



The Excelsior

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MIA TALMOR, M.D.

PRESIDENT'S MESSAGE

January 2010 marks a significant anniversary for The New York Regional Society of Plastic Surgeons—the 50th anniversary of its inception.

It is with a great deal of pride and enthusiasm that I deliver this message as President on this historically significant occasion.

In January, 1960, 85 local plastic surgeons met at The New York Academy of Science and decided that given the growing number of plastic surgeons in New York and its environs it was time to organize a more formal Society. The goals of our founding leaders were to bring plastic surgeons together to have an opportunity to discuss unusual or difficult problems, and to gain exposure to new technology and new avenues of research. Illustrious members of this first historic Board included Herbert Conway, Gustave Aufricht, Lyndon Peer, William Littler, and Blair Rodgers to name a few, all of whom went on to make major contributions to the field on both a local and international level.

The purpose and vision of our founding members has never been stronger than it is in 2010. Our current Board includes individuals who are making significant contributions to the clinical, academic and political advancement of Plastic Surgery, and whom are universally committed to the advancement of our Society and its mission. At the head of this group is Dr. Tracy Pfeifer, past-President and current Trustee, who has worked tirelessly over the past decade. Thanks to her efforts, we are transformed from a dwindling and anachronistic society to a solid, expanding and modern force. In an era of increasing political and financial constraints while many

small societies folded, Tracy made it a mission in her term as President to expand and stabilize our membership, and was remarkably successful in her endeavors. Through her hard work and dedication on both our website and our newsletter, Tracy has brought us promptly into the electronic era, and has streamlined communications between the Board and our membership. I am certain that in January of 2060, her name will be cited as one of the New York Regional most significant leaders.

Other members of our Board have worked tirelessly as well. Past-Presidents, and execu-

**NYRSPS
CELEBRATES ITS
50TH ANNIVERSARY
THIS SPRING 2010**

tive Board members, Dr. Steven Wallach and Dr. Allan Matarasso have taken our Society's educational mission to the next level. Our spring and winter meetings attract national leaders who speak on the most current and sometime controversial topics in our field today. Attendance at these meetings reached record breaking numbers in 2009, and has prompted us to explore avenues of expansion of our academic program. Dr. Wallach and Dr. Matarasso remain committed to our academic mission. At our upcoming Spring Meeting on

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TRACY M. PFEIFER, M.D.

letter from the editor

The movie "Alice in Wonderland" starring Johnny Depp could not have been released at a better time. It helps me get my bearings.



The on-going shenanigans over the health care bill and its passage have left me feeling very much like Alice in Wonderland. I have fallen down a rabbit hole and am now in a land of complete and utter fantasy. You all know I believe this bill, born of political agendas without concern for maintaining the quality of our health care system, should be defeated. Yet, despite the fact that the majority of Americans are against this particular bill, the House is hell bent on passing it. People from all walks of life have repeatedly voiced their opposition month after month and the public outcry has delayed passage time and again—thank goodness. Unfortunately, the House representatives are like vampires (now I am in the Twilight movie). Unless you put a stake through their heart, they keep coming back, twisting arms, bribing and threatening people to vote for the bill. Did the rabbit hole time travel me back to the Soviet Union? The House leaders actually think it is appropriate to pressure people to vote for a bill they have not even read yet. A bill that does not meet the goal of controlling costs, in fact could explode costs, and could seriously undermine the quality

of medical care delivered in the US. And how do 16,000 new IRS agents, at a cost of \$10 billion, improve medical care for our patients? The process has been so obviously corrupt and outrageous it is beyond belief. Now I know what goes on in DC and it is much worse than I previously thought. The latest outrage is the "Slaughter" solution whereby the House would not vote on the actual Senate bill but instead would vote on a separate bill that would "deem" the Senate bill passed. Did the rabbit hole lead to an alternate universe? This would allow House Democrats to deny they voted for the Senate bill and supposedly give them political cover. Honestly, do they think we are that stupid? The bill is so bad that even the people who are lecturing us about how great this bill is are afraid to vote for it. In truth, the bill is seriously flawed and this is the reason it was not passed last August and why bribes were necessary to buy votes. I doubt the Slaughter solution will be implemented but that politicians considered it a legitimate option is mind-blowing. The fact that the pols believe it is acceptable to use gimmicks and perversions of our democratic process to pass a massive bill, which will affect every single patient in ways we don't even fully understand yet, against the wishes of their constituents, causes me great, great concern. By the way, does anyone know what country I am living in?



Lloyd Hoffman, MD, chair of ad-hoc Poster Committee, discusses posters.

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

SCIENTIFIC PROGRAM

Wow, what a meeting! It literally was standing room only at the Fall 2009 Meeting; Autologous Fat Transfer to the Breast.

Our first speaker was **Dr. Grant Carlson** from Atlanta, Georgia. He presented "The Oncologic Risks of Fat Injections." He reviewed the recent literature on breast fat injection and the paucity of scientific studies on the subject. He also reviewed basic principles of breast cancer including the pathophysiology and the risk factors for development. Adipose derived stem cells (ADSC) were discussed. The ADSC's seem to facilitate fat graft survival and may increase the risk of cancer cell development in a mouse model. A heated debate ensued on this subject.

Dr. Christine Murphy, a radiologist from Atlanta, reviewed the risks of fat grafting from a mammographer's perspective. She discussed the various pathologic findings that can be interpreted by mammography, ultrasound, and MRI and showed many examples of calcifications, fat necrosis, and oil cysts. Interestingly, she stated that fat necrosis was very common with most surgical procedures and was fairly easy to recognize and differentiate from cancer. In fact, fat injections actually caused less fat necrosis than most breast surgical procedures.

Dr. Maurice Nahabedian spoke about fat grafting to the reconstructed breast. He too reviewed the literature on the subject. His practice is primarily autologous tissue breast reconstruction with perforator flaps. He showed many examples of reconstructions that he had to augment with autologous fat grafting to improve the contour defects that his flaps could not correct. He felt that repeating the fat grafting every 3—6 months until he obtained the fill volume he wanted often gave the best result.

Dr. Roger Khouri then entertained the audience with his experience in performing cosmetic breast augmentation with a combination of using the BRAVA system and autologous fat grafting. He felt that the BRAVA system increased the vascularity and milieu for better take of the autologous fat grafts. He showed remarkable results in many of the patient examples. He then showed cases of breast reconstruction especially for tuberous

deformities which were spectacular.

Our Nojarova Lecturer, **Dr. Maria Siemionow**, discussed the face transplant program at the Cleveland Clinic. She reviewed the painstaking process of establishing the program. It was nothing short of miraculous. She is a true giant in our field and even though she did not perform the first one in the world, she did it right. She was not a maverick just going out there to try one. She performed the laborious bench work required to plan for the transplant including the immunologic studies, transplanting research in over 1000 rats, worked out the designs of performing the procedure, including the requirements for surface area, as well as working out the details for composite grafts of facial components. It truly was an amazing lecture. Of course the audience gave her a standing ovation at the end of the presentation, taking pride in what our field can truly accomplish.

