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Maxillofacial News

AMERICAN SOCIETY OF MAXILLOFACIAL SURGEONS

PRESIDENT'S MESSAGE
What ASMS Can Do for You!
By Gregory R.D. Evans, MD

What an exciting year! ASMS stands strong in commitment to its members and has positioned itself with both short and long term objectives to bring value to your membership and support the field of craniomaxillofacial surgery. Briefly, I would like to outline where we are today.

Our Annual Meeting this fall will be held in San Francisco, an exciting annual meeting venue. The ASMS President's Reception will be held at the St Francis hotel which offers a beautiful view of the city. The scientific program offers hundreds of programs on all aspects of plastic surgery including a strong craniomaxillofacial track. (See Page 5) The business meeting will be held on Monday Oct. 9th at Noon. Mark your calendars to be there and offer leadership your input. Andy Wexler, MD has assembled a remarkable faculty for the ASMS/PSEF symposium titled *Orbits, Brows and Beyond*, on Friday Oct 6. Residents will be able to attend at a reduced fee, plus this educational opportunity offers CME credit.

Warren Schubert, MD and Andy Wexler, MD continue to improve and revise our flagship educational program the Basic Maxillofacial course. We have been fortunate to obtain corporate support from KLS-Martin, L.P., Synthes CMF, and W. Lorenz Surgical to assist with this educational opportunity over the next 5 years. The next basic course will be held Aug. 4-6 at Northwestern University in Chicago. We will alternate the course between East, Midwest and West locations over the next 5 years.

ASMS has completed, with the support of Walter Lorenz Surgical, an educational book on craniomaxillofacial surgery. Written by Barry Eppley, MD this "green book" on the basics of craniomaxiofacial surgery has been distributed to residents and medical students. If you would like a copy please call or email Peggy O'Carroll at 847-228-3338 or po@plasticsurgery.org.

Additional educational opportunities will take place September 13 when ASMS will co-host the European Association for Cranio-Maxillofacial Surgery Meeting in Barcelona. Brochures for this meeting will be mailed under a separate mailing so I would ask everyone to keep an eye open for these announcements.

We continue to adjust and revise the web page. Opportunites are being

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Look Inside for Details!

ASMS: Moving Forward with Its Members

One year ago the ASMS Board solicited input and feedback from its members on their needs. Since that time, the ASMS leadership has used this information in the development of several initiatives to assist the Society and its members. In addition, several more developments that utilize the framework provided by the 'ASMS Member Needs Survey' are in the planning stages. Therefore, it is useful to review some of the findings provided by the "Needs Survey" and their implications for program development.

The 'Needs Survey' contacted 533 members and 78 members responded for a total response rate of approximately 15%. While this response rate is in line with other national surveys, it highlights the need for membership involvement in THIS organization. While I am certainly one of the physicians that feels surveyed to the point of numbness over the past few years, the 'Member Needs Survey' was a core survey designed to further the development of this Society. Of those who responded to the Survey, 23% were in solo practice, 10% were in small group practices, and over 50% were in an academic practice. The ASMS encourages input from all of its members. The identification of ASMS members' issues and the development of organizational policies are based upon this survey tool. The more people that have input into this process, the more reflective this will be for all members, and hopefully, the more effective the Society will become for its members. There will be many more opportunities to provide your input and participate in this Society over the next eighteen to twenty-four months as policy develops.

The 'Needs Survey' revealed that the practice profile of respondents was roughly split between reconstructive and aesthetic surgery. Seventeen percent of respondents performed 100% reconstructive surgery, whereas the largest block of respondents (34%) performed approximately 75% reconstructive surgery and 25% aesthetic surgery. Twenty-four percent performed 50% reconstructive and 50% aesthetic surgery, while 19% performed 25% reconstructive and 75% aesthetic surgery. The average duration of membership in ASMS was 14 years.

"We need to do the necessary footwork to accomplish the goal of appropriate reimbursement"

The three most challenging issues facing respondents were identified as: Reimbursement for reconstructive procedures (41%); #2 - Competition from non-plastic surgeons (21%); and #3 - Medical malpractice/ Tort reform (14%). Regarding the most important issue, the ASMS is actively involved as a member of the ASPS Payment Policy Commission in representation of members concerns on a national level. Membership input is of critical importance to assist in this area. Reimbursement is directly linked to the time spent on the surgical operation and patient care, and the complexity of the operative procedure. The Time Surveys that are sent to members require completion to generate meaningful data. At least thirty members need to respond to generate significant data, but the more respondents - the stronger the data and the more compelling the argument becomes. The Time Surveys seek the average time to complete the operative portion of the patient's care, and the supportive care for work-up and evaluation prior to surgery, followed by the appropriate

