



# The Excelsior

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

FALL 2009

WWW.PLASTICSURGERYNY.ORG

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TRACY M. PFEIFER, M.D.

## PRESIDENT'S MESSAGE

As we enjoy the Fall season, at the NYRSPS we are looking forward to another academic year.

**The Board** continues to work hard to bring our members top rate scientific programming and expand the benefits of our society. We have started planning our events one year in advance, insuring our success in securing the top expert speakers in a given field.

Financially, the organization remains sound and we foresee no increases in dues rates. However, all societies are facing challenging times. All of the health care legislation under consideration contains "sunshine" provisions, which would greatly affect organizations such as ours. The sunshine provisions would prevent vendors from exhibiting in the same building as the meeting venue. You can imagine the impact this will have on the educational activities on organizations such as NYRSPS, ASPS and ASAPS. For the moment, we do not anticipate dues increases, as we have a financial cushion due to the fiscally conservative management of our funds. In addition, we have always run a lean operation, with very low overhead.

The NYRSPS continues to thrive as a healthy organization, attracting new members each year. The fact that we continue to grow, at a time when other organizations are seeing membership numbers decline, bodes well for the future of NYRSPS. This past year we had 23 new full members and 8 candidate members join the society. Welcome to all!

I am pleased to announce that we have a new benefit for our members. Our members will now have access to videos of our meeting presenta-

tions on-line through Sufo.org. Members and Candidate Members who attended the meeting will have on-line access to the lectures. There is no charge for this additional benefit. The program is described in detail later in the newsletter.

"This past year we had **23 new members** and **8 candidate members** join our organization. Thanks to all of you who make our organization so vibrant."

I have enjoyed my term as President and I look forward to continuing to serve as a member of the Board of Trustees. Each member of the Board of Directors and Trustees works hard, year after year, to keep our organization strong. This is obviously done on a volunteer basis and I am very appreciative of the Board's support this past year. Ms. Victoria Morales, our administrator, provides the infrastructure continuity that makes this all possible. Last, but not least, is our membership. The strength of our organization is you, our members, the lifeblood of our organization. This is true not only as it relates to the success of our meetings but of our Board as well. Anyone who would like to become active on the Board should feel free to contact me or any Board Member.

The NYRSPS will be guided next year by Dr. Mia Talmor. Dr. Talmor has already made significant contributions to the society through her work as Residents' Night Program Chairman. I am looking forward to a successful 2010 under her guidance. Best wishes to all.

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TRACY M. PFEIFER, M.D.

# letter from the editor



As we go to press, the Baucus and the Senate Health Committee plans are being merged behind closed doors (please note: not on C-span as promised during the campaign). A brief survey reveals the Baucus plan includes:

- ▶ an individual mandate to purchase insurance or else face a penalty up to \$3800;
- ▶ imposes an "employer mandate";
- ▶ instructs doctors on best practices;
- ▶ penalizes hospitals for readmitted patients;
- ▶ reduces Medicare spending;
- ▶ taxes expensive health insurance plans (those over \$8,000 per year per individual) at a rate of 35%-even the unions object to this one because it affects their plans;
- ▶ and, of course, **NO TORT REFORM.**

The goal of health reform is to control costs and decrease the number of uninsured. Unfortunately, this plan does neither. In fact, it will increase the cost for most individuals who currently have health insurance. The plan costs \$829 billion; this cost is supposedly offset by \$400 billion in Medicare cuts and \$500 billion in new taxes. When Congress attempted to reduce future Medicare spending by \$30 billion years ago, that was soundly defeated by Congress. I doubt there will be a \$400 billion cut in Medicare. Thus, the tax payer will fund the entire cost of this new entitlement plan which covers only a portion of the currently uninsured, leaving 25 million without coverage. While in general I agree that costs are high, at least I am getting something in return for my money. Under this plan, we are going to pay more for less.

**SPRING MEETING 2009**

Tracy Pfeifer, M.D., Alan Matarasso, M.D., Samuel Stal, M.D., Frank Lista, M.D., Mia Talmor, M.D., Richard Mladick, M.D., Steve Wallach, M.D., John Vaccaro, M.D., and Steve Fallek, M.D.

