Products catalog

Tools you need for your facial plastic surgery practice

Surgical videos ⋆ Patient Brochures and Newsletter

Photographic Standards ⋆ Use of AAFPRS Logo

PR Posters and Advertorial ⋆ Wound Manual

Facial Plastic Surgery

AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY
The Educational and Research Foundation for the American Academy of Facial Plastic and Reconstructive Surgery is dedicated to the continuing medical education of its members. Through courses, workshops, and other scientific presentations, as well as a highly respected fellowship training program, the AAFPRS Foundation has consistently provided quality educational programs for the dissemination of knowledge and information among facial plastic surgeons.

Since education is a major priority and commitment, John T. Dickinson, MD, developed an audiovisual center in Pittsburg and produced and collected videos on facial plastic and reconstructive surgery, including live demonstrations from AAFPRS Foundation courses. In honor of his foresight and efforts, the AAFPRS Foundation named its video collection the John Dickinson Memorial Library.

Commonly known as The AAFPRS Video Learning Center, the collection includes over 300 titles of teachings and demonstrations including live surgeries collected over the years. The collection features master teachers in their respective fields showing techniques in which they are truly experts. The production of these materials is on-going and new titles are added on a regular basis. The Video Learning Center is a highlight at Academy meetings and courses and allows physicians to preview titles before they make their purchase.

**NEW RELEASES**

**Cat. 126 Transcutaneous Skin-Muscle Flap Lower Lid Blepharoplasty with Fat Transposition**
Stephen W. Perkins, MD (see page 3)

**Cat. 216 Endoscopic Forehead Lifting Using Multiple Myotomies for Excellent Long-Term Forehead/Brow Aesthetic Results**
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**Cat. 351 Vertical Vector Extended Deep Plane Facelift incorporating 4 Key Facial and Neck Ligament Releases with Adjunctive Fat Grafting, Lip Lift and SMAS Lip Augmentation**
By Andrew A. Jacono, MD (see page 5)

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**FEATURED ITEM**
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Physician Instruction DVDs

Videos from the John Dickinson Memorial Library

There are over 300 titles listed in this catalog which include office visits, live surgery, live injections, cadaver labs, and lectures. The titles are listed according to procedural categories with the most recent releases listed first. The number that appears before the title is the catalog number; next to the author’s name are: the year it was released and the running time. All videos are available in DVD format. Those marked with ★ are available for streaming (no downloads).

100 Series Blepharoplasty

126 Transcutaneous Skin-Muscle Flap Lower Lid Blepharoplasty with Fat Transposition - NEW RELEASE
Stephen W. Perkins, MD (Facial Rejuvenation Course 2018) (approx. 20 minutes)
This nearly 25 minute video demonstration of how to perform a transcutaneous approach to lower lid cosmetic blepharoplasty shows how to safely achieve an excellent cosmetic result. Using a skin-muscle flap, pre-tarsal orbicularis sparing technique and flap suspension one maintains good lower lid position while treating pseudo-herniated orbital fat, nasal trough deformity, redundant, hypertrophied orbicularis and dermatochalasis. Using meticulous bipolar fat cauterization and medial fat pocket transpositioning one can achieve a smooth lower lid-cheek transition without hollowing. Proper lateral orbicularis suspension suturing assures early and later proper lid position.

125 Treating the Brow, Upper & Lower Eyelid, Midface as One Aesthetic Unit
Richard Anderson, MD (2014) (R/T: 1:10:00)
"Whenever indicated, I try to encourage my blepharoplasty patients to improve the brow to the midface via the upper blepharoplasty incision," says Dr. Anderson. This video demonstrates Dr. Anderson’s technique for this one aesthetic unit surgery, where a simple upper blepharoplasty actually lowers the brow.

124 Ptosis Repair
Don O. Kikkawa, MD (2012) (23:22)
The video features an upper eyelid ptosis surgery. Two techniques in different patients are demonstrated: conjunctival muellerectomy and external levator advancement. Local anesthetic injection, blepharoplasty markings, and ptosis surgical techniques are discussed in depth during both procedures. Postoperative photos conclude the presentation.