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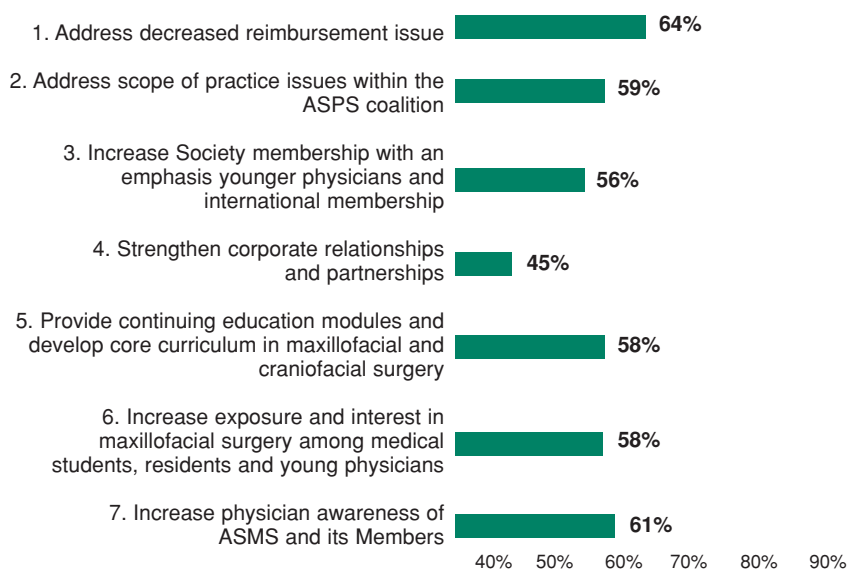
Over the next 3 years, how important are the following strategic priorities for ASMA

Essential / Above Average Importance



What ASMS Can Do for You!

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evaluated to have CME and MOCERT available online, sponsored by ASMS. This would allow educational material for recertification to be available to our membership.

We have elected a new member to the Board of Trustees. Jeff Hammoudeh, MD was selected as our new resident/fellow member. Jeff will bring in the young perspective to our board and I'm sure will generate approaches on how ASMS can provide opportunities to this vital segment of our membership.

We are fortunate to again offer our research grants funding. Funding in the amount of $40,000 from Synthes CMF will be available for projects submitted for review. This is an excellent opportunity for seed funding and these projects will be highlighted at the annual meeting. Steve Buchman, MD and his committee have done a great job in selecting these projects. In addition, we are working with ASPS to determine how research funding can be increased and or matched through directed donations. The best paper award will be presented at the annual meeting in San Francisco. Linda Philips and her committee are hard at work selecting these award winning candidates.

Through the generous contribution of Doug Ousterhout, MD, ASMS has now entered its 3rd year in support of the CRANIO Fellowship. Two fellows are selected each year to receive a $5,000 stipend to travel to craniofacial centers of excellence within the U.S.

Two International Scholars will once again visit the U.S. to assist in their training in craniomaxillofacial surgery. The Scholars are supported by an educational grant from W. Lorenz Surgical. Our intent is that these surgeons will return to their home countries and pass their knowledge and procedures on to surgeons in their native lands. The benefits far outreach those of the individual award recipient.

"Our future is bright and our goals for the next year are many. Fulfilling our membership needs is a vital necessity for our Board"

Mimis Cohen, MD and Kevin Kelly, MD have finished an updated historical review of ASMS from 1997 to the present coinciding with our 60th anniversary. This will be presented in PRS as well as our national meeting and will coincide with the 75th Anniversary of ASPS. This will serve as a template for future historical reviews as we approach our 75th anniversary.

We have partnered with ASPS as a larger organization for scope of practice issues and reimbursement. Robert Havlik, MD has done an excellent job at trying to "fight" for larger reimbursements for craniomaxillofacial codes. Ultimately however it is up to us. Bob needs our help to complete surveys in order to readjust the codes and RVU values. PLEASE help us by completing the surveys. Remember that the committee is presenting to a "budget" neutral organization and in order to increase reimbursement, we need to demonstrate data and justification.

A summary of our member survey results appear on page 2. The Board reviewed this information in order to provide better communication and information to you, inline with your needs. We have heard your message and we are trying to deliver.

Finally we are looking at the organization. Through a strategic planning session in March, changes to the committee and governance structure are being reviewed in order to allow this organization to be nibble during these fast changing times (See Page 4). For the first time, solicitations for nominations for board positions were emailed to the entire ASMS membership. I would encourage all of you to get involved and help make ASMS the leading craniomaxillofacial organization worldwide. M

Gregory Evans
President

Maxillofacial News

The American Society of Maxillofacial Surgeons, the oldest American organization representing maxillofacial surgeons, is devoted to stimulating interest, advancing knowledge, and providing leadership and direction within the areas of maxillofacial and craniofacial surgery. Its members are dedicated to improving and promoting the highest level of patient care.

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ASMS Board Proposes Governance Restructuring

Over the last couple years it has become apparent that the pace of the healthcare environment is changing so rapidly that governing bodies have difficulty in continuing to be a runner in the race. The ASMS board is no different. At its March 2006 planning meeting the Board explored ways of improving the governing effectiveness of ASMS based on the critiques of current procedures and a consultant's briefing on best practices in other professional societies. The outcome of the session was to explore ways that membership would like to improve the effectiveness of the Board in dealing with these fast pace changes. It is also becoming apparent that transparency in the leadership ascendancy is critical for the vital functioning of an organization. There was general agreement that governing adjustments are warranted and that the idea of moving the society towards these adjustments will ultimately make ASMS a much stronger and viable organization. Several major areas of improving the efficiency were identified. These critiques of the current structure of ASMS and included:

1.) The opportunities for members to get involved is not clear enough.

2.) The process that aligns committee objectives with strategic priorities and Board oversight is not effective.

3.) Assignment of responsibilities for Board members does not provide equitable or meaningful division of labor.

4.) The criteria and procedures used to identify and promote future leaders of the society are not adequately transparent credible or efficient.

