

ASOCPconnect

Network With Us



JULY/AUGUST 2015 ♦ VOLUME 1 ♦ NUMBER 4

YOUR LINK, YOUR VOICE, YOUR SOCIETY

The Serious Issue (sort of)



Adipose Tissue
& The Breast



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Annual Meeting



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Jaime Calderon, MD



Thinning Implications
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AMERICAN SOCIETY OF COSMETIC PHYSICIANS
Cosmetic Education Without Boundaries

Pirouetting Path

Beth Comeau

Maryland Youth Ballet Circa 1984:
performance: coronation of the dragonfly queen

by **Beth Comeau, MD**

There is something unmistakable about beauty in the arts and the quest for knowledge that feed my soul. Growing up, I had an insatiable passion for ballet. I trained intensively throughout my youth to fulfill my dream of becoming a professional ballet dancer. Due to my concentrated ballet program, I was permitted to leave school early as part of an accelerated program to train. I was on track to becoming a professional dancer, and while on tour in Milwaukee, I had an unsettling concern about not attending college. Also, I knew I could make it as a dancer; however, I was never going to be the principal in a world-renowned ballet company. The summer after my high school senior year, I decided to attend the University of Maryland back home.

As a young college student, it was hard for me to find a field that inspired me as much as ballet did until I found medicine. The fire was again ignited, as the desire to help innocent, beautiful children became my newfound passion.

After completing medical school, and pediatric residency, I joined the faculty of the University of Maryland School of Medicine as an Assistant Professor of Pediatrics and worked as a Pediatric Hospitalist in the in-patient units and Emergency Room. Through working in

an acute care setting, I became more confident in my technical skills, and discovered how much I enjoyed using my hands in medicine to perform small surgical procedures. I became adept at placing pediatric lines, spinal taps, incision and drainage of abscesses. Additionally, I enjoyed teaching these skills to bright-eyed new residents almost as much as performing them.

Although working long hours and overnights was no stranger to me, by the eighth year of this intense schedule (and giving birth to my own two children) my heart was resisting. The night shifts were

"I finally found an organization with experts in the field with such a willingness to share and teach what we all have an incredible passion for."

taking its toll. After receiving a cardiac ablation for ventricular tachycardia and a new diagnosis of atrial fibrillation, I decided I better listen to my own body or I wasn't going to be around to see my own children grow up. I went part time and spent some much needed time with my family. I kept up my skills while working in an ER affiliated with the university, but listened to my cardiologist and never took a night shift again.

My husband and I had our third child in 2004, and when she was getting old enough to go to school, I wanted to go back to work full-time and looked into aesthetic medicine. When I took my first class in the fundamentals of Botox and dermal fillers I fell in love. It was the perfect blend of procedural medicine, the art of line and beauty, and giving the gift of happiness to my patients! I was hooked.

I opened my practice in 2009 and made

sure that I was well trained on any procedure that I brought into it. I bought my first laser after educating myself on the clinical applications, physics, and the complexities of these devices. I became a fellow of ASLMS, a member of AAAM, AACS, and took advantage of any educational events I could find. I feel fortunate to have been introduced to ASOCP by Dr. Richard Goldfarb, as I never before felt I had a mentor in this business- as my training is not in a "core" specialty. I have been seeking and craving this mentorship that the ASOCP provides. It was a reas-



suring feeling to know that I finally found an organization with experts in the field with such a willingness to share and teach what we all have an incredible passion for. I attended my first conference last fall in Phoenix, Arizona and met some great friends who share my enthusiasm for cosmetic medicine.

I am now in my sixth year of practice and my incredible staff has me busy full time doing what I absolutely love!





