



This will confirm that the participant signing below, has registered for and attended the  
*2016 ASDS Annual Meeting*  
November 10-13, 2016

Participant Name: Ago Harlim, MD, MH, PhD

The American Society for Dermatologic Surgery is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The American Society for Dermatologic Surgery designates this live activity for a maximum of **24.5 AMA PRA Category 1 Credits™**

Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Physician Claims: \_\_\_\_\_ CME Credits

*Ellen S. Marmur, MD and S. Brian Jiang, MD*

*2016 ASDS Annual Meeting Chair and Co-chair*





Attendees are on their honor to claim only the credit designated for the time spent in the activity. Credit is self-reported. To report credit for this meeting via the AAD, log on to their credit recording site and enter the name of the meeting as "*2016 ASDS Annual Meeting*" and the number of credits you are claiming.

For partial credit based on attendance for a portion of the meeting only, below is the day-by-day breakdown:

❖ Wednesday, November 9: Hands-on Workshops	
Primer for Anatomy	2.50 credits
Injectable Techniques	4.00 credits
Sclerotherapy and Vein Techniques	4.00 credits
Tumor Excision/Wound Repair	4.00 credits
❖ Thursday, November 10: Full Day	7.50 credits
❖ Friday, November 11: Full Day	6.25 credits
❖ Saturday, November 12: Full Day	6.75 credits
❖ Sunday, November 13: Partial Day	4.00 credits

For partial day attendance, claim credit hour for hour, in .25 hour increments, according to your attendance in general sessions, coffee talks, afternoon teas, hands-on workshops and the research luncheon.

Time spent in breaks, lunches, the exhibit hall or work group meetings are NOT designated for credit.



# FINAL PROGRAM & ABSTRACTS

## Big Ideas in the Big Easy!



*The premier educational experience for dermatologists committed to excellence in cosmetic, Mohs, reconstructive and general dermatologic surgery procedures.*

Five concurrent  
tracks with  
90+ sessions

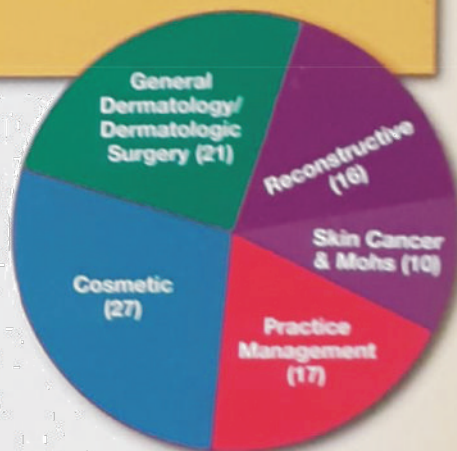


Earn 50 free  
MOC-SA Credits  
at Family Feud and  
MOCarena sessions



Pick up samples and other  
giveaways from participating exhibitors.

- View additional ASDS Annual Meeting abstracts
- Ask questions or share pearls learned on discussion boards
- Join Quest Shared Interest Group (SIG) meetings on Friday



**OPENING KEYNOTE** Thursday • 9:20 a.m.  
**Peter Ricchiuti** *Uncertainty Brings Opportunity*

"Peter is one-half Alan Greenspan, one-half Robin Williams. The best I've heard!" — Smith Barney

AS | DS  
American Society for  
Dermatologic Surgery

Graciously supported in part by





Sessions and events marked with the + symbol are open to Office Staff/Surgical Assistants.

**3:30 – 5 P.M. TARGETED TALKS**

These sessions are targeted talks on specific topics and are offered complimentary. See registration desk in Elite Foyer in advance or at the door just prior to the course start for openings.

**MC345 Blepharoplasty and Brow-lifts for the Dermatologic Surgeon Strand 134**

**Learning Objectives:** At the conclusion of this session, participants should be able to: understand the periorbital anatomy in order to maximize safety and results; articulate new techniques and advances in eyelid rejuvenation; understand the potential for unique complications in the periorbital area; recite the techniques appropriate for successful blepharoplasty; select the appropriate cosmetic eye procedure for each case; relate a clear understanding of instrumentation and techniques that are useful in this area; and identify relevant anatomic structures for blepharoplasty and possible complications.

Ronald L. Masy, MD; William W. Ransdell, MD

**MC346 PR, Media and Reputation Management + Strand 124**

**Learning Objectives:** At the conclusion of this session, participants should be able to: explain the key elements in effective communications with the public; prepare comfortably for media interviews with magazines; explore public relations opportunities, and gain tips to manage online reputation. A Beauty Editor and an Online Reputation Expert will join the faculty to provide effective communication tips. A Special Excellence in and Commitment to Skin Health Education award will be presented during this session.

**Moderators:** Mona A. Gehara, MD; Ellen S. Marmur, MD

- 3:30 p.m. Welcome and Introduction**  
Mona A. Gehara, MD; Ellen S. Marmur, MD
- 3:40 p.m. PR or Not PR?**  
Doris J. Day, MD
- 4 p.m. Discussion and Questions**
- 4:05 p.m. Media Matters: How to Get on Every Journalist's Speed Dial - The Secret to Sharing Your Expertise with the World**  
April Long, Executive Beauty Editor, ELLE Magazine
- 4:25 p.m. Discussion and Questions**
- 4:30 p.m. Managing Your Online Reputation**  
Jennifer Kilkenny
- 4:50 p.m. Discussion, Questions and Wrap-up**

**SPEAKER READY ROOM**

**Bolder 1**

Wednesday ..... 9 a.m. – 7 p.m.  
 Thursday ..... 6:30 a.m. – 5 p.m.  
 Friday ..... 6:30 a.m. – 5 p.m.  
 Saturday ..... 6:30 a.m. – 5 p.m.  
 Sunday ..... 7:30 a.m. – 10 a.m.

**MC347 The ITMP: International Dermatologic Surgery Scientific Contributions + Strand 138**

**Learning Objectives:** At the conclusion of this session, participants should be able to: articulate the value of the ASDS ITMP project in which the ITMP is working to provide international leadership in dermatologic surgery through the establishment of procedural fellowships using ASDS-developed guidelines in multiple venues; and recite why international educational exchange is crucial to foster awareness and support of dermatologic surgery education. Presentations will include surgical techniques and developments shared during international visits in order to provide clinical education to session attendees. All session attendees may share their own ideas for improving educational exchange to close training gaps in dermatology residency departments as well as comments on the surgical education shared in report visits. ITMP Outstanding Contribution Awards will be presented during this session.