123 Asian Blepharoplasty
Robert A. Goldberg, MD (2004) (23:22)
In this DVD, Dr. Goldberg performs a closed blepharoplasty on an Asian patient. He demonstrates his technique for reforming an upper eyelid crease using a non-incisional mattress suture. There is no skin excision; sutures are passed in a form similar to the trail left by a downhill skier. The procedure is done under local anesthesia. Pre and postoperative photos are shown.

122 Upper Lid and Transconjunctival Lower Lid Blepharoplasty with Fat Pad Repositioning
This DVD demonstration of upper and lower lid blepharoplasty demonstrates a standard, yet universally successful upper lid blepharoplasty technique along with a transconjunctival lower lid blepharoplasty approach using fat pad transposition to efface a nasal jugal groove deformity. Attention is made specifically to preoperative markings and upper lid blepharoplasty. Often, this is critical to obtaining a symmetrical, successful result, correcting lateral hooding as well. A pre-septal approach to fat removal in lower lid blepharoplasty via the transconjunctival approach is clearly demonstrated. Preserving the nasal fat pad and transposing it beneath the orbicularis in the nasal jural region provides for smoother contour and prevents further hollowing.

121 Cosmetic Upper and Transconjunctival Lower Blepharoplasty with Skin Pinch
Peter A. Adamson, MD (2003) (50:51)
This DVD presents a middle-aged woman with prominent dermatohalasis of the upper lids, and steatoblepharon and skin excess of the lower lids. Dr. Adamson's current approach to upper lid blepharoplasty with fat excision is detailed. The lower eyelids are approached through a transconjunctival incision for fat removal and skin pinch for skin removal. Intraoperative surgical decision making is discussed and results shown.

120 Upper Lid and Modified Transcutaneous Lower Lid Blepharoplasty
E. Gaylon McCollough, MD (2000) (45:00)
A preoperative analysis indicates a need for complete facial rejuvenation. In this first of three tapes, Dr. McCollough addresses two audiences. The first audience is the experienced surgeon. Using the right side of the patient he demonstrates his upper lid and transcutaneous lower lid approach. This is a clearly demonstrated procedure. On the patient’s left side, Dr. McCollough discusses and demonstrates techniques used by the assistant to properly assist the surgeon as dissection and excision are accomplished. Discussion also involves the rest of the surgical team and the vital role they can play when they know exactly what the surgeon needs. This represents an excellent training tape for use by surgical assistants as well as the experienced surgeon.

119 Upper and Lower Lid Blepharoplasty with a Skin Muscle Flap Suspension Technique to the Lower Lids
Stephen W. Perkins, MD (1999) (20:48)
The patient is a 44 year old white female who exhibited premature pseudoherniation of orbital fat, as well as dermatochalasis and redundancy of skin and muscle of both upper and lower eyelids. The standard upper eyelid incisions are outlined and technique to achieve consistent, reproducible, and reliable results in upper lid blepharoplasty are shown. A transcutaneous approach to the lower lid for removal of pseudoherniated orbital fat and the repositioning of the skin and muscle flap is shown. Showing the appropriate amount of orbicularis, as well as skin and assuring good lid position with a muscle suspension suture is demonstrated. This safe lower lid blepharoplasty with excellent reproducible results is detailed.

DVD - $120 member, $156 non-member
DVD - New Releases: $150, $169, non-member
Streaming - $90 member, $120 non-member
Streaming - New Releases: $110 member, $165 non-member
116 Transconjunctival Blepharoplasty
Wallace K. Dyer, MD (1998) (16:00)
Following a preoperative analysis with photos, Dr. Dyer begins with a discussion of the anesthesia used. Using cautery and scissors, Dr. Dyer proceeds with the surgery. Pre-cauterizing facilitates opening the conjunctiva with little bleeding. Complete dissection is shown. Fat pad removal and a discussion of the amount follows. Each step in the procedure is clearly shown.

117 Transconjunctival Blepharoplasty With CO2 Skin Resurfacing
This surgical demonstration presents an upper and lower lid blepharoplasty. The upper lids are done in the traditional manner with cold steel while the lower lids are done by the new technique of transconjunctival approach with CO2 Laser skin resurfacing. In both instances care is taken to present pertinent anatomy while offering frequent surgical pearls acquired by Dr. Thornton, an ophthalmic plastic surgeon, in the course of hundreds of similar cases. In addition to the blepharoplasty, the patient’s lower right lid is horizontally shortened approximately 5 mm to reduce unilateral laxity and prevent ectropian.

