

# PLASTIC SURGERY

## PRACTICE ADVISOR

### TV exposure can be major boost for your career, but much to learn

More than any other type of physician, plastic surgeons are now on television everywhere you look—from the local television station doing a report on Botox to the stars who appear on national programs such as *Oprah*, *Dr. 90210*, and *The Swan*. It's only natural for plastic surgeons to see their colleagues getting all that exposure and wonder, "Why can't that be me?"

It can be, but getting there can be a challenge, and so can making the most of your time in front of the camera. Television exposure can give you a tremendous boost in terms of prestige and could have your phone ringing off the hook with patients trying to make appointments, but that happens only when you've done everything right. Media professionals and surgeons who have been through the experience say that plastic surgeons often don't realize just how much work is necessary for a

successful television experience.

Plastic surgery has always been a hot topic for the news media and, in recent years, plastic surgeons have become more common in entertainment or reality programming, says

**Tyler L. Barnett**, president of Cosmetic Public Relations in Los Angeles. The proliferation of plastic

**"Unfortunately, the newsworthiness does not come from how skilled you are."**

—Tyler L. Barnett

surgery on television, and the great number of surgeons willing to go on camera, actually can work against you if you are trying to get some exposure, he says.

"It used to be that if you had a new procedure or something unique, you could call up the local health reporter and they would come out and do a story," Barnett says. "Not so much anymore. They've done a lot of these stories—and they get pitched all the time—so they can pick and choose the best stories and the best doctors to use."

### Focus on the patient, not the doctor

For example, Barnett says television stations receive a lot of offers from surgeons doing transumbilical breast augmentation. And all of the surgeons use the same pitch that the procedure is a twist on the standard augmentation, offering benefits to the patient and an interesting angle for the local reporter. Every surgeon seems to think that the reporter has never heard of the procedure, he says, when, in fact, they probably have received that story idea many times. The same can be said of many other plastic surgery story ideas, he says.

"The way around that is to use a patient's story instead of the doctor's procedure," Barnett says. "That gives you a much better chance of getting on television.



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## TV exposure

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Show them a patient who needs this technique and can't benefit from the standard approach."

Barnett says you should remember that every patient is a potential news story. Most often, news cameras come to your office because of the patient, not because of you. That can be difficult for some surgeons to realize, Barnett says. "When I ask plastic surgeons what sets them apart or makes them newsworthy, the answer often is that they are highly skilled in this or that, or they are the best surgeon in town for a certain procedure," Barnett says. "Unfortunately, the newsworthiness does not come from how skilled you are. The news coverage comes from patient stories that are compelling."

### Make the reporter's job easier

Your likelihood of being featured on a television news segment increases dramatically when you make the

reporter's or producer's job easier by offering a patient who is interesting and willing to appear on camera. Even if your goal really is to promote your practice or a particular procedure that you offer, you can't lead with that, Barnett explains. Offer the reporter a great story and you will benefit from the indirect exposure. And a great story almost always focuses on a patient, not the doctor.

Thus, if you are a plastic surgeon who is looking for television exposure, you need to be on the lookout for a patient who can illustrate the facet of your practice that you're trying to promote. Of course, asking the patient to participate is a delicate matter and you must obtain clear permission before revealing personal information or putting a reporter in contact with him or her.


The effect of the television coverage can be immediate in some cases, but it is more likely that you will have to build exposure in the community, or nationally, with repeated appearances, Barnett says. (See p. 75 for more about how your practice can benefit from television appearances.)

### Charisma needed for national programs

But what about shooting for the big time—your own reality show or an appearance on *Oprah* or some other national program? Barnett says it can be a worthwhile and realistic goal for some plastic surgeons, but not for all. The first determinant is whether you have the necessary charisma for such exposure because, unless there is something truly extraordinary about your work that will override your personality, on-screen charisma is what really gets people on national television.

"Some people have this kind of personality and some don't, but it is much, much more common in plastic surgery than in any other medical field," Barnett says. "This is the kind of person who not only looks good but is engaging, very comfortable on camera, and appeals to people even before he [or she] starts talking about his [or her] work. There has to be a certain likeability."