Lawrence M. Field, MD; Gary J. Brauner, MD; Glenn D. Goldman, MD

- 3:30 p.m. Introduction**  
Lawrence M. Field, MD
- 3:32 p.m. ITMP: Growth Update**  
Gary J. Brauner, MD
- 3:35 p.m. International Dermatologic Surgery Fellowship**  
Glenn D. Goldman, MD
- 3:43 p.m. The Process of Offering Formal Presentation to Hosts and Then Those Most-frequently Selected**  
Lawrence M. Field, MD; Marc B. Roscher, MD
- 3:51 p.m. Lessons Learned From My First One Thousand Cases of Mohs Surgery in South Africa**  
Pieter du Plessis, MD
- 3:59 p.m. Outstanding Contributions Medal Ceremony**  
Lawrence M. Field, MD
- 4:07 p.m. Slow Mohs Micrographic Surgery in Vulvar Paget's Disease**  
Mikaela Leventer, MD; Tiberiu Tabeiba, MD
- 4:15 p.m. Large Ulcero-nodular Basal Cell Carcinoma Involving Left Temple and Both Palpebrae. Wide Excision and Closure Utilizing Subcutaneous Bipedicled Island Flap and Ftg Under General Anesthesia with Surgical Tumescant Anesthesia**  
Sri Lestari K. Setyaningsih, MD
- 4:23 p.m. Tummy Tuck with Local Anesthesia**  
Ando Harim, MD; MPH, PhD
- 4:31 p.m. Vitiligo Surgery: Concept of Stability/Liposuction in India or Managing Post-procedure Pigmentation**  
Mysore Nagaraj Venkateram, MD
- 4:39 p.m. Vitiligo Surgery: Cellular Grafting**  
Salim Thurakkal, MD
- 4:47 p.m. Discussion and Wrap-up**  
Lawrence M. Field, MD

Learn about new Quest interactive case studies at the ASDS Resource Center #343.

**COLOR KEY**

Cosmetic  
Dermatologic  
Surgery

General Dermatology  
and General  
Dermatologic Surgery

Reconstructive  
Dermatologic  
Surgery

Skin Cancer,  
Mohs Micrographic  
Surgery

Practice Management  
/ Regulatory  
& ADAM Track

Networking,  
Social,  
Other





## Welcome to the Big Easy. Home of great jazz, unique cuisine and indomitable spirit!

Putting together the 2016 ASDS Annual Meeting has been an exciting challenge. After a deep-dive survey that revealed what ASDS members wanted in our Annual Meeting, participants in multiple Work Groups rolled up their sleeves and worked diligently to add new notes, new ingredients and new energy.

The 2016 ASDS Annual Meeting represents a magnum opus for ASDS, with these new elements combined to provide an unmatched experience:

- A new pricing structure with less a la carte charges to provide more value for attendees.
- Additional skin cancer, Mohs and reconstructive content for better program balance.
- An expanded pre-conference program with more hands-on educational opportunities.
- Increased depth of content for advanced learners.
- New receptions for more networking opportunities.
- A robust practice management track in partial collaboration with the Association of Dermatology Administrators and Managers.
- Facilitated opportunities for corporate partnership with the new DermMatch-Up app.
- Enhanced Shared Interest Group gatherings to ensure idea and challenging case exchange.
- Fresh perspectives with nearly 50 never-before-presenting faculty.
- An Exhibit Hall that's second to none, with myriad activities including Sample Saturday and the already popular Free Video Thursday and Free Photo Friday.
- The return of complimentary MOC-SA credits with the Family Feud and MOCarena sessions. We know MOC is here to stay so we are here to help!
- Added sessions on Sunday to close the meeting with comprehensive offerings for everyone.

The successful components of the ASDS Annual Meeting return, with coverage across the breadth of dermatologic surgery, the ever-popular Iron Surgeon competition, world-class expert faculty and the exciting receptions and Gala you have come to enjoy. We've also mixed in plenty of New Orleans flair with music, local flavors and visual entertainment throughout the meeting to give you a truly unique experience.

As always, we strive to improve each year. It is critical for attendees to complete evaluations for every session. Please click on each session you attend in the Mobile App and complete your evaluations to ensure future improvements and enhancements! Thank you for coming, and we wish you a wonderful 2016 ASDS Annual Meeting.

Bienvenue à la Nouvelle Orleans, and laissez les bon temps rouler!

Ellen S. Martin, MD  
2016 ASDS Annual Meeting Chair

B. Brian Janda, MD  
2016 ASDS Annual Meeting Co-Chair

2016 ASDS Annual Meeting Chair

2016 ASDS Annual Meeting Co-Chair



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**16PCANA** Patrick K. Lee, MD, PhD, is a clinical geneticist, MD, PhD, who is currently on sabbatical leave from the University of Michigan Medical Center to pursue research at the Center for Human Genome Research, University of Washington, Seattle, WA. He is currently a consultant for Merck research and working currently from Merck, Billerica, MA and Seattle and research research and Merck and Washington, DC. Dr. P. Lee, MD, PhD, is a consultant for research and Merck and Washington, DC and is a member of the research and Merck.

**16PCWS-F** Mohamed Elmi, MD, MBA serves as a consultant for Allegan, BTL, Galderma, Kythera, Lumentis, Valent and Evogene. Dr. Elmi received a research grant from Kythera, Galderma and BTL, serves as a member of the speakers' bureau for Allegan, BTL, Galderma, Kythera, Lumentis, Valent and Evogene. Dr. Elmi owns and resides in a house owned by equipment from BTL. Neil S. Glick, MD, serves as a consultant and received speaking honoraria from Vertex Concept, Endomed, Solis, and Galderma. He received a research grant from Cytex, Cytosine, Vertex Concept and received fees for his public testimony from Cytosine, Vertex Concept, MD, MBA serves as a consultant for Johnson & Johnson, Regeneron, Pfizer, MD and Patrick King, MD have no financial interest with commercial interest to declare. Dee Anna Glavin, MD serves as a consultant for Allegan, Kythera, Galderma and Perceptics. He received speaking honoraria and a consulting fee from Cytosine.

forward to K. Fries and received research grants from the Swiss National Science Foundation, Berlin, Bonn, and Göttingen. He was MD senior as a consultant and a teaching professor and a member of the speakers bureaus for MD, University of Oregon and Göttingen and received a research grant from the Canadian Institutes of Health Research from 1990 to 1992 and 1993 and 1994. He was MD senior as a consultant from 1992 to 1993 and 1994. He was MD senior as a consultant from 1993 to 1994 and 1995 and 1996 and 1997 and 1998 and 1999 and 2000 and 2001 and 2002 and 2003 and 2004 and 2005 and 2006 and 2007 and 2008 and 2009 and 2010 and 2011 and 2012 and 2013 and 2014 and 2015 and 2016 and 2017 and 2018 and 2019 and 2020 and 2021 and 2022 and 2023 and 2024 and 2025 and 2026 and 2027 and 2028 and 2029 and 2030 and 2031 and 2032 and 2033 and 2034 and 2035 and 2036 and 2037 and 2038 and 2039 and 2040 and 2041 and 2042 and 2043 and 2044 and 2045 and 2046 and 2047 and 2048 and 2049 and 2050 and 2051 and 2052 and 2053 and 2054 and 2055 and 2056 and 2057 and 2058 and 2059 and 2060 and 2061 and 2062 and 2063 and 2064 and 2065 and 2066 and 2067 and 2068 and 2069 and 2070 and 2071 and 2072 and 2073 and 2074 and 2075 and 2076 and 2077 and 2078 and 2079 and 2080 and 2081 and 2082 and 2083 and 2084 and 2085 and 2086 and 2087 and 2088 and 2089 and 2090 and 2091 and 2092 and 2093 and 2094 and 2095 and 2096 and 2097 and 2098 and 2099 and 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**16PD140** – Sheela Prasad, MD, LL.M. (M.D. and LL.M. from Wayne State University School of Medicine and Michigan State University College of Law, respectively) has no relationships with commercial interests to disclose. **Trans W. Black** MC serves as a consultant to MCMS.