118 Transconjunctival Blepharoplasty
Stephen W. Perkins, MD (Aging Face Course 1991) (44:16)
Dr. Perkins demonstrates proper eyelid evaluation, upper eyelid blepharoplasty followed by lower lid transconjunctival blepharoplasty.

119 Transconjunctival Blepharoplasty of the Upper Lid
Norman J. Pastorek, MD (Aging Face Course 1991) (50:37)
Dr. Pastorek demonstrates his technique and approach of the upper lid blepharoplasty. Specific step discussion of the procedure is made clear.

120 Transconjunctival Blepharoplasty
Calvin M. Johnson, Jr., MD (1987) (41:00)
121 Blepharoplasty and Browlift
Charles J. Krause, MD (1987) (27:00)
122 Blepharoplasty
Norman J. Pastorek, MD (1987) (44:00) $100
123 Upper and Lower Lid Blepharoplasty
Devinder S. Mangat, MD (1987) (39:00) $100
124 Blepharoplasty
Darrell Wolfley, MD (1982) (56:59)
125 Blepharoplasty
M. Eugene Tardy, Jr., MD (1982) (59:00)
126 Browlift and Blepharoplasty
127 Blepharoplasty
John L. Wobig, MD (1985) (47:39) $100
128 Blepharoplasty
Ted A. Cook, MD (1985) (56:06)
129-130 Complications of Blepharoplasty, Part I-V
Orkan George Stasior, MD (1983) (each part is approx. one hour)

Descriptions of these videos can be found online at: www.aafprs.org. Go to “Physicians” and click on “AAFPRS Store”

Brow and Forehead

200 Series Brow and Forehead

216 Endoscopic Forehead Lifting Using Multiple Myotomies for Excellent Long-Term Forehead/Brow Aesthetic Results
NEW RELEASE
Stephen W. Perkins, MD (Facial Rejuvenation Course 2018) (approx. 40 minutes)
This video demonstrates how to endoscopically, consistently achieve long-term aesthetically pleasing forehead and brow lifting lasting 10 – 15 years and longer. Specific demonstration of incision placement, planes of elevation and extent and release of the arcus marginalis and conjoint tendon are shown and described in detail. Individual myotomies of the orbicularis, corrugators, procerus, and frontalis musculatures are effectively and efficiently performed endoscopically using a specially developed mono-polar electrical knife while safely preserving the main neurovascular bundles of the supraorbital and supratroclear nerves. Proper aesthetic elevation of the brows is achieved and fixated via cortical bone tunnels and bridges.

215 Direct Browlift
Peter A. Adamson, MD (2009) (45:00)
This DVD illustrates the use of the direct browlift to elevate ptotic brows in a middle-aged man who by choice has a shaved head. The technique employed includes excision of super-brow skin, fixation of the orbicularis muscle to the periosteum, and vertical mattress suture closure.

214 Closed Temporal Cable Lift of the Lateral Brow and Canthopexy
Robert A. Goldberg, MD (2003) (23:00)
In this DVD, Dr. Goldberg performs his techniques for a closed temporal Cable lift of the lateral brow and Canthopexy on a male patient. The Canthopexy is performed first. Although open approaches can be used if there is marked tarsal laxity, a closed technique is used for mild laxity, and demonstrated in this case. To address the recruited lateral orbicularis and skin, the patient’s lateral brow is lifted using a closed technique. Sutures are passed through the lateral portion of the cheek pad and anchored in the temporal fascia. These procedures are done under local anesthesia. Pre and post operative photos are shown.

213 Endoscopic Forehead Lift
Peter A. Adamson, MD (2002) (14:30)
This tape describes the endoscopic forehead lift in a middle-aged woman, primarily being performed for eyebrow ptosis. The endoscopic forehead approach in the subperiosteal plane describes in detail elevation over the linear alba, myoplasty of the corrugator superciliius, advancement and fixation with countersunk titanium fixation screws, and closure.