Robert Dryden, MD

by: Annette Estrella

A Passion For Majestic Beauty

From the moment I walk through the French styled doors I can sense an appreciation for elegance and class; etiquette personified at every glance. I'm asked very politely to wait for Dr. Dryden as he is finishing up a procedure. As I look around I'm intrigued and slightly nervous since it's my first "in person" interview. No need to fidget I tell myself, be poised and collected. His assistant leads me to a conference room where Dr. Dryden greets me and is genuinely excited to partake in the interview. As I had pre-conceived, a very eloquent persona gives me full reign to begin the Q & A session. Please enjoy a firsthand glimpse into the world of Dr. Dryden.

AE: How long have you been in practice?

RD: I've been in practice for 44 years.

AE: What is the most rewarding part of being a Cosmetic Physician?

RD: The ability to make people happy; to know that you helped them achieve their vision is extremely fulfilling.

AE: What is your favorite procedure to perform and why?

RD: My favorite procedure to perform is a Breast Augmentation. The breast is beautiful. When the patient witnesses their results they're extremely thankful and happy. It is an incredibly rewarding feeling.

AE: What specific technology or technique have you implemented in the last few years that has given you the best return?

RD: Abdominoplasties, over the past 4-5 years I've found to be extremely successful. The removal of the apron or pannus; it's the culmination of both the surgeons and the patient's dedication and effort. Post surgery the satisfaction endured by the patient is priceless. It's reaching the destination of a powerful personal journey that is so remarkable.

AE: Do you advertise your practice using social media?

RD: Minimally, I needed someone in the office that could devote the time to develop strategic social media campaigns, since everyone is already extremely busy; we hired YODLE (marketing company). Their services have indeed proved to be very impressive.

AE: When you need to get your mind off of your practice, what activities or hobbies do you participate in?

RD: I have a ranch in western Nebraska; it's a wonderful escape. It's an 18 hour drive to our cabin, definitely worth the scenic drive.

My passion lies in breeding Arabian horses, for years I've studied their bloodlines. I've had the honor of breeding beautiful, athletic and structurally sound, prize winning horses. These majestic animals really provide a change of pace. The hard work invested definitely pays off; the peace you feel from interacting with a horse is priceless. "There is something about the outside of a horse that is good for the inside of a man."-Winston Churchill

AE: In a growing society what attributes give your membership value; what services are offered that offer the best return for your expense?

RD: ASOCP in particular is composed of a very friendly group of doctors. The information offered; exclusively for CAVS (Congress of Aesthetic Vaginal Surgery) is extremely resourceful. The Annual Meeting is excellent year after year. Topics are current and the speakers experts within the field.



Dr. Robert Dryden has three loves: his family, the practice of cosmetic and reconstructive surgery; and the showing, breeding, and riding of Arabian horses. He lives on the outskirts of Tucson, Arizona, at the base of the Rincon mountains and near the Saguaro National Park where he loves to ride his beautiful horses with his family and friends.

ADDRESSING PRACTICE DEVELOPMENT AT THE:

Practice Wing



Whether you've been in practice for a few months or a few decades, the impression you make on your patients each time they walk through your door is incredibly important. So, when it's time to hold your Open House, keep in mind our top tips for success.