**16RSCHL** George W. Pratt, MD, MBA, Johns E. Emswiler, MD, MPH, William E. Cavanah, MD, Thomas J. Bee, MD, Adam Smith, MD, Roger Chiolekwa, MBChB, David A. Hu, MD, and Emily Nease, MD, have collaborated with various other investigators to develop a new vaccine. Dr. Pratt, MD, PhD, received a research grant from Susan G. Komen for Breast Cancer Research, a research grant from Gates Foundation, and an investigator's award from the National Cancer Institute. Dr. Pratt, MD, received a research grant and a postdoctoral fellowship from DOE.

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**16WS350** **Allegan Carruthers, FRCGS** is a consultant for Allegan, Inc. and has received a research grant from Allegan and has been on the Zentor MD board of directors and on Singen, Ltd. and MD Skin Solutions and serves as a member of the speakers bureau for Dr. Marc Cohen and MD Skin Solutions. Robert A. Weiss, MD, is a consultant to Allegan, Galderma, Photacel, Marc Cabonne, Ulthera, and Singen, Canada. Deborah Rose, MD, is a consultant to Allegan, Qore, BTL, Galderma, Fibrocell, Syneon, Camela, Teosyrac and Thermage and is an investigator and consultant to Allegan, BTL, Galderma, Photacel, Marc Cabonne, Ulthera, Palomar, Cosmo, ReNovo, Scace, Saphon medical and Vantage. Dr. Carruthers is the speaker on the BTL and Singen on the advisory board for Allegan, Marc Cabonne, Therma, Palomar, Cosmo, SkinCeuticals, Syneon and Vantage.







MD, Harvey and Guttmann, and is a consultant for Allergan, Sunovion, UCB, Lundbeck, Olinia, Galapagos and Wyeth. Alistair Campbell, FRCRC is a consultant for Allergan, Merz and Paravision and received research grant from Allergan and Paravision. Cheryl M. Birgeau, MD serves as a consultant for Johnson & Johnson, Merz, Galapagos and Allergan and received speaking honoraria and serves as a member of the speakers' bureaus for Merz and Galapagos. Hana Shalita, MD, FRCRC received a research grant from Allergan, Paravision and Eisai.

**AB303** Jeremy P. Eickert, MD, has no relationships with commercial interest to disclose. In 2012, Dr. Eickert received a research grant from Genentech Inc.

**AB304** Fred E. Barnes, MD, serves as a consultant for Procter and Gamble and Abbott, and received a research grant from Sunovion, SunMedics, Allergan and Calixtina. Steven Desai, MD, has no relationships with commercial interests to disclose.

**AB305.** Michael E. Edelman, MD received speaking honoraria and is a member of the Speakers Bureau for Allergan, Celgene, Eisai and Novartis. Terrence Heaner, MD serves as a consultant for Allergan, GlaxoSmithKline and Cytosine, and received speaking honoraria from Allergan, Genzyme, Celgene, GlaxoSmithKline and Cytosine. David M. Lippman, MD serves as a member of the Speakers Bureau for Allergan, has ownership interest in Trade Ink. Brian S. Manning, MD received research grant and product replacement fee payments from Merck and Celgene.

**CS119:** Suzanna Burke, MD is an investigator for Allergan, Alcon, Amcor, DUSA, Lee, Novartis, Ocular Medical, Pfizer, Shire, Surber, Toller, Histo Science Solutions, Andromeda, Farnam, Lihars, Marling, Tigraal, GSE Hermal BioScience, Promius, Wiscor, Lumera, GenClub, Paritax, MediMune, Therapeutics, MCHPvira and Sumamed, and is a consultant for Allergan, Surber, Lihars, Lumera, Uthera, Academia and Kytava. Mark S. Gladstone, MD and Eugene P. Prochuk, MD, PhD have a relationship with commercial interest to disclose. Arnold B. Naimo, MD continues as a consultant for Galderma, Allergan, Kytava, Merz and Sunovion and a medical investigator for Galderma. Suzanne L. Miller, MD serves on the Medical Advisory Board for Cytella. Umara, Miramar, Glensia, Zello and Zilt and received research grants from Allergan, Cytella, Genzyme, Kythera, Lumera, Merz, Miramar, Seagen and Solis. Gary D. Marshall, MD serves as a consultant for Allergan, Farnam, Kythera, Galderma, Merz and Sunovion, received speaking honoraria from Genentech, received a research grant from Galderma, Janssen, Allergan, Surber, Cronos, AbbVie and Kythera and serves as a member of the scientific board for Genentech. Mark E. Neuhoff, MD, PhD serves as a consultant for Allergan, Bayer, Endotha, Femdus, Galderma, La Lumiere, NeoPharm, Seacur, Sinclair and Uthera, received speaking honoraria from Allergan, Allergan, Allergan, Bayer, Celis, Exordis, Femdus, Galderma, La Lumiere, LEO Pharma, NeoPharm, Seacur, Sinclair, The Suggettson and Uthera, is an investigator and received research grants from Actavis, Allergan, Amcor, Bristol-Myers Squibb, Cosmederm Sciences, CROMA Pharma GmbH, Chuvic, DUSA, Endotha, Endura, Exelixis, Femdus, Galderma, IQVIA, La Lumiere, LEO Pharma, NeoPharm, Sinclair and Uthera, is a speaker for NeoSuggettson, is on the advisory board for Allergan, Allergan, Bayer, Celis, Femdus, Galderma, La Lumiere, LEO Pharma, NeoPharm, Seacur, Sinclair and The Suggettson and is a speaker for Stephanie Green.

**CS221:** Bethke-Zander, M.D. received speaking payments from Springer, L. Greiner and MD Scientific Solutions and serves as a member of the speakers bureau for Springer, Merck, L. Greiner and MD Scientific Solutions. M. Christoforeo, MD MPH has no relationship with

Appointed in 1997 to a 2-year term, M. Collins MD has no affiliation with commercial interests. Margaret A. Hanks MD appoints Peter A. Hanks MD, serves as a consultant for Allergan, Galderma, Fortovex, Merz, Zinbion, Ultralab, and SynGene Canada Ltd. Such received speaking honoraria from Allergan, Cytex, ETL, Galderma, Fortovex, SynGene, Zinbion, Ultralab, and Ultralab. She invests in and receives grants from Allergan, ETL, Galderma, Fortovex, Merz, Zinbion, Ultralab, Palmar, SynGene, Hesperia, SynGene, SynGene Incubator, and Hesperia. She is a member of the speakers bureau for Palmar, SynGene, and is a member board for Allergan, Merz, Ultralab, Ultralab, Palmar, SynGene, SynGene, Incubator, SynGene Canada, Cytex, and Hesperia. She is a investigator who received equipment from ETL, Palmar, SynGene, and SynGene Canada. Dr. Collins, Ellen S. Hunkler MD received a research grant and product royalties from PR, serving from Merz and Galderma. Ellen G. Gaudier MD serves as a consultant for Galderma and is a member of the speakers bureau for Allergan.