Our next meeting will take place on April 10, 2010. This scientific meeting will look at "Advances in Rhinoplasty." Our speakers will be: Dr. Mark Constantian, Dr. Rollin Daniel, Dr. Minas Constantinides, and Dr. Russell Kridel. See you then!

Yours truly,
Steven Wallach, MD
Scientific Program Co-Chairperson



Grant Carlson, MD, Christine Murphy, MD, Maria Siemionow, MD, and Maurice Nahabedian, MD (not pictured Roger Khouri, MD).

RESIDENTS' NIGHT COMPETITION

The 2010 annual Residents' Night Competition took place on March 8 at the New York Academy of Medicine.

Residents' Night 2010 was held March 8, 2010 and marked the 7th year that Dr. Mia Talmor has served as Residents' Night program director. We had another record number of submissions. So many, in fact, that for the first time we also had a poster session. We are all extremely grateful to Dr. Talmor for all her hard work. Under her leadership, Residents' Night has flourished.

Like Residents' Night 2009, the cost of Residents' Night 2010 was under—written by the New York Regional Society of Plastic Surgeons. Normally, the fee to attend is \$60 and covers the cost of the dinner. In these challenging times, the NYRSPS board wanted to eliminate this expense for Residents' Night attendees and encourage a robust turnout. We are happy to report that over 106 people attended.

This year Dr. Talmor was assisted by Dr. Lloyd Hoffman, poster session judge, and Dr. Peter Taub, session moderator. Our judges were Drs. Stephen Colen, Paul Weiss and Louis Bucky. The prizes were: 1st place-\$1000; 2nd place-\$500; 3rd place-\$250; 1st place poster-\$250. The event was sponsored by a generous grant from Bard Davol, maker of Allomax, acellular dermal matrix.

During Residents' Night we also present the Lifetime Achievement Award. This award honors a retired colleague and thanks him/her for their contributions to our profession. Without our predecessors and teachers, we would not be where we are today. This year's recipient was Dr. James Hoehn.



RESIDENTS' NIGHT 2010 JUDGES: Stephen Colen, MD, Paul Weiss, MD and Louis Bucky, MD.

This year we also remembered our past-President, Dr. Saul Hoffman, who recently passed away. Dr. Lester Silver gave a tribute to Dr. Saul Hoffman, reminding us of Dr. Hoffman's many contributions. Dr. Lloyd Hoffman remembered Saul Hoffman's humor, describing Saul saying to Lloyd, "I just know there are patients who are looking for me but are ending up in your office!" We will always remember Dr. Saul Hoffman and his contributions to plastic surgery and the New York Regional Society of Plastic Surgeons.

1ST PLACE



Jennifer Capla, MD
Institute of Reconstructive Plastic Surgery-NYU Langone Medical Center
Post-Body Contouring Complications and Pre-Operative Risk Reduction:
A Review of the Plastic and Bariatric Literature and a Novel Pre-Operative Risk Stratification System

2ND PLACE



Joshua A. Lampert, MD
Mount Sinai School of Medicine
Maximizing Aesthetics and Safety in Circumferential-Incision Lower Body Lift with Selective Undermining and Liposuction

3RD PLACE



Jordan Jacobs, MD
Institute of Reconstructive Plastic Surgery-NYU Langone Medical Center
The Orbitozygomatic Cleft in Treacher-Collins Syndrome:
A New Classification System

Residents' Night Presenters:



Bryan C. McIntosh, MD
Nassau University Medical Center
Facial Artery Musculomucosal Flap for Reconstruction of Partial Glossectomy Defects



Snezana Veljic, MD
Albert Einstein College of Medicine-Montefiore Medical Center
Brachialis Nerve Transfers for Lower Brachial Plexus Reanimation



Matthew J. Trovato, MD
University of Medicine and Dentistry of New Jersey-New Jersey Medical School
An Algorithmic Approach to Microsurgery in Patients with Hematological Disorders



Lara Devgan, MD
New York Presbyterian Hospital-Weill Cornell Medical College
Time Requirements and Materials Utilization for Wound Closure using Barbed Versus Traditional Suture



Naveen K. Ahuja, MD
University of Medicine and Dentistry of New Jersey-New Jersey Medical School
Biologic Skin Substitutes in the Treatment of Complications of Microsurgical Wounds



Karoline Nowillo, MD
Nassau University Medical Center
Lateral Thoracic Rotational Flap for Closure of the Periareolar Skin Defect in Non-Autologous Breast Reconstruction



Peter W. Henderson, MD
New York Presbyterian Hospital-Weill Cornell Medical College
Fabrication of Scalable Three-Dimensional Microchannel Networks using Sacrificial Microfibers



Anup Patel, MD, MBA
Yale-New Haven Medical Center
Nipple-Sparing Mastectomy and Immediate Reconstruction in Patients with Macromastia- A Nouvelle Technique



Vanessa Voge-Barnett, MD
Albert Einstein College of Medicine-Montefiore Medical Center
Sensory and Motor Nerve Reconstruction in the Upper Extremity with Processed Acellular Human Nerve Allograft



2010 RESIDENTS' NIGHT PRESENTERS
From left to right: Matthew J. Trovato, MD, Vanessa Voge-Barnett, MD, Anup Patel, MD, MBA, Snezana Veljic, MD, Jordan Jacobs, MD, Lara Devgan, MD, Peter W. Henderson, MD, Karoline Nowillo, MD, Joshua, A. Lampert, MD, Bryan C. McIntosh, MD & Naveen K. Ahuja, MD.

Poster Presenters:

1st


Melissa A. Doft, MD

New York Presbyterian Hospital-Weill Cornell Medical College
Treatment of Hyperextension Deformity of the Thumb Metacarpophalangeal Joint in Basal Joint Arthritis: A Novel Technique Based on an Anatomic Study


Peter W. Henderson, MD

New York Presbyterian Hospital-Weill Cornell Medical College
Hydrogen Sulfide Attenuates Intestinal Ischemia-Reperfusion Injury


Parag Butala, MD

Institute of Reconstructive Plastic Surgery-
NYU Langone Medical Center
Zmpste2 Knockout Mice as a Novel Model of Senescent Wound Healing


Zachary Farris, MD

Albert Einstein College of Medicine-Montefiore Medical Center
Closure of the Radial Forearm Donor Site with a Bilobed Fasciocutaneous Flap Based on an Ulnar Artery Perforator


Brian D. Cohen, MD

New York Presbyterian Hospital-Weill Cornell Medical College
Venovenostomy with the Microvascular Coupling Device: Applicability to Lower Extremity Arterial Bypass Procedures


Peter W. Henderson, MD

New York Presbyterian Hospital-Weill Cornell Medical College
An Innovative Non-Invasive Modality for the Ablation of Varicose Veins and Other Vascular Malformations


Lawrence Draper, MD

Institute of Reconstructive Plastic Surgery-
NYU Langone Medical Center
Importance of Diagnosis as Part of Wound Bed Preparation Prior to Closure


Christopher Derderian, MD

Institute of Reconstructive Plastic Surgery-
NYU Langone Medical Center
Title not available.