- ① Decide on the focus of your event, and which features of your practice you want to highlight. If you're offering demonstrations on certain pieces of equipment, make sure to invite your vendors to participate. Ask what they're able to donate to support the event, whether it be in-kind product, food or samples, and invite them to offer their product's demonstrations themselves. They have a vested interest in your practice, after all: the more products and procedures you sell, the more you'll be buying from them!
- ② Properly promote your event to both new and existing patients. Make sure to include postcards that will arrive at their homes, a paid advertising or press promotion with your local media, social media and an e-newsletter campaign. When you're sending out invitations, make sure to include all of your press contacts as well with a personal invitation WELL in advance of their outlet's deadlines, in case they want to promote the event.
- ③ Decide on the specials you'll promote for that night, and make sure to share them with each and every staff member.
- ④ Make sure you're properly staffed, and your staff is working as a team with smiles on their faces. While this is of course important, each and every day they come to work, remember your guests can't properly enjoy themselves if they don't feel welcomed by their hosts.
- ⑤ As simple as it sounds, make sure you're fully stocked on all necessary items. From napkins and paper towels, to your customized skincare line and laser tips, you want to make sure you aren't left empty-handed mid-event.
- ⑥ When hosting the event, offer your guests light fare, such as fruit, cheese and other appetizers, especially if they're coming directly after work. Be careful when it comes to alcohol, however: make sure to not offer any sort of demonstration or treatment on a patient who has been enjoying cocktails, or any treatment where consent may be required.
- ⑦ Offering a raffle does two things for your practice: it gives you a way to collect the data of all guests, updating your database for future communication, and it gives your winning guests a reason to come back soon!
- ⑧ Follow up with your guests after the event. Send out an email letting them know how much you enjoyed having them at the event, and that you're extending your specials for that night JUST FOR THEM.
- ⑨ Follow up with all press that attended, sending them 4-6 photos with captions as well for them to run in their event sections. Doing this in a timely manner is key to ensure you don't miss deadlines.
- ⑩ When evaluating whether your event was a financial success, make sure to tally up ALL expenses, including, but not limited to, cost of goods sold, employee time, catering and marketing efforts, for starters. Make sure that your event was actually as profitable as it appeared!



Contributing Authors

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Have any questions, comments or concerns?
Contact us at (520) 574-1050 or via email
info@cosmeticphysicians.org

Part 2: 4S Facelift: Modified Minimal Access Cranial Suspension

Methods and Materials

Since december 2012, we have been trying to perform a procedure that simplifies the macs process by undermining broad and subcutaneously using progressive tunnelizations; employing the dilson luz method. on deep, temporal fascia, we use double tipped needles to develop u and o purse string sutures on smas and platysma through a small incision in the temporal region.

In some cases and if necessary, we will perform liposuction with undermining concurrently.

We operated on 47 patients using this technique. the mean age was 48 with the eldest patient 58 and the youngest patient 39. all patients were in good health with convenient radiological and laboratory assessments and preoperative internal

medicine service test.

When necessary, we raised the malar fat bag. this was achieved using previously mentioned subperiosteal dissection with the assistance of long lasting speculated absorbable sutures over the deep temporal fascia.

Surgical Technique

Patient Assessment

We first have to indentify the condition of the patient prior to the surgical procedure. We give a clear explanation of the goals to inform the patient of our process. Five days prior to surgery we give our patients pro-coagulant therapy with ethamsyalte v.o. the day before surgery we also give to the patient orally, antibiotic therapy.

Standardized Photo Documentation



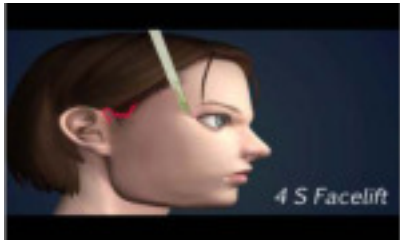
Patient Marking



Sterile Technique



Local Anesthesia



Part 2 of 3

Undermining and Liposuction of the neck Incisions



Tunneling and Undermining



Purse Sting Sutures



Trimming Skin



Suture



Redefining the Mentocervical angle



Skin Resection

Dr. Jaime Calderon Ortiz
Dr. Marco Antonio Conde Pérez
Dr. Sanjeev Sharma
Dr. Guillermo Blugerman

...stay tuned
Part 3 in Next Issue





Thinning Implications

"Although hair loss is commonly considered to be a result of old age, especially for men, there are actually several more scientific reasons for the hair loss rather than age."

by:
George Solomon, MD

Hair loss is starting to be a very common issue in today's society and as it is a growing problem, there are also many solutions. Although hair loss is commonly considered to be a result of old age, especially for men, there are actually several more scientific reasons for the hair loss rather than age. Hair loss equally affects both men and women, however, it can be tolerable and even considered powerful to be bald as a man, whereas it is always seen as detrimental to have hair loss as a woman. Today, over 25% of all women are experiencing hair loss, and 50% of women over the age of 40 are experiencing androgenetic alopecia.

