

▶ FROM FRONT PAGE "Complications in Breast Surgery" featured our Master Series Lecturer, Dr. Garry Brody. The December 15, 2007, winter meeting, "Controversies in Plastic Surgery", will feature, Dr. Diane Duncan: "Safety and Efficacy of Injection Lipolysis: Answering the Critics", Dr. Jason Pozner: "Current Trends in Non-Ablative Lasers", Dr. Daniel Man: "Smart Lipo Liposuction", Dr. Malcom Paul: "The Evolution of Barbed Suture Technology in Aesthetic Plastic Surgery", and Dr. Richard D'Amico: "ASPS Update". The date and topics for the Spring Scientific Meeting are currently being formulated.

The new website, developed by MedNet Technologies, has become a huge success; I hope everyone has had an opportunity to use it. We solicit ideas that may contribute to the society's virtual communication with our membership.

As part of our mission to provide the public with information relating to Plastic Surgery, I would like to thank Dr. William Rosenblatt for keeping our political representatives informed about our continued concerns for public safety.

Furthermore, I would like to thank Dr. Tracy Pfeifer for her tireless effort in developing the newsletter in its current improved form. I would also like to express my deep gratitude to Drs. Alan Matarasso, Olivia Hutchinson and Steve Wallach, for their dedicated contributions which allow our scientific program to progress with such a resounding success.

Over the past year we have begun to have a working relationship with the Florida Society of Plastic Surgeons, which allows members to attend meetings of both societies. We are now collaborating with the Robert H. Ivy Society of Plastic Surgeons in Pennsylvania, to attend our meetings and provide a judge on Residents' Night. We will be looking forward to strengthening this relationship.

I would like to thank Dr. Berish Strauch on behalf of his former residents for his leadership as the Plastic Surgical Training Program Director at the Albert Einstein College of Medicine/Montefiore Medical Center. We wish him well in the future.

I would like to thank Ms. Victoria Morales for her energy and enthusiasm in coordinating the administrative functions of our society.

As in every society, there are individuals who can anticipate change, those who react to change and those who resist change. I trust that during the past year, our society has not only realized that change is inevitable, but have found areas where we can grow and adapt. As plastic surgeons we are evolving with the development of new scientific knowledge and merging this information with public expectations.

Finally, I would like to welcome the incoming President for 2008, Dr. Steven Wallach. His past works have complemented the most recent successes and outcomes of the society.

Thank you for allowing me to be entrusted as your President for the past year. It was a great journey.



LEFT TO RIGHT: Mia Talmor, M.D., Neal Reisman, M.D., Tracy Pfeifer, M.D., Sumner Slavin, M.D., Steven Wallach, M.D., Garry Brody, M.D., Gregory Rauscher, M.D., L. Franklyn Elliot, M.D. & John Vaccaro, M.D.

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The Excelsior

The News Magazine of The New York Regional Society of Plastic Surgeons

FALL 2007

WWW.PLASTICSURGERYNY.ORG

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Winter Meeting 2007
Saturday December 15th, 2007

Residents' Night 2008
Monday March 3, 2008

Abstract Submissions Due
January 7, 2008

Florida Society of Plastic Surgeons Annual Meeting
December 6-9, 2007



JOHN J. VACCARO, M.D.

President's Message

As President of the New York Regional Society of Plastic Surgeons, I would like to take this opportunity to thank the members of the Executive Committee.

The Executive Committee members are Dr. Steven Wallach, President-Elect, Dr. Tracy Pfeifer, Vice President, Dr. Mia Talmor, Treasurer, Dr. Peter Hetzler, Secretary, and Dr. David Abramson, Parliamentarian. I would also like to welcome the new members of the Executive Board, Dr. Steven Fallek, who is in private practice and has written numerous articles for plastic and reconstructive surgery and Dr. Scot Glasberg, who has served as ASPS Parliamentarian and chaired the ASPS governing affairs council. We would like to thank Scot for keeping us up to date with the concerns of our national society.

I also would like to thank Dr. Peter Hetzler, our secretary, for his efforts to repeal the New Jersey Cosmetic Surgery Tax, approved by the Legislative bar, vetoed by Governor Corzine. I would like to take this opportunity to thank him and wish him well.

