Hitting the ground running: Amid-term report

BY MICHAEL MCGUIRE, MD
ASPS PRESIDENT

My first four months as President have been very busy. There is always a lot of action at ASPS, of course, and our excellent staff at our Executive Office in Arlington Heights, Illinois, our legislative advocates in Washington, D.C., and PR firm, which have been very busy with our ongoing programs, new initiatives, and, of course, unexpected crises. Amid all this activity, there are several significant activities and achievements that you need to know about.

The departure of Paul Pomerantz as ASPS/PSIF Executive Vice President last November necessitated several actions to find his replacement and keep the Executive Office fully functional during the interim. Lynn Kahn, staff vice president of Programs, and William Sewell, staff vice president of Health Policy & Advocacy, were selected in September to serve as interim executive directors, and each has gradually assumed staff leadership responsibilities before Pomerantz’s departure. They’ve done an excellent job in managing the central office and have provided tremendous support during the turbulent times since I’ve assumed the presidency. In Canada, I was invited to the close of Plastic Surgery 2009 in Seattle. After an extensive outreach effort, our Society has selected a search firm to lead the selection of Pomerantz’s successor. The ASPS/PSIF Executive Committee interviewed three finalists in Seattle before selecting Korn/Ferry International — the largest and most experienced executive search firm in the world. Korn/Ferry will conduct 30 interviews and with more than 10,000 senior-level searches conducted each year. Lorraine Loret, a Korn/Ferry senior leader based in Chicago, will be the search director. As a founding director based in Chicago, she is serving as a lead for our search, and they bring a wealth of experience in this field.

The work of the search committee is focused on identifying the right character, qualities and experiences of our new executive director — has been held. Senior staff leaders as well as the Board have been involved in this process and expedites. A process was thereby developed to guide the search process, and the search itself has begun. The goal is to have the new staff leader chosen by mid-January, but the process will not be rushed.

Erasing the 'Botax'

On Nov. 21, shortly after the conclusion of the annual meeting, a California Republican state tax surgery tax (the so-called "Botax") was written into the Senate health care reform bill. Seen as a way to pay for the enormous cost of universal health care, it was initially as a "done deal" — after all, who would oppose a tax on "vanity surgery for the idle rich?" We immediately launched a grassroots effort to educate senators and the public about the true scope of aesthetic surgery, the middle-class female population that would actually be impacted the most, and the very unappreciated experience with a procedural approach to surgery.

We also worked closely with ASPS and the other specialties that would be impacted to develop a strategy: make contacts, raise questions, and connect the campaign from multiple angles. Industry partners that would be positively impacted by the tax were also closely involved, and we reached out to broadcasters for additional assistance. Many individuals worked intensely hard during the short time frame available to impact this legislation.

I am happy to report these efforts led to the removal of this unfair and inappropriate tax from the final Senate bill. In any battle such as this, it’s often impossible to identify the single responsible factor, and in reality, it was probably a combination of efforts. I want to thank all those who contributed money, time and effort to this singularly important victory.

Focus on international outreach

One of my principal goals for this year is to develop and launch a vigorous and comprehensive international outreach program for ASPS/PSIF, in order for the Society to play a greater role in the worldwide plastic surgery community. Initial steps have been taken in this effort by several previous presidents over many years, and in 2008 a Memorandum of Understanding was signed by then-ASPS President Rick D’Amico, MD, with the Australian Society of Plastic Surgeons — and that agreement was signed by Dr. Canady with the New Zealand Society of Plastic Surgeons in 2009. These agreements serve to:

- Facilitate international membership in ASPS for members of the selected national societies
- Allow international members to attend our annual meetings at a reduced fee
- Mutually endorse meetings of our partners and our own international programs
- Develop other mutually beneficial programs

The opportunities will vary with each new memorandum, depending on the desires of each country, but these partnerships are intended to provide value to both sides. Only carefully selected national society partners will be approached — this depends on the recognized quality of the training, certification and membership requirements of each country’s Society — but the goal is to develop a network of the leading societies around the world to enhance education, provide opportunities for scholarly exchange, assist with advocacy efforts and improve the quality of plastic surgery and patient safety around the globe.