As a result, during the summer board meeting in Chicago (July 2006), future committee chairs and leaders of the organization met again to discuss our common goals and objectives. These include an improvement in the transparency and legitimacy of the process by which members contribute to the program effectiveness of the society and moving into leadership positions. To improve the productivity of the board governing the activities of the society. To improve committee appointments based on public program objectives. Our goal is to provide a more convenient means for members to express interest in serving, and encourage committee chairs to recommend people and actively recruit committee members. A formal orientation process was conducted during this summer board meeting. Further, published materials and standardized criteria for committee chairs and memberships as well as performance evaluation's were distributed and discussed.

Other issues facing not only our society but plastic surgery as a whole include the degradation of academic plastic surgery programs, the credibility of the specialty in the eyes of our patients, increasing gaps in the scope and effectiveness of health care of many Americans, advocacy specifically that of nonphysicians and competing medical specialties, growth of office based surgery driving State hospital Association's to impose regulations that will burden physicians, decreasing reimbursement for reconstructive surgery, liability issues and limited participation in emergency room care. In order to address these issues the Board is presenting to its membership a proposal to move forward with a program objective approach of governance. This change in governance will focus on eight major area we believe or critical to the society. These include:

1.) Socioeconomic

2.) Education

3.) Scientific program

4.) Membership

5.) Resource development

6.) Communication and publications

7.) Task forces and liaisons between multiple societies

8.) Administration which includes Constitution of bylaws, ethics and nominations.

Although the structure of how the Board will look needs to be determined, the placement of our members overseeing these eight programmatic objectives is critical. In addition the Board is moving towards a issue based agenda as opposed to a task oriented agenda.

So what can you do as a member. I would encourage all of you to consider the current ability of ASMS to address and change in this rapid environment. During our annual meeting, we will ask our membership if changes in our governance structure as proposed above, would better suit the environment that we find ourselves in. A formal vote will be taken to determine if this is the direction are Board should progress with the specifics to be determined. I would be happy to answer any of your questions. I look forward to a very exciting and dynamic meeting in October. M

Gregory R.D. Evans
President ASMS

ASMS 2006-2007 Slate of Candidates

The following ASMS slate of candidates were selected by the 2006 Nominating Committee, chaired by A. Michael Sadove, MD. Membership was solicited to recommend candidates for the open positions in an email sent April 27. Online voting begins September 9, 2006 by logging on www.maxface.org.

President

SETH THALLER, MD, DMD

Miami, Fla.

Academic Position/Title: Professor and Chief, Division of Plastic Surgery, University of Miami Miller School of Medicine

Current Position: President-Elect

Committee Work: PSEF Instructional Course, PSEF Visiting Professor, ASPS Marketing Committee, Nominating Committee, Membership Committee, Reporter Maxillofacial Newsletter, Constitutional and Bylaws Committee (Chairman), Socioeconomic (Chairman), Syllabus Committee, Postgraduate Course Committee, Ethics Committee (Chairman), Best Paper Award Committee, ASMS Parliamentarian

Medical Degree: University of Louisville; Dental Degree: Boston University School of Graduate Dentistry; General Surgery: St. Vincent's Hospital and Medical Center; Otolaryngology Head and Neck Surgery: Mass Eye and Ear Infirmary; Plastic Surgery: Albert Einstein College of Medicine Affiliate Hospitals; Craniofacial Fellowship: UCLA

ABPS Certification: 1987

President-Elect

ANDREW WEXLER, MD

Los Angeles, CA

Academic Position/Title: Regional Surgical Director for Craniofacial Services Southern California Kaiser Permanente, Assistant Chief Plastic Surgery Kaiser Permanente West Los Angeles, Clinical Professor of Surgery University of Southern California

Current Position: Vice-President

Committee Work: Cranio-maxillofacial Fellowship Committee, Education Committee, Constitution and Bylaws Committee, Socio Economic Committee, Best Paper Committee, Ethics Committee (Chair), ASPS Scientific Papers Committee, PSEF Instructional Course Selection Committee, ASMS Board Member at Large, Core faculty ASMS Basic Course 1989-present.

Medical Degree: Boston University MD and MA Physiology '80, University of Massachusetts General Surgery, UCLA Plastic Surgery

ABPS Certification: 1989

Vice President

KEVIN KELLY, MD, DDS

Academic Position/Title: Director, Pediatric Plastic Surgery, Vanderbilt University Children's Hospital, Nashville, TN

Current Position: Historian

Committee Work: ASMS Treasurer; Chair, Education Committee; Auditing Committee; Best Paper Committee; Maxillofacial News Committee; Socioeconomic Committee; In-Service Examination Committee, Craniofacial Surgery, ASPS; Craniofacial Committee, PSEF; Domestic Symposia Committee, PSEF.

Medical Degree: State University of NY; Dental Degree: Columbia University, Craniofacial and Microsurgery Fellowship, The Johns Hopkins Medical System

ABPS Certification: 1991

Secretary

STEVEN BUCHMAN, MD

Ann Arbor, Mich.