I would like to report some of our past year's accomplishments. One of the missions of our society is to promote the exchange of information and ideas, concerning both the scientific and clinical practice of plastic surgery. Residents' Night was a success, presenting a full complement of scientific and clinical papers.

Thank you to our judges, Drs. Mark Granick, Joseph Disa and Charles Thorne. My congratulations go to the winners; Dr. Daniel J. Ceradini, Dr. Oren Lerman, Dr. Lisa Jacob. On an academic note, I am extremely grate-

ful to Dr. Mia Talmor for her hard work allowing Residents' Night to be a success.

The new format of having the residents' presentations during the dinner hour and having our specialized event presentations while the judges deliberated has been well accepted. Lifetime awards were given to: Dr. Bertram Bromberg, accepted by Dr. Alan Gold, Dr. Michael V. Hogan accepted by Dr. John Siebert and Dr. Richard Stark, accepted by Dr. Stanley Frileck. Because of their personal relationship with the honorees, each of the acceptors was able to give us unique

"One of the missions of our society is to promote the exchange of information and ideas, concerning both the scientific and clinical practice of plastic surgery."

insights allowing us to see these individuals as pioneers in our field. Our thanks to Dr. John Sherman for coordinating this event. Residents' Night will continue to be important for all members of our society. Prior to the meeting we will have the opportunity to read the abstracts online allowing members to be well prepared for the night.

The recent spring and winter meetings were an outstanding success. The spring meeting on May 19, 2007, ▶ CONTINUES BACK PAGE



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letter from the editor

With the presidential campaigns underway for 2008, I am sure all of us are following the candidates' health care related proposals.



It appears the candidates' believe the "crisis" issue is uninsured patients. I do not think this is the crux of the "crisis". We all know that every uninsured patient is treated in hospitals across the country by federal mandate. This financial burden for hospitals and patients with insurance should be addressed. The uninsured patient, however, receives medical care. Furthermore, the exact number of truly uninsured is open for debate. A large percentage of uninsured patients are young (in their 20s) professionals who choose not to have insurance. Furthermore, the number of uninsured at any given time includes people who are temporarily between health insurance plans.

From my perspective, there are two main problems which are leading to a crisis. The first problem is that the profession has been so battered that it is unlikely that highly intelligent, ethical individuals will continue to choose to sacrifice many years of their life to become physicians and remain in the medical profession for their career lifetime. Statistics support this premise. The number of students enrolling in medical school has been flat for the past 25 years. At the same time the aging population will continue to increase. By 2020 there will be an increasing number of patients over age 65 and approximately one-third of active physicians will be retiring. This all adds up to a physician shortage "crisis".

At the moment, high quality health care is available in the United States because of the individual efforts of dedicated physicians laboring to provide excellent care, pushing the system to deliver high quality medical care by spending countless hours working, paying staff salaries to deal with insur-

Residents' Night

MONDAY MARCH 3, 2008

The New York Academy of Medicine

5:00-5:45PM

Cocktails and registration

5:45-6:15PM

Buffet dinner is served
(the buffet will remain open after 6:30)

6:30-8:00PM

Resident presentations; dinner & dessert eaten quietly during presentations

8:00PM

Judges deliberate; Dr. John Sherman presents Lifetime Achievement Awards

8:30PM

Evening concludes

▶ ABSTRACT SUBMISSIONS

January 7, 2008

Abstracts due. Information will be sent by snail mail and e-mail to all program directors by **December 3, 2007**. Program directors will be asked to forward e-mail calling for abstracts to all residents. Questions regarding abstract submissions can be emailed to nyrsplast@aol.com

February 4, 2008

Residents notified if abstract is selected.

Upcoming Event

New York Regional Society of Plastic Surgeons members are invited to attend the

Florida Society of Plastic Surgeons

**2007 ANNUAL MEETING
DECEMBER 6-9, 2007**

Naples Grande Resort & Club

For more information visit www.fspf.org or call (904) 693 1799



LEFT TO RIGHT: Michelle Zweifler, M.D., Eric Sadeh, M.D. and Steven Wallach, M.D., NYRSPS President-Elect

Winter Meeting

SATURDAY DECEMBER 15TH, 2007, 8AM-1PM

Light Breakfast

The New York Academy of Medicine

“Controversies in Plastic Surgery”

Richard D’Amico, M.D.