Keith Blechman, MD

Institute of Reconstructive Plastic Surgery-
NYU Langone Medical Center
Predictors of Adverse Outcomes Following Deep Sternal Wound Reconstruction


Patrick J. Greaney, Jr., MD

Montefiore Medical Center
Use of a Combined Autologous Skin-Muscle Flap Pocket as an Alternative to Acellular Dermal Allografts in Immediate Breast Reconstruction


Priti P. Patel, MD

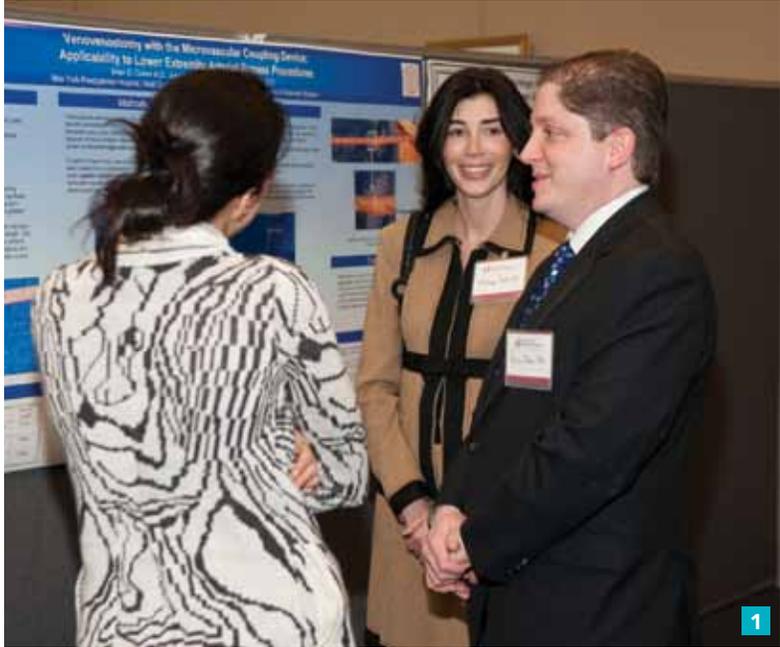
University of Medicine and Dentistry of New Jersey-
New Jersey Medical School
Biocharged Multiplanar Autologous Fat Grafting for Midface Restoration: Technique, Results and Future Clinical Perspectives


Sophie Bartsich, MD

New York Presbyterian Hospital-Weill Cornell Medical College
Liquid Silicone Injections: Growing Illicit Cosmetic Surgery Practices and Their Sequelae


POSTER PRESENTERS:

From left to right: Lawrence Draper, MD, Priti P. Patel, MD, Patrick J. Greaney, MD, Brian D. Cohen, MD, Zachary Farris, MD, Sophie Bartsich, MD, Melissa A. Doft, MD, & Peter W. Henderson, MD.



1. Sophie Bartsich, MD, Melissa Doft, MD and Brian Cohen, MD, at the poster session.
2. Tracy Pfeifer, MD and Alan Matarasso, MD.
3. Residents' Night 2010—packed house!
4. Paul Weiss, MD and Mia Talmor, MD present Lifetime Achievement Award to James Hoehn, MD.
5. Lloyd Hoffman, MD, poster session judge with first place winner, Melissa Doft, MD.
6. Peter Taub, MD (far right) moderates Residents' Night 2010 question and answer session.
7. Residents' Night Judges (left to right): Stephen Colen, MD. Paul Weiss, MD and Louis Bucky, MD.



Tracy Pfeifer, MD and Mia Talmor, MD with Sean Boyle, Bard Davol representative. Bard Davol was the sponsor of Residents' Night 2010.

4TH ANNUAL LIFETIME ACHIEVEMENT AWARD

The 4th Annual Lifetime Achievement Award was presented at Residents' Night 2010. This year's recipient was James G. Hoehn, MD of Albany, New York.



Paul R. Weiss, MD, presents James G. Hoehn, MD with the fourth annual Lifetime Achievement Award

Dr. Paul Weiss presented the award to Dr. Hoehn who was accompanied by his wife, Barbara. James G. Hoehn, M.D. is a Professor of Surgery and Residency Clinic Program Director at Albany Medical College. He is Board Certified by both the American Board of Plastic Surgery and the American Board of Surgery. Dr. Hoehn received his medical degree from Northwestern University Medical School and took his General Surgery Residency at the Mayo Clinic. He continued at the Mayo for his residency in Plastic Surgery and completed his Hand Fellowship at Marquette University Medical School. We are pleased Dr. Hoehn accepted our award and joins our previous Lifetime Achievement Award recipients:

2007

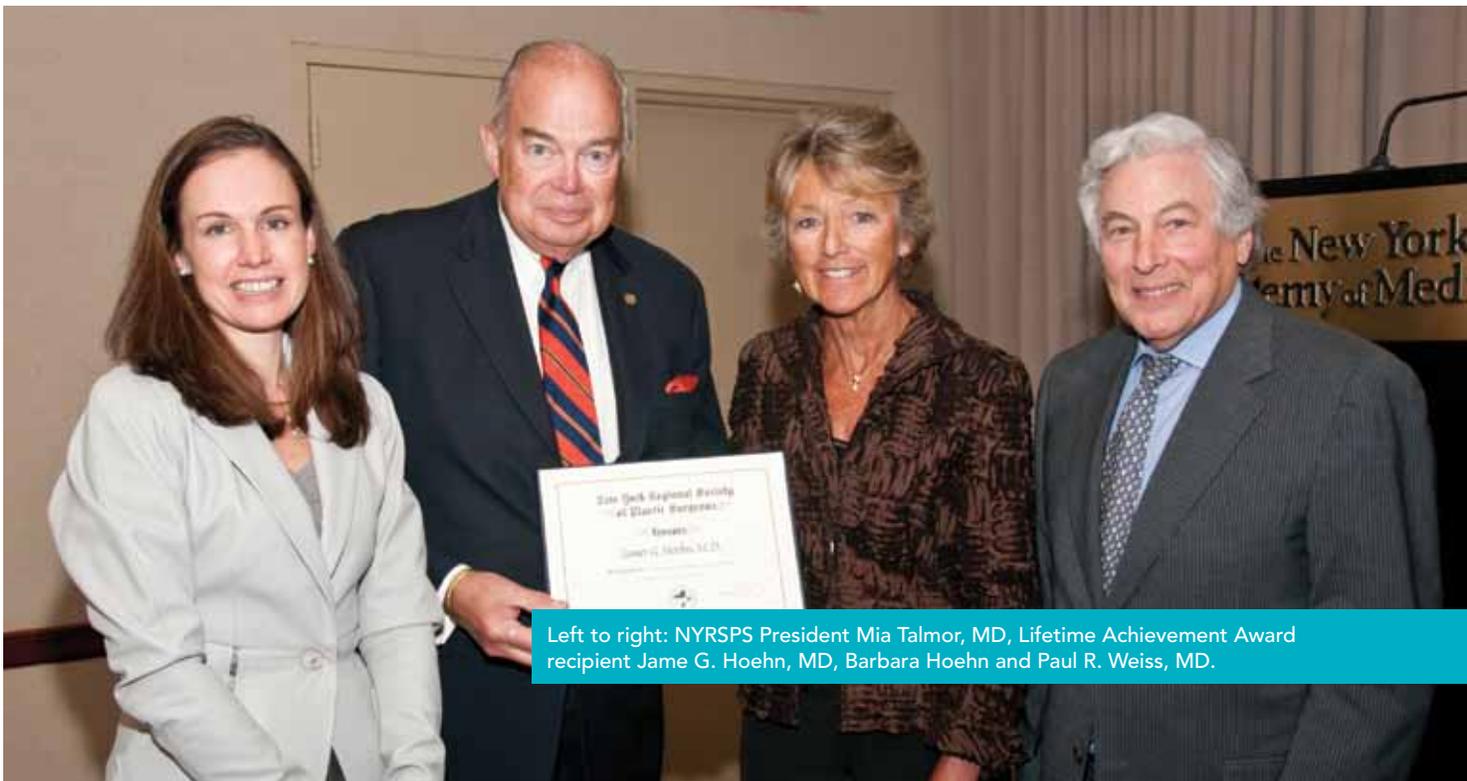
Michael Hogan, MD
Bertram Bromberg, MD
Richard Stark, MD

