



# The Excelsior

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

SPRING 2016

WWW.PLASTICSURGERYNY.ORG

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Below the Belt  
Plastic Surgery



KAVEH ALIZADEH, MD, MSC, FACS

## PRESIDENT'S MESSAGE

Dear friends and fellow members of our Society,

First and foremost, congratulations!

You have made an important step towards staying true to our beloved field of Plastic and Reconstructive Surgery. As Polonius said memorably in Hamlet: "This above all: To thine own self be true". **Your involvement with the New York Regional Society of Plastic Surgeons translates to a commitment to stay true to yourself by investing in our specialty and our patients.** As you see below, this is very much aligned with the mission of our organization:

- Supporting advances in the art and science of plastic and reconstructive surgery.
- Promoting the development of high standards of skill and competence among plastic surgeons.
- Exchanging ideas and information among plastic surgeons.
- Promoting the purpose and effectiveness of plastic surgery consistent with the public interest.
- Educating and informing the public about scientific progress in plastic surgery.

**What has attracted me to this Society is the ease of access to sheer talent and wealth of knowledge of our fellow members.** I encourage you to take an evening and join us at one of the board meetings where you get to participate in our planning sessions for cutting edge educational events such as the upcoming spring meeting

about the latest advances in gender reassignment plastic surgery, or genital and buttock enhancement surgery on April 16, 2016. We are now planning our update symposium on facial rejuvenation in the Fall with world class educators Bahman Guyuron from Cleveland and this year's Nojarova lecturer. Our members continue to report the need for comraderie as a reason for coming to the events and to that end we strive to improve the meeting times, speakers, location, and even food!

**I am proud to report that our annual Residents' Night was the most successful yet with over 85 abstract submissions from 12 academic programs which makes this one of the most impressive regional resident presentation symposiums in the country.**

You have made an important step towards staying true to our beloved field of Plastic and Reconstructive Surgery.

**So what else is in store for 2016?** As we celebrate our 56th anniversary, it is most important that we stay relevant to our membership. As such we have taken steps to create more dialogue with our sister organization for advocacy, the New York State Society of Plastic Surgeons. Starting this year the staff from each Society will be present and participate in each other's meetings to be able to deliver information and updates to respective members. Many of our members are directly affected by decisions that take place in Albany

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TRACY M. PFEIFER, M.D.

# letter from the editor



Dear Friends and Colleagues,

**Happy Spring.** We are all looking forward to blooming flowers and, shall we say, an "interesting" election cycle. That being said, your Society is working hard to provide you with state of the art educational symposia. As always, the strength of our Society is due to you, our active Members. We are also blessed with dedicated members who volunteer on our Board. Each and every one of you is invited to attend our Board Meetings and we welcome your involvement.

This newsletter features a special column in our Members Section. Dr. Kaveh Alizadeh, our President, founded Mission: Restore. Our feature article details the incredible work of this organization. Please consider volunteering with Mission: Restore to teach surgery in underserved countries. Our members really came together after the earthquake in Haiti to help those in need and, personally, I found it a rewarding experience. Now a Mission: Restore mission is on my bucket list.

On a sad note, our Past President, Dr. Alvin Harris, passed away recently. We all know that each of us is where we are today because of our predecessors. We remember Dr. Harris fondly and are grateful for all his contributions.

I look forward to seeing you at the Spring Meeting. If you have an experience or milestone you would like to share with our membership, please send it to me for inclusion in our next newsletter.

Warm regards,  
Tracy

## PRESIDENT'S MESSAGE CONTINUED FROM PAGE 1

such as truth in advertising, out of network billing or statute of limitations for malpractice claims. We can no longer allow other stakeholders such as hospitals, lawyers, non-core specialties, or third party payers to dictate our future and as such we need to have more participation in our educational events and more advocacy at the state level. As a specialty we are a small but committed group of individuals as shown by our sacrifice for our training and our patients. We need to come together to learn the skills to press for our rights as physicians and plastic surgeons.