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**CS213:** Jean D. Gardner, MD serves as a consultant for Allergan, Merz, Xerona, Zentiva and Alkermes. Seanon Humphrey, MD, SACPC serves as a consultant for Allergan and Galderma, received speaking honoraria and research grants from Allergan and served as a member of the speakers bureau for Allergan, Galderma and Allant. Christi M. E. Lewis, MD serves as a consultant for Johnson & Johnson, Merz, Galderma and Allergan, and received speaking honoraria and served as a member of the speakers bureau for Merz and Galderma. Amy F. Taub, MD serves as a consultant for CUSA, S.M. Medical, Synerex, Suneva, Alkermes and FDA, received speaking honoraria from Synerex, Alkermes, CUSA, Allergan, EA Pro and S.M. Medical, serves as a member of the speakers bureau for CUSA, Sun, Allergan, Synerex, S. Martin, Galderma, Jantrol, and ownership interests in Medical, Dental and Skin, received royalties and accounted equipment from Endymed and received other financial benefit for research from CUSA and Medical, Marlene Alexiades, MD, PhD, received research grants from Synerex, Zentiva, CUSA and Endymed.



**CSS330 - Robert A. Weiss, MD** serves as a consultant for Allergan, Galderma, Flouren, Merz, Galderma, Ulthera and Syneron. Sandra Gottlieb, MD, received speaking honoraria from Allergan, Ulthera, BTL, Galderma, Flouren, Syneron, Candela Cosmetics and Thera Skin, has investigated and received grants from Allergan, Evolus, Galderma, Flouren, Merz, Galderma, Ulthera, Flouren, Cyroderm, Recknagel, Syneron, Candela Cosmetics and Vaser. Kate S. a member of the speakers bureau for Palmer, Johnson, on the San Francisco Board for Allergan, Merz, Galderma, Ulthera, Palmar, Syneron, SkinCeuticals, Candela, Candela Cosmetics and Ulthera, has investigated and received equipment from BTL, Flouren, Cyroderm and Syneron. Candela Cosmetics, Neil S. Glick, MD, serves as a consultant and received speaking honoraria from Venus Concept, Evolus, BTL, and Galderma, received a research grant from Galderma, Johnson, Venus Concept and received the or discussed equipment from Cyroderm. Kimberly J. Bahrkamp, MD, serves as a consultant for Allergan, Merz, Galderma and Vaser, received speaking honoraria from Merz and Thera and serves as a member of the speakers bureau for Allergan, Merz and Vaser. Michael S. Kammer, MD, has been a consultant for Johnson and received a research grant from Johnson. Jennifer K. Brown, MD, serves as a consultant for Johnson & Johnson, Allergan, Vaser, Flouren, Galderma, Intense Pulsed, SkinCeuticals, Merz, BTL, Proctor & Gamble, Recknagel, Flouren, Lites Medical, Recknagel Medical, Natures and Thera Skin. Michelle for Johnson & Johnson, Allergan, Flouren, Galderma, SkinCeuticals, BTL, Syneron, Flouren Medical, Natures and Evolus, a member for Johnson & Johnson, Allergan, SkinCeuticals, Merz, Recknagel, Natures, Evolus, Appleton, Candela, Flouren and Proctor and a chairholder for Recknagel. Dr. Kathleen M. Walsh, MD, serves as a consultant, received speaking honoraria and a research grant from Allergan, is a member of the speakers bureau for Allergan and Ulthera, received the or discussed equipment from Candela, Venus Concept, Allergan, Vaser, Zella and Recknagel. Marianne A. Graham, MD, received speaking honoraria from Allergan and Galderma.

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is a consultant for Aligan, BTL, Calderma and Kithers, received speaking honoraria from Aligan, BTL, Calderma, Kithers, Lumena, Wilson and Eric's Dermatology, received a research grant from Aligan, Calderma and BTL, serves as a member of the Speakers' Bureau for Aligan, BTL, Calderma, Kithers, Lumena, Wilson and Eric's Dermatology and received free or discounted equipment from BTL.

**CS4001:** Ashley Wysocki, MD, Hays, IL; B. Glatton, MD, Fenner, IL; Hannah, MD, Cameron, MD, and Rosalyn George, MD, have no relationships with commercial interest to declare. Neil B. Sack, MD serves as a consultant and received speaking honoraria from Venus Concept, Endomed, Solis and Galdema, received a research grant from Cytura, Cynosure, Venus Concept and received free or discounted equipment from Cynosure, Venus Concept, MD serves as a consultant for Amgen, Amgen-Chu, MD serves as a consultant and is a member of the speakers bureau for Allergan, Galdema, Allergan Medical and La Roche Posay, Sack and Resin, Rosalyn George, MD serves as a consultant for Allergan, Galdema, Merz and Solis, received speaking honoraria from Allergan, Galdema and Solis and serves as a member of the speakers bureau for Allergan and Galdema, Bruce E. Katz, MD received a research grant from Cynosure and serves as a member of the speakers bureau for Amgen and Cynosure, Dennis O'Boyle, MD serves as a consultant for Cytura, Fenestra and Galdema and received speaking honoraria from Galdema and Allergan, Ann Philip Wenzel, MD serves as a consultant for Amgen, Solis and Cytura, received speaking honoraria from Amgen, Cytura, Lipo, Merz, Sunovion, Abbvie, Cytura Medical, Freckles, Solis, received a research grant from Allergan, Amgen, Cytura and Galdema, Genevieve Kyburz, Susan, Umrigar, Janssen, Pfizer, Eli, and serves as a member of the speakers bureau for Allergan, Cytura, Lipo, Merz, Ulthera, Fort, Amgen and Progenics, Charles Gordon Jackson, MD serves as a consultant for Cytura and received speaking honoraria from Amgen, Allergan Medical, Amgen and Allergan Cosmetics, B. Boria Boria, MD, MD serves as a consultant for Lipo, Fort, Amgen, Cytura, Boria Brands, Jellu, Fortus, Boria Brands and Novartis, received speaking honoraria and is a member of the speakers bureau for Boria Brands and has a commercial interest in Boria Brands and Lipo and received free or discounted equipment from Venus Concept, Susan Chakur, MD serves as a consultant for Allergan, Cytura Medical, Therapeutics, BTL and Lipo and received speaking honoraria from Allergan, Galdema, Solis, Cynosure, BTL, SkinMedica and BTL Skin Zest, Rahman, MD serves as a consultant for Lipo, The Boring, Lexington Int., Cytura and Solis.