That type of charisma can be taught, to a certain

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extent, Barnett says. Many public relations professionals such as Barnett offer media training to plastic surgeons to teach them how to make a better impression on camera, and he says the transformation can be remarkable. The factors that matter on camera—whether you sit up straight and look at the person you’re talking to, whether you fidget, your grooming—also matter when you’re talking to the producer who is considering putting you on camera. Always remember that you’re auditioning for the television appearance any time you’re talking to the producer beforehand. If the producer thinks you’re not going to look good on camera, the camera crew may never show up.

### Being on camera is not as easy as it looks

Getting the television appearance is only part of the challenge. Don’t assume that you will be great on television just because you’re a great doctor, your staff members love you, and you knock ‘em dead at the annual surgery conferences, cautions **Kris Patrow**, a former television news anchor who now works with Tunheim Partners, a public relations agency in Minneapolis that trains plastic surgeons for media appearances. (See p. 78 for more on media training.)

For example, it can be difficult to talk at the right level for your audience—not talking over their heads,

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### Appearing on television can be worth more than any advertising campaign

Although getting on television can be more difficult than many plastic surgeons think, the effort usually is worthwhile, says **Tyler L. Barnett**, president of Cosmetic Public Relations in Los Angeles.

“It is very possible that you will have more patients, you will have a mass amount of credible marketing material, and you might be able to charge more for the exact same surgeries you are performing every day,” Barnett says. “It is also possible that you will be recognized by people in restaurants, admired by strangers, and written about in magazines, books, and newspapers.”

How much you might be able to increase your fees is impossible to predict, Barnett says, but generally, more media exposure means more bookings. Once you’re busy enough to start turning people away, you will be able to raise your fees without losing patients—perhaps 5% or 10% over your competitors at first, and then whatever the market will bear, Barnett says. You don’t have to be the next *Dr. 90210* to reap the benefits.

An appearance on the local news station can be extremely valuable exposure. A news story that features your practice can be much more valuable than paid advertising, he says, because it imbues a certain credibility. “It’s not uncommon for a surgeon to have a good appearance where everything went right, and the next morning the phone is ringing off the

hook. One good news story could mean you’re booked out for the rest of the year.”

However, that result is not guaranteed. In most cases, surgeons need to be on television more than once to really see an effect on their practices. Barnett cautions that you must be prepared for that reality when appearing on television. After putting a lot of effort into getting on television and performing well, you can be disappointed when the public does not immediately react.

### Use video clips after appearance

But even when a television appearance doesn’t yield a flood of patients the next day, there are still ways to make the most of that exposure. Any time you are on television, you should use the clip on your Web site, at trade shows, in patient seminars, or even to hand out to patients on DVD.

The clips can be especially useful in bolstering your image with potential patients, Barnett says. “If you hand a prospective patient this DVD with info about the procedure and a clip of you discussing it on television, that immediately boosts your image,” he says. “When the spot first ran, maybe it was seen by five people and it was on at 3 a.m., but that doesn’t matter. This prospective patient is now looking at you on a television segment and that conveys that you are a doctor who is respected enough to get on a television show.”

## TV exposure

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### Top 5 mistakes plastic surgeons make when seeking television exposure

**Tyler L. Barnett**, president of Cosmetic Public Relations in Los Angeles, says there are plenty of ways your effort to get on television can go off track. Here are the big errors to avoid:

**1. Investing all your marketing dollars to get on television.** That is a major risk, he says, because getting on television involves a great deal of uncertainty and a bit of luck. Some effort and investment is justified, but don't go overboard.

**2. Expecting one television appearance to make your practice successful.** Practice growth really comes from the publicity and marketing effort that follows the appearance, Barnett says. The clip of your appearance may be vital in growing your practice, and subsequent appearances will improve your chances of seeing growth, but it won't happen overnight. There are exceptions where you suddenly become a celebrity because of one appearance, but you can't count on that result.

**3. Having no focus that makes you newsworthy.** Remember that simply being a great plastic surgeon is not enough to get you on television. If you are trying to get on television without focusing on a specific procedure or something else that makes you interesting, you will be lost among all the other surgeons the reporter can call for a story about Botox or facelifts.

**4. Pitching too much.** Don't make a nuisance of yourself with local reporters and producers. Also, pitching too much can make you look desperate and needy, which is not the image that you're trying to convey.

**5. Being difficult to work with.** Once a reporter or producer shows interest, do everything you can to be accessible and easy to work with.