PRESIDENT-ELECT, ASPS

“ASPS Update”

Diane Duncan, M.D.

“Safety and Efficacy of Injection Lipolysis: Answering the Critics”

Jason Pozner, M.D.

“Current Trends in Non-Ablative LASERs”

Daniel Man, M.D.

“Smart-Lipo Liposuction”

Malcolm Paul, M.D.

“The Evolution of Barbed Suture Technology in Aesthetic Plastic Surgery”

This program is certified for three CME credits. There is no registration fee for member of the NYRSPS and residents. Non-member registration fee is \$200.

ANNUAL BUSINESS MEETING

2007 NYRSPS Business Meeting will be held during the Winter Meeting on **Saturday, December 15th, 2007**

Slate of Officers

BOARD OF TRUSTEES

- **PRESIDENT:** Steven Wallach, M.D.
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ance companies on behalf of their patients, forcing inefficient hospitals to “do the right thing”, and continuing to teach residents who are often on-lookers as opposed to actively engaged caregivers. Physicians continue to provide the quality care they expect of themselves and that patients demand, despite physicians’ pitiful treatment by insurance companies, the government, the legal system, and, in some cases, their patients.

However, the dissatisfaction and frustration levels among physicians are increasing and physicians are experiencing burn out. The high level of physician dissatisfaction and frustration will result in physicians simply not making the effort any more. Dissatisfaction arises from lack of control over our practices, lagging compensation, paperwork, spiraling costs and difficulty of collecting payment for services rendered. The most devastating blow is that many physicians no longer have job satisfaction. Surveys show that the majority of physicians consider patient interaction the most rewarding part of their profession. Yet declining reimbursements force physicians to radically curtail the amount of time spent with each patient. The pressure on physicians is so intense that physicians are choosing to retire early, reducing emergency room call and limiting their practices to less risky procedures. The is the second problem leading to a “crisis”.

Couple a shortage of dedicated, intelligent individuals entering medicine with established physicians retiring early and restricting their scope of care and all this results in an ACCESS to QUALITY CARE crisis, which is the real issue.

In order to maintain the pool of qualified, dedicated physicians and thereby insure continued patient access to high quality care, several things must be rectified.

▶ From a purely business point of view, physicians’ reimbursements cannot continue to be reduced when overhead expenses continue to rise. The current system is unsustainable with these financial forecasts. It is only a question of time before it collapses.

▶ Physician reimbursements by Medicare must be stabilized and increased. Because of cuts in Medicare reimbursements, some physicians are reducing the number of Medicare patients they see and seniors’ access to quality care is becoming compromised. In 2007 Medicare physician reimbursements were scheduled for a 5% cut which was stopped; if this had taken place, Medicare payments in 2007 would have been 25% less than in 2002. On top of this, under current law, Medicare is scheduled to reduce physician payments by \$65 billion (40%) over the next 10 years, starting with a 10% cut January 1, 2008. The government is continuing to manage the on-going and worsening fiscal problems of Medicare on the backs of physicians. Eventually, the backs will break.

▶ Physicians must be reimbursed a fair rate for their services in order for medicine to continue to attract bright people. Unfortunately, public perception is that doctors make too much money. Too much money for what? Working 90 hours a week, the stress of making the right decisions for sick patients, for dealing with the constant threat of malpractice suits, for having to sue insurance companies to pay us what we deserve, for sacrificing family time and personal health? Who exactly is going to do this and what will

be their level of qualification and commitment if they are not paid a reasonable amount of money compared to potential earnings in other sectors? Doctors are some of the best and the brightest. We graduate at the top of our classes, endure a decade or more of training, sacrifice many aspects of our personal life, don’t start making money until we are in our 30s, and often have to pay off student loans. With other professions making more money for less hassle, it is doubtful that our brightest students will continue to go into medicine.

▶ The public needs to understand how declining reimbursements affect their access to care. Many patients complain to me that they cannot get an appointment, etc. with certain doctors or that they endure long waits in waiting rooms and when they do see the doctor, the visit is short. My explanations describing how many doctors are forced to see more patients in the same time period to meet overhead are met with a blank look. We have to try to educate patients how all these factors affect THEIR medical care.