Academic Position: Professor of Surgery & Neurosurgery, University of Michigan Medical School; Director of Craniofacial Anomolies Program, University of Michigan Medical Center; Chief, Pediatric Plastic Surgery, C.S., Mott Children's Hospital

Current Position: Assistant Secretary

Committee Work: Plastic Surgery Research Council (Chairman), ASMS Research Committee (Chair); ASMS Membership Committee (Chair); ASMS Nominating Committee; PSRC Program Committee (Chair); PSEF Craniomaxillofacial Subcommittee of In-Service Examination Committee; ASPS Bylaws Committee

Medical Degree: Medical College of Virginia; General Surgery and Plastic Surgery: Hospital of the University of Pennsylvania; Craniofacial Fellowship: UCLA

ABPS Certification: 1995

Treasurer

ARUN GOSAIN, MD

Milwaukee, WI

Academic Position/Title: Professor, Plastic Surgery, Medical College of Wisconsin, Milwaukee, Wisconsin

Current Position: Treasurer

Committee Work: Biomaterials Committee, Maxillofacial News (Chair); Ethics Committee; Constitution and Bylaw Committee; Visiting Professorship Committee, Scientific Program Committee; Fellowship Grants Committee (Chair), Membership Committee, Parliamentarian, Member At Large, Educational Grants Committee, Co-Chair; Education Committee, Finance Committee, Treasurer.

Medical Degree: MD, UCLA School of Medicine, 1981

ABPS Certification: Nov. 1994

Assistant Secretary

HENRY VASCONEZ, MD

Lexington, Ky.

Academic Position/Title: Chief, Professor of Surgery, Division of Plastic Surgery; Professor, Department of Pediatrics; Program Director, Division of Plastic Surgery Residency Program, University of Kentucky Medical Center

Current Position: Assistant Treasurer

Committee Work: ASMS Outcomes Committee Chair; Biomaterials Committee; Scientific Program Committee; ASMS representative to the ASPS/PSEF Joint Outcomes Task Force; ASPS/PSEF Joint Outcomes Steering Committee; ASPS Guidelines Subcommittee, Scientific Program Committee's Craniomaxillofacial Subcommittee, Socioeconomic Committee, RUC Subcommittee, Council of Regional Societies Steering Committee, Socioeconomic Committee, International Committee; PSEF Nominating Committee, Educational Technology Committee, Marketing Committee (Undergraduate Education Chair), Research Fund Proposals Committee, In-Service Examination Committee; AAPS CPT/RUC Advisor to ASPS CPT/RUC Committee

Medical Degree: Central University Medical School; General Surgery Residency: University of Illinois; Plastic Surgery Residency: Emory University

ABPS Certification: 1989

Assistant Treasurer

WARREN SCHUBERT, MD

St. Paul, Minnesota

Academic Position/Title: Professor, University of Minnesota; Chair, Department of Plastics & Hand Surgery, Regions Hospital

Current Position: Member-at-Large

Committee Work: Chair ASMS Education Committee, Chair ASMS Course Committee, Chair Ethics Committee; ASPS Hand/Micro Program Co-Chair, CME committee; AO Board of Trustees; AAHS Program Chair, Nominating Committee; ASPN Program Chair, Treasurer, Nominating Committee, Education Committee Chair; AAPS Awards Committee; ACPA Exhibitors Committee; ASRM Mentorship Program.

Medical Degree: University of North Dakota: Family Practice Residency, University of Texas: General Surgery Residency, McGill University: Plastic Surgery, Case Western Reserve University: Maxillofacial Trauma Fellowship, Atlanta.

ABPS: 1993

Member-at-Large

STEPHEN BAKER, MD

Academic Position/Title: Assistant Professor, Department of Plastic Surgery Georgetown University; Associate Program Director

Current Position: Member

Committee Work: ASMS, membership committee; PSEF Grants Committee; ASPS Government Affairs Committee; Vice Chair, Safety Committee

Medical Degree: MD, University of Pennsylvania; DDS, UCLA; Oral Surgery, University of Pennsylvania; Plastic Surgery, University of Pennsylvania; Craniofacial Surgery, University of Pennsylvania and CHOP

ABPS Certification: 2002

Member-at-Large

JOSEPH E. LOSEE, MD

Academic Position/Title: Assistant Professor of Surgery and Pediatrics; Chief, Division of Pediatric Plastic Surgery; Program Director, Plastic Surgery Residency University of Pittsburgh

Current Position: Member

Committee Work: Chair, Education Committee AACPS; Strategic Education Council, ASPS/PSEF; Education Committee, ASMS; Socio-Economic Committee, ASMS; Ad Hoc Membership Advisory Committee, ASMS 2004; Nominating Committee, ASMS 2005

Medical Degree: MD, University of Rochester School of Medicine and Dentistry 1994

ABPS: 2001

Historian

ROBERT HAVLIK, MD

Academic Position/Title: Professor of Surgery, Indiana University School of Medicine; Chief of Plastic Surgery, Riley Hospital for Children

Current Position: Parliamentarian

ASMS Committee Work: Chair, Task Force on Reimbursement; Chair, Maxillofacial News Committee; CPT-RUC Committee; Scientific Program Committee; Alternate Delegate to AMA House of Delegates; Best Paper Committee; Finance Committee; Biomaterials Committee; Nominating Committee; Delegate to AMA Young Physicians Section

Medical Degree: MD Yale 1984

ABPS Certification: 1995, Re-Certification 2003; ABPS CAQ Surgery of the Hand 1996, Re-Certification 2005

Resident/Fellow Representative

JEFFREY HAMMOUDEH, MD

Academic Position/Title: Craniofacial Fellow, Childrens Hospital Los Angeles

Current Position: Resident/Fellow Representative

Committee Work: Maxillofacial News Committee

Medical Degree: MD, Northwestern University, Chicago; DDS, Northwestern University Chicago,