If it is too difficult to schedule time with you or obtain information, the media may just give up and move on to the next surgeon or the next story. Don't let the opportunity slip by because you did not make the reporter or producer a priority.

but not talking down to them, either. Surgeons are accustomed to speaking to colleagues about their work, so explaining the same information to a layperson can require a different mindset.

"The time constraints and the format of a television interview also are difficult for surgeons," Patrow says. "We're talking about very brief segments in which you have to convey information succinctly, in small bites that can be edited and moved around, and that is very different from a lecture." Patrow often suggests that surgeons think about how to explain the topic to their mothers or fathers, or someone else who knows little about it. Talk to the reporter with that person in mind, even if it seems as though the reporter has more knowledge.

The time constraints can be surprising. For a live one-on-one interview in the studio during a local news broadcast, Patrow says you can expect three or four minutes. It is more common to be interviewed by a producer or reporter and have your comments edited down to two or three sound bites of about 10 seconds each.

"You have to pick out two or three key points you want to get across," she says. "Get over the idea that you're going to show how much you know about this topic. That's not what this interview is about."

### Educational programming a good bet

If you fit the bill, you can market yourself as the next plastic surgery expert for *Oprah* or *Dr. Phil*, but should you push for your own reality show such as *Dr. 90210*? Probably not, Barnett says. Though such shows are common now, the networks only need a handful of doctors to fill them and it probably isn't worth your time to pursue that result.

"Those shows are cast pretty much like a sitcom or drama series now. It's a completely different ball game from trying to get news coverage," Barnett says. "To go that route, you'll probably need an agent and devote a lot of time to the whole system of casting in Hollywood. Even then, they've probably already written the character

they're trying to cast, so you either fit the bill or you don't. You might do a great transumbilical breast augmentation, but if you don't have a wife who's a cheerleader and twin boys who have their own rock band, you won't work."

But if there is such interest in seeing plastic surgeons on television, can't you just hire a good publicist and get a booking? "This is the question I hear most commonly from plastic surgeons. There is a common misconception that a doctor is able to buy his way onto a reality show. You can't," he says.

Barnett says a realistic goal is to shoot for the more serious, educational programming on a network, such as *Discovery Health*.

That kind of appearance is easier to achieve because although personality and on-screen charisma are important, they usually are not the primary concern. For programming that is more educational than entertaining, the network will be looking for outstanding credentials and an interesting medical story.

So what's the best thing a surgeon can do to increase the chances of being discovered by a television producer? Barnett says the answer is to get your name and face out there in any way possible.

"The more exposure you have the better. To be rec-

ognized by producers and patients alike, you need to be seen, be heard, be known. Get quoted by reputable sources. Give interviews with every possible magazine and newspaper you can," he says. "Become active in your community. The bottom line is, the more your image is out there, the easier it is going to be to convince the viewer, the patient, the journalist, or the reality show producer that you are worth the five seconds it takes to pick up the phone and call you."

Then, once you have everyone's attention, don't blow your opportunity to get on television. That happens more often than you might imagine, explains **Al Arizmendez**, vice president of Miller Geer Arizmendez, a public relations firm in Cerritos, CA. When the reporter calls for an interview, make sure that the task is not difficult. Train your staff members to understand the basics of working with reporters, and make it clear that those calls are high priority.

"Be available. As much of plastic surgery is elective, surgeons should be okay with scheduling time for interviews," Arizmendez says. "I had a doctor who was pining for big media and when I called numerous times to contact him, I got a phone message . . . five hours later. The doctor's national competitor got the interview instead." ■

### Hospital finds patient family to be center of television appearance, gets prominent news coverage

Plastic surgeons should take advantage of a hospital's marketing and public relations department when seeking television exposure, suggests **Joseph K. Williams, MD**, a plastic surgeon and chief of plastic and reconstructive surgery at Children's Healthcare of Atlanta.

The pediatric plastic surgeons of the Children's Healthcare of Atlanta Center for Craniofacial Disorders meet quarterly with the hospital's marketing and public relations department to explore potential media opportunities.

Late last summer, the group met to consider outreach around the mandibular distraction surgical procedure. The Center offers the procedure as a solution to defects, such as micrognathia or Pierre Robin Sequence (PRS). Children's is one

of only a few pediatric healthcare centers in the country to offer the procedure.