212 Bi-Plane Forehead Lift
This technique describes an endoscopic assisted forehead lift accomplished through two separate dissection planes. Subcutaneous dissection of a limited region of the forehead is performed through a pretrichial incision. Sub-facial and sub-periosteal dissection by direct and endoscopic visualization releases the attachment of the brows from the bony orbital rim. Subsequent imbrication of the frontalis muscle provides brow elevation and skin excision without wound closure tension. The Bi-Plane forehead lift provides a method of excising redundant forehead skin with concomitant preservation of scalp sensory evaporation.
211 The Pretricheal Forehead/Brow Lift
E. Gaylon McCollough, MD (2000) (43:00)
Following a detailed analysis of the facial areas to be addressed, Dr. McCollough begins with a demonstration of a pretricheal forehead/brow lift. This demonstration clearly shows pertinent anatomy and the amount of dissection and excision required. Following this procedure, Dr. McCollough turns his attention to the perioral region. Here he demonstrates the proper use of Baker's solution to reduce the rhytids seen preoperatively. Lastly, he demonstrates his approach to surgical dressing for the procedures performed on this patient. Throughout this tape, Dr. McCollough provides many pearls learned from 30 years of experience.

210 Endoscopic Forehead with Mid Facelift
Vito C. Quatela, MD (1998) (56:11)
The endoscopic forehead and midface lift are not indicated for all patients who desire a more youthful look. For the experienced surgeon, this case is an example of an ideal patient for this combined procedure. A brief pre-operative discussion is given. Then, using a variety of views, the observer is introduced to the significant steps for both the mid face and endoscopic forehead lift. The extent of mid facial and forehead dissections are clearly shown, both from exterior views and from beneath the flap. Precautions regarding the facial and infraorbital nerves are provided. Both pre- and post-operative photos are provided at the conclusion for comparison.

209 Endoscopic Browlift & Endoscopically Assisted Malar Pad Lift
M. Sean Freeman, MD (1995) (1:11:53)
Dr. Freeman demonstrates his techniques for endoscopic browlift and endoscopically assisted malar pad lift through demonstration on a skull and then by example on a patient. While demonstrating his technique on the skull he carefully describes the instrumentation he uses. The final portion of the program illustrates a series of pre and post operative examples plus 3 short patient interviews which address postoperative healing.

208 Endoscopic Forehead Surgery
Gregory S. Keller, MD and Terence M. Davidson, MD (1994) (50:00)
Drs. Keller and Davidson discuss the advantages, disadvantages and concepts behind the procedure, using subcutaneous, subgaleal and subperiosteal planes. The tape shows an endoscopic forehead lift using a combination of the subgaleal and subperiosteal planes and a laser to incise the corrugator, procerus and depressor supercilii muscles. Methods of electro surgical treatment, dissection of temporal areas and techniques for fixation are demonstrated.

207 Management of the Male Eyebrow and Lid
Devinder S. Mangat, MD (1988) (48:00)

206 Coronal Forehead Lift
Peter A. Adamson, MD (1987) (21:00)

205 Forehead Lift
Peter A. Adamson, MD (1987) (28:00)

204 Forehead Lift
Calvin M. Johnson, Jr., MD (1987) (41:00)

203 Browlift and Blepharoplasty

202 Browlift
Claus D. Walter, MD (1985) (52:48)

201 Browlift
Reed Dingman, MD (1982) (46:00)

200 Temporal Browlift
Claus D. Walter, MD (1982) (45:00)
348 Face Lift with Extended SMAS, Vicryl Fixation
James M. Stuzin, MD (2006) (1:07:30)
Dr. Stuzin introduces this patient and proceeds to perform an extended SMAS plication using Vicryl Mesh inside the upper surface of the SMAS before suturing it in place. The facelift is shown clearly on both sides in this menu driven DVD.

347 Deep Plane Face Lift and Four Lid Blepharoplasty
Classic deep plane face-neck lift and secondary four lid blepharoplasty on a 55 year old female patient. Fibrin glue is used as an adjunct to wound closure without drains. Lower lids are handled by skin-muscle flap suspension blepharoplasty.