As such it is especially important for me to ask our fellow members in New Jersey, Connecticut, and upstate New York to play a more prominent role in the leadership of our organization as we can benefit from your experience, ideas, and diversity. Please join us during our monthly board

meetings by sending a letter of interest to [nyrsplast@gmail.com](mailto:nyrsplast@gmail.com). You will receive a reply from one of the true jewels of our organization, Ms. Shawna Moscowitz, who joined us only a year ago but has energized the board leadership with her passion, attitude and tremendous follow through. And of course we all read this newsletter thanks to the pure volunteer effort and dedication of our wonderful editor, Dr. Tracy Pfeifer. I hope that some of you with editorial interests will help Dr. Pfeifer as she continues to improve the look and content of this publication.

I thank you for your friendship and support of the New York Regional Society of Plastic Surgeons and look forward to catch up with you at the exhibit hall.

Kaveh

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

# SCIENTIFIC PROGRAM

Fall/Winter 2015 Meeting

**Our Fall 2015 meeting was a great success. We had a practice management workshop, a Master's Series Lecture, and updates from both ASPS and ASAPS.**

Mr. Jon Hoffenberg from Yellow Telescope discussed "Trends in Practice." He spoke about booking rates and the overall running of a practice. He described a "dating model" to capture patients. He felt that it takes "dates" to book a patient. The front desk person has the so-called first date and needs to have a full conversation with the prospective patient to "gather, give, and get," the appropriate information. The doctor then provides the second date during the consultation, and ultimately may require an additional "date" with other staff to finally book the prospective patient. He also discussed key information that needs to be on the doctor's website. Most importantly, the doctor needs to be showcased.

Dr. Sam Hamra was our Master's lecturer. He gave an amazing presentation of his contributions to rhinoplasty, body contouring, and facelifting. During the rhinoplasty section, he discussed techniques on how to treat the over projected and under projected tip. He spoke about how his abdominal contouring procedures changed in weight loss patients and how techniques of limited undermining had improved his results. As for facelifting, he described his techniques from early SMAS lifting to the evolution of the composite facelift and septal reset procedure.

We enjoyed the society updates from our own Dr. Alan Matarasso who is the ASPS Vice President for Aesthetic

Surgery and Private Practice and Dr. Jim Grotting, President of ASAPS.

Dr. Bob Basu gave an excellent talk on "Expense Management." He went into great detail reviewing the skyrocketing of costs to run a practice. He described using a Central Purchasing Organization (CPO) to help lower costs. This was similar to the concept of a Management Service Organization (MSO) in which doctors can keep their separate practice but some components are shared so that the costs go down. For example, this can include shared office space, staff, purchasing of supplies, and office benefit plans. He reviewed the advantages and disadvantages of this type of set up as well.

Our final speaker was Mr. Marshall Franklin of Practice Enhancement Specialists. He talked about increasing revenue through improving the patient experience. Like our first speaker, Mr. Hoffenberg, he felt that improvements at the front desk can make a significant difference. In addition, he showed studies supporting several things that can improve the patient experience. These included sending patients printed information about requested procedures, making a patient comfortable during the consultation in the office, and good follow-up as part of key elements to improve the patient experience.

Our next meeting will be April 16th.

Yours truly,  
Steven Wallach, MD



KAVEH ALIZADEH, MD, President-NYRSPS with past-President TRACY PFEIFER, MD and ROBERT GRANT, MD, Chief of Plastic Surgery, New York-Presbyterian Hospital



LESLIE BERNSTEIN, MPA (administrative directory Plastic Surgery NYU); EDUARDO RODRIQUEZ, MD, DDS (Chairman Department of Plastic Surgery NYU), WILLIAM ROSENBLATT, MD (Past President MSSNY)

# RESIDENTS' NIGHT COMPETITION

**Residents' Night 2016 was a well attended event.** Dr. Peter Taub continues to spearhead this important Society event. I know we all appreciate his commitment and dedication. Once again, our residents did not fail to deliver. We all enjoyed the varied presentations and posters. Our special profession of plastic surgery is certainly strengthened by these research efforts.

