Reconstruction was accomplished with bone and cartilage grafts wrapped with an ALT fascia flap as reported offers a rapid single stage reconstruction of complex nasal defects with successful cosmetic and functional outcomes with minimal morbidity.

Endonasal Rhinoplasty: A Brazilian Experience in the Last 10 Years
Cezar Berger, MD

Objectives: To review and to relate our experience with the technique of the endonasal rhinoplasty (nondelivery), to overview its morbidies and the reasons for revisional surgeries.

Design: A retrospective review (1999-2009) was conducted. Patients were selected from a computerized rhinoplasty database of operative cases. Medical records were analyzed and morbidies and complications reviewed. The main reasons for revisional procedures were also described. Setting: Private hospital, Instituto Paranaense de Otorrinolaringologia - IPO, Curitiba, Parana, Brazil.

Results: The intercartilaginous incision for the endonasal approach (nondelivery) was used for 6272 patients. Of these, 5613 (89%) patients for primary procedure and 659 (11%) for revisional procedures. 85% of the patients referred went back to habitual activities in 4-6 days. 77% referred nasal blocking until the 7 P.O day, 40% had no complaining after the 7 P.O day. Complications referable to the nasal tip (e.g., residual bossae, persistent tip desprojection, and alar asymmetry) were seen in 30%. Revisions for tip dorsum asymmetry results, is technically predictable, secure and easy to teach.

Patient Satisfaction Following Rhytidectomy: Pretragal Incision vs Retrotragal Incision
Timothy Thompson, MD

Objective: To determine the difference in patient satisfaction between patients receiving a pretragal or retrotragal incision for rhytidectomy, identify displeasing results, and correlate physical characteristics with patient satisfaction.

Design: Retrospective chart review and survey. Methods: Patients undergoing a facelift by H.D. Graham between Nov. 1, 1990 and July 30, 2008 were divided into pretragal and retrotragal groups. Patients completed a satisfaction survey by mail/telephone. Pre-operative photos were evaluated and physical characteristics (skin type, tragal size/projection, preauricular crease, hair, and pores) recorded along with gender and age. Data was analyzed using Chi-Square method.

Results: All patients were pleased with their scar at one month and many continued to see improvement. 12.2% (5/41) and 0% (0/7) of pretragal and retrotragal patients, respectively, were displeased with one or more aspects of their scar. However, all but 2.4% (1/41) of those patients reported overall satisfaction. There was no statistical difference in satisfaction between the two groups and no physical characteristics were found to correlate with patient satisfaction.

Conclusion: It can be inferred that both retrotragal and pretragal incisions provide satisfactory results to patients and physical characteristics do not influence results. Although many surgeons attempt to camouflage the preauricular scar behind the tragus, it does not appear to influence patient satisfaction.
Patients who had received Botox treatment for partial facial paralysis approximately two weeks after treatment and compared to treatment with Botox to improve facial symmetry. Identical post-treatment quality of life questionnaires were obtained in 100 patients with partial facial paralysis who presented for further care in an outpatient private practice setting. Pretreatment quality of life questionnaires were obtained and reviewed. The questionnaire not only assessed functional deficits but also self-directed changes in social activities because of the facial paralysis. These patients received non-invasive treatment with Botox to improve facial symmetry. Identical post-treatment quality of life questionnaires were obtained and compared to the previously acquired questionnaire results.

Patients who had received Botox treatment for partial facial paralysis had significant improvement in their quality of life, both functionally and socially.

Donor Site Morbidity Following Para-median Forehead Flap Reconstruction

R. Jaggi, MD; R. Hart, MD; J. Trites, MD and SM Taylor, MD
Introduction: This following study evaluated donor site morbidity in patients following reconstruction using a paramedian forehead flap.

Methods: Retrospective chart reviews completed on twelve patients over five years at a tertiary care hospital, Otolaryngology - Head and Neck Surgery division. The flap was based on a single supratrochlear vessel in all cases, and a second stage was carried out in our minor procedures clinic three weeks following the initial procedure.