346 Endoscopic Facial Rejuvenation
Nicaror Isse, MD (2004) (48:00)
Systematic and progressive dissection of the soft tissue of the face, preserving of circulation and preventing postoperative soft tissue atrophy. To obtain a sequential rejuvenation and remodeling of different facial region. Through a frontal-temporal approach, using an endoscope. Pre and post-operative comparisons are made.

345 Transblepharoplasty Midface Lift
Michael J. Sullivan, MD (2004) (52:00)
The Transblepharoplasty procedure described on this DVD is designed to improve the aesthetic appearance of the lower eyelid and midfacial region, specifically ptosis of the cheek pad. This simplified approach provides excellent correction of midfacial aging changes with a low incidence of postoperative complications.

344 Combined Temporal and Lower Eyelid Approach to the Midface Lift
This DVD demonstrates my personal approach to lifting mid-face and lower eyelid soft tissues while supporting them into the temporal area with permanent suturing techniques. This transcutaneous lower eyelid approach is used as well as a sublabial incision in order to completely free the mid-facial tissues sub-periosteally. The lower eyelid skin muscle is developed, as well as the short SOOF elevation. A trans-temporal approach on top of the temporalis fascia is used to approach the lateral orbital rim. The subperiosteal approach is then used to connect the tunnel to the maxillary elevation in open view of the infraorbital rim. A bone tunnel was made in the superior temporal line and permanent suture used to suspend the mid-facial periosteum and SOOF tissues to this bone tunnel. The excess redundant skin and muscle of the lower eyelid lateral malar is excised and supported. A significant improvement in the nasal jugal groove and double convexity of the aging lower eyelid mid-face is achieved by this technique. Lateral temporal brow elevation completes the rejuvenation of the mid-face, temporal and lateral brow area.

343 The Deep Plane Facelift: A Case Study
Peter A. Adamson, MD (2002) (58:30)
This DVD documents the facelift experience of a middle-aged woman. It includes a pre-operative discussion of her concerns, facial analysis, marking, anesthesia and draping. Cervical liposuction, deep plane face-lifting and submental platysmaplasty are performed. The progressive techniques of skin-only, SMAS plication and imbrication, sub-SMAS and deep plane lifting are illustrated. Post-operative results are shown.

342 The Deep Plane Facelift
Tom D. Wang, MD (1999) (15:40)
This is a tape of a deep-plane facelift dissection along with submental fat removal using the liposhaver. It covers the placement of incisions, dissection planes, surgical techniques of deep-plane lift and fat removal techniques with liposhaver.

341 Deep Plane Facelift with Forehead Lift and Blepharoplasty
Calvin M. Johnson, MD (2000) (59:14)
Dr. Calvin Johnson’s personal technique for facial rejuvenation, including blepharoplasty, forehead lift, lip augmentation and rhytidectomy, as represented in this DVD, is the product of more than twenty years of evolution and modification of different procedures. The techniques demonstrated here have well stood the test of time and have served Dr. Johnson and his patient well over this period. In this tape, Dr. Johnson clearly demonstrates his technique for a transconjunctival blepharoplasty with skin pinch, a coronal forehead lift, submental platysmaplasty and deep plane facelift. Briefly shown are his techniques for lip augmentation including graft harvesting and surgical dressings.

340 Modified SMAS Facelift
Harry Mittelman, MD (2000) (59:50)
In this DVD, Dr. Mittelman demonstrates the technique of "parotid to malar eminence" SMASectomy and imbrication. This technique is indicated for patients with round faces and prominent nasolabial and commissure-mandidular groves. Dr. Mittelman has found this technique to give better improvements in cheek fat repositioning and the nasolabial area compared to Webster type SMAS plication. The viewer will be guided through the preoperative markings, skin incisions, submental dissection, face dissection, SMASectomy and imbrication as well as skin redraping and skin closure. Pre and post operative comparison is made at the conclusion of the tape.

339 Arcus Marginalis Release and Orbital Fat Repositioning
Robert A. Goldberg, MD (2000) (42:41)
Dr. Goldberg demonstrates his technique for AMR and fat repositioning through a transconjunctival approach. The tape continues as Dr. Goldberg performs an endoscopic midface lift. After patient analysis, utilizing a temporal incision, Dr. Goldberg demonstrates his technique for an endoscopically assisted midface lift using a combination of endoscopic and external views. Pre and postoperative results are shown. Finally, Dr. Goldberg concludes this tape with a SOOF lift with lateral canthoplasty after patient analysis; Dr. Goldberg demonstrates his technique for SOOF lift utilizing a combination of endoscopic and external views. Pre and post operative comparisons are made.