A major step in this process was taken with the creation of a new and diverse ASPS International Committee under the chairmanship of Dr. D’Amico. I appointed the initial members based on their potential to consult.
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tribute to a collegial effort internationally, and these leaders include several prominent international colleagues – Phillip Blonded, MD (Belgium); Joao Carlos Sampaio Goet, MD (Brazil); Daniel Marchac, MD (France); Howard Webster, MD (Australia); and Fu-chun Wei, MD (Taiwan). In addition, ASAPS President Renato Salz, MD, and Paul Nahai, MD, president of the International Society of Aesthetic Plastic Surgery (ISAPS), are committee members. Following an intense focus on international outreach at the ASAPS/CSAPS strategic planning sessions in 2009, the committee has taken the goals developed during those sessions and further refined the focus, actions, and timeline for the programs to be developed.

Another major step in this process was a series of meetings with multiple national society leaders at the meeting of the International Confederation for Plastic, Reconstructive and Aesthetic Plastic Surgery (ICPRAS) held in New Delhi, India, in November. I was joined by William Kazon, MD, Peter Neligan, MD, and Dr. D’Amico for discussions about our programs with leaders from Brazil, China, Egypt, France, India, South Africa, Sweden, Taiwan and Turkey. There was unanimous interest in developing a closer relationship with ASAPS/CSAPS and I’m proud to announce that a Memorandum of Understanding will be signed with the Brazilian society in March and the French society in May. The Chinese are also very anxious to work with us, and we are in the process of developing a scholar exchange program with them under the leadership of Dr. Kazon and the ISAPS International Scholar Committee.

Special annual meeting emphasis

We’re planning a major international focus at Plastic Surgery 2010, slated for Oct. 1-5 in Toronto, and we plan to invite many of the international leaders to participate in our Opening Ceremonies. A special session focused on international presentations is also planned for the first time, and we are working closely with both the Canadian Society of Plastic Surgery and the Canadian Society for Aesthetic Plastic Surgery (CSAPS) – the latter to hold its annual meeting concurrently with ours. It should be a unique meeting of the entire specialty, both from North America and the entire world.

Recently, focus has been directed to the breast implant issue outlined on the cover of this issue of PSN, and in this case, as in many of our activities, there has been a very successful and open collaboration with our sister societies. Working together with our fellow society leaders makes the process more successful, effective, and productive. I want to personally thank Dr. Salz and Laurie Gates, MD, for their invaluable efforts during a short – but very intense – period to deal with this challenging issue, and for their partnership with Dr. Kazon and me as we develop the program to answer the questions posed.

Another part of that collegiality is reflected in this issue of PSN as I have invited the presidents of many sister societies to prepare a special “President’s Message” from each society perspective. Each PSN issue will include these remarks – the first one is from American Society of Maxillofacial Surgeon President Minnis Cohen, MD (see page 21).

There’s a lot more to come on these issues and many more. Stay tuned.

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included contracture releases, skin grafts, groin flaps, tendon transfers and joint reconstructions. Based on cultural expectations and aesthetic considerations, amputations were almost always avoided. While most of the surgical planning and procedures had a distinctly Western feel, the postoperative care, including pain control, had a largely Eastern approach that involved acupuncture, herbal medicine, and a Chinese version of Reiki – a Japanese technique for stress reduction and relaxation.

The world is watching

The events were documented not only by many members of the Chinese media, but by David Ross Smith, a film producer for National Geographic, who intends to create a documentary about HandReach. During the first case, 18 photographers, videographers, reporters and students converged in the OR, to watch us perform a DIP arthrodesis. The following morning, this story of medical exchange and collaboration was featured as the lead article in the Beijing Times – sharing the front page with another story about a 7.0 earthquake in Haiti. It was this moment that I realized how interconnected our world is – and could picture many of my fellow plastic surgeons mobilizing to provide medical care in that country.

The resourcefulness, skill and dedication of Dr. Cao’s team was remarkable and on a par with any group of American surgeons. What was fascinating is that we were able to operate with these surgeons without having to say much. We were linked by our profession and connected by our calling to serve patients with burn injury. This commonality allowed us to transcend any differences in language, political ideology, or even taste in food. Communication, it turned out, was quite easy.

The week concluded with an academic conference, filled with lectures, farewells and presentation of gifts. This time with the Americans wearing suits and the Chinese out of their military uniforms, we were treated to an unforgettable day of cultural sightseeing that included Tiananmen Square, the Forbidden City – and McDonald’s.

I did not get a chance to see the Great Wall. But I have already decided that I will visit this ancient wonder on my next visit to China. I sifted into Lhasa, closed my eyes and exclaimed, I slept almost the entire way to San Francisco.

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