THE FOLLOWING COMMENTS RELATE TO HR3200

**With a health care industry** so large it comprises 1/6 of the US economy, it is no surprise that various "parties" are pushing hard to get their piece of the pie. The government wants to control it and the unions want access to potential new members. Yes, the current House bill, HR3200, opens the door for forced unionization of physicians, nurses and other health care workers. Rest assured that a bill over 1,000 pages long includes sweeping changes. It is outrageous that partisan political football is being played with something as important as the United States health care system. What is deeply disappointing to me is the physician response to this attempted total transformation of the health care system. Physicians have told me one of two things-1) it will never happen (incredibly naïve-remember HMOs?) or, 2) nothing we do will make a difference. It is a very sad state of affairs when physicians are not willing to fight to protect the Hippocratic Oath.

I can understand the individual physician response. Absolutely unforgivable is the complete betrayal of physicians and the profession of medicine by the organized medical societies, including groups such as the AMA, the American College of Surgeons and the Medical Society of the State of New York. These organizations endorsed HR3200 despite the fact that it does not serve the interests of physicians (tort reform anyone?), our patients or our profession. Some speculate that the AMA agreed to support this seriously flawed bill in exchange for assurances that the AMA would be allowed to continue its lucrative monopoly of the CPT and ICD-9 coding publications, which generates \$70 million per year in revenues for the organization.

Other organizations claim they wanted a seat at the table to be in a bargaining position. I for one completely disagree with this passive strategy; as the saying goes "grow a pair". If the American

public, which trusts its doctors, knew that their physicians adamantly opposed this plan, it would have no chance of passing. Instead, proponents of the bill have repeatedly used the AMA's endorsement of the plan to make the claim that "physicians" favor the plan, which has gone a long way to convince some Americans that the plan is worthy. Until September 15th, there was no voice to refute this claim or to point out that the AMA represents only 20% of American physicians. While the overwhelming majority of physicians gave up on the AMA a long time ago, organizations such as ACS and MSSNY could have used their voice to counter the AMA and advocate for meaningful and effective health care reform. Instead they chose to be silent.

On September 15th, Investors Daily published the results of their poll which shows that, in fact, physicians do not support this plan. Two out of every 3 physicians oppose the plan and 45% said they would consider early retirement. This is a clear and, I believe, accurate statement, widely publicized, that physicians do not support this plan. Investors Daily had to do it? This is a disgrace.

From a fiscal standpoint the plan is irresponsible. I totally agree that costs have to be brought under control. However, this bill does not control costs and actually increases costs. Every hypothetical argument proponents of the bill make as to how costs can be controlled is easily refuted with facts. Despite assurances that the plan will be "budget neutral", it will actually add to the deficit. By year 8 of the program it will be running a deficit, which will become increasingly larger as time goes on. And this is based on projections, which always wildly underestimate actual cost. When Medicare was first passed in the 1960s, the projected cost in 2000 was off by a factor of 9. If the estimated costs for this new program, \$260 billion

in the first 8 years and up to \$1.6 trillion in the second 10 years, are off by a factor of 9, we are in very serious trouble. Finally, as a physician, I have serious concerns as to exactly how the government is going to try to "control" costs. This is not a good plan.

The President has said that "everyone" must sacrifice. I take this to mean that we all must sacrifice (and if we don't want to do it voluntarily, we will be compelled to do so) for the common good. OK, I can get behind SHARED sacrifice. Now let's take a look at who is actually doing the sharing-physicians, patients including senior citizens, hospitals, drug companies, insurance companies, and the tax payer. One group is notably absent-the TRIAL LAWYERS. Given that this is supposedly a critically important issue, threatening the economic health of our country, why is anyone exempt from this collective group sacrifice in support of the common good? It also seems to me that Congress, which gets lifetime health benefits, choosing from one of 17 private plans according to their needs, is also not SHARING in the sacrifice. Frankly, this is BS.

There are physicians and physician groups around the country working to stop this disastrous plan. In addition, 11 physician members of the House and their group, Physicians Council for Responsible Reform, have proposed an alternative bill. HR3400, 200+ pages long, offers targeted, common sense solutions for the problems in our health care system. You can find out about it at [www.physicianscouncil.org](http://www.physicianscouncil.org).