"The public relations team found a wonderful patient family to be a part of a TV story with the Atlanta FOX affiliate, who happened to be traveling to Atlanta from South Carolina for surgery," Williams says. "We were able to pitch and spark the interest of a local health reporter, grant her access to the OR for surgery, and offer her interviews with both clinical staff and the family."

The story, which aired in September 2006, turned out well and provided valuable exposure for the Children's plastic surgery program in the local market. Being able to highlight an out-of-state patient also lent credibility, Williams says.

## Tips and tricks to help you make the most of time on television

There is an art to looking good on television, not to mention looking authoritative and credible as a surgeon. The professionals who train plastic surgeons for media appearances offer these ideas that can make you more smooth and polished when the camera's red light comes on:

➤ **Watch your speech pitch, modulation, and speed, advises Anne Cohen, president of A. Cohen Marketing & Public Relations in Kingston, NY.** It's important that you maintain a normal pitch. People quite often speak higher and/or become squeaky or strident (or even shout) when nervous. You must speak at a moderate rate and not too fast. Avoid speaking in a monotone. Add inflection in the voice, the ups and downs of a normal speech pattern.

Make sure that you don't end every statement as if it were a question. People often do this in strange situations such as on camera.

➤ **Maximize your good looks with proper clothing, grooming, and makeup.** Avoid stripes, herringbone, or checkered patterns; no loud ties, shirts, or dresses that will appear like a blur on TV. Soft blues and solids are best for television. Ask in advance if they plan to do makeup.

➤ **Be wary of preset "rules" about exactly how you should sit, stand, or move, says Matt Eventoff, a media trainer in Trenton, NJ.** Some of those tips can be helpful, but the overall goal is for you to look attractive and relaxed. If you're trying to hold yourself in a certain way that feels unnatural to you, that can appear awkward and inauthentic. "A big focus for a plastic surgeon should be to ensure that the surgeon comes across as a person rather than as just a surgeon," Eventoff says. "People are excited, scared, nervous, and sometimes intimidated prior to getting a procedure, and it is important to that patient that he or she is in the care of a person, with personality, emotion, empathy, etc., rather than just a surgeon."

➤ **Remember to smile.** If you're speaking about a topic that isn't something you'd smile about, at least imagine something pleasant so you aren't frowning. "Watch CNN,

these guys can deliver catastrophes and still appear pleasant and trustworthy while doing so," Cohen says.

➤ **Focus during the interview.** Do not look off into space. Look either directly at the camera or at the interviewer.

➤ **Make sure the reporter can pronounce your last name.** Be sure to introduce yourself to the host in advance. Cohen suggests that if you have a difficult last name, you can make a little joke about this and say, "I have a difficult last name. It's pronounced this way: \_\_\_\_\_."

➤ **Use the "acknowledge and bridge" technique for a smoother interview style, suggests Karen Friedman of Karen Friedman Enterprises, a public relations firm in Blue Bell, PA.** This is a trick in which you use a phrase to acknowledge the question and move on to your response. You may say something such as, "That's a question we face often," or "That's a common misperception," or even "That's a unique take on the issue." The acknowledgement should sound natural and help you provide information instead of simply answering questions that may be limited.

➤ **Explain the problem so that the solution is important, Friedman suggests.** Help the viewer understand the scope of the problem and how it affects people so they understand why they should care. When you make someone care, they'll feel. If they feel, they'll listen.

➤ **Control the interview, but do so with finesse.** Some public relations professionals will tell the surgeon to control the interview and direct it in the way most beneficial to him or her, but that must be done carefully. When it comes to "controlling" an interview, think in terms of controlling the message, suggests **B. Andrew Plant**, a media trainer in Atlanta. It does not mean controlling the media or media representatives. Trying to do that will only alienate them and ruin your chance of a good television appearance. A crucial aspect of control is learning that reporters are not the enemy, Plant says. They are not there to give you free advertising.

► **You can say “I don’t know,” but you should never say “no comment.”** Be willing to admit that you do not know the answer to a question, rather than trying to bluff an answer, says **Joanna Brody** of Brody Public Relations in Los Angeles.

Maintaining credibility with the reporter is more important than presenting an image that you have all the answers. If possible, and if time permits before the reporter’s deadline, try to find out the answer and provide it to the reporter as soon after the interview as you can.