2008

Robert Beasley, MD

2009

Berish Strauch, MD



Left to right: NYRSPS President Mia Talmor, MD, Lifetime Achievement Award recipient Jame G. Hoehn, MD, Barbara Hoehn and Paul R. Weiss, MD.

WILLIAM ROSENBLATT, M.D.

YOU AIN'T SEEN NOTHING YET

I enjoy writing this column a few times a year to help you keep up with what is being done legislatively in Albany and how MSSNY and your representatives are trying to keep the Legislature out of the practice of Plastic Surgery. However, this time I have rather depressing news to report.

So far we have been effective in keeping our liability premiums frozen for the past few years. This has meant a savings to each of you up to \$6,400/year, assuming annual premiums around \$80,000 and an expected increase of about 8%. With the current state of gridlock and political unrest in Albany, it is hard to believe that there will be any form of tort reform enacted this year, but we hope to defeat the usual regressive bills that are presented, which would increase our premiums. So I think that the best we can hope for is another year of a premium freeze. This would represent another win for physicians in the state due to MSSNY's effective lobbying.

This year, the dentists are back pushing two bills to allow them to do cosmetic surgery in their offices if they have hospital privileges. We, as usual, are opposing these bills as they would extend dentists' scope of practice, which is currently limited to "restoration and maintenance of dental health." "Their bills--**A.4656-A (MORELLE) and S.2937 (KLEIN)**--would allow "any oral and maxillofacial surgeon as determined by the department," to perform any additional surgical procedure involving hard or soft tissues of the oral and maxillofacial area "provided he or she has been granted privileges for such procedures by a hospital." The "additional surgical procedures" that the oral and maxillofacial surgeons could perform under this proposal would include, but not be limited to, rhinoplasties, blepharoplasties, rhytidectomies, submental liposuction, otoplasties, dermabrasion, and other procedures of the head and neck. MSSNY and your representatives will continue to oppose these bills. Please write your state legislatures to support our actions.

Now, for another annoyance. Get prepared to either have your patients pay New York State sales tax or pay the tax yourselves on injectables and implantables. New York State is starved for cash. They are looking for revenue everywhere and think that they have found

a new source: cosmetic surgical patients. So far we have avoided the 10% gross receipts tax they tried to force on us, but we may soon have to cough up sales taxes on our cosmetic implants. This would not be limited to Plastic Surgeons. Dermatologists and any other physician who uses these products would also be affected. The italicized paragraphs below are an excerpt of a New York State tax opinion dated 10/2009. This has not been finalized and we are awaiting further opinions, but something like this may happen.



The Tax Law provides exemptions from sales and use tax for drugs and medicines intended for use in the cure, mitigation, treatment or prevention of illness or disease in humans; and for medical equipment (including component parts thereof) and supplies required for use in the cure, mitigation, treatment or prevention of illness or disease, or to correct or alleviate physical incapacity. However, the exemption is not provided for medical equipment and supplies purchased at retail for use in providing medical and similar services for compensation or for cosmetic products notwithstanding the presence of medicinal ingredients in the cosmetic product. (See Tax Law Section 1115(a)(3).)

The Tax Law also provides an exemption for prosthetic aids, artificial devices and component parts thereof purchased to correct or alleviate physical incapacity in humans. (See Tax Law Section 1115(a)(4). The Sales and Use Tax Regulations describe prosthetic aids and artificial devices, and component parts thereof, purchased to correct or alleviate physical incapacity in human beings as property that either completely or partially replaces a missing body part or the function of a permanently inoperative or permanently malfunctioning body part and that is primarily and customarily used for such purposes. Property that is generally useful in the absence of illness, injury or physical incapacity does not qualify for the prosthetic aid, artificial device, etc. exemption. (See Regulation Section 528.5)

Thus, the belief that implants--breast and chin--and injectables—Radiesse®, Restylane®, and others—used for cosmetic purposes may be subject to sales tax. The taxes could be paid by the doctor when they purchase the products, or paid to the doctor when the final sale to the patient is made. In the former case, the distributor deals with collecting and remitting the tax to the state and in the latter case it is your responsibility to collect and remit the sales tax. At the moment, because of political deals, Botox® is excluded from sales tax.

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TRACY M. PFEIFER, M.D.

NYRSPS MEMBERS VOLUNTEER IN HAITI

Several NYRSPS members volunteered to help the victims of the earthquake in Haiti. The effort was initiated by Donald Roland, MD.

Several NYRSPS members volunteered in February to help the victims of the earthquake in Haiti. The effort was initiated by NYRSPS member Donald Roland. Other members who went were: Mia Talmor, Kaveh Alizadeh, Sanjay Lalla, Rachel Ruotulo, Peter Neumann, Leo Keegan, Gary Berger and Tracy Pfeifer. Members plan to volunteer in the coming months as help is still greatly needed. Dr. Lloyd Hoffman will join the team from the University of Miami and I am sure others will volunteer as well. The following are excerpts of letters, blogs and e-mails as well as photos from our trips.

"I decided to travel to Haiti while watching the news 2 days after the quake. The situation was critical and I did not want to wait. When I arrived at Good Samaritan Hospital in Jimani, Dominican Republic on Jan.25th, plastic surgeons Drs. Gaines and Rosenfeld of Florida were hard at work doing skin grafts, harvesting skin via mini-abdominoplasties due to the lack of a dermatome. Once they left, I was the lone Plastic Surgeon trying to prevent wound infections. Patients were sleeping on thin mats in the dirt under tents. The ORs were used for debridements, coverage procedure and dressing changes (booked at 48 hour intervals to avoid large dressing changes in the tent conditions). The Plastics cases quickly swelled to 25 a day. My charity, Vanity 4 Humanity, bought a Zimmer dermatome at a 75% discount and shipped it immediately, which was a great time saver allowing us to perform more surgeries. A non-medical person I met



Donald Roland, MD (right) with Silvio Podda, MD at Good Samaritan Hospital in Jimani.