**GD110:** Anthony M. Rossi, MD is a consultant for Novartis and received the March 2015 award from Castle BioPharm. H. William Higgs, I, MD, Naam Lawrence, MD, Sue Ellen Cox, MD, Randall Rountree, MD, Andrew Chesney, MD and Anne E. Hall, MD have no relationships with companies that stand to benefit. Timothy G. Flynn, MD serves as a consultant and received a research grant from Merck. Elizabeth Tarr, MD serves as a consultant for Celis, Algenol, Synchron, Candela, Cellco, Adirax, Calce, Zila, Cadusana and Wolozin. He is involved in speaking engagements for Merck, Algenol, Synchron, Candela and Celis.

**GP117:** The S. Waibel, MD is a consultant for Luminex, AstraZeneca, Bristol-Myers Squibb and Pfizer, received speaking honoraria from Luminex, Bristol-Myers Squibb, Amgen and Celis, received research grants from Amgen, Celis, AstraZeneca and Pfizer, Luminex, Luminex, Bristol-Myers Squibb and AstraZeneca and received honor as discounted equipment from Luminex. The S. Waibel, MD received a research grant from Celis and AstraZeneca maintains a consulting interest in HemoGen, AstraZeneca and Celis, AstraZeneca and received fees or







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**PM115** David J. Day, MD and Adam M. Rotunda, MD have no relationships with commercial interest to disclose. Melanie Rabin, MD, MBA serves as a consultant for Allergan, BTL, Galderma and Kythera, received speaking honoraria from Allergan, BTL, Galderma, Kythera, Lumenis, Valeant and E. coli Dermatology, received a research grant from Kythera, Galderma and BTL, serves as a member of the speakers bureau for Allergan, BTL, Galderma, Kythera, Lumenis, Valeant and E. coli Dermatology, and received free or discounted equipment from BTL, Mitchell S. Goldman, MD serves as a consultant for Lumenis, Allergan, Merz, Galderma and Sincaris, received a speaking honoraria from Galderma and Lumenis, received a research grant from Syneron, Candela, Cynosure, Sofia, Allergan, Merz, Galderma, Sincaris, TR Therapeutics and Alasch and received free or discounted equipment from Sord, Lumenis and Syneron, Candela, Ava T. Shamban, MD is a consultant for Allergan, Galderma, Merz and Teoxane and received a research grant from Revance, Teoxane and Alasch.

**PM243** Marc M. Christian-Ried, MD, \* Wade Foster, MD, David Kruba, MD, Ronald L. Moy, MD, Jennifer L. Hermann, MD and Gabriella Brodsky have no relationships with commercial interest to disclose. John A. Gonsky, MD serves as a consultant for Allergan, Cynosure, Galderma, Lumenis, Thermage and Skin Baus and received speaking honoraria from Allergan and Galderma. Ellen G. Bender, MD serves as a consultant for Galderma and as a member of the speakers bureau for Allergan.

**PM317** Michael H. Gold, MD serves as a consultant, received a speaking honoraria and is on the advisory board for AerDase, Allergan, Altra, Altrix, Aquary, Bovie, Celgene, Cynosure, Skinceuticals, L'Oréal, Qmax, Botox, EndoMed, Eubotic, Exilis, Galderma, Intra Derm, Invisia, Johnson & Johnson, Lumenis, Merz, Neofectis, Novartis, PremeFacel, ProLumix, ProLumix, Sord, Sincaris, Smith R. Nephew, Syneron, Candela, Sorella, Thera, Valeant, Vascular and Zimmer, Leslie Baumann, MD maintains an ownership interest in Skin Tissue Solutions Franchise Systems, LLC. Diana S. Berson, MD serves as a consultant for Galderma, Allergan, Merz, Revance, Sord, P & G and Ascare, Patricia, Paula, MD is on the advisory board for SkinCeuticals, Aviva, PCA Skin, L'Oréal and Bopelle, Jackson Travel for Allergan and maintains ownership interest in Boomer MD.

**PM334** Christopher B. Ramm, MD, Glenn D. Goldman, MD and Amy Denek, MD have no relationships with commercial interest to disclose. Eric F. Bernstein, MD, MS, E serves as a consultant and received a research grant from Candela, Syneron and Zeno and Gal Dampe, Murad Alam, MD serves as a consultant for Amway, Anne M. Chapas, MD serves as a consultant for Allergan, Valeant, BioMed, Syneron, Candela and Restorsea, received speaking honoraria from Galderma and received research grant from Theradex, Inc. and DUSA, Gary, Lask, MD serves as a consultant for Invasix and V. Aesthetics and received speaking honoraria and is a member of the speakers bureau for Invasix.

**PM405** Jason J. Ellis, MD and H. L. Greenberg, MD have no relationships with commercial interest to disclose. Dennis A. Porto, MD serves as a consultant for First Derm and Doc24, maintains a ownership interest in Cytacis, Genialis and Sincaris, Galderma and Hologic and received free or discounted equipment from First Derm, Doc24 and Forefront Dermatology. Ramona Behrshad, MD is on the advisory board for Syneron and Castle Biosciences, Suneel Chitka, MD serves as a consultant to Allergan, SynMedica, Theravance, BTL and Lution and received speaking honoraria from Allergan, Galderma, Sorella, Cynosure, BTL, SknMedica and P & G.

**RX223** Thomas E. Pivon, MD serves as a consultant, received speaking honoraria and is a member of the speakers bureau for Candela, Syneron and received research grants from Allergan and Merz. David G. Brodsky, MD, Leonard H. Goldberg, MD, ERCP, David J. Becker, MD and Naci Sahin, MD have no relationships with commercial interest to disclose.

**RX344** Suzanne Clorich, MD, Kelly P. Redmond, MD, Piyu Zerkov, MD, Iren Kosharska, William Stebbins, MD and Amrita, Bha, MD have no relationships with commercial interest to disclose. Anil N. B. Kaur, MD serves as a consultant for Syneron, Candela, Lumenis, Sebacia, Valeant and Allergan and received free or discounted equipment from Syneron, Candela, Iren Kosharska, MD has no relationships with commercial interest to disclose.

**RX409** Orl Markowitz, MD received speaking honoraria from Sord, received a research grant from Allergan, Lda Pharma, DUSA and Valeant and received free or discounted equipment from Medison, Tavis W. Wandegirt, MD, Pegram, Garim, MD, Mark A. Cappel, MD, Sandra G. Gossard, MD and Maria Kaban, Skalen, MD have no relationships with commercial interest to disclose.

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\*Peter is one-half Alan Greenspan, one-half Robin Williams. The best I've heard!  
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1. **Realistic Expectations** – Set realistic goals and expectations for the program. Understand the challenges and limitations of the program.

2. **Clear Communication** – Communicate the program's goals and objectives clearly to all stakeholders. Establish a communication plan.

3. **Strong Leadership** – Establish a strong leadership team to guide the program. Assign roles and responsibilities.

4. **Stakeholder Engagement** – Engage stakeholders from the start. Build relationships and trust.

5. **Regular Monitoring and Evaluation** – Monitor the program's progress regularly. Evaluate the program's effectiveness and make adjustments as needed.

6. **Flexibility** – Be flexible and adaptable. The program may need to change as circumstances evolve.