Never use the words “No comment,” even if you won’t comment, Brody says. That phrase sends the message that you are trying to hide something. It is better to say, “I can-

not release that information due to patient confidentiality.”

► **Be careful not to oversell yourself.** Although patients want to see successful, qualified doctors, they don’t want a “used car salesman approach” in which you come across as too eager and too full of yourself, says **Melissa Havard**, a media trainer with Casablanca Consulting in Beverly Hills, CA. Don’t overstate what you can do for patients. Offer realistic benchmarks.

“It also is important for plastic surgeons to dispel the vanity myth,” Havard says. “Reassure patients that wanting to look your best is entirely reasonable, just like maintaining a car, or fixing a house is a sound investment. Plastic surgery can be an investment in physical, emotional well-being.”

## Review of Florida data shows safety overall, but need for more patient safety focus

A recent report on the state of patient safety in plastic surgery suggests that the specialty is doing well overall, but that there is a need for more education of both staff members and patients, and there also is room for improvement in communication.

The report was prepared by **Mark A. Clayman, MD**, a plastic surgeon at the University of Florida College of Medicine in Gainesville, and his colleagues. He tells **Plastic Surgery Practice Advisor** that his research indicates that the plastic surgery community is doing a good job of promoting patient safety, even though more can be done.

In particular, he says, the concern over the safety of outpatient plastic surgery in Florida over the past six years is not supported by data regarding adverse outcomes.<sup>1</sup>

“Procedures performed by board-certified plastic surgeons in an accredited facility were safe,” he says. “You have to use common sense with doing multiple procedures and prolonged procedures and then sending a patient home, but if you follow the patient safety guidelines that are widely available, there is no reason to say

that outpatient plastic surgery poses an undue risk.”

The data across various specialties demonstrate a low incidence of adverse events resulting from office-based surgery, Clayman says.

The Florida Board of Medicine restricted office procedures in 2000 after a series of incidents occurred in the outpatient setting, and those restrictions hit Florida plastic surgeons especially hard.

The Board imposed an emergency moratorium from February 11 to May 10, 2004, regarding simultaneous liposuction and abdominoplasty procedures in an office setting, requiring 14 days between procedures.

The moratoria are no longer in effect, but there is still debate in Florida and elsewhere about what plastic surgery procedures can be performed safely in an office or surgery center setting.

In his recent report, Clayman and his colleagues reviewed the data for surgical procedures in Florida over the past six years and determined that two remaining challenges are to continually improve the culture of safety and educate patients, specifically related to

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## Patient safety focus

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esthetic procedures administered in nonclinical settings by amateur, unlicensed, or unqualified practitioners who misrepresent their credentials and training.

### Office setting not especially risky, data show

More than 600,000 surgical procedures were performed in Florida during the study period.

The data show that a total of 46 deaths related to office procedures were reported, with 20 related to surgical procedures within the scope of plastic surgery (although nonboard-certified plastic surgeons performed nine of the procedures). Of those 20 related to plastic surgery, 11 died prior to discharge (defined as a death that occurred with complications developing either dur-

**“You never let your guard down by saying that it is only office surgery.”**

—Daniel Kapp, MD

ing the procedure or in the recovery room). The other nine patients died after appropriate discharge. Of those nine, seven

deaths were from thromboembolism and the others from unknown causes. Thirty-five deaths were related to nonboard-certified plastic surgeons and specialists in other fields.

Board-certified plastic surgeons accounted for less than one fourth of the deaths.

There have been zero deaths from a board-certified plastic surgeon since April 2004.

“The fact that 11 office deaths were reported would suggest that the location in which these procedures were done was not as much of a factor as the regulators had suggested,” Clayman and his coauthors write.

The data suggest that the risk of mortality associated with plastic surgery in an office setting is low, Clayman says, comparing favorably with data from other specialties.

The key to keeping the risk low is to carefully choose which procedures can be safely performed in the office, he says.

Even though the data suggest that office plastic surgery is not inordinately risky, Clayman says data regarding patient safety in plastic surgery indicate that the surgeon’s focus should be on changing culture and human behavior. “Culture change must begin by teaching physicians in training to appreciate how their current and future role on the provider team can be used to improve patient safety,” the study authors write. “Perhaps most importantly, the physician must perform only those procedures for which he or she was trained and which are within the obvious scope of their certifying board.”