**There are people fighting for us but they need our support. Don't let them hang out to dry. It is not too late to demand a bill that addresses the very real issues facing our health care system today. Let your voice be heard.**

ALAN MATARASSO, M.D., CHAIRMAN  
STEVEN WALLACH, M.D., CO-CHAIRMAN

## SCIENTIFIC PROGRAM

The title of our Spring Meeting was “Advances in Plastic Surgery.”



Our first speaker was **Dr. Frank Lista** who presented “The treatment of gynecomastia: a new technique without a periareolar scar.” Dr. Lista described his technique of using power assisted liposuction (PAL) combined with a pull-through technique to remove the glandular subareolar component. This was all done through a single stab incision in the lateral chest. Two essential instruments to perform this procedure include a “V” dissector to release the ductal attachments to the nipple and a special tendon retriever with a Kocher-type tip to grasp the tissue and extract it from the incision. He emphasized that he almost never performs a skin excision for gynecomastia, and he certainly would not combine it with this technique at the time of the pull through procedure.



**Dr. Stahl** discussed his algorithmic approach to otoplasty. Key elements of his procedure are treating the conchal excess, defining the antihelical folds, addressing the lobule, and evaluating the helical root. His technique was primarily performed through a posterior approach incorporating conchal-mastoid sutures sometimes combined with conchal bowl. He also showed his technique for using Mustarde sutures in a radial fashion to define the antihelical fold. He then described a Hatch suture for helical root prominence, and his techniques to diminish the prominent lobule.

**Dr. Zins** discussed his approach to croton oil/phenol peels. He reviewed the history of the peels including the seminal work by Dr. Greg Hetter that debunked many of the myths regarding phenol peels. As he mentioned, and I would confirm, all interested in performing this technique should review Dr. Hetter’s original articles on this subject in Plastic and Reconstructive Surgery. The first article reads like a mystery novel! Dr. Zins provided the attendees with formulas to perform different depth peels and showed some technical videos and great results.

**Dr. Mladick** was our final speaker. He gave two presentations. The first was on brachioplasty. He used an “L”-shaped excision pattern that extended into the lateral chest. He also emphasized his dislike for using a Z-plasty in the axilla. His second presentation reviewed his experience with liposuction of the lower extremity specifically of the calves and ankles. He described his technique, complications, and pre and post-operative regimen. He liked to use multiple stab incisions including two in the anterior pre-tibial region to treat the transition zone so that the calves can be adequately contoured. In addition, he recommended having the patient use a pneumatic compression machine for 1 month to help minimize postoperative edema in the lower extremities.

**Our next meeting will take place on November 21, 2009.** This scientific meeting will examine autologous fat injection of the breast. Dr. Maurice Nahabedian will discuss fat transfer in the reconstructed breast. Dr. Roger Khouri will discuss autologous fat transfer for the aesthetic breast. Dr. Christine Murphy will present risks from a radiologist’s perspective. Dr. Grant Carlson will report on the oncological risks of fat injections. We will also have Dr. Maria Siemionow as our Nojarova lecturer discussing facial transplantation. See you then!

Submitted by:  
**Steven Wallach, M.D.**



Highlights from Spring Meeting 2009

WILLIAM ROSENBLATT, M.D.

## LEGISLATIVE UPDATE

This was an interesting legislative summer. Usually all legislative activity ceases at the end of June and our “hard working” legislators take the summer off to replenish their coffers so they can run again in the fall.

**This time**, the NY State Senate was so dysfunctional, they had to work most of July to pass all the bills the Assembly had left for them. Also, our federal legislators are trying to follow Obama’s desire to pass health care reform. There is a new issue and wrinkle each week. This is such a complex matter with so many different interest groups, it is hard to believe that a new plan will be formalized until the winter.

Here is what was finally ironed out in New York State. Your malpractice premium was frozen for another year and none of the regressive measures passed. We are still pushing for meaningful tort reform — but a freeze is better than nothing. Our carriers’ experience in the past few years has been that the number of cases is stable, but the awards have been increasing. Most of the carriers are solvent, but one may be having some problems. From my point of view that is good — we need a crisis to get any changes. Keep tuned for the next installment, next spring.