Good Samaritan Hospital in Jimani

1 Photo by Donald Roland, MD

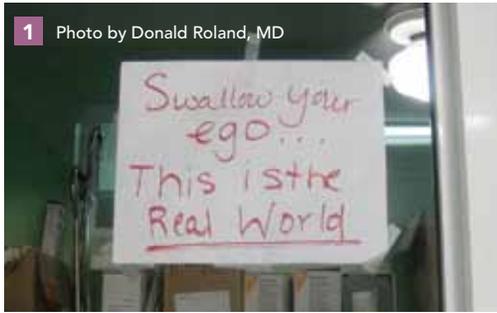


Photo by Donald Roland, MD 2

Patient "Rooms"



Photo by Peter Neumann, MD 3



Photo by Tracy Pfeifer, MD

Daughter of patient plays with puzzle, one of many brought by Dr. Talmor.

there called two Plastic Surgeons in Boca Raton, Dr. Anthony Dardano and Louis DeLuca, and they were on the next flight to help. That's when I had my office start to reach out to all of you for more help over the next several weeks." — **Dr. Donald Roland**

Everyone has asked, "Which group did you go with?" In truth there was no specific group. As plastic surgeons, I think many of us had been watching the coverage of the disaster on the news, and recognized that we possessed exactly the surgical skill set and experience that was required to treat many of the injuries. I, like many others, went to the ASPS website and found that only donations of money were being accepted and no formal organization of surgeon volunteers was being mobilized. SCCM (Society of Critical Care Medicine) did call for volunteers within 24 hours of the tragedy, and listed the requirements for deployment, including which vaccinations and prophylactic medication would be required. Frustrated that there was no good place to volunteer, Tracy and I were both thrilled when we received a rather desperate sounding plea for help from Dr. Donald Roland, a fellow NYC plastic surgeon. While moving toward Port-au-Prince from Santo Domingo, Donald and his travel-mates happened upon the Buen Samaritano Hospital in Jimani, approximately 1 mile from the border with Haiti, where injured Haitian refugees were flooding in from Port au Prince. While the shell of this non-operational hospital was not structurally damaged, it was certainly not functional. It had been built by a group of religious missionaries who had hoped to provide charity medical services to the people of Jimani. After the earthquake, as patients began pouring in, 5 makeshift operating rooms were assembled, and in time, aid began to arrive in the form of supplies, personnel and equipment.

We arrived at the Hospital early in the morning to find an absolute flurry of activity, and masses of support staff in the main meeting room. While we were "taking over" for Donald, and joining another plastic surgeon that had arrived from NY a few days before, we were simply told to write our first name and specialty on our scrub shirts, and began to operate. We had come with all our credentials and documentation, but no one ever asked to see anything. The operating room worked relatively smoothly, with outstanding and well staffed nursing, anesthesia services and staff. The equipment was poor. Miraculously, the orthopods were set up in an adjacent room that had not only air conditioning and light but fluoroscopy, a machine that they had organized to have sent within a few days of the earthquake (a new digital x-ray machine materialized soon after). Our plastic surgery rooms were actually a single room with dividers and three beds, making it easy to quickly go from one patient to another. — **Dr. Mia Talmor**

"Like everyone else, I was anxious to help. The ASPS leadership had told everyone to hold their fire, which was frustrating because we all knew help was desperately needed immediately. When I heard from Donald, I decided to go right away. Luckily, Mia wanted to go also and so we could travel together. We purchased \$10,000 worth of supplies (by the way, Henry Schein Medical Supply Company has donated at least \$1million worth of supplies) and ran around getting



Photo by Tracy Pfeifer, MD 5



Photo by Tracy Pfeifer, MD 6

One of the patient tents.



Photo by Tracy Pfeifer, MD 7



Photo by Tracy Pfeifer, MD 8

Mia Talmor, MD with our driver Elvis.

our vaccines. Mia found out from her contacts at New York-Presbyterian Hospital, which for years has had docs working in the HIV clinics in Haiti, which meds we should get-there are resistant strains of HIV in Haiti and meds that work in the US are not effective against HIV acquired in Haiti. We purchased the meds for HIV post-exposure prophylaxis just in case. A one month supply costs a whopping \$2,000. My better half found a pharmacy which sold us a 2 week supply. A friend used his contacts at Jet Blue to get permission for us to take extra bags and overweight bags with the medical supplies at no extra charge. For some reason when we checked in at Jet Blue JFK, the clerks thought we were lesbians. But I digress. We flew to Santo Domingo. Everywhere we went in DR, whether Santo Domingo or the villages, there were medical personnel and volunteers, equipment and supplies being transported to Haiti. From Santo Domingo it would be a 6 hour car ride to the hospital in Jimani. We wanted to get there quicker and Gary Berger had heard about a small plane pilot. Thomas, our pilot, flew us from Santo Domingo to Barahona. Turns out Thomas had taken Anderson Cooper all over the place last year, so we felt pretty safe. The pilot's girlfriend, Heidi, picked us up at the airport when we returned to Santo Domingo; she popped out of a Mercedes Benz in a skintight white sheath dress, looking curvy, having recently had breast augmentation. So our trip, one way or the other, encompassed the full range of plastic surgery.

Barahona is a very small airport located 2 hours by car from Jimani. Mia, using her excellent Spanish, learned from the airport manager that many medical teams had come through the airport on their way to Haiti-mostly from the US but also from Germany and Russia. Elvis, a local from Jimani who spoke only Spanish, drove us to Jimani. Elvis became our trusted companion, picking us up when we needed a ride to the hospital or the market. He was quite enamored of Mia and they had long conversations in Spanish. Some of the houses in the village of Jimani were concrete and others were wooden with dirt floors. We passed by a lake and Elvis explained that the level of the lake had risen 4 feet after the quake, and after it receded somewhat there were many, many crocodiles stranded on land.

On arrival at the hospital we got right to work; mostly wound care, I&D and dressing changes. Name tags were pieces of tape, no last names; it was Dr. Tracy-Plastics and Dr. Mia-Plastics. The "operating rooms" we used had no lights but they did have windows which let in the sunlight. Unfortunately, no screens on windows, so flies on everything including patient and supplies. The anesthesia is propofol and ketamine. I guess it is a little like battlefield conditions, we did the best we could. Ortho, headed by E. Bruce Toby, chairman of Ortho at Kansas State University, had the "good" rooms (what else is new), with lights, air conditioning and no flies because no windows. The staff had just started making charts but it was still very confusing as to who needed a dressing changed or surgical revision, etc. We developed a system of putting a big piece of tape on the patient's dressing and writing in large letters date and type of procedure and date to change dressing. Gary told me later about the Israeli's fully functional field hospital in Haiti; all the patients had headshots taken and were assigned bar codes. Any patient could be "scanned" and their medical history would come up. That would have been heaven.