▶ The complexity and difficulty in collecting payment for services rendered must be reduced. Somehow the system has to be streamlined and simplified. Insurance companies seem to use every trick in the book not to pay & this must be rectified.

▶ Tort reform must be enacted in every state. We know in states like California, where non-economic suffering was capped, malpractice rates dropped 20% the following year. Texas, which enacted favorable tort reform, has a backlog of physician license applications as physicians flock to the state to practice. In fact, areas of Texas which were previously underserved now have improved physician to patient ratios.

▶ Malpractice premiums must be stabilized. Physicians cannot sustain the massive yearly increases that we have historically experienced. Insurance companies are forced to request these massive yearly premium increases in order to maintain enough liquidity to meet judgements. The insurance company is not the enemy. The tort system and trial lawyers are the enemy. Tort reform is obviously a must in order for premiums to stabilize. Unfortunately, in New York State tort reform has been a non-starter.

An impending crisis does exist. Access to care is becoming a problem because of limited physician availability and certainly access to quality care will become a huge problem in the future if steps are not taken to remedy this situation.

HIGHLIGHTS SPRING MEETING 2007

(left to right)

PHOTO.1

Neal Reisman, M.D., Sumner Slavin, M.D., Garry Brody, M.D. & L. Franklyn Elliot, M.D.

PHOTO.2

Saul Hoffman, M.D., Garry Brody, M.D. & Arthur Ship, M.D.

PHOTO.3

Past Presidents: Gregory Rauscher, M.D., & Jane Maher, M.D.

PHOTO.4

John Attanasio and Farrokh Shafaic, M.D.

PHOTO.5

Jay Birnbaum, M.D. & Saul Hoffman, M.D.



WILLIAM ROSENBLATT, M.D.

LEGISLATIVE UPDATE

Since my last report to you, much has happened in Albany. As you all well know, your malpractice insurance increased 14% on July 1.



Although we were not happy to see this, at least Governor Spitzer has formed a task force that is charged with reporting back to him early this December with suggested reforms. No one knows if anything good will come from his efforts, but at least it is a start. In concert, the Medical Society is working with Rubenstein – the PR firm, to mount a campaign for tort reform.

There was another change over the summer.

Governor Spitzer signed a new law regulating office-based surgery (OBS). If you are a member of ASPS or ASAPS, and perform surgery outside of a hospital, you are most likely fully compliant with the new law. However, you should not stop reading here – there may still be certain requirements that are different from those of an AAAASF or AAASF or Joint Commission certification.

The new OBS law requires certification of an office where “any surgical or other invasive procedure requiring moderate or deep sedation or general anesthesia, or liposuction of greater than 500 cc of fat” is performed. If you only do local anesthesia in your office, then your office does not need to be certified as per the new New York State Law. At the moment, we are waiting to see which nationally recognized agencies the Department of Health will choose to be certifying agencies in New York State.

The second major requirement of the new OBS law is that of reporting. Physicians, PAs, and SAs must report to the DOH’s Patient Safety Center (not OPMC) the following adverse events within one business day of learning of the event:

- Patient death within 30 days
- Unplanned patient transfer to a hospital (Emergency Department)
- Unscheduled hospital admission, within 72 hours of the office-based surgery, for longer than 24 hours
- Any other serious or life-threatening event

Confidentiality protections are provided for this adverse event reporting system. However, the Patient Safety Center does have the authority to refer cases, when appropriate, to OPMC.

At the moment, the DOH is planning on having the reporting forms available on the web; however, you will need to either mail them or fax them back. Eventually, we hope this can be done electronically.

For those of us who are AAAASF certified, there is little new here, except for the penalties. If there is a patient problem, and you are

not certified or do not report the adverse event to the Patient Safety Center this can result in an immediate suspension of your license to practice medicine by OPMC. You will be deemed guilty until proven innocent. The DOH believes that this will help them deal with the bad actors or outliers in medicine. All data regarding complications or problems will not be discoverable in court and is protected information.