A bill that helps physicians and reforms managed care companies was approved. Insurers have to pay in 30 days not 45 from when a claim is submitted electronically. Physicians also now get 90 days written notice of any proposed change in reimbursement. A physician joining a group would be provisionally credentialed if the plan did

not finish the credentialing review within 90 days. You also will be given 120 days to submit a claim (increased from 60 or 90 days). Another important change was made — insurance companies need to cover dependents who are not employed until age 29 (raised from 26).

You also should have received a check from the Blue Cross Blue Shield settlement from a suit the medical society filed. (Please consider using this to pay next year’s dues).

Please remember that as of July 14, 2009, if you operate in an Office Based Surgical facility (OBS) — and do any procedures under anesthesia other than straight local (or liposuction under local over 500cc) the facility needs to be certified by either AAAASF, AAASF, or the Joint Commission. If not, you can lose your license to practice medicine, and no questions will be asked. Also, as of November 1st, 2009 you need to follow the FTC’s Red Flags Rules. These are a few simple rules you need to follow to avoid medical identity theft.

Now back to Obama’s health care plan. Although there is a lot of controversy and discussion about it, I understand that both tort reform and antitrust relief will be taken up and rolled into the final plan. Neither of these is openly on the table at the moment. Since the issue is so complex, it will not be dealt with before the fall, so stay tuned.



If you have any questions about what is going on, or would like to be more politically active, please feel free to call me or e-mail me any time.

**William Rosenblatt, M.D.**  
**wbrosenblattM.D.@verizon.net**

# PATIENT SAFETY LEGISLATION

On August 5, 2008, Governor David A. Paterson signed legislation designed to dramatically improve patient safety, enhance the State's authority in medical investigations and help to prevent future infection control violations.

**The landmark legislation** boosts the physician disciplinary system and increases the authority of the Department of Health (DOH) in epidemiological investigations while also giving consumers access to more information about physicians, particularly those charged with misconduct, which is available by accessing the Department's web site, including the Doctor Profile. Most provisions of the legislation became effective November 3, 2008.

The State Board for Professional Medical Conduct (Board), located within DOH, investigates allegations of misconduct by physicians, physician assistants and specialist assistants through the Office of Professional Medical Conduct (OPMC). If OPMC recommends that charges be filed, licensees may request a hearing, and substantiated charges may result in penalties, including the revocation or suspension of a license.

**The bill enhances the existing system of professional discipline as follows:**

- ▶ Requires the Board to make charges public no earlier than five business days when the Board has unanimously voted to proceed with a hearing and charges are served upon a physician. In cases where the Board does not vote unanimously to proceed with a hearing, they will vote to decide whether or not such charges

should be made public. A statement advising that the charges or determinations are subject to challenge by the physician will accompany the charges.

- ▶ Requires physicians to more regularly update their physician profiles which contain information such as educational background, practice area, and legal actions (which are available to the public at [www.nydoctorprofile.com](http://www.nydoctorprofile.com)) by making these updates a condition of re-registration. Information about licensure actions is available through a link to the OPMC web site.
- ▶ Allows OPMC in certain circumstances to more easily obtain a physician's own personal medical records if there is reason to believe that he or she may be impaired by alcohol, drugs, physical disability or mental disability or has a medical condition that may be relevant to an inquiry into a report of a communicable disease.
- ▶ Requires OPMC to identify potential misconduct based upon continuous review of information about medical malpractice claims and payouts.
- ▶ Requires physicians who have lost their right to practice medicine to take steps to facilitate appropriate transfer or patient care and to safeguard and make accessible the medical records of their patients, both current and former.

## Red Flag Rule

The Federal Trade Commission's (FTC) new Red Flag Rule goes into effect November 1, 2009.

**The rules require "creditors", including plastic surgeons, to take steps to prevent identity theft. The FTC considers physicians creditors when we accept insurance and bill patients after services and/or establish payment plans for patients.**

While many are frustrated that plastic surgeons are included as creditors, plastic surgeons have been inadvertently involved in identity theft schemes. We know of two such cases among NYRSPS members. In one case, the patient used another person's insurance to obtain breast reduction. The procedure was performed. The criminal was identified two years later and was successfully prosecuted. The plastic surgeon was not liable in any way. In the second case, the patient used a false identity to obtain a line of credit from a patient financing company. The patient financing company spotted the problem; the plastic surgeon was not liable. However, under the new system, there is a penalty for failing to institute a Red Flags Rule process. The penalty is \$3500 per violation.