### Plastic surgery seen as ahead of the curve

**Zachary E. Gerut, MD**, a plastic surgeon in Hewlett, NY, says the report shows that there is nothing inherently risky about outpatient plastic surgery, but he stresses that it is important for surgeons to follow accreditation standards.

As a specialty, plastic surgery is ahead of the curve in promoting patient safety, he says.

“The future of plastic surgery is in the outpatient setting, partly because an increasing number of insurance carriers will not cover procedures such as postbariatric plastic surgery,” he says. “It will be impossible for people to afford the inpatient costs of such surgery. It will be far beyond the means of most people; therefore, we will be performing tummy tucks, thigh tucks, arm tucks—all sorts of postbariatric surgery procedures in the office setting.”

Patient safety can be enhanced by ensuring that you know everything you can about the patient’s overall health before surgery, says **Paul. S. Nassif, MD**, a facial and reconstructive plastic surgeon in Beverly Hills, CA.

He has all patients visit a primary care physician for a physical and blood work, and any patients pursuing an especially long or difficult procedure must visit a cardiologist for a stress treadmill test.

“Sometimes, the long anesthesia can be hard on the

patient, so I want a complete cardiac workup on those patients," he says. "This is the maximal aspect of safety, and it makes me more comfortable that I've done all I can to ensure patient safety. Some surgeons do their own presurgery workup on the patient, but I like to have another doctor give me a full report before I proceed."

The point, Nassif says, is to ensure that you have done all you can to lower the risks. Particularly when you are doing an elective procedure, the risk should be as low as possible, even if that takes a few extra steps.

"I started doing this years ago because I knew a doctor who operated on a patient who seemed very healthy and had an undisclosed cardiac condition. The patient died," he says. "So I said I'm going to be absolutely anal about this, and if they don't want to have a workup, then I don't want to operate on the patient."

That kind of diligence also is endorsed by **Daniel Kapp, MD**, a plastic surgeon in West Palm Beach, FL. He suggests that all patients, regardless of where the procedure will be performed, should undergo the same medical clearance. For some patients, that will include a cardiology evaluation, although others will need only a general medical evaluation.

"You never let your guard down by saying that it is only office surgery," Kapp says. "We actually have decided not to do office surgery, partly because of the moratorium and because there can be a higher risk with office surgery with some patients and some procedures. When we look at the options, we are more comfortable operating in a hospital setting."

Kapp says his patients usually are amenable to the idea of undergoing surgery in the hospital instead of an office setting, but he notes that most of his patients are older women seeking facelifts. A different demographic, such as young women seeking breast augmentation, will be more price sensitive and could respond negatively.

"Do we have patients who leave our practice because we don't do office surgery? Certainly we do, but we've decided that that is a decision that is best for us," Kapp says. "The decision goes beyond just the safety issue. There is the staff training and all the issues related to

keeping your office facility accredited, and that can be a tremendous burden for the practice."

### Report errors to TOPS without fear of liability

When errors do occur, they should be reported, says Clayman. Many physicians do not report their errors because they fear liability, but Clayman notes that the lack of reporting is an obstacle to peer review, which is key to improving patient safety.

He recommends that plastic surgeons participate fully in the Tracking Operations and Outcomes for Plastic Surgery (TOPS) effort, a Health Insurance Portability and Accountability Act-compliant, Web-based collection database created by the American Society of Plastic Surgeons, the Plastic Surgery Educational Foundation, and the American Board of Plastic Surgery. (For more information, go to [http://secure.dataharbor.com/tops/index.cfm?action=dsp\\_login&showlogin=1](http://secure.dataharbor.com/tops/index.cfm?action=dsp_login&showlogin=1).)

Because information reported to TOPS is confidential and is not discoverable or admissible as evidence in a court of law, physicians need not fear liability for reporting their adverse events, Clayman notes.

Clayman points out that educating your own patients about the importance of a surgeon's training and credentials is not enough. "You do have to make sure your patients understand why patient safety depends on going to a board-certified specialist and not a dentist who also does rhinoplasty on the side," he says. "But in a way, that is like preaching to the choir because that person is already in your office. We have to be sure that we participate in other public education efforts so that we get that message out to the general public." ■

### Reference

1. Clayman MA, Clayman SM, Steele MH, et al. Promoting a Culture of Patient Safety: A Review of the Florida Moratoria Data: What We Have Learned in 6 Years and the Need for Continued Patient Education. *Annals of Plastic Surgery* 2007; 58:288-291.