The "boys", the plastics team we were relieving and who would leave the next day, mysteriously disappeared while we were operating. We found out later they went "upstream" to bathe in the 2 foot wide "river" of water that runs through the town. We think this is hysterical-how can the boys know if they are really upstream and people are doing all kinds of things in this water. You get the point.

After cases, we went to orphanage/patient bed area. There are so many patients with amputations and ex fixes it is unbelievable (there at least 10,000 people now with amputations in Haiti). Patients are brought to the hospital by helicopter and in the back of pick-up trucks. Of course it takes about 6 people to move a patient; there are no gurneys, patients are lying on mattresses or sheets which have to be stabilized at several points when lifting them out of the trucks. The children with arm amputations are running around playing like nothing happened. A lot of patients have "decubiti" from being trapped under the rubble for days. We did dressing changes, adjusted splints, got patients started with some PT exercises, etc. The nurses are pleasantly surprised to see us and take us to see as many patients as possible. The patients are very willing to do their ROM exercises and show the nurses constantly over the next few days that they are doing their exercises. Most of this is communicated through "sign language". We later meet several young Haitian men who act as interpreters, speaking English, French, Creole and sometimes Spanish. Olsen, one of our interpreters, is at the hospital because both his parents are patients. Although always cheerful, Olsen get misty eyed when talking about school-he was supposed to graduate this year. He is extremely focused on finding work, as this is the only way his family can eat. Imagine this scenario thousand and thousand times over; people who cannot eat if they don't work and now many of them are disabled. The patients show us pictures of family members who were killed, we see sons devoted to their moth-



Photo by Mia Talmor MD 9

Houses in Jimani



Photo by Gary Berger, MD

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Gary Berger, MD, in Port Au Prince



Photo by Gary Berger, MD 11

Collapsed nurses residence with bodies entombed.



Photo by Tracy Pfeifer, MD

This little girl, with a 30% burn, was brought to our hospital from the orphanage located across the border in Haiti. The nuns from the orphanage accompanied her. The patient, with the nuns by her side, was later transferred by helicopter to a burn center in Santo Domingo. This child is from the orphanage that the previous plastic surgery team, Drs. Roland and Podda, had visited to make assessments of the need for medical care. The helicopter that had been transporting Drs. Roland and Podda back and forth from the hospital to the orphanage had crashed the day prior to our arrival, killing the pilot and owner of the chopper. This patient is one of the many the pilot and owner helped.

— Dr. Tracy Pfeifer



Photo by Gary Berger, MD 12



Photo by Gary Berger, MD 13



Photo by Gary Berger, MD 14

Line outside clinic in Port Au Prince day after major aftershock.



Photo by Gary Berger, MD 15

er's-fixing their hair, hovering over them, smoothing their sheets, etc. and it is sad. Not one patient complained. The patients and their families are very religious and we can hear them singing hymns while they are in the shower. The Haitians have a deep belief that God will take care of them and that what happens to them in this life is not that important. The difference in the attitude of our Haitian patients and some of our patients in the United States is STARK.

A word about the nurses, whom we consider saints. They worked 12 hours shifts for 2 weeks straight. It was both physically and emotionally difficult for them. Especially hard on them as they are the primary people helping the patients deal with their grief. The 'beds' are low to the ground, requiring the nurses to be constantly bending over, almost to the ground. Many of the nurses were not surgical nurses and all the wound care, with which they are not that familiar, added more stress. They were very appreciative of the assistance provided by the plastics teams. On a positive note, many of them had been flown in on private jets supplied by private donors. We personally saw Harrison Ford's plane at the Santo Domingo airport; they were flying in medical teams and supplies.

Donald's wife had arranged for us to stay at a house in the village and we go there around 7pm. We are surprised to see the boys are all spiffy (remember their bath in the "clean" water). S, a plastic surgeon of Italian descent and reformed ladies man, is dressed in pressed jeans, loafers and a fine gauge knit sweater. We wonder where he is going given our location in a village surrounded by goats and roosters. We change into a fresh pair of unglamorous scrubs. We decline their offer of an omelet made with local vegetables and stick to our strict diet of power bars only. The boys get diarrhea; we do not throughout the entire trip.

Despite the poverty, a local establishment in the village sells beer and is a pm gathering place. They also have DJ equipment (yes!) and begin blaring salsa music at high decibels around 6pm. Even when we are physically inside the house, it sounds like you are standing in front of the speakers in a major club. This continues until about 4 am and is a nightly torture or concert, depending on your outlook. Miraculously, Mia can actually sleep through this. I cannot and stay outside on the porch with the dogs. FYI—'Yo No Se Manana', which I heard in the same rotation approximately 500 times, by Luis Enrique, is an excellent salsa song. For me, some lighter moments provided a momentary respite from all the human suffering. For the people of Haiti, there is unfortunately very little relief.— **Dr. Tracy Pfeifer**

"When we (Jacob Freiman, MD, a recent graduate of Montefiore now practicing in Florida and I) arrived in Jimani, about 50 patients remained at the hospital. As they were already being cared for, we headed to Port au Prince, and found the Quizqueya Earthquake Relief Center. This was a former school that had been converted to an organizational hub for medical teams and supplies. We were dispatched to Haiti's General Hospital, which was around the corner from the destroyed Presidential Palace, to perform surgeries. Although the actual hospital structures were unusable, we found physicians from around the U.S. working in tents, running an ER and

OR. Swiss and German medical teams were there as well. The conditions were primitive. For example, while performing an amputation, we were given a rusty hack saw by the nurse (photo 13). Thankfully, an ortho team from LA showed up with a gigli saw. In comparison, the Israeli Field Hospital was fully operational within 60 hours after the earthquake; with staff, equipment, digital x-ray, and operating rooms of the highest standards. During our stay we experienced earthquakes and aftershocks up to 4.7 on Richter scale. The morning after the largest quake, there were 1,000 patients lined up outside the emergency room. (photo 14). In addition to the traumatic injuries, the medical teams are struggling to provide day to day medical care, such as C-sections, appendectomies, etc. Many of the country's physicians are dead and the hospitals destroyed. Each day we walked by the collapsed nurses' building, a grim reminder of the 200 nurses and their children who had lived there; their bodies now still entombed in the collapsed building (photo 11). Through the generosity of friends, family and patients I raised \$25,000 for supplies for Haitian Relief. The majority of the money not already used in obtaining medical supplies for our own mission, will be donated to Quizqueya for on-going medical relief." — **Dr. Gary Berger**

Following the earthquake in Haiti, Dr. Donald Roland reached out to local members of our society for donations of time and materials to help the people of Haiti. After numerous responses were received, a schedule of physicians was made to staff a small local hospital on the border of Haiti in the town of Jimani, Dominican Republic. After leaving our egos on the plane ride down, Plastic Surgeons from various hospitals and cities, worked together doing surgery, organizing the facility, helping evaluate injuries, and plan treatment programs for numerous patients. Working together under difficult conditions, with incomplete instrumentation and operating tools, revealed the true reasons we decided to become physicians as well as surgeons. The outpouring of love from the physicians to the patients, the patients to the physicians, and the camaraderie of the workers both in and out of the hospital