Supplied by:

**Keith W. Servis**

Director, Office of Professional Medical Conduct

- ▶ Adds a new definition of misconduct for violation Section 230(d) of the Public Health Law relating to the practice of office based surgery.

**The bill also addresses public health issues concerning communicable diseases and infection control by increasing the State's ability to disseminate information, enhance enforcement and improve training.**

**The bill:**

- ▶ Authorizes DOH to disclose information to the public as needed regarding public health threats that come to light in the course of an OPMC investigation, notwithstanding otherwise applicable confidentiality provisions.
- ▶ Authorizes DOH to direct a physician to cease any activity uncovered during a communicable disease investigation that constitutes an imminent danger to health.
- ▶ Adds a new definition of misconduct for failure to provide information requested in conjunction with communicable disease investigations.
- ▶ Provides that course work or training in infection control practices, already required for physicians, physician assistants and specialist assistants, must also be completed by every medical student, medical resident and physician assistant student. The bill also requires that documentation of such training, which must be provided to DOH under current law, also attests to the practitioner's competence in the course content.

## MEDICAL EXPERT PROGRAM

**The foundation** of New York's medical conduct program is peer review. That is, physicians participate in review of cases throughout the investigative and disciplinary process.

A critical component of the physician discipline process is the medical expert review. The Public Health Law requires medical experts be consulted when an investigation involves issues of clinical practice. Physicians who are Board Certified in their specialty and who are not employed by the OPMC, review completed investigations and identify whether the physician under review met minimum standards of practice or not. Medical experts prepare a written report of their findings and may be called to testify at hearing.

The Office of Professional Medical Conduct needs your help. The Office seeks Board Certified physicians who can serve as medical experts. For further information, you may contact Maria Izquierdo, R.N., Expert Program Coordinator, 1-888-551-8729 or e-mail Ms. Izquierdo at B0614a@health.state.ny.us.

## Red Flag Rule

**Simple steps to insure compliance include:**

- 01.** Develop and regularly update a written plan to detect and prevent identity theft.
- 02.** Make a photocopy of the patient's photo ID
- 03.** Store photo ID information in a secure, password protected computer that is accessed only by employees who have clearance

**GO TO:**

[www.AMA-assn.org/ama/no-index/physician-resources/red-flags-rule.shtml](http://www.AMA-assn.org/ama/no-index/physician-resources/red-flags-rule.shtml)

Click on sample policy to download the policy template.

## Meeting Videos On-Line at Sufo.org

We are pleased to announce that our members will now have access to videos of our meeting presentations on-line through Sufo.org.

Members and Candidate members who attended the meeting will have access to the lectures. There is no charge for this additional benefit. In the near future, you will receive an e-mail directly from Sufo.org. The e-mail will contain easy instructions on how to quickly complete your on-line registration with Sufo.org. Accessing the posted videos simply requires signing in with your password. Once you are registered with Sufo.org, you will be notified by e-mail when a new lecture is posted.

Speakers of course will have to give permission for us to post their lecture; therefore, some lectures may not be available. The content will remain on-line unless the lecturer revokes his/her permission. There will be no CME credit available for viewing the lectures. It is not possible to download the lectures.

Sufo.org is an on-line service that creates access to lectures and other meeting information for professional medical societies. The access to our lectures is restricted to members and candidates members of our society. It is not possible for the public or non-members of our society to access the content of our society's lecture series. Please do not share your log-in information with other individuals.

If you have any questions about this member benefit, please contact us at nyrsplast@aol.com. If you have technical problems accessing the site, please contact Sufo.org at 312-363-9756 or subbu@sufo.org.

**We are thrilled to begin archival collection of lecture materials which our members can access.**



## NYRSPS welcomes our new members:

### NEW MEMBERS

Matthew Bonnano, M.D.	Gary Kimmel, M.D.
Erwin Bulan, M.D.	Ellen Mahony, M.D.
Joseph Capella, M.D.	Colleen McCarthy, M.D.
Philip Falcone, M.D.	Wendy Ann Olivier, M.D.
Susan Gannon, M.D.	Arthur Perry, M.D.
Brian Glatt, M.D.	Andrea Pusic, M.D.,
Neal Goldberg, M.D.	John Reilly, M.D.
Sami Kahn, M.D.	Andrew Reis, M.D.