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## Genitoplasty still a controversial niche procedure, but could become commonplace, some surgeons say

A recent report in the *British Medical Journal* (*BMJ*) blasted genitoplasty as unnecessary and exploitative, derisively referring to the “designer vagina” trend in the United States and continuing the criticism of this type of plastic surgery. The procedure is growing in popularity, but whether it will ever become mainstream and widely accepted by the public is still in question. Some advocates of the procedure say it often is necessary to correct anatomical problems that can cause discomfort, and they also say there is nothing wrong with a woman seeking the procedure purely for cosmetic reasons. Others, however, advise thinking carefully about the possible ramifications of offering or being associated with a procedure that—currently, at least—is often mocked and derided.

The authors of the article, London gynecologist **Sarah Creighton, MD**, and clinical psychologist **Lih Mei Liao**, conducted a study into why women sought genital plastic surgery, and they did not like what they found. They say many women seek the procedure in response to media pressures that exploit women’s insecurities.<sup>1</sup> Elective genitoplasty usually entails shortening or changing the shape of the outer lips, or labia, but may also include reduction in the hood of skin covering the clitoris or shortening the vagina itself.

Hard data are difficult to find, but anecdotal evidence suggests that the practice is growing in popularity in the United States as well as in Britain, Creighton and Liao say. In 2004 and 2005, 800 labial reductions were conducted by Britain’s state-run National Health Service, more than a doubling of the figure six years earlier. Other operations were carried out by the private sector.

The authors acknowledge that some women seek the surgery because the size and shape of the labia can impair the ability to wear tight clothing, go to the beach, take communal showers, ride a horse or bicycle comfortably, or participate in some sexual practices. But they say many women seek the procedure solely for cosmetic pur-

poses, often driven by critical comments from male partners accustomed to the images in pornography. Patients who sought genitoplasty uniformly wanted their vulvas to be flat and with no protrusion, similar to the prepubescent look of girls in Western fashion ads, they found. “Not unlike presenting for a haircut at a salon, women often brought along images to illustrate the desired appearance,” say Creighton and Liao. “The illustrations, usually from advertisements or pornography, are always selective and possibly digitally altered.”

### No different than breast augmentation?

That criticism is unnecessarily harsh, but not new, says **Gary Alter, MD**, a plastic surgeon with offices in Beverly Hills, CA, and New York City. Also a board-certified urologist, Alter is a pioneer in the field of genitoplasty and one of the leading surgeons performing the procedure in the United States. He has performed about 800 labiaplasties, including three procedures on the television show *Dr. 90210*. “Most doctors who don’t deal with aesthetic issues find them trivial to start with, so they’re starting out with a negative bias,” he says. “Most of the women I operate on complain of functional problems, and it is not fair to discount their concerns. They also want a more cosmetically pleasing result, but that does not negate the fact that most of these women have discomfort in clothes or when horseback riding.”

The technique used in a labiaplasty is extremely important, Alter says. Many surgeons simply amputate the labia, with little effort to contour and minimize scarring, he notes. His technique involves taking a V-shaped section out of the most protuberant portion of the labia and then suturing the top and bottom. The success rate is high and morbidity is low, he says.

The *BMJ* authors acknowledge that women can have discomfort that may be addressed by genitoplasty, but they suggest that, in other cases, plastic surgeons are sub-

jecting women to the risks of surgery purely for reasons of vanity. They also say that too little is known about how such surgery may lead to desensitization and loss of sexual function. Alter says he has never had a patient report diminished sensation or a negative effect on sexual enjoyment.

To the contrary, he says, many patients benefit from increased stimulation when excess tissue is removed from the clitoral hood. "My attitude is that it is a procedure with high satisfaction and minimal complications, and the patients are happy. So what's the problem?" he says.

Alter notes that these procedures carry no higher risk of complications than any other plastic surgery procedure. Professional societies have not criticized the procedures. Even when a woman seeks labiaplasty solely for cosmetic reasons, Alter sees no problem. For those women, the procedure is no less legitimate than a breast augmentation or a facelift, he says.

