Dear Friends and Fellow Members of Our Society,

With an important national election just around the corner, this has been a year of reflection about our values and what we hold near and dear to our heart. We have had a tremendous year which has reinforced my belief in the talent and wealth of knowledge of our fellow members of the Society. We hosted the best ever Residents’ Night in our history with over 85 abstract submissions from 12 area academic programs and had a successful spring meeting with the hot topics of gender reassignment surgery and genital/buttock enhancement. We performed a thorough financial analysis for short and long term strategic growth to make sure we stay relevant to our members in this era of change.

As promised to you earlier this year, the New York Regional Society of Plastic Surgeons set out to get the vital signs of its membership. This is the first of what I hope will be a biennial report and I am happy to report the following based on responses of our members:

1. An overwhelming majority of our members would like to see the topics of Cosmetic Surgery, business of plastic surgery, and device and therapeutics hot topics presented at our meetings, respectively.

2. Most of the members would like to see us go back to the New York Academy of Medicine for our annual gatherings and would like to keep the fall meeting as a half day event on Saturdays and the Residents’ Night meetings on a week night. For the spring meeting, the votes were split among those who wished for a Saturday morning versus a week night event.

3. There was a majority support to continue updates from the leadership of our sister organization, the New York State Society of Plastic Surgeons to provide legislative updates, and to continue receiving national updates form ASPS and ASAPS form the leadership of the respective organizations.

4. Finally, many of the members would like to receive courtesy discounts from vendors, and related industry as part of their membership. Also, the younger members would like to have access to the experienced society members with regards to clinical or business expertise for their practice.

I am happy to report that we have heard your voices and have responded accordingly. As such I am proud to announce that despite the burden of extra expenses, we are moving the meeting back to the New York Academy of Medicine.

We also have put together a panel of world renowned plastic surgeon educators, Drs. Bahman Guyuron, Timothy Marten, and Laurie Casas to launch our annual fall meeting at the New York Academy of Medicine with one of the most popular topics in cosmetic surgery: updates on the practice of facial rejuvenation. We are honored that Dr. Casas will join us as the Nojarova Lecturer. For the very first time this year, we will also present challenging cases from the audience for discussion by the panel of experts. Finally, we will have expert updates from the leadership of the State Society, ASPS and ASAPS.

KAVEH ALIZADEH, MD, MSC, FACS

PRESIDENT'S MESSAGE

WWW.PLASTICSURGERYNY.ORG
Dear NYSRSP Friends and Colleagues,

As I write this, we just had the 911 Memorial Service. It is so sad but also uplifting to see children, who were too young to remember or not even born at the time, participating in the ceremonies and voicing to always value the memory of the people who died. It reminds us that time marches on and things change but it is important to honor the past.

Our profession of plastic surgery is affected by inevitable change as well. Social media is certainly new for the medical profession. Just a few years ago, we were debating the merits of print advertising, which is now widely accepted. While social media can be used for good, some recent antics on social media, in particular some on Snapchat, seem beneath our profession, both as physicians and as plastic surgeons.

It is my hope that as physicians we continue to remember that we are in service to our patients. A sacrosanct bond is formed when a patient entrusts their physician with their life and well-being. Our patients, and not our marketing or self-promotion, will hopefully always come first.

I look forward to seeing everyone at our Fall Meeting, October 29th.

Have a wonderful Fall.

Tracy
Facial Rejuvenation & Complex Case Series
SATURDAY OCTOBER 29, 2016
7AM-12PM EST
(PLEASE NOTE WE WILL BE STARTING 1 HR. EARLIER THAN PAST MEETINGS)
LIGHT BREAKFAST
3 CATEGORY 1 CME CREDITS
NEW YORK ACADEMY OF MEDICINE
1216 5TH AVENUE
NEW YORK, NY 10029

PRESIDENTIAL LECTURER
LAURIE CASAS, MD
Chicago, Illinois

The meeting will also feature Complex/Problem Facial Aesthetic Cases, submitted anonymously by our members for discussion by the panel.

NOJAROVA

BAHMAN GUYURON, MD, FACS
Cleveland, Ohio

Dr. Bahman Guyuron presented on gluteal augmentation. He discussed facial feminization surgery and thyroid chondroplasty aka tracheal shave.