Results: Primary closure was obtained in most of cases. Early complications included infection, wound dehiscence, delayed healing, and seroma. Chronic complications included forehead weakness, pain/tightness, unsatisfactory scar appearance.

Discussion: An abundant amount of information is available on reconstruction with paramedian forehead flap especially in the context of nasal reconstruction. A review of the literature revealed a paucity of information with regards to the quality of closure and morbidity of the paramedian forehead flap donor site.

Conclusions: Our paper gives further evidence that the paramedian forehead flap is an acceptable option for reconstruction and that donor site complication is not significant and does not carry substantial morbidity.
Management Practices in Frontal Sinus Fractures
Angela Sturm-O’Brien, MD
This study will evaluate the presentation and management strategies of frontal sinus fractures in addition to reviewing outcomes as well as short and long term complications. A retrospective chart review within an academic institution was undertaken at a level 1 trauma center over a 15-year span. Patients with frontal sinus fractures were managed by the otolaryngology, oromaxillofacial or plastic surgery service. Patient characteristics, management, outcome and postoperative complications are discussed. Additionally, variations in treatment strategies across subspecialties are evaluated.

Calcium Hydroxylapatite for Correction of Romberg’s Disorder
Ibrahim Amjad, MD
Introduction. Progressive hemifacial atrophy, a relatively rare disorder characterized by progressive wasting of some or all tissues on one side of the face, is characterized by an initial two-to-year year active phase, followed subsequent stabilization. In ninety percent of cases, effects on only one side of the face are reported; the remaining ten percent report bilateral atrophy. Tissues frequently affected in hemifacial atrophy patients usually include the skin, fat, muscle and underlying bone.

Basal and Squamous Cell Carcinomas of the External Ear: Clinical Characteristics and Rates of Recurrence Following Moh’s Micrographic Surgery
Ryan F. Brown, MD; Scott J. Stephan, MD; Mark Russell, MD and Stephen S. Park, MD
Background: Invasive non-melanotic skin cancer of the external ear is thought to follow a more aggressive clinical course compared to similar tumors at other cutaneous sites. Objective: Describe the clinical and histopathologic features of basal (BCC) and squamous (SCC) cell cancer of the external ear, and determine the locoregional recurrence rates (LRRR) following treatment with Mohs micrographic surgery (MMS).
Methods: Retrospective chart review of all patients treated for non-melanotic skin cancer of the external ear at a single tertiary center from Jan 2001 to Dec 2002. Results: Two hundred and three patients met study inclusion, with twice as many cases of BCC than SCC. The helix was the anatomic subsite most commonly involved (42.6%). Aggressive histopathologic features were seen more commonly in cases of SCC than BCC: depth of invasion to auricular cartilage (19.1% vs 9.6%), perineural invasion (4.4% vs 0%), and nodal involvement (2.9% vs 0%). For cases with >2 year follow-up, the LRRR following MMS for external ear BCC (3.8%) and SCC (8.3%) were favorable compared to published rates following simple excision and other conventional modalities. With the use of MMS, LRRR for BCC and SCC of the external ear approximate that of other head and neck cutaneous subsites published in the literature.
Conclusion: Despite the aggressive histopathologic features seen at initial diagnosis and historically high LRRR following simple excision, non-melanotic skin cancer of the external ear has, in fact, similar LRRR after MMS compared to other head and neck subsites.

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Dockside and oceanfront dining abounds along the scenic Intracoastal Waterway and the Hollywood Beach Broadwalk, whose fare varies from succulent stone crabs to some of the best burgers in America. Hollywood is an eco-friendly paradise rich in outdoor adventure, from scenic bicycle trails and eco-walks to full-moon kayaking and nighttime guided sea turtle excursions. A full range of activities to satisfy all interests includes fishing, diving, snorkeling, jet skiing, parasailing, hiking and bird-watching in a preserved wildlife sanctuary, and canoeing or kayaking along paddling trails just a short walk from the seashore. Sports and health enthusiasts can easily avail themselves of year-round golf at prime courses, yoga and tai chi on the beach, a weekly oceanside organic green market and soothing spa treatments at beach-area resorts.

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