ABPS: Board Eligible in 2006

ASMS: Moving Forward with Its Members

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number of evaluation and management visits after surgery to ensure optimal care and patient outcome. A key parameter is the amount of time spent in the actual operation. Members should know that this should reflect the average case, including some of the usual pitfalls encountered in managing cases of similar type. It is not a measurement of the best operative time or the 'smoothest' scenario. Above all, the Time Surveys need to be completed accurately. The time studies generate a number that needs to be evaluated by the RUC (Relative Value Update Committee) and converted into RVU's (Relative Value Units). As you know, these RVU's are multiplied by a conversion factor that directly yields reimbursement by CMS (Medicare and Medicaid), and also guides a significant amount of third-party payor reimbursements in a direct and linear manner. The optimal time for reimbursement evaluation and assessment occurs once every five years (last review 2005, upcoming five year review 2010). This is when member input is critical in this process. In the intervening years, techniques that are innovative or new procedures are best assessed and brought forward to the RUC for evaluation and assignment of a value. It should be noted that most of the codes that we receive reimbursement for as maxillofacial surgeons have NEVER been formally surveyed! If there are no numbers, there is no reform and there is no revision to our reimbursement.

The second most important issue identified by the 'Needs Survey' was competition from non-plastic surgeons. This issue is manifest in many ways, most often at the local level. However, at the most formal level this discussion involves the 'scope of practice' issue and state legislatures. The ASMS and ASPS have been involved in these discussions and have represented membership. As someone who has testified before a state legislative hearing on 'scope of practice', I can personally stress the need for your direct involvement in these issues. These issues tend to arise from seemingly nowhere to appear on the legislative agenda. The people promoting the issues have a very organized approach, both nationally and locally, and when they appear on the legislative agenda, they have an organized and effective presentation to your legislators. As such, they are able to pick the timing that the issues are presented to the legislature. The ASPS/ASMS routinely surveys state legislative initiatives to identify these scope of practice issues when they arise, as well as other legislative issues that have direct bearing upon your practice. This is a seldom identified benefit of membership. However, you need to be prepared to literally drop everything to address these issues when they are identified in your state, because the time window for action is amazingly brief. The effectiveness of our organizations response partially depends upon "boots on the ground" in the individual state involved. You can become involved and participate with your state medical society in effectively representing yourself and your specialty in these issues by direct involvement, as we have in Indiana, or let the changes pass into law.

The constant difficulty that medical malpractice litigation poses for physicians in general also extends to our membership. The ASMS and ASPS join forces with other physicians in the American Medical Association and other national organizations to seek appropriate and accurate representation in this issue at the national level. These organizations can assist in broad measures, but this is largely also an individual state issue. Your individual state medical association is of prime importance in building effective representation at his crucial level. The Texas Medical Association is to be commended on their effectiveness in representing physician perspective and enhancing the access to medical care in their state through the political process of a state constitutional referendum. It is certainly noteworthy that Dr. Charles Bailey, a plastic surgeon, was president of the Texas Medical Association when this state constitutional amendment was successfully passed.

The 'Needs Survey' identified access to education and academic activities and professional collegiality as some of the most important benefits of ASMS membership. The ASMS Basic Course has built upon existing strengths and created a semi-annual course that rotates through an east coast/central/west coast sequence to bring the course near to all members and all residents in training. The curriculum has been reformatted to fit into a weekend format that involves local faculty members. This revamped 'Basic Course' has met with great success and has been very well attended. The ASMS symposia have also been well attended and met with considerable success.

The single most important message that a review of the 'Member Needs Survey' highlights yields is that we need to have your input and involvement in accomplishing the goals that you have outlined as important for this organization. The Board is deliberately and aggressively seeking members input to guide all policy development and decision making. There is no "black box" for ASMS policy. It is a direct product of your input and involvement. There will be several opportunities in the coming months to participate in "the process" and guide the development of policy and structure of YOUR ASMS. Please assist us with this over the next several months as the ASMS moves forward. M

ASMS Educational Program Back on Course

The new, updated ASMS Basic Course under the direction of the chair of the ASMS Education Committee, Warren Schubert, MD is stronger and better than ever. Three years ago, the ASMS Education Committee halted the course for a year to revise the curriculum, and update the program. The inaugural course was unveiled in Miami in 2005 and attracted record breaking number of attendees. Since then courses have been held at Northwestern University in Chicago, and UCLA.

Corporate Support for the courses is strong. "Plate and screw companies recognize the value in providing residents with the framework that isn't necessarily taught in plastic surgery residency programs." Commitments for funding from our corporate partners have been received through 2010," said Schubert.

The Schedule through 2010 includes:

August 2006	Northwestern University Chicago	Sponsor:	Walter Lorenz Surgical
January 2007	University of Miami	Sponsor:	KLS-Martin
August 2007	TBD Northeast Location	Sponsor:	Synthes CMF
January 2008	TBD West Coast Location	Sponsor:	KLS-Martin
August 2008	NW University, Chicago	Sponsor:	Walter Lorenz Surgical
January 2009	University of Miami	Sponsor:	KLS-Martin
August 2009	TBD Northeast Location	Sponsor:	Synthes CMF
January 2010	TBD West Coast Location	Sponsor:	KLS-Martin
August 2010	Midwest Location	Sponsor:	Walter Lorenz Surgical

In addition to the corporate sponsorship from companies listed above, additional support for catered events, special educational panels, program materials, equipment loans have been received from: Medical Modeling, Ethicon, Stryker, Mentor, Baxter Healthcare, LifeCell.