The transgender male may need chest surgery with options of purse string mastectomy with free nipple graft vs subcutaneous mastectomy via inframammary fold, and mediodiasteloplasty vs phalloplasty with radial forearm flap.

Dr. Mark Mofid presented on gluteal augmentation, with a wonderful overview and comparison between fat grafting and implants. Dr. Mofid developed the Implantech gluteal implants and noted there is a one-day cadaver course as well as a one-hour video on-line.

He discussed the ideal want to hip ratio of 0.675 and that the mainstream adoption of African American and Latino ideals has changed what is considered beautiful in the US. His preferred method of gluteal augmentation has been fat grafting, mainly because of the dehiscence rate associated with implants. However, the recent cases of gluteal lipo-injection deaths have concerned him. He referred to the study published in PRS 2015 in which reported on deaths caused by gluteal lipo-injection. 13 deaths in Mexico over 15 years (survey) and 9 deaths (reported in Colombia over 10 years occurred. Seventy percent of the deaths occurred during the surgical procedure and the majority of these cases were injected with small volumes of fat, in the 200cc range. The remaining 30% of the deaths occurred within 24 hours. In autopsies confirmed deaths, macroscopic and microscopic fat embolism was noted, with the majority being macroscopic (the article points out that while fat embolism is usually the cause of sudden decompensation, fat embolism syndrome may also occur).

Implants, on the other hand, have no associated deaths. He discussed gluteal implant myths: 1) it has an unacceptable infection rate, 2) produces an unnatural aesthetic outcome, 3) malposition and flipping are common problems; and 4) the lack of providers that perform the procedure is evidence for it being fraught with complications. He discussed each of these and described his approach. Dr. Mofid uses a single incision to place the implant, but recommends two incisions when first performing this procedure. He recommends round as opposed to contoured implants. In his experience, sub-fascial implants will descend below the gluteal fold with time and therefore recommends intra-muscular position. The dissection is tricky, as there are no clearly defined tissue planes with the intramuscular approach. He closes the muscle, fascia and skin. The closure should be tension free to avoid dehiscence and implant exposure. Patients are instructed not to sit for three weeks and surgeons are advised to be alert for sciatic nerve symptoms.

Dr. Scot Glasberg gave an update on the ASPS GRAFT registry. The background is that the FDA requires obtainable approval and clearance for biomedical devices and treatments that do not meet the standards of minimal manipulation and homologous use. The FDA CBER division regulates tissue transfer and, in this capacity, the FDA is concerned that autologous fat transfer to the breast is a non-homologous use of fat. The reasoning is that because the function of the breast is lactation and fat does not contribute to lactation; this then constitutes a non-homologous use. As of the meeting date, the FDA is considering 4 draft guidelines. When these guidelines are finalized we can hope that based upon ongoing testimony that the FDA will permit fat grafting only with fat that has been ‘minimally manipulated’ and understanding that fat has both structural and functional capabilities. Centrifuging, washing and filtering should be allowed as part of the standard of care, but other treatments such as adding P188, enzymatic digestion, and genetic manipulation will probably not be permitted. In addition, any discussion or marketing of stem cells will probably not be allowed under the final guidelines. We are reminded to register and enter cases into the GRAFT registry to maintain our membership in ASPS. If you do not perform fat grafting, no action is necessary. With 70,000 fat grafting cases performed annually by ASPS members, the FDA is anxious to see this data to establish a firm standard of care. By providing this valuable data, the FDA will be much more mindful and considerate when issuing future guidance in this area.

Dr. Glasberg also updated us on the activities of the New York State Society of Plastic Surgeons, which works on the state level on our behalf. Issues they address include scope of practice, office based operating room requirements and truth in advertising. Membership is $250 and worth every penny.

I look forward to seeing everyone at our Fall Meeting, October 29th. The meeting location has been CHANGED. See you at the New York Academy of Medicine.

Respectfully submitted,
Tracy Pfeifer, MD, MS
LEGISLATIVE UPDATE

William Rosenblatt, M.D.

LEGISLATIVE UPDATE

Changes to MLMIC:
What will Berkshire Hathaway’s takeover of MLMIC mean to you?