MOUNT SINAI HAITI RELIEF MISSION

I went to Haiti one week after the earthquake with a Mount Sinai team of some 25 people including other doctors (orthopedics, vascular and general surgery), nurses, anesthesiologists, perioperative equipment specialists, and support staff. Our travel was by charter flight which allowed us to take several thousand pounds of equipment. We had a "heads-up" on the needs there since our Haitian Mount Sinai Surgical ICU Director had been there within a day after the earthquake and remained in touch with us. Our group worked in Port-au-Prince at the University Hospital where many of the buildings were still in usable condition. At this facility, we were able to set up a fully functioning, well supplied, operating room system with preop, postop and sterilization capabilities, while performing many surgeries. We worked with many of the groups who were within the hospital and the hospital grounds, all of whom were working in different capacities. Towards the end of our stay, we integrated our operating room activities with other teams who had arrived from Boston and NYU/Joint Diseases. Other surgeons who followed were able to continue to work within the same system that our group had set the foundation for. As was noted by many others, the injuries treated were primarily extremity injuries since more severely injured patients likely did not survive. However, we did see some abdominal, chest, facial, and skull injuries.

We still remain in contact there regarding the follow up needs of more permanent wound and fracture repair, as well as eventual overwhelming rehabilitation needs for the large number of amputee patients who now exist in Haiti.

Respectfully,
Lester Silver, M.D.

were truly overwhelming. The experience was both rewarding as well as informative.

By being a vital part of this disaster relief team, I realize how important it is for our society to help lead the medical care for other disasters in the future. It is imperative that as a society, we organize a committee to be ready if needed to help in future disasters. That way duplication of services will not become a problem, and proper materials, equipment and staffing can be readily mobilized in short notice. Learning from this disaster, we as leaders in the medical field should take the initiative and be ready for future catastrophes such as the earthquake in Haiti. — **Peter R. Neumann, MD, F.A.C.S.;** excerpt from letter to ASPS



Photo by Gary Berger, MD 16

Jacob Freeman, MD, hands out toys in Haiti.



Photo by Donald Roland, MD 18

Donald Rolands, MD, with Haitian children.



Photo by Tracy Pfeifer, MD 17

The "orphanage".

HOW YOU CAN HELP:

While the story of the quake in Haiti is fading from the news, the situation there is truly desperate. Although the acute phase for medical care has passed, there is a continued need for physicians as many Haitian doctors and nurses were killed. Patients need on-going medical services including revisions of amputations.

The University of Miami Haiti medical relief effort seems well organized and is actively soliciting physician volunteers.

► www.med.miami.edu/haiti-relief/#volunteer

If you cannot travel to Haiti as a volunteer, please consider making a donation. There are many excellent organizations that are making a difference. Some of the charities we met on the ground providing care are:

Quizqueya Earthquake Relief Center.

(contact Dr. Gary Berger for info)

Low overhead insures that most monies go directly to patient care and supplies.

Children of the Nations

► www.cotni.org

Met this group in the airport; have been in Haiti for many years providing medical relief. Medical teams were revising amputations for Haitian orphans, some were infected and some so they could be fit for prosthetic limbs. Dentist was also part of the team. He gave children their first dental exam and showed them how to brush their teeth. Apparently this was quite a scene with all the children squealing and laughing, running around with toothpaste foaming out of their mouth.

Healing Hands for Haiti

► www.healinghandsforhaiti.org

Mormon group we met on the ground whose mission for 12 years has been to provide wheelchairs and prosthetic limbs to Haitians; their team was there immediately after the quake to assess the need and start planning to provide as many prostheses as possible.

ONLINE MEETING VIDEO'S ON SUFO.ORG:

Videos of NYRSPS meeting presentations are now available on-line through Sufo.org.

The video content may be accessed by NYRSPS members and candidate members who attended the meeting. There is no charge for this benefit. Accessing the posted videos simply requires signing in to Sufo.org with your password. Once you are registered with Sufo.org, you will be notified by e-mail when a new lecture is posted.

Go to Sufo.org to complete your on-line registration. If you have any technical problems please contact subbu@sufo.org.

VIDEOS AVAILABLE ON-LINE

Spring Meeting 2009

Richard Mladick, MD

- ▶ Liposuction of Calves and Ankles
- ▶ Brachioplasty

Frank Lista, MD

- ▶ Gynecomastia: A New Treatment Technique without Periareolar Scar

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



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OBITUARY

Saul Hoffman, M.D., a well known New York City Plastic Surgeon died on December 14, 2009 after a long illness.

SAUL HOFFMAN, M.D.

Date of birth: 12/17/1931

Date of death: 12/14/2009



Dr. Hoffman was a native of Calgary, Canada and he attended medical school in Alberta, Canada. He came to the United States for training and took his general surgery residency at the then Beth-El

Hospital in Brooklyn, (now Brookdale). Following this, he trained in plastic surgery in the Mount Sinai Program with Dr. Arthur Barsky. He spent his whole professional career in New York City associated with Drs. Arthur Barsky, Sidney Kahn, and Bernard Simon. Dr. Hoffman was on the staff at both Beth Israel Medical Center and at The Mount Sinai Hospital. He was on the Mount Sinai Hospital staff for 43 years and in 1982 to 1988 he was the Chief of Plastic Surgery and the Plastic Surgery Residency Program Director at Mount Sinai. He held the title of Clinical Professor of Surgery/Plastic Surgery at Mount Sinai School of Medicine. Dr. Hoffman held important positions in both local (he was the 35th President of the New York Regional Society) and national plastic surgery organizations. He contributed to the plastic surgery literature with over 50 articles and several book chapters many dealing with his known expertise in reconstructive breast surgery. He wrote extensively on that topic. Dr. Hoffman was also active in community affairs as well as overseas missions. He taught several generations of plastic surgery residents the necessity of spending the needed time with the patient and carefully listening to the patients concerns. He was a master in this respect. Saul Hoffman was a true gentleman and he will be sorely missed.

Respectfully,
Lester Silver, M.D.

Spring Meeting: "Advances in Rhinoplasty"

SATURDAY APRIL 10, 2010
8AM-1PM
 LIGHT BREAKFAST
NEW YORK ACADEMY OF MEDICINE
 1216 FIFTH AVENUE, NEW YORK, NY

EDUCATIONAL OBJECTIVE:

The meeting will expose attendees to strategies and surgical techniques to properly plan and execute rhinoplasty in caucasian and ethnic patients. Attendees will learn principles to employ in order to avoid complications in both functional and aesthetic rhinoplasty. Proper patient selection and safety issues will be emphasized.