7. **Transparency** – Be transparent about the program's progress and challenges. Build trust and credibility.

8. **Collaboration** – Collaborate with other departments and organizations. Share resources and expertise.

9. **Documentation** – Document the program's progress and outcomes. Use this information to inform future programs.

10. **Patience** – Be patient. Program implementation can take time. Stay committed and motivated.

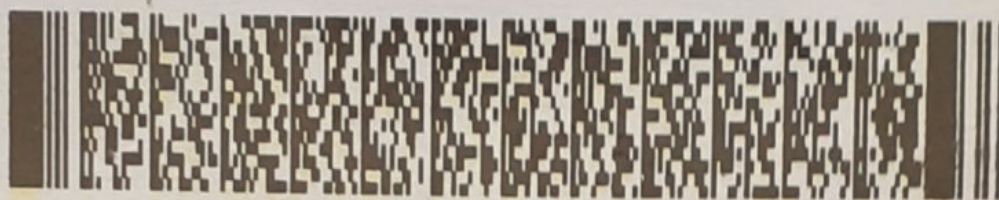




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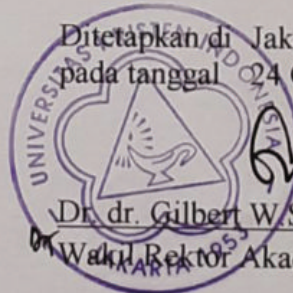
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**Dr. dr. Ago Harlim, MARS., Sp.KK**

Penugasan untuk mengikuti **ASDS Annual Meeting – Internasional Dermatologic Surgery Scientific Contributions**, yang akan dilaksanakan pada tanggal 9-12 November 2016 bertempat di New Orleans, USA.

Demikianlah surat tugas ini kami berikan agar dapat dipergunakan sebagaimana mestinya dengan memperhatikan ketersediaan anggaran Fakultas Kedokteran dan harap untuk melaporkan hasil acara tersebut satu minggu setelah kegiatan berlangsung.

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TO: Ago Harlim, MD, MHA, PhD

Greetings!

Thank you again for agreeing to be a presenter during the 2016 ASDS Annual Meeting in New Orleans this November. Your time and effort in sharing your expertise is greatly appreciated. If you have multiple presentations, you will receive an appropriate email for each presentation (including introductions in the event you are using slides). ***If there are any discrepancies based on your records, please do contact me immediately.***

***If you do NOT plan any AV for your session or specific presentation listed below such as introductions and discussion sessions, please disregard this email!***

Please read this communication in its entirety as it provides a reminder and details to help you with the upcoming meeting and your presentation, as follows:

- Confirmation of Presentation Details
- Audiovisual Equipment and Advance Material Upload Requirement
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- Meeting Registration and Hotel Reminder

#### **CONFIRMATION OF PRESENTATION DETAILS**

This email is for the session **MC347** entitled "**The ITMP: International Dermatologic Surgery Scientific Contributions**" to be presented on **11/12/2016** from **3:30 PM** to **5:00 PM**. If you are presenting a specific talk in a Pre-conference/General Session, your title is as follows: **Tummy Tuck with Local Anesthesia from 4:23 PM to 4:31 PM**. (If there is no specific title listed after the "as follows" this letter is for your participation as an overall session moderator, or in a Morning Masters, Targeted Talk or Workshop without specific talk title).



## **Tummy Tuck with Local Anesthesia**

Ago Harlim  
Universitas Kristen Indonesia

Tummy tuck is a cosmetic surgery procedure used to create a firmer abdomen. Usually it requires general anesthesia which carry out greater amount of costs and risks. We have performed several attempts to use local anesthesia through modified tumescent for tummy tuck, mastopexy, tight reduction, et cetera for several years. As for tummy tuck, there are two kinds of tumescent concentrate used; high concentrate tumescent and low concentrate tumescent. These two tumescent are used for liposuction, undermining to the rib, cut the excessive skin and suture the muscle. Such procedure will preserve the anesthesia which will last up to around 10 hours. Therefore, the patient can go home within the same day of the surgery without any complication.

Keywords : *tummy tuck, local anesthesia*

### **Biography**

Ago Harlim MD graduated from Universitas Kristen Indonesia, Jakarta. He trained in plastic and reconstruction surgery in First military University in Guangzhou. He completed Magister Hospital Administration in 2000, specialist in Dermatovenerology in 2005 and PhD from Universitas Indonesia in 2015. Now, he is the director of Dermatovenerology Department in Universitas Kristen Indonesia and JMB skin care and aesthetic surgery Clinic. He is a mentor from ITMP (International Traveling Mentorship Program) which affiliated with ASDS (American Society for Dermatologic Surgery). He has published more than 0 papers in reputed journals and has been serving as a reviewer reputed journals.

## **Tummy Tuck with Local Anesthesia**

Ago Harlim  
Universitas Kristen Indonesia

Tumescent Anesthesia is A technique or regional anesthesia of the skin and subcutaneous fatty tissue by means of direct infiltration of large volumes of a dilute local anesthetic it involves 5-to20-fold dilution of the standard commercially available lidocaine (1%) Epinephrine (1:100,000), Sodium Bicarbonate (10 mEq perliter) in a physiologic saline solution. This technique is not without risk of complications.

Tumecent technique for local anesthesia has made it possible to do:

- Liposuction
- Demabrasion
- Face lift
- Hair transplants
- Large cutaneous excisions (tummy tuck, mastopexy, tight reduction etc)

Tumescent works a large volume of diluted epinephrine infiltrated into relatively a vascular adipose tissue produces widespread prolonged and profound vasoconstriction.



## Local anesthesia

Due to the unique pharmacokinetic profile of this technique lidocaine doses of 35 mg/kg bodyweight have been shown to be safe for liposuction procedures. Tumescence lidocaine is absorbed very slowly from subcutaneous tissues producing lower, and more delayed, peak blood levels compared to other routes, as well as extended postoperative analgesia. Slow systemic absorption allows the rapid hepatic plasma clearance of lidocaine to maintain safe local anaesthetic blood levels. This slow absorption from subcutaneous tissue has been likened to a depot injection. Careful attention must be given to appropriate local anaesthetic dosage alterations in cases of co-administration with agents affecting hepatic drug clearance or conditions reducing liver blood supply. Adherence to these pharmacological principles has produced an exemplary safety record for this technique to date.

## Lidocaine and Bupivacaine

the recommended maximum safe dose for lidocaine and bupivacaine is 10x higher in tumescent solution. Mixture lidocaine with bupivacaine make cardiac arrest. even , now. i am not using bupivacaine anymore, i can get enough time to do the tummy tuck just with lidocaine. Maximum safe dosage is estimated to be 35-55mg/kg of lidocaine. This technique is most often used in conjunction with IV sedation. Its anesthetic effects can last up to 18 hours.