Clara Rivera, M.D.
William Samson, M.D.
Matthew Schulman, M.D.
Elan Singer, M.D.
Murgangi Thakur, M.D.
Jess Ting, M.D.
Seung-Yeun Waitze, M.D.
Steven Yarnisky, M.D.

### CANDIDATE MEMBERS

Michael Brickman, M.D.
Maria Cipollone, M.D.
Mariel Eliza, M.D.
Anya Kishinevsky, M.D.
Maria LoTiempo, M.D.
JoAn Monaco, M.D.
Munjal Patel, M.D.
Rachel Tuotolo, M.D.

### ENCOURAGE YOUR COLLEAGUES TO JOIN NYRSPS ▶

Membership applications are available at [www.plasticsurgeryny.org](http://www.plasticsurgeryny.org)

## OBITUARY

## LINDA WEISS

The plastic surgery community lost a friend with the passing of Linda Weiss, wife of NYRSPS Parliamentarian and past Trustee, Paul Weiss, M.D.. We mourn her passing and keep her family in our thoughts and prayers.



**Linda Weiss, wife of Paul R. Weiss, passed away at the age of 66 on April 23, 2009 after a long struggle with cancer.** Linda and Paul met as ninth graders at Baldwin High School on Long Island where they began dating. They each attended college in the Boston area and married in the summer of 1964 just after Linda graduated from Simmons College in Brookline, MA and Paul received his undergraduate degree from Tufts University in Medford.

Linda taught junior high and high school-level English in New Orleans while Paul pursued his medical degree at Tulane University, and then in Great Neck, NY while Paul served as a surgical resident at Montefiore Medical Center. She retired from teaching after giving birth to her first child in 1972, and thereafter devoted herself

as a great wife, homemaker, and mother within the plastic surgery community. A dedicated advocate for medicine, Linda corresponded frequently with members of Congress and participated in numerous lobbying events on Capitol Hill.

Linda was also active in her local community of Scarsdale, NY, where she and Paul resided from 1976 onward, volunteering for a myriad of organizations whose concerns ranged from education and public health to the environment. Linda's many hobbies included gourmet cooking and antique collecting. She was a skilled horticulturist and the garden that she and Paul maintained at their home was admired by neighbors and selected for many local gardening tours. An avid reader, Linda amassed a vast fund of knowledge about her

interests, those passionate and casual alike.

Despite her illness in recent years, Linda managed to maintain her participation in most of her activities and interests. She exuded her usual bravery and dignity even when faced with serious disease.

**Her family and friends miss her dearly.**

## NYRSPS website

## WWW.PLASTICSURGERYNY.ORG



- ▶ Stay updated on Society actions and initiatives
- ▶ Register online for NYRSPS meetings
- ▶ Read the latest newsletter
- ▶ Find a colleague
- ▶ Encourage a colleague to join NYRSPS - Applications can be completed and submitted online
- ▶ Find the latest meeting information

## FALL MEETING 2009

## "Autologous Fat Transfer to the Breast"

**SATURDAY NOVEMBER 21  
8AM-1PM**

**LIGHT BREAKFAST  
NEW YORK ACADEMY  
OF MEDICINE  
1216 FIFTH AVENUE,  
NEW YORK, NY**

**EDUCATIONAL OBJECTIVE:**

The purpose of this meeting will be to provide to attendees a perspective on fat injections (AFT) to the breast. A diverse range of viewpoints from oncologists, radiologists, and plastic surgeons will be provided so that participants can obtain expert opinions from different specialists. The role of AFT in breast surgery will be examined in depth so that physicians can determine its role in their practice.

## PRESENTATIONS



**MAURICE NAHABEDIAN, M.D.**  
Assistant Professor of Plastic Surgery,  
Georgetown University Hospital  
**"Autologous Fat Transfer in  
Reconstructive Breast Surgery"**



**CHRISTINE MURPHY, M.D.**  
Private Practice-Breast Care  
Specialists, Atlanta, Georgia  
**"Risks from a Radiologist's  
Perspective"**



**ROGER KHOURI, M.D.**  
Private Practice,  
Miami, Florida  
**"Autologous Fat Transfer in  
Cosmetic Breast Surgery"**



**GRANT CARLSON, M.D.**  
Professor of Surgery, Emory University  
School of Medicine (Division of Plastic  
Surgery, Division of Surgical Oncology)  
**"Oncological Risks of Fat Injections"**