338 Tri-Plane Rhytidectomy
Shan R. Baker, MD (2000) (55:00)
This technique describes a method of rhytidectomy involving multiple planes of dissection. A mid-face lift is accomplished by a sub-periosteal dissection of the maxilla and zygoma. A lower cheek and jowl lift is performed through a sub-SMAS and subplatysmal dissection and external views. The neck is lifted by a combination of submentoplasty and preplatysmal dissection performed from a submental approach. The three planes of dissection are integrated into a single rhytidectomy procedure. The tape concludes with a comparison of pre and postoperative results on the patient.
337 The Next Generation Suspension Rhytidectomy
E. Gaylon McCollough, MD (2000) (49:00)
In this tape, Dr. McCollough performs a suspension rhytidectomy following a submental platysmaplasty. The pre-operative analysis indicates a need for cheek and neck lift as well as a perioral chemical peel to reduce creases around the lips. The patient also has a blepharoplasty and forehead lift done. The extent of undermining and suturing techniques are clearly demonstrated. This along with pearls gathered by Dr. McCollough through nearly 30 years of experience make this one of his finest tapes. Pre and post operative comparisons are made.

336 Modified Deep Plane Facelift: SMAS Imbrication Technique
Stephen W. Perkins, MD (1999) (39:00)
The patient is a 44 year-old white female who exhibited premature loss of elasticity of skin and moderate development of jowls, jowl ptosis, as well as submental skin, fat and platysma ptosis. This time proven technique in face lifting involves submental and jowl liposuction as well as submental platysma excision and direct lipectomy with corset anterior band suturing. Complete skin elevation of the neck accompanies this treatment of platysma as it is suspended posteriorly after undermining the platysma and central face SMAS unit. Imbrication of the SMAS and platysma is accomplished after performing a modified version of the deep plane facelift. Elevation of the mid-facial tissues over the malar eminence and superficial to the zygomaticus muscle is performed simultaneously. A unique method of suspension of these two units is demonstrated. Proper attention to details of incision placement is carefully outlined to achieve a very satisfactory surgical, as well as satisfied patient result. Post-op care and dressings are demonstrated.

335 The Deep Plane Facelift
Frank M. Kamer, MD (1996) (45:15)
Dr. Kamer shares his technique, which has been developed over the past 20 years. His dissection is divided into three levels: subgaleal, sub-SMAS, and subcutaneous. Following a brief introduction describing his procedure, his technique is performed on a 62 year old patient. The basis of the deep plane facelift is that traction on the muscle redistributes the cutaneous layers in a smooth even plane, removing the necessity for separate skin undermining.

334-333 Male Facelift and Brow Lift, Parts I and II
E. Gaylon McCollough, MD (Aging Face Course 1991) (Part I, 47:00; Part II, 29:01)
Dr. McCollough demonstrates the technique and approach for dealing with the male facelift patient. In addition, he does a mid brow excision demonstrating a scar camouflage technique.

332 Facelift with Chin Implant
Ted A. Cook, MD (Aging Face Course 1991) (48:00)
Dr. Cook demonstrates facelift technique in a female patient which includes chin augmentation.
Dr. Binder's two patients are female and a male. The female wishes to have more fullness in her cheeks and a reduction of the early jowling that is present. The male patient wishes to have an existing chin/mandible implant removed as it is ill fitting and shows. Dr. Binder takes us through the pre-operative evaluation, markings and anesthesia for a chin, pre-jowl, submalar and malar implant. A malar implant is demonstrated but not placed in either patient. On the male he demonstrates removal and replacement of a new implant using a unique retrograde approach in combination with an anterior approach through a chin incision. In both cases, chin incisions, making pockets, intraoral incisions and submalar pockets are demonstrated. This nearly bloodless dissection illustrates how careful use of proper instruments aids in successful outcome. Attention of paid to anatomy, particularly the mental and infraorbital nerves. Dr. Binder carefully controls the limits of dissection through the use of the "Smart Hand Technique". Submalar implants are kept in place with an externally tied suture around rolled dental gauze. Dressings are shown and highlighted with application of a compression mask which significantly reduces post operative swelling. In addition to the two surgical cases, Dr. Binder provides two PowerPoint presentations which provide an overview of the use of chin, submalar, malar and mandibular implants. This DVD is menu driven enabling the view to select desired portions of the surgeries. This DVD was partially funded by Implantech.
**Physician Instruction DVDs**