ASMS is grateful for our strong relationship with our corporate partners. Without their support, ASMS could not offer this essential educational program to residents. Thank you!

For more information on the ASMS Basic Course, contact Peggy O'Carroll, Administrative Manager, ASMS, 444 East Algonquin Road, Arlington Heights, IL 60005. po@plasticsurgery.org or 847-228-3338.

Plastic Surgery 2006 — City By the Bay — Don't Miss It!

Join your colleagues at ASMS, ASPS for Plastic Surgery 2006, an annual meeting with a focus on the future. Plan to arrive early to attend the Orbit, Brow and Beyond Symposium, on Friday 7:00 am - 5:00 pm, chaired by Andrew Wexler, MD.

In addition to new clinical education programs, special lectures, and vast array of products and services at the exhibits hall, PS2006 offers the following highlights:

- Noted futurist, J. Ian Morrison, PhD, who specializes in forecasting health care issues in a changing environment for business and government agencies will deliver the keynote presentation during the opening ceremony on Saturday.
- State-of-the Art Programming in Craniomaxillofacial Surgery
- Nobel Prize Winner, Joseph Murray, MD - invited lecture
- Transplant Update- featuring Bernard Duvauchelle, MD of the French transplant team.
- Converse Lecture given by Bahman Guyuron, MD on the Interface between Craniofacial Surgery and Aesthetic Surgery.
- ASMS/Synthes CMF Research Grant Awards and Best Paper Awards.
- ASMS Business Luncheon, All ASMS Members Invited!
- ASMS Presidential Reception at Victor's at the Westin St. Francis Hotel. All ASMS members are invited!

Dear ASMS Members,

Plan to join your colleagues at ASMS for another first rate annual meeting here in the great state of California! San Francisco is the perfect venue for Plastic Surgery 2006. The City by the Bay offers ASMS members an opportunity to attend cutting-edge educational programs, learn about new innovative surgical techniques, attend special lectures, walk the Expo floor where over 400 exhibitors display their wares, and network with ASMS/ASPS colleagues.

Arrive on Friday, October 6 and attend the PSEF/ASMS Symposium titled **Orbits, Brow and Beyond**. Andy Wexler, MD will chair this program which features lectures and discussion on reconstructive and aesthetic surgery of the upper-one-third of the face. The ASMS Luncheon and Annual Business Meeting will be held Monday, October 9 at Noon in the Marriott Hotel. And later that evening I hope you'll join me and my wife Ruth at the St. Francis Hotel for the ASMS Presidential Reception.

Don't miss out on this spectacular event. Register now!

Gregory R.D. Evans, MD
ASMS President

2006 ASMS Converse Lecture
Interface Between Craniofacial Surgery and Aesthetic Surgery

Monday, October 9
Time: 8:00 - 8:30am
Bahman Guyuron, MD

The American Society of Maxillofacial Surgeons is proud to present Bahman Guyuron, MD as the 2006 Converse Lecturer. Dr. Guyuron will speak on the Interface between Craniofacial Surgery and Aesthetic Surgery. Dr. Guyuron is currently Chief, Division of Plastic Surgery at the University Hospitals of Cleveland, as well as Clinical Professor of Surgery at Case Western Reserve University.

Dr. Guyuron has written and lectured extensively on craniofacial surgery. He has received numerous honors and awards for his many contributions to craniomaxillofacial surgery. He is a member of 19 medical societies. He currently holds board representative positions on 12 professional service boards. Dr. Guyuron has published more than 150 papers in peer-reviewed journals. He has written two plastic surgery textbooks with one more in the works. Dr. Guyuron lectures extensively locally, nationally and internationally. Dr. Guyuron also has two patented inventions: "Laser Seal," an occlusive wound dressing and "Gradient Pressure Tourniquet." He has conducted 26 live surgical demonstrations. Dr. Guyuron is passionate about the surgical treatment of migraine headaches. He has conducted numerous studies and speaks extensively on this subject.

The Craniomaxillofacial Program Track includes:

Friday, October 6
7:00am – 5:00pm
Orbits, Brow and Beyond Symposium
Sponsored by PSEF/ASMS

This one-day course will feature lectures and discussion on reconstructive and aesthetic surgery of the upper-one-third of the face. The lectures will cover the management of traumatic and congenital defects of the orbit, forehead and skull, as well as the anatomy and endoscopic correction of the brow. Patient safety issues related to this surgery will be an integral part of the presentations. Full program description available on page 13.