## NOJAROVA LECTURE



**MARIA SIEMIONOW, M.D., PhD, DSc**  
Professor of Surgery; Director of  
Plastic Surgery Research and Head of  
Microsurgery Training, Cleveland Clinic  
**"The Face Transplant Program at  
the Cleveland Clinic-Current and  
Future Challenges"**

The Nojarova lecturer will be Dr. Maria Siemionow from Cleveland Clinic discussing "Facial Transplants". The Nojarova Lecture may represent the first lectureship devoted to the contributions of women plastic surgeons. It is held on a biennial basis and funded by her husband, Dr. Haskell Elis. Paula Nojarova was born in 1914 in Bulgaria and was fluent in French, German, Croatian, Bulgarian, Czech, Russian and English, and conversational in Spanish and Italian. In 1940 she went to Prague and became a member of Dr. Frantisek Burian's group, which was the largest plastic surgery clinic in Eastern Europe at the time. Though unhappy with the Communist philosophy, she was ordered to return back to Bulgaria but was able to surreptitiously get off at the wrong railroad station in Zagreb, Yugoslavia and from there obtained safe passage to Venezuela. Paula came to the United States and worked with Dr. John M. Converse and Dr. Blair Rogers at the Institute for Reconstructive Plastic Surgery at NYU, where she had a special interest in facial disfigurement. She published numerous articles in cleft lip and cleft palate and facial reconstruction. Paula passed away in May, 1986 at the age of 72. We honor her memory by inviting a leading women plastic surgeon to lecture.

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

NYRSPS Business Meeting will be held during the Fall Meeting on Saturday November 21, 2009

## SLATE OF OFFICERS: BOARD OF DIRECTORS



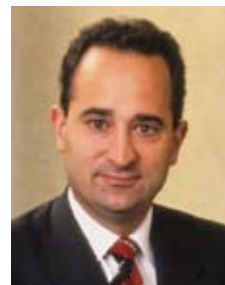
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**HISTORIAN:**  
Olivia Hutchinson, M.D.



**MEMBER AT LARGE:**  
David Bass, M.D.  
(Connecticut)



**MEMBER AT LARGE:**  
Gregory Rauscher, M.D.  
(New Jersey)



NYRSPS Members gather for the 2009 Spring Meeting

## Resident's Night

### Monday March 8, 2010

5pm-8:30pm

New York Academy of Medicine  
1216 Fifth Avenue, New York, NY

#### 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;  
Present Lifetime Achievement Awards

#### 8:30pm

Evening concludes

### ABSTRACT SUBMISSIONS

#### January 11, 2010

Abstracts due. Information will be sent by snail mail and e-mail to all program directors by November 15, 2009. 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](mailto:nyrsplast@aol.com)

#### February 8, 2010

Residents notified if abstract is selected.

**1<sup>st</sup> Place** \$1000 **2<sup>nd</sup> Place** \$500 **3<sup>rd</sup> Place** \$250

## Spring Meeting 2010

### Saturday April 10, 2010

8am-1pm, Light Breakfast

New York Academy of Medicine  
1216 Fifth Avenue, New York, NY

### PRESENTATIONS



#### MARK B. CONSTANTIAN, M.D.

Private Practice-Plastic and Reconstructive Surgery, Nashua, New Hampshire  
"My Top Five List of Principles That Have Helped Me Understand Rhinoplasty"



#### MINAS CONSTANTINIDES, M.D.

Assistant Professor of Otolaryngology, NYU Langone Medical Center  
"Combining Function with Aesthetics in Rhinoplasty"



#### ROLLIN K. DANIEL, M.D.

Newport Beach, California  
"Aesthetic Rhinoplasty-Anatomy and Operative Planning"



#### RUSSELL W. H. KRIDEL, M.D., FACS

Clinical Professor, Division of Plastic and Reconstructive Surgery, Department of Otolaryngology, University of Texas Health Sciences Center and Medical School, Houston, Texas, "Rhinoplasty in the African American and Hispanic Patient"

Steve Wallach, M.D., Lawrence Glasmann, M.D., and Gregory Rauscher, M.D.