A special thank you to all our judges who made time in their busy schedule play a pivotal role in this event. We are especially appreciative of your support.

None of this would be possible without the commitment and support of our wonderful membership.

Thank you to Lifecell for their generous sponsorship of this premier educational event.



RESIDENTS' NIGHT WINNER ANDREAS LAMELAS, MD  
with PETER TAUB, MD, Residents's Night Chairman  
and NYRSPS Past-President

## RESIDENTS' NIGHT JUDGES



**Jeffrey Ascherman, MD**  
Site Chief-Division of  
Plastic Surgery, New  
York-Presbyterian/  
Columbia



**Jesse Taylor, MD**  
Co-Director CHOP Cleft  
Lip and Palate Program



**Deepak, Narayan, MD, MBBS, FRCS**  
Chief, Plastic Surgery  
West Haven VA



GREGORY RAUSCHER, MD and  
MICHELLE COPELAND, MD, DMD

## WINNERS

### 1ST PLACE



**Andreas Lamelas, MD**  
(Sina)  
"Transversus Abdominis Plane Blocks  
with Single-Dose Liposomal Bupiva-  
caine Reduce Length of Stay Following  
Abdominally Based Microsurgical Breast  
Reconstruction"

### 2ND PLACE



**Mark Stranix, MD**  
(NYU)  
"Dual Venous Outflow Associated  
With Improved Outcomes in Lower  
Extremity Trauma Free  
Flap Reconstruction"

### 3RD PLACE



**Pablo Baltodano, MD**  
(Albany)  
"A Validated Multi-Institutional  
Approach To Optimizing Outcomes  
Of Reduction Mammoplasty: A Critical  
Analysis Of 7,068 Patients"

### POSTER WINNER



**Kerry Morrison, MD**  
(Cornell/Columbia)  
"Novel Non-Thermal Plasma Treat-  
ment Safely and Rapidly Eradi-  
cates MRSA in Infected Wounds"

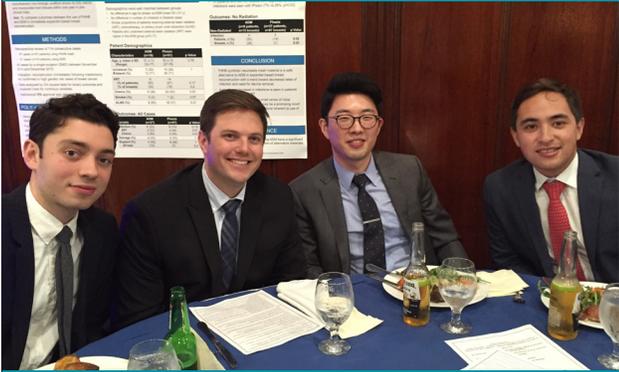
# Residents' Night Scrapbook:



DAVID OTTERBURN, MD, NEIL TANN, MD AND BOB ALLEN, MD



ARMEN KASABIAN, MD, Systems Chief Plastic Surgery- Northwell Health with his residents



The Yale contingent from Dr. Deepak Narayan's lab: ALAIN KALDANY, MD, ANDREW MCGREGOR, MD, SAMUEL KIM, MD, and BRANDON SUMPIO, medical student.



IT WAS A PACKED HOUSE FOR RESIDENTS' NIGHT 2016



PETER TAUB, MD, ANDREAS LAMELAS, MD, KERRY MORRISON, MD, MARK STRANIX, MD, PABLO BALTODANO, MD AND KAVEH ALIZADEH, MD

# 10<sup>TH</sup> ANNUAL LIFETIME ACHIEVEMENT AWARD

The 10th Annual Lifetime Achievement Award Recipient is Gerald Pitman, MD.  
The award was presented by Alan Matarasso, MD.