3:00 - 5:30 pm
ASMS Board of Trustees Meeting

Saturday, October 7
7:00am - Noon
ASMS Committee Meetings

Sunday, October 8
8:00 - 9:00am
ASMS Past Presidents' Breakfast

4:00 - 6:00pm
Reconstruction of the Bilateral Cleft Lip - Revisiting the Abbe Flap
James G. Hoehn, MD, David C. Leber, MD

Monday, October 9
7:00 - 8:00am
Panel: Cleft Nasal Deformity
Moderator: Seth Thaller, MD
Panelists: Joseph Gruss, MD; Samuel Stal, MD; S. Anthony Wolfe, MD

8:00 - 8:30am
ASMS Converse Lecture: Interface Between Craniofacial and Aesthetic Surgery
Bahman Guyuron, MD

8:30 - 8:45am
Craniomaxillofacial Papers

8:45 - 9:15am
Lecture: Medical Oncologic Approaches to Diagnosis and Treatment of Melanoma of the Head and Neck
James Jakowatz, MD

9:15 - 9:30am
Craniomaxillofacial Papers

10:15 - 10:30am
ASMS/Synthes CMF Research Grant Awards and Best Paper Awards

10:30 - 11:30am
Panel: Ear Reconstruction
Moderator: Bruce Bauer, MD
Invited Panelists: Burton Brent, MD; John Reinisch, MD; Charles Thorne, MD

11:30 - 11:45am
Head and Neck Papers

Noon - 2:00pm
ASMS Luncheon and Annual Business Meeting

1:15 - 3:15pm
Post-Traumatic Reconstruction of the Orbit and Periorbit
Scott Paul Bartlett, MD, Davinder J. Singh, MD

Mandibular Fractures Made Simple
Warren Schubert, MD

4:00 - 6:00pm
Cleft Nasal Deformity
Christopher R. Forrest, MD, David M. Fisher, MD

Skeletal Contour Enhancement with Alloplastic Implants
Michael J. Yaremchuk, MD

Simplifying Facial Fracture Management - Tips and Techniques
Larry H. Hollier Jr., MD

6:30 - 9:30pm
ASMS Presidential Reception
Victor's at the Westin St. Francis Hotel
All ASMS Members Invited!

Tuesday, October 10
7:00 - 7:30am
Craniomaxillofacial Papers

7:30 - 8:00am
Lecture: Facial Trauma as a Basis for Cosmetic Surgery
Melvin Spira, MD

8:00 - 9:00am
Panel: International Missions: Making it Work
Moderator: Andrew Wexler, MD
Panelists: Robert A. Rubin MD, MPH, Medical Director - Operation Smile; William J. Schneider, MD, Chief Medical Officer - Interplast; Warren Schubert, MD, Surgical Director - International Humanitarian Surgical Team

3:00 – 6:00pm
NEW! A Craniofacial Approach to Orbital Surgery: Primary and Secondary Trauma, Grave's Disease, Tumors, Vascular Malformations, and Congenital Deformities
S. Anthony Wolfe, MD

Distraction Osteogenesis
Joseph G. McCarthy, MD, Fernando Molina, MD

NEW! Introduction to Two-Stage Total and Subtotal Auricular Reconstruction - The Fabrication of the Three-Dimensional Costal Cartilage Framework (3D Frame)
Satoru Nagata, MD, PhD; Yasuyo Kawanabe, MD; Leila Kasrai, MD; David M. Fisher, MD

Microtia and Hemifacial Microsomia
Burton D. Brent, MD; Henry Kawamoto Jr., MD; John Weston Siebert, MD

Surgical Techniques in Cleft Lip and Palate
M. Samuel Noordhoff, MD; Kenneth E. Salyer, MD; Court B. Cutting, MD

Wednesday, October 11
8:00 - 9:30 am
2007 Board of Trustees Meeting

8:45 - 9:45am
Introduction to Concepts in Mandible Reconstruction
J. Brian Boyd, MD, James R. Sanger, MD

The ABCs of Closing a Cleft Lip
Samuel Stal, MD, Larry H. Hollier Jr., MD

10:15am - 12:15pm
Advanced Craniofacial Surgery
Kenneth E. Salyer, MD, Fernando Ortiz Monasterio, MD

Endoscopic Techniques for the Management of Facial Fractures
Reid V. Mueller, MD

Fernando D. Burstein, MD, FACS, FAAP
Associate Clinical Professor Emory University Division of Plastic Surgery, Director Children's healthcare of Atlanta Center for Craniofacial Disorders, Atlanta, Georgia

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Airway Obstruction After Rhinoplasty: Prevention and Correction

Aesthetic and reconstructive rhinoplasty may result in an inadvertent decrease in nasal airway patency leading to patient dissatisfaction. Recognition of patients who are at risk for airway compromise, coupled by knowledge of surgical measures that can be incorporated into the surgeon's armamentarium can enhance both the functional and aesthetic results of rhinoplasty. Thorough, systematic initial evaluation of the nasal airway and familiarity with surgical techniques that can be used in primary and revisional rhinoplasty to preserve or enhance the nasal airway maximizes the chances for a favorable outcome. Preoperative evaluation can reveal patients with preexisting weakness in cartilaginous airway support which may result in airway collapse with negative inspiratory pressures. In addition, patients may have significant fixed obstructions at the nasal inlet, septal or mid-vault levels. Proper diagnosis and treatment planning allows the surgeon to incorporate septoplasty, turbinectomy, pyriform aperture enlargement, alar spreader grafts, batten grafts and collumelar grafts as needed into their rhinoplasty technique. Properly applied these techniques can enhance the overall aesthetic results while preserving or improving nasal airway patency.