"Breast augmentation used to be criticized harshly, too, with critics saying that doctors were exploiting women's insecurities about their bodies, and that has changed," he says. "People came to see that it is understandable why women want to improve their bodies and that they have the choice to do so. This is no different."

### Criticism requires careful marketing

Whether the criticism is justified or not, plastic surgeons should consider how it could affect their practice if they offer genitoplasty or even if another surgeon in the practice does. **Anne Cohen**, president of A. Cohen

Marketing & Public Relations in Kingston, NY, says the public perception will be driven more by sensational reports in the media than by any real education about the procedures.

She says she previously had a highly critical view of genitoplasty, but then learned that some women legitimately need plastic surgery in order to feel comfortable with their bodies and to enjoy a full sexual experience.

"Unfortunately, the general public is fairly uneducated about these issues. Because of this, as a marketing professional, I would not encourage my clients to advertise this type of surgery on a mall board or in a general newspaper ad, due to concerns about community backlash," says Cohen.

Instead, she suggests posting the information on the practice Web site and instituting aggressive viral marketing tactics to get the word out, such as informing local family doctors and gynecologists, the local Planned Parenthood clinic, and by participating in forum-based Internet marketing.

"Women suffering from these conditions are often desperate to find practitioners with surgical experience in their area of need," she says. "Because this does not describe every plastic surgeon, it's important that surgeons with this expertise find a way to inform the public that help is available." ■

### Reference

1. Liao LM, Creighton SM. Requests for cosmetic genitoplasty: How should healthcare providers respond? *British Medical Journal* 2007; 334:1,090-1,092.

## Facelifts still needed despite popularity of injectable alternatives, may mean change for your practice

Plastic surgeons have seen a big increase in the use of injectables and other alternatives to surgery, but does that mean the eventual demise of the facelift? No need to worry, according to a recent report from the American Society of Plastic Surgeons (ASPS).

Many baby boomers are choosing to postpone the

facelift, waiting until much later than the previous generation for surgical intervention. But the postponement is just that, not a complete avoidance of the procedure, according to a study in *Plastic and Reconstructive Surgery*.<sup>1</sup>

Although patients can achieve good results with

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## Facelifts

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injectables and laser treatments for years, patients aged 45 and older may find they can only achieve their desired result with surgical rejuvenation options, says ASPS President-elect **Richard D'Amico, MD**.

"With the introduction of injectable fillers and Botox, many people over 45 believe they can achieve the same results as a facelift without surgery," D'Amico says. "However, as we get older our brow lines, jowls, and wrinkles can become too deep for an injectable to smooth out. When a patient's degree of facial aging is such that an injectable cannot achieve the desired result, surgery is the next natural progression."

The authors of the study also reported on a new facelift technique that baby boomers may find more appealing than other methods. In the study, the authors placed the facelift incision at a specific angle within the sideburn and temple areas, rather than making the more common incision above the ear. Hair grows back through the scar, which is hidden within the hair. The technique allows women to comfortably pull their hair back without exposing a scar and men to grow sideburns without the embarrassment of missing hair. The technique also allows for better repositioning of tissue, further reducing the risk of the "wind blown," overdone look.

Although surgery may provide better results, injectables still play an important role in facial rejuvenation.

"After a facelift, fillers and Botox are key adjuncts to help restore volume and maintain surgical improvements for many more years," D'Amico says.

**Bahman Guyuron, MD**, coauthor of the study, says the report is an indicator of things to come. As baby boomers reach the age at which people tend to seek plastic surgery for facial improvement, their desires will dictate the course for plastic surgeons. That means surgeons should expect more interest in alternatives to facelifts before patients decide to go under the knife, the study data suggest.

"Whether injectable fillers, surgery, or a combination of both, the procedure selected should fit and meet the needs of the patient," Guyuron says. "With the youngest boomer turning 42 and the oldest turning 60 this year, the demand for surgical procedures that produce results without the tell-tale signs of having had a facelift are going to continue to increase."

Facelifts are the second most popular cosmetic surgical procedure for men and women over the age of 55, according to ASPS statistics. Nearly 102,000 people aged 40 and older had a facelift in 2006. ■

### Reference

1. Mowlavi A, Majzoub RK, Cooney DS, et al. Follicular Anatomy of Anterior Temporal Hairline and Implications for Rhytidectomy. *Plastic and Reconstructive Surgery* 2007; 119:1,891-1,895.

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