PETER TAUB, MD, Lifetime Achievement Recipient GERALD PITMAN, MD and KAVEH ALIZADEH, MD

**Dr. Gerald H. Pitman** is the recipient of the NYRSPS 10th Annual Lifetime Achievement Award. Dr. Pitman received his undergraduate degree from Williams College and his medical degree from the University of Pennsylvania. His general surgery residency was completed at Columbia-Presbyterian Medical Center. This was followed by his plastic surgery residency and microsurgery fellowship at the Institute of Reconstructive Plastic Surgery-NYU Medical Center. During his training (1975-1977), Dr. Pitman was part of what would become an elite group of plastic surgeons who trained at NYU. Dr. Pitman and many of these NYU plastic surgery residents went on to become luminaries in aesthetic surgery-Sam Hamra (1973), Sherrell Aston (1975), Fritz Barton (1976), and Dan Baker (1977). The graduates of 1977 also included Bill Shaw, a pioneer in microsurgery, and Aaron Bornstein. Dr. Pitman is well-known for his pioneering work in liposuction and became the authoritative figure in the new field. He authored the first definitive text on liposuction, the landmark "Liposuction and Aesthetic Surgery" published in 1993. He also worked out the lidocaine blood levels after tumescent infiltration. Each time you calculate the amount of lidocaine a patient can have during liposuction, say a thank you to Dr. Pitman! Dr. Pitman graciously accepted his award, and regaled us with a hilarious story from medical school days. Congratulations to Dr. Pitman on a wonderful career and thank you for all your contributions to plastic surgery education.



DR. GERALD H. PITMAN with family. From left: his step-daughter, Elissa Krebs; his elder son, Sam Pitman; his wife, Mimi Pitman; Dr. Pitman; his younger son, Max Pitman, MD; and his daughter-in-law, Day Kornbluth.

## PAST RECIPIENTS

- 2007 Bertram Bromberg, MD, Richard Stark, MD, Michael Hogan, MD
- 2008 Robert Beasley, MD
- 2009 Berish Strauch, MD,
- 2010 James G. Hoehn, MD
- 2011 Joseph McCarthy, MD
- 2012 Lester Silver, MD
- 2013 Court Cutting, MD
- 2014 Donald Wood-Smith, MD
- 2015 Dr. Norman Schulman

WILLIAM ROSENBLATT, M.D.

# LEGISLATIVE UPDATE SPRING 2016

I just returned from MSSNY's spring legislative meeting in Albany. A number of items of discussion were old favorites and there were some new ones. Before going to see our legislators, we met with a panel of the Chairs of both the Assembly Health Committee (Gottfried-Dem) and the Senate Health Committee (Hannon-Rep), as well as the Assembly Insurance Committee (Kevin Cahill-Dem) and the Senate Insurance Committee (Seward-Rep).

The most interesting thing I saw was that the four men -- from opposite sides of the aisle-- seemed to agree on most of the current issues that are confronting New York State physicians. Two of these are included in our Governor's budget. Cuomo proposed to cut funding in the Excess malpractice program by \$25 million, which would mean that 55% of physicians who currently receive this coverage would be dropped from the program.

The budget also includes some major changes to the Workers Compensation Laws that would allow non-physicians to treat and bill for workers' care without the supervision of a physician. It would also remove oversight of the local county medical societies regarding the recommendations of who should deliver care to injured workers. There are other problems with the Governor's proposals, and so far the legislators we talked to object to these proposals. However, we expect them all to be corrected when the final budget is approved.

## Electronic Drug Prescribing

Also, as you may be aware, as of March 27, 2016 you must submit prescriptions electronically, unless you were granted a waiver by the Department of Health. There are bills pending to amend some

of the requirements for which we again seem to have bipartisan support. These include low volume prescribers would be excluded from the mandate and would not have to reapply every year for a waiver. Also, if there are special circumstances and you need to write an Rx (for example, you do not have access to your computer and prescribing system), all you would have to do is put a note in the chart as to why you did not have to report this to the DOH, as the law states now.

Another issue regarding drug prescribing is a bill that would make sure that the "prescriber prevails." This would prevent insurers' "fail first" policy where you have to try other (usually less expensive) drugs before the one you want the patient to take. This would take away the obstacles that insurance companies and pharmacy benefit managers present us and would state that the "prescriber prevails."