Initial evaluation includes external and internal nasal evaluation and a thorough history. When necessary rhinommetry and flexible nasal endoscopy and CAT scanning can yield additional physiologic and anatomic information. Septal deviation and turbinate hypertrophy are noted. If significant, submucous septal resection and partial inferior turbinectomy are incorporated into the rhinoplasty operative plan. This is important in reductive rhinoplasty since decreasing dorsal height, narrowing of the nares, lateral osteotomies, and tip reduction can all contribute to increased nasal airway resistance. Alar valve collapse can be easily diagnosed by occluding one nares during inspiration and observing for lateral alar collapse. The maneuver is repeated with cotton tipped applicator supporting the nasal valve. If airflow is improved with this maneuver alar spreader or batten grafts may be indicated, figures 1, 2. In older patients

with a nasal labial angle of ninety degrees or less, pushing the tip up can significantly improve airflow, figure 3. These patients may benefit from a strut graft placed in the collumella. Patients with uncorrected vertical midface hyperplasia may be found to have a very tight nasal inlet during examination. These patients can benefit from enlargement of the piriform aperture, figure 4. Spreader grafts, batten grafts, strut grafts, and piriform enlargement can all be incorporated in primary or secondary rhinoplasty.

There are several technical points that can minimize potential airway problems in primary rhinoplasty. Mucosa must be preserved and if inadvertently lacerated it should be repaired. This is particularly critical at the nasal valve. The area of ligamentous attachments between the caudal end of the upper lateral cartilages and the cephalic part of the lower lateral cartilages must be respected. Ovreresection of the domes and lateral crura can weaken this area and result in airway collapse. Likewise at least 4mm of lower lateral cartilage should be preserved to insure that the nasal inlet is supported. If a submucous resection of the septum is a part of the surgical plan, both the cartilaginous and bony septum must be treated. Care should be taken to preserve at least 10mm of caudal and 10mm of dorsal septum to prevent collapse of the middle vault.

Secondary correction of rhinoplasty deformities often incorporates techniques for airway correction including spreadergrafts, batten grafts, and grafts

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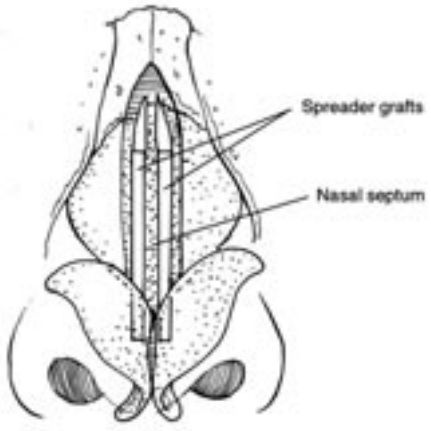
for alar reconstruction. Often the type, size and number of grafts are determined once the anatomic problems have been exposed at surgery. Materials for correction may be in short supply. Conchal or costal cartilage graft harvesting may be necessary if septal cartilage is not available. The external approach is recommended for secondary rhinoplasty.

The surgeon who performs rhinoplasty procedures should be familiar with diagnosis and treatment of airway problems. Knowledge of nasal anatomy and physiology along with careful operative treatment can maximize patient satisfaction.

References:

Schlosser RJ, Park SS. Functional Nasal Surgery.Otolaryngol Clin North Amer.32:37-51, 1999.

Howard BK, Rohrich RJ, Understanding the nasal airway: Principles and practice. Plast Reconstr Surg 109:1128-1146, 2002.



Extended spreader grafts used to support alar valve and reconstruct mid nasal vault

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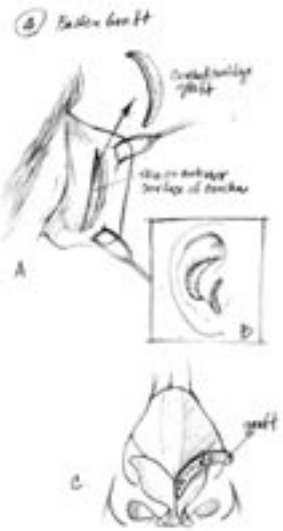
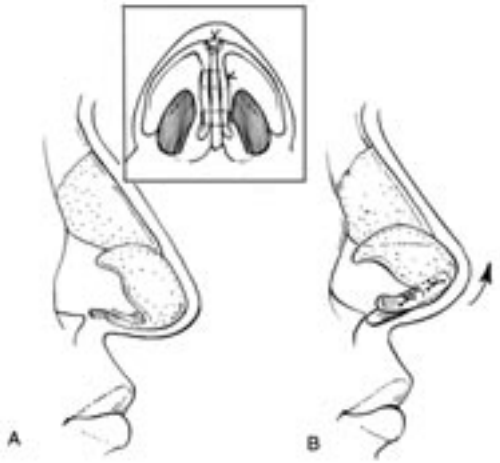
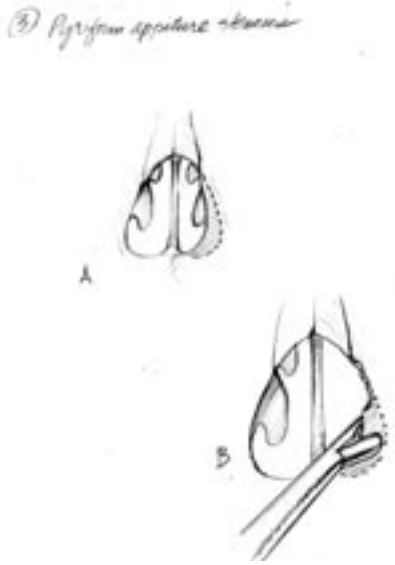


Conchal batten graft used to support structurally deficient juncture of upper and lower lateral cartilages.



Strut graft placed between footplates of lower lateral cartilages to raise tip and open nasal inlet.



Pyriform stenosis narrowing nasal airway. Small rongeurs used via intranasal approach to incrase aperture.