The average person has about 5 million hair follicles throughout the body and anywhere between 100,000-150,000 on the scalp alone. Usually hair loss is concentrated

to just the scalp but in certain cases may also result in hair loss throughout the body. The most common form of hair loss in both men and women is androgenetic alopecia, in which the hair loss begins between the ages of 12-40 but isn't very noticeable until perimenopause. The other types of hair loss are

from scarring alopecia, in which the primary and secondary hair follicle is damaged, and non-scarring alopecia, in which the hair follicle is normal but the cycling of the hair growth is abnormal. In the case of scarring alopecia, the cause is primarily infection, fungal, bacterial, or protozoan. In non-scarring alopecia, the cause can be endocrinological or non endocrinological. Recently, there has been solutions to improve the results of hair loss from even the more uncommon causes.

Since there have recently been solutions to fixing some of these hair loss problems with hair transplants, there has not been as much focus on the psychological impact of hair loss, especially for women, as has been on physical impact. As we all know, women care dearly about their appearance. We also know how much they are affected by not matching

up with society's standard of beauty, such as looking just like Jennifer Aniston or Kim Kardashian on the covers of magazines. These images of what society views as beauty make most women feel inferior to this and try to do almost anything to look like that, which leads to several disorders such as bulimia and anorexia. Hair loss is no different, and women who have these issues struggle to be satisfied with their appearance. As a medical society, we should focus on improving every aspect of people's lives from physical to emotional to psychological, we cannot treat one without the other and we should help promote the psychological impacts of hair loss.



Dr. George Solomon is a board certified cosmetic surgeon

who has over 19 years of experience in cosmetic and anti-aging procedures. His commitment to his patients goes beyond his medical training and education. He is known for his meticulous attention to detail and his willingness to take time on procedures to ensure that his patients achieve their goals and that all procedures performed are up to his high, artistic standards.

EDUCATE



celebrate



REASONS YOU MUST ATTEND

ACCESS

- ❖ enjoy unmatched access to colleagues from every facet of cosmetic medicine
- ❖ intimate setting allows unique opportunity to intermingle with faculty
- ❖ unlimited admittance to sessions and exhibit hall

LEARNING

- ❖ learn from other physicians who have built successful cosmetic practices
- ❖ learn about the latest cosmetic procedures and newest technologies
- ❖ share valuable insights and information with your colleagues

VALUE

- ❖ earn AMA PRA Category 1 CME Credits™
- ❖ enhance productivity in your practice and the safe care of patients

NETWORKING

- ❖ network with industry leading sponsors
- ❖ collegiality and friendships are always a highlight of our cosmetic conference

something for everyone!

ASOCP 2015
10 YEAR CELEBRATION

**10th ANNUAL
COSMETIC
CONFERENCE**
OMNI ChampionsGate
Orlando, FL
October 8-11, 2015

PRELIMINARY PROGRAM TOPICS

Non-Invasive Procedures

Botulinum Toxin,
Dermal Fillers
Laser Hair Removal
Cosmeceuticals
Laser Skin Resurfacing
PDT Therapy
Sclerotherapy
Non-Surgical Varicose Veins
Non-Surgical Rhinoplasty,
Chemical Peels
Microdermabrasion
Hyperhidrosis
Tattoo Removal
Politics and Marketing



Office-Based Cosmetic Surgery

Liposuction
Laser Liposuction
Body Contouring
Abdominoplasty
Breast Augmentation
Facelift
Aesthetic Vaginal Surgery
Endovenous Laser Ablation
Phlebectomy
Gynecomastia
Physiology of Fat
Science of Fat Harvesting
Fat Transfer
Facial Fat Grafting
Fat Grafting to the Hands
Brazilian Butt Lift
Fat Grafting to the Breast
3D Evaluation of Fat Grafting
Tissue Processing
Platelet Rich Plasma
Adipose Derived Stem Cells
Hair Transplant and Facial Implants
Future Role of Fat Reinjection in Cosmetic Surgery