### 800 Series Injectables

**805 Full Facial Fat Grafting—Mastering the Technique**

Bruce W. Van Natta, MD (Facial Rejuvenation Course 2018) (approx. one hour)

This video will provide a comprehensive overview of facial fat grafting from analysis of volume deficit, to harvesting, preparation and placement of the grafts. Nuances of technique and best practices will be emphasized. This educational video should be of value to the novice and experienced surgeon alike.

**804 Autologous Fat Grafting - Facial Rejuvenation**

Thomas L. Tzikas, MD (2006) (1:36:00)

Autologous fat grafting is technique dependent and an artistic procedure—know where to inject and how much. The harvesting and injection technique should be minimally traumatic. In this DVD, Dr. Tzikas steps the viewer through a pre-op analysis, fat harvesting and injection techniques. He demonstrates clearly locations for fat harvesting and fat injection. He explains the reasons for these choices. He discusses the amount to inject in specific regions of the face. Pre and post op photos are shown at the conclusion of the case. This menu driven DVD is divided into: a general concepts overview, pre-operative analysis, marking, fat harvesting, fat separation and preparation, injections and pre-postoperative comparisons.

**803 Perioral Rejuvenation**


This DVD addresses rejuvenation of the lower face, lips and perioral region. Techniques are presented to enhance the lips and to diminish deep nasolabial folds, marionette lines, and the corner of mouth frown and droop. Also demonstrated are techniques of Botox and Radiesse injection to rejuvenate the lips and perioral region as well as micropigmentation (permanent makeup) to enhance the lips. The procedures are performed under local anesthesia and may be combined with other facial rejuvenation techniques. Dr. Clevens discusses in detail the use of Botox for lip and perioral rejuvenation. Pre and post-operative images are presented for all procedures. The menu driven DVD is divided into 7 parts: overview, corner of the lip lift with Radiesse, sub-nasal lip lift, direct excision of the nasolabial folds, direct lip lift in conjunction with corner of the lip lift, botox presentation and treatment, and micropigmentation.

**802 Injectable Neuromodulators:**

Corey S. Maas, MD (2010) (59:00)

This DVD shows a comprehensive review of neuro-modulators (botulinum toxins) preparation, indications, dosage and techniques for the upper and lower face with representative animated before and after video.

**801 Lip and Perioral Enhancement**


**800 Injectable Collagen**

J. Regan Thomas, MD, Joseph W. Walike, MD, Samuel Stegman, MD, and Terence M. Davidson, MD (1986) (60:00)

### 900 Series Otoplasty

**905 Cosmetic Otoplasty**

Peter A. Adamson, MD (2009) (35:00)

This DVD illustrates a well-established technique for correction of the congenitally protruding ear in a middle-aged woman. The procedure consists of a Furnas setback of the prominent conchal bowl by excision of post-auricular soft tissue. Unfurling the antihelix is corrected utilizing horizontal mattress sutures according to the Mustarde technique. Results are shown.

**904 Otoplasty**

Peter A. Adamson, MD (2000) (30:00)

Cosmetic otoplasty in a child patient is demonstrated using the techniques of soft tissue excision to reduce a prominent conchal bowl and horizontal mattress sutures to further define the antihelical fold. Draping, local injections, markings, incisions, excisions and suturing are demonstrated. After dressings are applied, case concludes with pre- and post-operative comparisons.