Lidocaine toxicity is a concern given the large amounts used in this technique. Epinephrine induced vasoconstriction reduces the rate of systemic absorption of lidocaine and peak plasma levels do not occur until 12-14 hours following injection; therefore, signs of lidocaine toxicity may not appear until well into the postoperative period. Lidocaine is metabolized via hepatic CYP3A4. Use of lidocaine along with medications that inhibit or are metabolized via CYP3A4 can lead to toxic plasma levels. Another concern, especially for liposuction procedures where larger volumes of tumescent fluid are injected, is volume overload, which can lead to significant pulmonary edema and fluid overload.

## Epinephrine

Epinephrine, a hormone derived from the adrenal medulla, is also known as *adrenaline*. Pharmacologically it acts as both an alpha and a beta agonist, increasing heart rate as well as peripheral vasoconstriction and blood pressure. More importantly for tumescent anesthesia, epinephrine is a potent capillary

vasoconstrictor responsible for the dramatic hemostasis and the slow systemic lidocaine absorption associated with the tumescent technique.

## Tachycardia.

Patients may give a history of some type of adverse reaction to epinephrine. Typically this involved dental anesthesia in which the patient experienced the unpleasant pharmacologic effects of rapid systemic absorption. Injection of a drug into the highly vascular oral (periodontal, gingival, or buccal) mucosa is more likely to produce rapid systemic absorption than injection into less vascular tissue. Rapid absorption is a pharmacologic phenomenon, not an allergic reaction.

Rapid absorption of epinephrine can produce tachycardia, tremors, and anxiety. In my experience, however, patients who have experienced tachycardia from rapid absorption of epinephrine after dental anesthesia do not have a similar reaction with tumescent anesthesia for liposuction.



Liposuction surgeons should be cautious in assessing patients with a confusing history of an adverse reaction to epinephrine. Patients taking pseudoephedrine for nasal decongestion or “health food” supplements that contain ephedrine-like chemicals are predisposed to epinephrine-associated tachycardia. Also, the patient may have an undiagnosed primary cardiac arrhythmia (dysrhythmia), an occult cardiac valvular disease with intermittent tachycardia, or a subclinical metabolic disorder (e.g., hyperthyroidism, carcinoid, pheochromocytoma). When in doubt, the surgeon should consider an internal medicine consultation.

If the patient’s history is clearly consistent with rapid absorption of epinephrine and the consequent pharmacologic response with tachycardia, tumescent liposuction probably poses minimal risk. In some patients, especially older persons, it is wise initially to limit the amount of liposuction to relatively small volumes. Once the first procedure has been completed without evidence of tachycardia, tremor, or an anxiety reaction, the surgeon can proceed 1 or 2 months later with a standard dose of epinephrine for tumescent anesthesia.

The routine use of clonidine (0.1 mg) given preoperatively to patients without bradycardia or hypotension has greatly reduced the incidence of intraoperative and postoperative tachycardia with tumescent local anesthesia.

**Regional Variation.** The physician can vary the concentration of epinephrine depending on the particular area that is being targeted for tumescent liposuction. In areas that tend to be associated with increased intraoperative bleeding, such as upper abdomen, back and flank, and especially fibrous areas of fat, it is reasonable to use 1 mg of epinephrine/L tumescent anesthetic solution. For other areas, 0.65 mg of epinephrine/L is usually sufficient.

#### Safety Checks

#### Basic Solution.

A basic, minimally effective solution of tumescent local anesthesia consists of 500 mg of lidocaine, 0.5 mg of epinephrine, and 10 mEq of sodium bicarbonate in 1 L of NS. It is specifically intended for the surgeon who wants to check the completeness of the anesthesia just before beginning liposuction. This may be

necessary if someone other than the surgeon, such as a registered nurse or another physician, has done the infiltration.

Checking the completeness of the local anesthesia is intended to detect areas of subcutaneous fat that are not completely anesthetized. This should be done immediately before initiating liposuction. While advancing an infiltrating cannula throughout the tumescent compartment of fat, the surgeon or anesthetist should instruct the patient to indicate any area of incomplete anesthesia by saying the word “there” whenever the cannula causes even a minimally painful sensation. The surgeon can then infiltrate additional anesthetic solution exactly where it is needed.

The minimal concentration of lidocaine in the basic solution is usually sufficient to achieve complete anesthesia and vasoconstriction.

#### Normal Saline

The most common lidocaine solvent for the tumescent technique is isotonic physiologic saline (0.9% NaCl), or NS. As defined by the United States Pharmacopeia (USP), NS contains 154 mEq/L of both sodium and chloride. Plasma contains 142 mEq Na/L.



Typically, sodium bicarbonate ( $\text{NaHCO}_3$ , 10 mEq/L) is added to the lidocaine solution to neutralize the pH and thus reduce the stinging pain that otherwise occurs when acidic commercial lidocaine is infiltrated subcutaneously in an alert patient. Thus a liter of tumescent solvent will contain 164 mEq of sodium.

## TOXICITY

The most frequent caused of toxicity are from either: accidental intravascular injection, overdose of the local anesthetic solution, toxic effect occurs mainly in the central nervous system and the cardiovascular system, CNS symptoms earlier than CVS Symptoms. So it better use blunt cannula to infiltrated the tumescent anesthesia. Other problem is overdose and You have to recognize the toxicity symptoms

**Table 2. Rections That Can Arise with the Used of Local Anesthesia**

Symtoms	Caused	Remarks / Actions to take
CNS irritability like Headache Anxiety Twitching Seizures CVS Depressions Hypotension Respiratory Depressions	Anesthetic Overdose	<ul style="list-style-type: none"> <li>•Stop giving anesthetic solution</li> <li>•Initiate supportive measures; give appropriate medications               <ul style="list-style-type: none"> <li>•Airway, ventilation, and circulatory management</li> <li>•Anticonvulsants (Diazepam, thiopental)</li> <li>•CVS Drug (ephedrine for hypotension, atropine for bradycardia)</li> </ul> </li> </ul>
Tachycardia Palpitations Apprehensions Hypertensions	Epinephrine	<ul style="list-style-type: none"> <li>•Hold procedure; wait for 10-15 minutes and observe before proceeding with giving more epinephrine-containing solutions</li> <li>•Reassure and calm patient</li> <li>•May give phentolamine or propranolamine for emergencies;               <ul style="list-style-type: none"> <li>•Esmolol (S-V tachycardia, intraop tachycardia &amp;/or hypertensions);</li> <li>•Sotalol (arrhythmias, angina pectoris &amp; hypertension)</li> </ul> </li> </ul>



Bradycardia Hypotension Nausea Pallor, fainting	Vasovagal	<ul style="list-style-type: none"> <li>•Postural treatment <ul style="list-style-type: none"> <li>•Head lower than heart</li> <li>•Elevate feet 2 pillows up</li> </ul> </li> <li>•If associated with CNS signs of overdose, treat as such</li> </ul>
Edema, erythema, Difficulty in breathing OR Bronchospasm, tachycardia, hypotension	Anaphylaxis (Allergy or acute hypersensitivity reaction)	<ul style="list-style-type: none"> <li>•Rare</li> <li>•Administering local anesthetic 1 ml at a time in a slow gradual fashion serves as a test dose for hypersensitivity to the solution</li> <li>•Epinephrine, parenteral steroid like Solu Cortef (hydrocortisone), Solu-Medrol (methylprednisolone)</li> <li>•Topical bronchodilator-nasal or oral spray may be given</li> <li>•Ready for emergency cricothyroidotomy or tracheotomy if above measures fail</li> </ul>

### **Control of toxicity (from Selected Reading in Plastic Surgery, vol 8, No 4,p.10,1995**

#### **Airways**

- Establish and maintain airway
- Endotracheal tube may be inserted
- Suction secretions

#### **Breathing**

- Oxygen inhalation
- Pressure ventilation may be needed (Ambubagging, pressure or volume respirator)

#### **Circulations**

- Postural measures like lowering the level of the head down to the heart level or elevating the feet and legs if necessary
- IV fluids or at least an IV LINE. Infuse crystalloids if hypotensive or drug support for hypotension, bradycardia etc.