Practice Management Seminar

How to Pay for the Stuff you Need
Employee Interviews and Performance Reviews
Benefits, Risks & Rewards Associated with Buying Lasers
Team Building
The Smile Prescription
Payment Security Federal Mandate
Preparing for the Unexpected
Maximizing Your Internet Results
Patient Communication
Leasing, Loan & Liars:



Congress on Aesthetic Vaginal Surgery CAVS

Gynecology, Urogynecology, Plastic Surgery, Cosmetic Surgery, Dermatology,
Medico-legal, and Marketing, Marketing and Internet Strategy,
Labiaplasty Review, Wedge Labiaplasty, Labia Majora Augmentation,
Sexual Dysfunction, Erbium Laser in Vaginal Rejuvenation, CO₂ Laser
Vaginal Rejuvenation, Pelvic Pain and Dyspareunia, Botox Use in Vagina,
PRP Use in Gynecology and the O-Shot, Female Genital Mutilation & Reconstructive
Repair Techniques, Vaginal Repair using Amniotic Membrane Graft,
Surgical Vaginal Rejuvenation

ORLANDO

AN INVERTED STANCE

Before inverting the American flag in

course, would effectively outlaw

be restricted in his options in dealing with

health and welfare of the patient.

Being well informed and becoming involved will affect future cosmetic procedures.

Please refer to the last page of this issue titled, "The FDA, Adipose Tissue, the Breast, your patient, YOU" for more information.



this issue of ASOCP Connect, the society checked:

The United States Flag Code Title 4, Chapter 1

8(a) The flag should never be displayed with the union down, except as a signal of dire distress in instances of extreme danger to life and property.

The flag was specifically inverted to call your attention to the current activities of an agency of the Federal Government.

This agency, if not dissuaded from its present

placing adipose tissue into the breast.

In addition the agency would expand from regulatory medical devices and drugs to regulating the physicians' medical practice.

The prohibition would ban procedures, practiced by the cosmetic physician since, 1983. The patient would not have a right to use their own tissue for re-implantation in their own breast.

The physician would, by government action,

post mastopexy, post radiation therapies.

The financial consequences to the physician and to medical costs are very significant.

The emotional costs to the patient would be real.

The ASOCP considers the actions of this Federal Agency to be a dire threat; having far reaching consequences in the practice of medicine, the financial well being of the cosmetic physician and the



Are you an ASOCP member? Why not?

The American Society of Cosmetic Physicians (ASOCP) is an organization which encourages the open exchange of ideas, techniques, patient safety, technological advancements and complications. ASOCP is proud to have faculty, members, and healthcare professionals from all specialties who are open to sharing their knowledge and expertise. Membership in the ASOCP has seen constant growth and now consists of over 800 members from different countries.

ASOCP MEMBER BENEFITS:

Certificate of Membership



Don't just say you're a member, show them you're a member

Completion Certificate on Workshops



Receive a certificate that shows you have completed CME accredited educational event on a particular subject

CME credit on all ASOCP sponsored events



Every ASOCP event or sponsored event will be offered with CME's

Use of the ASOCP logo



Members will receive free access to the use of the ASOCP logo

Social Media



Collaboration between members and the community through Facebook and LinkedIn

Updates on Upcoming Events



Receive emails and mailers on upcoming workshops and events so you can stay informed

Discount on all ASOCP sponsored education



Because continued education is important, stay informed for a discount on all workshop and annual meeting

MEMBERSHIP TIER LEVELS:

Partner (MD, DO, DDS, DMD)