Many physicians and hospitals in the state were affected by the collapse of the marketplace insurer Health Republic. Over 250,000 patients lost insurance when the company went under. Bills have been introduced in the Assembly (A- 9311) and Senate (S- 6667) to establish a Guarantee Fund to help assure the payment of the hundreds of millions of dollars that Health Republic owes to physicians and hospitals across New York State, as well as to protect consumers and healthcare providers from future health plan insolvencies.

As usual, we will continue to fight any expansion of the medical liability laws and try to prevent the expansion of the Date of Discovery rule which would increase the Statute of Limitations from the current 2 1/2 years to 10 years. Also, we will fight the trial bar from trying to eliminate the limitations of contingency fees. If we can't fix this broken system, the least we can do is prevent it from becoming worse.

Keep an eye on Medical Society publications and remain active in your associations to preserve your ability to practice medicine the way you want to.

William Rosenblatt, MD



KAVEH ALIZADEH, MD, SAMMY SINNO, MD, resident-NYU and ALAN MATARASSO, MD, Scientific Program Chairman, NYRSPS



DANIEL CUZZONE, MD (NYU 4th year resident), NOLAN KARP, MD, MARC SOARES (NYU chief resident), BRAD HILL, MD (NYU 4th year resident) and ROBERT ALLEN, MD.

# MISSION: RESTORE

**You've probably heard that Albert Einstein defined insanity as doing the same thing over and over again while expecting different results. It's a simple and telling definition, and in many ways, the idea that informed our surgical training approach.**

**Mission:** Restore, a surgical training organization that works around the world in countries with the lowest surgeon to population ratios, saw in its initial years a frustrating pattern. After returning to sites where previous missions had taken place, there was no discernible difference in patient outcomes or surgical practices. It was as if the previous missions had left no impact. We were doing the same thing over and over, and seeing no results. We realized this was not a model that we could in good faith continue in the face of the magnitude of the global surgical gap.

The global disparities surrounding access to even the most basic surgical care are staggering. 9 out of 10 traumatic injuries take place in developing countries. Yet despite this disproportion, the poorest third of the global population receives only 6% of all surgical operations.

The fact is, too many regions around the world simply lack the human capital to address the immense local surgical need. More than 5 million people die each year from traumatic injuries – more than from malaria, HIV/AIDS, and TB deaths combined. We knew we needed to try something different.

**That's what spurred the Mission:** Restore model, 2.0. Instead of putting the work of our volunteer surgeons at the center of the

model, we centered our work around the development of local surgical staff. Our current work in Tanzania shows exactly how this approach works.

Tanzania, one of the principal countries we operate in, paints a grim picture of how the global surgical gap manifests at the country level. The east African country has the lowest doctor to patient ratio in the world, with 1 per 50,000 people. There are no formally-trained, Tanzanian reconstructive surgeons, and those who are expected to provide surgical care are often inadequately prepared or painfully sparse.

One of the most poignant cases we encountered was a young girl whose broken arm turned gangrenous after being neglected and then inadequately addressed by local hospital staff, ultimately resulting in amputation. Another is that of a young child whose bed sheet caught fire at night, severely burning a large percentage of her small body. After being told that the extent of her injuries surpassed the skills of their local hospital, her mother had to travel with her burned child 8 hours by bus to get to where care was available. That facility was the Sekou-Toure Regional Hospital, our partner hospital in the town of Mwanza. Sekou-Toure alone is responsible for serving a population of 13 million, and is the region's primary surgical referral site.

Our partnership with the hospital staff at Sekou-Toure has been where we have been able to apply our local surgeon-centered programs, and illustrates our multi-tiered approach in ensuring that best practices and surgical networks continue to grow long after we have left. We do this through three pillars:





**EDUCATION AND TRAINING through surgical education visits**

Through biannual visits, we bring surgeon educators (usually from the U.S.) to Tanzania to teach alongside promising local surgeons. Mindful of working within the realities of local resource constraints while addressing the specific technical skill needs of our local partners, surgeon educators transform the operating room into a space for local practitioners to safely carry out techniques that they will be able to adopt into their regular practice.