By now, you should have read about Berkshire Hathaway’s planned purchase of MLMIC. The main question those of us who are insured with MLMIC is: “What will it mean to me?” I have spoken to the leadership of MLMIC and they have assured me that the average physician will see no major changes, and that MLMIC’s leadership will remain the same and the same attorneys will defend you. Berkshire Hathaway likes to take over companies that are well run, they want to be able to use their capital but let the organization remain in control of the company.

In the short run, anyone insured by MLMIC should get a check refunding three years’ worth of premiums in the last quarter of 2017. You might wonder how they can pay out so much money. MLMIC has over $2 billion in surplus and $5 billion in reserves. The reserves cover malpractice verdicts and other payouts; however, the surplus is an asset that is owned by the shareholders of this mutual company. Thus, when MLMIC converts from a mutual company to a stock company, it needs to refund the surplus to its owners. When you look back over the past few years, MLMIC has being giving dividends to its owners each year. These will cease.

Once it is taken over will our premiums rise?

The answer is probably no because in NY State any increase in premiums must be approved by the State Insurance Commissioner. Over the past few years, there have been very few premium increases. Although there have been changes in rating and shifts in areas, in general, MLMIC has had stable premiums.

In our state, although we pay some of the highest premiums in the country, we have seen decreasing numbers of malpractice suits over the past few years. However, the payouts have increased due to the combination of decreasing incidence but increasing severity.

In the past, MLMIC was very conservative with their investment strategy. By adding our funds to the billions of dollars in the Berkshire Hathaway organization, they hope to increase the return, thus decrease the need to raise premiums.

Malpractice Reform: This is still an extremely high priority for MSSNY. If we get the system reformed, then we would pay lower insurance rates. Last year, all of the liability expansion bills were defeated. We continue to advocate for certificates of merit, expert witness qualifications, peer review protections, and reasonable limitation on awards.

Wins in the 2016 Legislative Session: We secured the following changes to the eRx mandate: Eliminated the requirement for physicians to send in information concerning the issuance of a paper script, allowed transmission of an eRx to a centralized site from which it can be downloaded, and we protected patients’ timely access to drugs when not in supply.

We also defeated the dentists’ bill that would have allowed them to perform cosmetic surgery on the face.

Office Based Surgery: The New York State Department of Health had promulgated some minor changes to the rules, while they are trying to get a handle on the numbers of procedures done in OBS centers. Unfortunately, only AAAASF currently provides them with those statistics. If you are only doing sedation in your office, a major change will be the requirement that you monitor CO2 for moderate and deep sedation. Also, the DOH is working on developing an electronic adverse event reporting system that would replace the paper adverse event forms you currently have to fill out. So far, none of these changes have been enacted, but they are on their agenda for further discussion.

Remember, please continue your support for your county and state medical society and we will continue to work with the regional and NYSSPS to defeat regressive bills and encourage useful ones.

William Rosenblatt MD

meeting only discounts for our members and have asked our board members to make themselves available for any of the society members for advice. I do encourage the members to take advantage of the opportunity to come and participate in our monthly board meetings and also share their thoughts about the future plans of our organization by reaching out to myself, our wonderful incoming president Dr. Aviva Preminger, or our administrator, Ms. Shawna Moscovitz, who can be reached at nyrsplast@gmail.com.

The fall meeting has only become possible through the generous donations of a record number of industry sponsors who have partnered with us because they appreciate and understand the value of our Society members. Therefore, I look forward to welcome a record number of you along with friends and colleagues back to the fall meeting.

Please join me in welcoming our amazing speakers, new members, new leadership, and our industry sponsors for the 56th Annual Meeting of the New York Regional Society of Plastic Surgeons in the historic and beautiful New York Academy of Medicine on October 29th, 2016. I thank you for your friendship and support and look forward to catch up with you in the President’s exhibit hall.

Kaveh Alizadeh, MD
President, New York Regional Society of Plastic Surgeons
THANK YOU TO OUR DIAMOND SPONSOR

Thank you to our Diamond Sponsor, Lifecell, for their generous support of the NYRSPS Scientific Programs and Residents' Night.

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