\$5,000

- has fulfilled the fee schedule for lifetime membership
- holds a genuine interest in maintaining and encouraging the mission of the ASOCP
- holds a license that is current and unrestricted
- performs or is interested in cosmetic medicine

Physician (MD, DO, DDS, DMD)

\$500

- holds a genuine interest in maintaining and encouraging the mission of the ASOCP
- holds a current and unrestricted license
- performs or is interested in cosmetic medicine

Aesthetic Professional

\$250

- holds a genuine interest in maintaining and encouraging the mission of the ASOCP
- performs or is interested in offering services related to cosmetic medicine
- non-physician


Resident

No Cost

- holds a current and unrestricted license
- currently participating in a residency or fellowship program-holds a genuine interest in maintaining and encouraging the mission of the ASOCP

Join The Evolution





Fat grafting for buttocks augmentation: Combined technique gives good results

Have you ever dreamed of taking fat from one area where you had a little too much, and transferring to somewhere you wanted a little more? A Brazilian plastic surgery team has done just that, using a combined liposuction and fat grafting technique to augment and enhance the buttocks, reports a study in the May issue of *Plastic and Reconstructive Surgery®*, the official medical journal of the American Society of Plastic Surgeons (ASPS).

Rodrigo Gouvea Rosique, MD, PhD, of Master Hospital of Plastic Surgery in Goiânia, Goiás, Brazil, and colleagues outline their safe and effective technique of "gluteoplasty with autologous fat tissue" for buttocks augmentation. They write, "This gluteoplasty technique is simple and inexpensive, with minimal morbidity and excellent results."

Simple Approach Combines Liposuction and Gluteal Enhancement

The researchers report on their technique and outcomes of liposuction and fat grafting in 106 women, average age 33 years. In an initial liposuction step, the plastic surgeons obtained fat from areas like the thighs or hips.

This was followed by a gluteoplasty step, in which the collected fat was reinjected to sculpt and enhance the appearance of the buttocks. The researchers limited their evaluation of the results of the technique to patients with no major weight loss or gain during the year after surgery.

On average, about one-half liter of fat was transferred to the gluteal region. None of

the women had any medical complications or infections. Five patients had a minor fluid collection (seroma) in the area where the fat was obtained.

At one year, the patients were highly satisfied with their results. All were satisfied with the appearance of their waist and 97 percent with the appearance of their buttocks. Three patients underwent a further procedure to enhance their cosmetic results -- in two cases, to reduce the volume of gluteal augmentation.

Plastic surgeons are seeing growing demand for gluteal or butt augmentation procedures. A number of different techniques have been used for this purpose, including gluteal implants.

However, implant procedures have disadvantages related to cost, durability, and complications. Performing butt augmentation using fat obtained by liposuction -- sometimes called the "Brazilian butt lift" -- provides a more flexible approach using the patient's own tissue.

Fat grafting procedures -- obtaining fat from one area of the body and transferring it to another -- are finding a growing range of uses in both cosmetic and aesthetic plastic surgery. Dr Rosique and colleagues extended this technique to gluteoplasty, combining liposuction to reduce fat in areas where there is too much and using it to enhance the buttocks.

They find good results using the combined liposuction/gluteoplasty technique to

improve the contour and, when needed, the projection of the buttocks. They outline important technical considerations for plastic surgeons, illustrated by a supplementary video on the Plastic and Reconstructive Surgery website.

Dr. Rosique and colleagues note that their procedure provides the best results when the planned fat transfer is less than about one-half liter. They also emphasize that the cosmetic outcomes aren't determined by the amount of fat grafted, but rather by the plastic surgeon's combining careful surgical technique and aesthetic judgment. They conclude, "A good result does not depend on a lot of fat infiltration, but in a harmonious way of combining the elimination of fat by liposuction and fat grafting for buttocks sculpting, even with lasting results."