In the words of one of our partner Tanzanian surgeons, "Other organizations come in with everything, and you're just there to watch. But when Mission: Restore came, it was about teaching."

**CONTINUED COLLABORATION through telemedicine**

The training of local surgeons doesn't end with the biannual visits. Through regular telemedicine meetings, educators and local surgeons continue to refine and share surgical techniques, and consult on complex cases. Not only is telemedicine one of our richest educational tools, but also one that helps us create an international surgical network that local surgeons can rely on.

**NETWORK BUILDING through surgical education grants**

The strengthening of regional surgical networks is key in being able to meet local surgical need. Local surgeons need mentors and other professionals to rely upon for growth and consultation. Unfortunately, the surgeons we meet often do not have this support.

As an organization, we see our role as being able to identify and support future surgical leaders who are motivated to deepen

their surgical skills training, and share their knowledge with other local surgeons. In 2015, we provided our first educational grant to a phenomenal young surgeon from Tanzania. With our financial support, this surgeon is currently pursuing his Master of Medicine in Plastic and Reconstructive Surgery at the prestigious University of Nairobi in Kenya, and plans to return to Tanzania to be the first formally-trained reconstructive surgeon from his country. By supporting the continued training of talented local practitioners, we are helping to set the stage for those who will create their regional surgical networks.

**Mission:** Restore is done doing the same thing over and over again without results. Our innovative, local surgeon-centered model focuses on training the next generation of practitioners. It is this local cadre who will be the changemakers in meeting their local surgical need, and we want to help them reach that goal.

In Tanzania, 2016 is already presenting a new opportunity for us to play a part in bridging the country's extreme surgical access gap through a training partnership with the surgical referral hospital in Zanzibar. We are currently looking for more surgeon educators to work with us in sustainably addressing the global surgical access challenge, and invite interested reconstructive surgeons to reach out to us at [info@missionrestore.org](mailto:info@missionrestore.org) for more information.

In the words of surgeon educator and founder, Dr. Kaveh Alizadeh, "When I operate I know I can change a person's life. But when I train a surgeon my impact is multiplied. By teaching local surgeons these skills they will be able to change hundreds of lives. That's the best gift I can imagine."

**Let's Operate Together.**

[www.missionrestore.org](http://www.missionrestore.org)

# 2016 Spring Meeting: Below the Belt Plastic Surgery

**SATURDAY APRIL 16TH, 2016**

**8AM-1PM LIGHT BREAKFAST**

**NEW  
LOCATION!**

**MANHATTAN EYE, EAR & THROAT HOSPITAL**

**210 EAST 64TH STREET, NEW YORK, NY 10065**

**EDUCATIONAL OBJECTIVE:**  
TK

## PRESENTATIONS



**MARK MOFID, MD, FACS**  
Associate Clinical Professor of Plastic Surgery  
(Voluntary), UCSD  
Private Practice: La Jolla, CA  
**"Gluteal Contouring: Fat vs. Implants, Which is Better?"**



**LOREN SCHECTER, MD, FACS**  
Chief, Division of Plastic and Reconstructive  
Surgery, Chicago Medical School, Rosalind  
Franklin University of Medicine and Science  
Private Practice: Morton Grove, IL  
**"Surgical Management of the Transgendered  
Patient"**



**JOHN MIKLOS, MD**  
Director of Urogynecology, Atlanta Center for  
Laparoscopic Urogynecology  
Private Practice: Alpharetta, GA  
**"Cosmetic Gynecologic Surgery: Reality and  
Myths"**



**SCOT BRADLEY GLASBERG, MD, FACS**  
Private Practice: New York, NY  
**"Update on Fat Grafting"**

## THANK YOU

**Thank you to our Diamond Sponsor, Lifecell,  
for their generous support of Residents' Night 2016.**



**EXCELSIOR PRODUCTION:**

**GRAPHIC DESIGN:**

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