Drugs can be use For CNS irritability is Diazepam 5-10 mg IV OR, Thiopental 50 mg IV. Respiratory depression is intubation and Artificial or positive pressure ventilation. For hypotension is Ephedrine 12.5 -15 mg IV. For bradycardic is Atropine 0.4-0.6 mg IV



Administrations of local anesthetics prerequisites for peripheral nerve anesthesia minimum requirements. I suggest that clinics where local anesthetic solution is used prior to performing surgical or non-surgical procedures should have the following minimum requirements: monitoring equipment and resuscitation or emergency ("e") sets

#### Set for airway and ventilatory management

- Oral airways
- Laryngoscope (with adult and pediatric blades and spare batteries)
- Endotracheal tubes (adults and pediatric sizes)
- Means for mechanical ventilation (ambubag)
- Oxygen tank (1-2 portable tanks) with the appropriate gadgets and attachments
- Oxygen mask (adult and pediatric)
- Oxygen tube
- Suction machine
- Suction tubes
- Gauge 14 IV cannula for emergency use as an alternative to cricothyroidotomy

#### Set for intravenous access and circulatory management

##### Intravenous fluids particularly crystalloid solutions (e.g. D5LRS)

- Intravenous tubings (macroset & microset)
- Intravenous cannula (gauge 16,18,20,22 & 24)
- Tourniquets
- Adhesive tape
- Syringes with needles (1cc, 2.5-3cc, 5cc & 10cc)
- Make sure you have an IV pole

#### Medicine bag or tackle box containing emergency medicines for clinic use

- IV Medications
  - Epinephrine 1:1000 ampule
  - Diphenhydramine HCl vial for IM injection
  - Hydrocortisone IV or IM vial
  - Ephedrine 1mg/cc
  - Diazepam 10mg/ 2cc or Midazolam 2mg/cc
- Salbutamol inhaler with o Oral Medications
  - Nitroglycerin or Isosorbide nitrate sublingual tablet
  - Nifedipine 5 & 10mg capsule for sublingual use (puncture and squeeze out content to deposit under the tongue)
  - Propanolol tablet
  - Diphenhydramine tablet
  - Dexametasone tablet
  - Salbutamol tablet
  - Mefenamic acid tablet, Naproxen sodium tab, Etoricoxib tab, Tramadol tab or any pain reliever
  - Nitroglycerin patch without steroids



**Table 4. Routine Emergency Drugs Required in the performance of Regional Anesthetic Procedures From: Regional Anesthesia, by Hann, Marc, et al. Mosby. 1996. P.21**

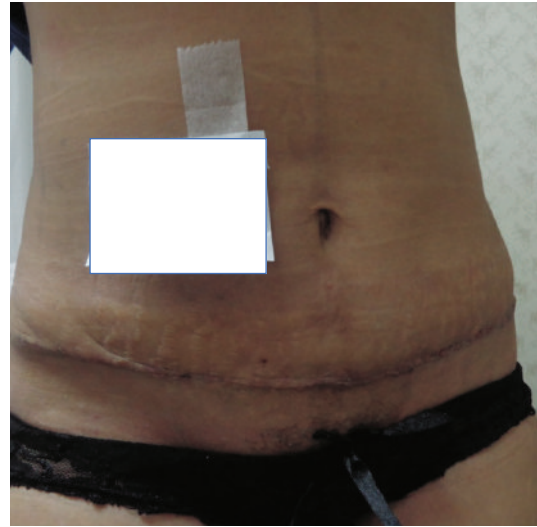
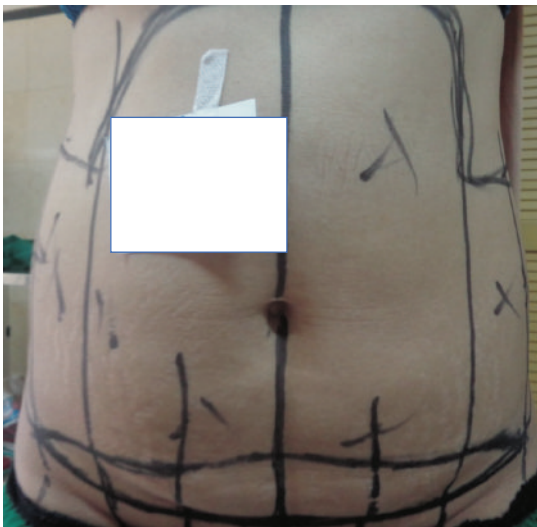
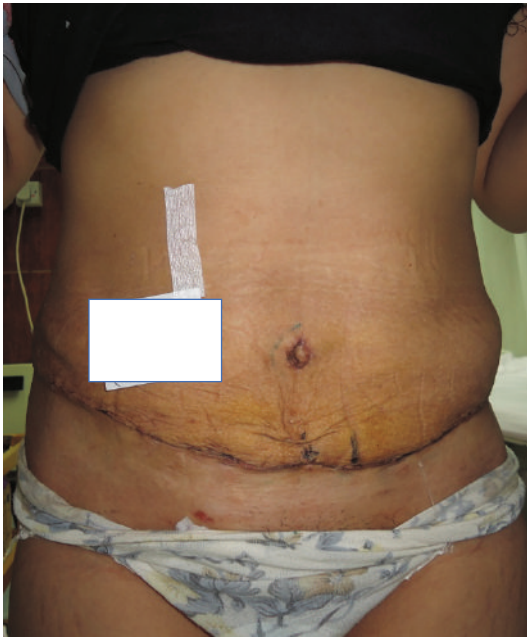
Drug	Suggested Dosage	Indications
Atropine	0.2 to 0.4 mg IV Increments	Bradycardia from vagal dominance
Midazolam	1-2 mg IV Increments	Local anesthetic seizure activity
Diazepam	5-10 mg increments	Local anesthetic seizure activity
Ephedrine	5-10 mg increments	Hypotension from sympathetic block
Lidocaine	50-100 mg IV bolus	Ventricular arrhythmias
Thiopental	50-100 mg IV increments	Local anesthetic seizure activity
Succinylcholine	100 mg bolus	Muscle relaxation airway activity (facility for positive pressure ventilation should be available)



## DESIGN







## CONCLUSIONS

Tummy tuck with tumescent anesthesia is safe



## Reference

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