UPCOMING WORKSHOPS

LARGE VOLUME FAT GRAFTING

July 2015

Edward Zimmerman, MD

Location: Las Vegas, NV

ABDOMINOPLASTY LIPOSCULPTURE & LARGE VOLUME FAT GRAFTING

August 1-2, 2015

Harold Bafitis, DO

Location: Jupiter, FL

LIPOSUCTION & LARGE VOLUME FAT GRAFTING

August 15-16, 2015

Gregory Crichlow, MD

Location: St James, Barbados, BVI



The FDA, Adipose Tissue, the Breast, your Patient, **YOU**

In December 2014, the Food and Drug Administration issued its Draft Guidance: "Human Cells, Tissues and Cellular & Tissue-based products (HCT/Ps). Code of Federal Regulations Title 21 Part 1271

If adopted, **THE FDA** would effectively **"OUTLAW" PLACING ADIPOSE TISSUE INTO THE BREAST.**

During the comment period which ended February 23, 2015, public submissions were received from 49 individuals, societies, and business entities. Three state plastic surgery societies and the **AMERICAN SOCIETY OF PLASTIC SURGEONS** provided rebuttals to the FDA's proposed positions. The ASPS response consisted of an eighteen page well crafted, thorough and robust document. This is a must read for all cosmetic physicians involved with adipose tissue.

Hopefully, the 49 responses will be enough clarification and guidance for the FDA to modify its position.

At this point, the FDA will issue either:

1. The Final Version of the Guidance
- OR
2. Another Draft Guidance for Industry Review

Let us pray that if it is a Final Version, the 49 submitted comments will cause the needed modifications.

If another Draft Guidance is the result, **ASOCP WILL ALERT THE MEMBERS OF ITS SOCIETY AND THE 10,000 COSMETIC PHYSICIANS IN WHICH WE ARE IN CONTACT.**

Go to the Source, visit The FDA website below:

www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/cfrSearch.cfm?cfrPart=1271

Visit this link for: Comments/Responses

<http://www.regulations.gov/#!docketBrowser;rpp=0;dc=PS;D=FDA-2014-D-1856;refD=FDA-2014-D-1856-0001>

Contact us to receive a copy of this document or receive any other information: info@cosmeticphysicians.org or by phone: 520-574-1050

An Observation A Commitment, and an Offer

If the FDA Guidance for industry could affect thousands of cosmetic physicians and their patients, only 49 responses appears to be a modest reaction indeed.

Either the cosmetic physician just wasn't that interested or was unaware of the situation. I would suggest that what we are dealing with is a lack of communication.

Weaving one's way through the FDA and regulations.gov websites is truly a challenge.

It wasn't until the May/June 2015 issue of MedEsthetics that the Andrew S Littleman, Esq article "FDA and Autologous Medicine was published - 3 months after the deadline to register a response to the FDA.

ASOCP and ASOCP Connect are committed to making its members aware of forces that could adversely affect the practice of the cosmetic physician.

Accordingly the ASOCP will monitor the activities of the FDA as it related to adipose tissue and the breast.

The ASOCP will keep you informed in a timely fashion.

The fat/breast discussion will not be the last, serious threat to the cosmetic physician.

If you hear something "going wrong" notify the ASOCP. The ASOCP will investigate the issue, and if it has National or State wide importance, **WE WILL INFORM THE 10,000 COSMETIC PHYSICIANS THAT RECEIVE ASOCP Connect.**

If appropriate action or response is necessary, the Society will assist in the process.

The American Society of Cosmetic Physicians is your link, your voice and your society.

www.cosmeticphysicians.org

American Society of Cosmetic Physicians

8000 South Kolb Road, Suite 101

Tucson, AZ 85756

cosmeticphysicians.org

PRSRT STD
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YOU MAY BE LOSING YOUR RIGHT
TO IMPLANT ADIPOSE TISSUE INTO
THE BREAST

Not if the ASOCP can Help it!



PRE-OP

ASOCP 2015

*The Work
of a
Cosmetic Physician
?*



POST-OP