The new OBS law will go into effect in two stages. The reporting provisions will begin on January 18, 2008, and certification will be required by July 18, 2009. There is no expectation that the DOH will come to your office to inspect it, they will essentially use the law to go after physicians after the fact.

From my point of view, most plastic surgeons are already protected because they should already be certified; however, this law is going to adversely affect gastroenterologists and others doing endoscopy under sedation, non-plastic surgeons performing cosmetic surgery, and other physicians performing surgery requiring sedation in their offices – situations where, prior to this law, there had been no reason to certify prior.

This law was passed for patient safety reasons. There were three plastic surgeons on the committee and it was very well represented by other specialists. As the details are further refined, I am sure that your regional society will get them to you. Stay tuned for the next edition of Excelsior to see what the DOH finally decides regarding who can certify and how to report.

► **Your physician leadership is hard at work for you. Please help us by joining the Medical Society and the PAC so we can continue to keep your interests in front of our legislators.**

ALAN MATARASSO, M.D.,
OLIVIA HUTCHINSON, M.D. & STEVEN WALLACH, M.D.

SCIENTIFIC PROGRAM

Our Spring 2007 meeting was titled “Complications in Breast Surgery.” It was a tour de force of lectures led by three prominent figures in our national society that culminated in an outstanding Master Series lecture by Garry Brody, MD.

Dr. Sumner Slavin from Boston led off the morning series. The first portion of his lecture dealt with complications of breast augmentation surgery. He discussed the difficulties of dealing with implants in thin patients and how to treat rippling that sometimes develops. In summary, he felt that the use of Alloderm® has revolutionized the treatment of this complication although the cost may be prohibitive. He also discussed his reluctance to lower the breast fold in the majority of the breast augmentation cases to avoid “double bubble” deformities and low, displaced implants. He then covered breast reduction complications and “high riding” nipples and how to correct this deformity. Technical pearls were plentiful throughout the lecture.



Dr. L. Franklyn Elliott then presented on aesthetic breast complications. He covered concepts of primary breast augmentation similar to what Dr. Slavin described, but also pointed out that asymmetry is the “norm” and showed nice results of primary breast augmentation. Although in the past he was a strong advocate of the circumareolar mastopexy (CM), he stated that he most commonly uses a vertical mastopexy technique to avoid some of the pitfalls that have plagued the CM technique, and only uses the CM technique in minor lifts. He also discussed the use of capsulorrhaphy to treat implant malposition. Like Dr. Slavin he sometimes incorporates Alloderm® in his repairs. Dr. Elliott also advocates the occasional fat injection to correct rippling or asymmetry.

Dr. Neal Reisman, a member of our national society as well as a practicing lawyer, gave us the legal perspective on breast surgery. He reviewed his techniques for correction of some common complications of breast surgery and then reviewed the importance of adequate informed consent and the discussion of patient financial

obligations for secondary procedures. Interestingly, he discussed the implications of using patient photos on web sites and in office “brag books,” as well as the potential problems of responding to emails or even phone calls of potential patients that are “out of state” (or places in which the physician does not have a license to practice). There were numerous questions from the audience which added to this discussion. It’s nice to know we have at least one lawyer on our side!

Dr. Garry Brody was our invited Master Series Lecturer and final speaker. He is a true legend in the field. He was former president of ASPRS, PSEF, PSRC, the ASHS, and the California Society of Plastic Surgeons. He gave three outstanding lectures on breast surgery. The first was on the aesthetics of the breast, giving a brief history on breast aesthetics through the ages. He also reviewed some tricks to determine volume in asymmetric breasts, as well as determining future breast augmentation volume using the “baggy test.” The two other topics he discussed included correction of malpositions and the treatment of symmastia. Both were chock full of useful pearls that employed different capsulorrhaphy techniques to achieve beautiful results.

Our next meeting will take place on December 15th, 2007. This scientific meeting will look at controversies in plastic surgery. Our speakers will include Dr. Malcolm Paul lecturing about thread lifting, Dr. Diane Duncan lecturing about mesotherapy, Dr. Daniel Man lecturing about SmartLipo, and Dr. Jason Pozner lecturing about non-ablative laser treatment. See you then!



GUEST SPEAKERS: Garry Brody, M.D., Neal Reisman, M.D. & Sumner Slavin, M.D.