PRESENTATIONS



Rollin K. Daniel, MD

Clinical Professor, Aesthetic Plastic Surgery Institute, University of California-Irvine
 "Tip Rhinoplasty: Anatomy, Analysis and Operative Planning"



Russell W. H. Kridel, MD, FACS

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



Minas Constantinides, MD

Assistant Professor of Otolaryngology, NYU Langone Medical Center
 "Combined Aesthetic and Functional Rhinoplasty"



Mark B. Constantian, MD

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



2009 FALL MEETING:

From left to right: Alan Matarasso, MD, Grant Carlson, MD, Steve Fallek, MD, Steve Wallach, MD, John Vaccaro, MD, Paul Weiss, MD, Christine Murphy, MD, Arthur Wise, MD, Maria Siemionow, MD, Scot Glasberg, MD, Gregory Rauscher, MD, Mia Talmor, MD, Maurice Nahabedian, MD, and Tracy Pfeifer, MD.

Fall Meeting: "Cosmetic Medicine—State of the Art"

Saturday December 11, 2010

8am-1pm, Light Breakfast
New York Academy of Medicine
1216 Fifth Avenue, New York, NY

PRESENTATIONS



Seth Matarasso, MD

Clinical Professor of Dermatology
University of California School of Medicine San Francisco
"Pearls for Using Botox and Dysport"



Arthur Swift, MD

Private Practice, Montreal, Canada
"Facial Beauty" phi" cation-Discussion of Fillers for
Facial Contouring, Nasal and Lip Enhancement and
Brow Positioning"



Jeffrey S. Dover, MD, FRCPC

Associate Clinical Professor of Dermatology
Yale University School of Medicine
"LASERs, Lights and Energy Sources: New and Exciting
Developments in 2010"



MASTERS SERIES SPEAKER

Gustavo A. Colon, MD

Clinical Professor, Plastic Surgery Department,
Tulane University School of Medicine
"Presumed Dead-The Fear of Being Buried Alive"

► FROM PAGE 9

LEGISLATIVE UPDATE

Obviously, we would try to avoid this tax totally, but I am not sure of the reality of this. Your MSSNY is attempting to prevent the state from going back in time to recoup past sales, and will recommend picking a date to enforce this going forward. Of course they would have to clarify the procedures this tax would apply to.

Regarding out of network payments, Oxford/ United Healthcare are trying to tell you that they will only pay 140% of Medicare rates for out of network care as opposed to the UCR rates that are stated in their contracts. We are working with the AG to deal with this.

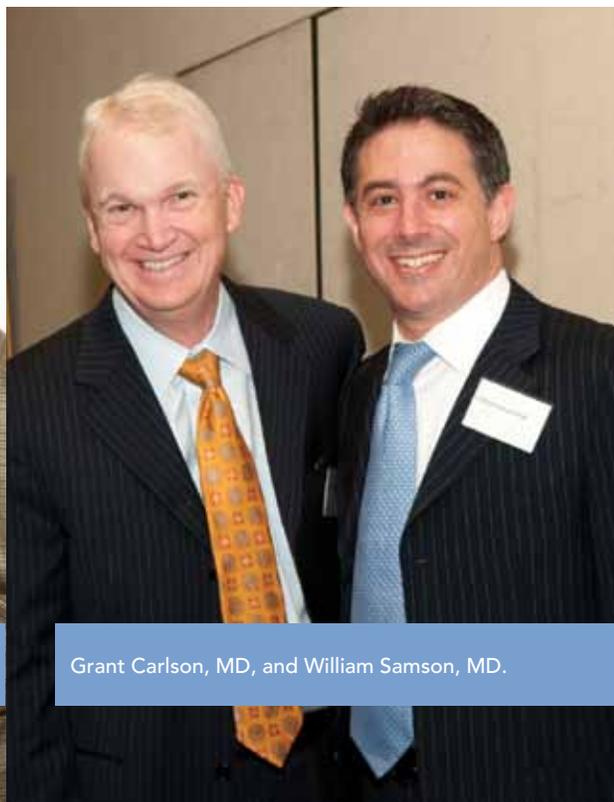
I wish I had better news for you this Spring.

William B. Rosenblatt MD
Trustee Medical Society State of New York
wbroseblattmd@verizon.net

► Please – make sure you pay your MSSNY dues and your MSSNY PAC dues – this will help support your representative so we can continue to fight for your rights. Go to www.mssny.org/mssnypac.



Richard D'Amico, MD, Scot Glasberg, MD, and Robert Goldstein, MD,
at the Fall 2009 Meeting



Grant Carlson, MD, and William Samson, MD.

► FROM FRONT PAGE

April 10th a concise and current approach to rhinoplasty will be presented by national experts, Dr. Mark Constantian, Dr. Rollin Daniel, Dr. Minas Constantindes, and Dr. Russell Kridel. As always, The NYRSPS charges no additional fee for members and resident members for attendance at our Spring and Fall Meetings, and we continue to offer a waiver of dues for all residents and attending physicians in their first year of practice. Membership applications can be downloaded on our website, www.plasticsurgeryny.org.

2010 marks an important political moment for plastic surgeons both locally and nationally. For the first time in a long time, it is clear that in order to protect our patients and our future as plastic surgeons, we must become involved in the political situation that is unfolding. More than ever, the New York Regional Society must play a role not only in education, but in advocacy as well. With the help of our Board members, President-elect, Dr. Scot Glasberg, Vice-President Dr. Steven Fallek, and Treasurer, Dr. David Abramson we were proactively engaged in the political battle against the Cosmetic Surgery Tax, and continue to keep abreast of other elements of the Health Care Reform Bill that will potentially harm our profession. Our Board members have acted as liaisons to the ASPS, ASAPS, MSSNY, and to the newly formed New York State Society of Plastic Surgeons, and our members' views will be well-represented in these organizations. At this significant time in our history as plastic surgeons, we recognize the importance of presenting a "united front", and continue to work with our counterparts on the local, state and national level, while maintaining our strength and autonomy.

It is my strong opinion that the continued strength of our organization rests in our ability to attract members and leaders across broad fronts. We encourage our colleagues in their earliest years of practice as well as those in their latest to participate in our bi-monthly board meetings. These meeting are attended by members of varying generations and

fields of expertise who provide a broad array of insight and experience. As President, it is my hope to bring together our youngest members with our most experienced for the mutual benefit of all. I truly look forward to welcoming all who are interested to attend one of our meetings and to become more involved with the Leadership of The New York Regional Society of Plastic Surgeons, and I invite you to check our website for the upcoming meeting dates and times.

Finally, I enjoyed seeing many of you at the annual Residents' Night Competition, held one week after the annual in-service training exam on March 8th, 2010. We received more abstracts this year than we have in any other in which I have been involved as section director for this meeting. This was a great opportunity to support our residents, and to share the latest ideas in research across campuses. We once again waived the fee for this meeting, and welcomed a record number of you this year.

**2010 RESIDENTS' NIGHT WINNERS:**

From left to right: Mia Talmor, MD, with Residents' Night winners: Jordan Jacobs, MD, Joshua Lampert, MD, Jennifer Capla, MD, Melissa Doft, MD, and Residents' Night program moderator Peter J. Taub, MD.