**903-901 Otoplasty, Parts I-III**

Richard C. Webster, MD (1977) (Part I, 59:00; Part II, 59:00; Part III, 29:00)

**900 Otoplasty**

Sidney S. Feuerstein, MD (1974) (40:36)

### 1000 Series Rhinoplasty

**1091 Secondary Rhinoplasty Using Costal Cartilage and Micro-fat Infused Soft Tissue Augmentation**

Dean M. Toriumi, MD (Advances in Rhinoplasty Course 2017) (2 hours)

In this video-demonstration, Dr. Toriumi performs a secondary rhinoplasty on a patient with a prominent deformity of the lower third of her nose with a hanging tip lobule. She has alar retraction and tip asymmetry as well. During the surgery, Dr. Toriumi harvests costal cartilage to use for the cartilage grafting. He corrects asymmetries of her upper third and middle vault. To repair her nasal tip, Dr. Toriumi performs a nasal tip reconstruction by removing her existing deformed lateral crura and places lateral crural replacement grafts. In an effort to prevent postoperative dorsal nasal deformities, he prepares micro-fat and injects it into costal perichondrium and uses it to camouflage her nasal dorsum. The use of MISTA (micro-fat infused soft tissue augmentation) is very helpful in patients with thin skin that can contract over time.

**1090 Tip Straightening, Septal Transplantation, Modified Butterfly Graft**

Tom D. Wang, MD (2015) (55:00)

Dr. Wang demonstrates analysis and treatment of a nose with asymmetric bulbous nasal tip, and caudal and internal septal deviation with internal nasal valve collapse. This is accomplished via an external rhinoplasty approach with anterior septal transplantation, tip refinement with dome division, cephalic turn-in flaps, modified auricular butterfly graft, and dorsal onlay graft.
1089 Controlling the Dorsum
H. Steve Byrd, MD (2015) (1:25:00)
Dr. Byrd performs a “J” osteotomy that combines a medial oblique osteotomy with lateral percutaneous osteotomies to precisely narrow the keystone in order to preserve the dorsal aesthetic lines of the radix as they continue onto the midvault. The ULCs are preserved, eliminating the need for primary spreader grafts. Tip refinement is combined with alar contour grafts to avoid elevation of the alar margin.

1088 Aesthetic and Functional Septorhinoplasty
Shan R. Baker, MD (2013) (1:33:00)
The DVD is a live video of an aesthetic and functional septorhinoplasty in a middle eastern male. His complaints included bilateral nasal obstruction, and a markedly crooked nose. He also desired a reduction in the size of the nose in addition to straightening the nose. Surgical techniques included: 1) reduction of dorsal projection; 2) reduction of tip projection accomplished by division of the lateral crura and overlap; 3) shortening of the nasal length by cephalic tip rotation using a tongue-in-groove technique; 4) spreader grafts and spreader flaps to straighten the middle vault; 5) straightening the bony vault by performing percutaneous medial, lateral, and transverse osteotomies.

1087 Asian Augmentation Rhinoplasty with Costal and Septal Cartilage Grafting
David W. Kim, MD (2013) (1:50:00)
Augmentation of the dorsum and the creation of increased projection and length of the nasal tip are frequently beneficial in rhinoplasty for the Asian patient. Adding structure to the flat Asian nose creates a stronger profile and more defined frontal highlights and shadowing. In the operation, Dr. Kim utilizes autogenous costal and septal cartilage to create several structural grafts. A combination of techniques are demonstrated including dorsal onlay grafts, extended spreader grafts, tongue in groove elevation of the tip cartilages onto a septal extension graft, a projecting shield graft, and lateral crural onlay grafts.

1086 Powered Microsaw Rhinoplasty
Rami Batniji, MD (2012) (49:00)
Dr. Batniji utilized a set of special tools designed for each stage in the functional and aesthetic process. The instrumentation and procedure were innovative, precise, and safe, preventing multiple complications associated with manual osteotomies. Because blunt force fractures made with the traditional chisel and hammer method seldom permit fine and precise bone reduction, the powered microsaw rhinoplasty technique has become the best alternative to manual bone removal, with minimal trauma to the patient.

1085 Shortening the Long Nose with Structural Support
Stephen W. Perkins, MD (2011) (39:00)
Management of aesthetics and airway function is crucial in significant reduction rhinoplasty involving major deprojection of the tip, hump reduction, and control of rotation. In this DVD, Dr. Perkins demonstrates the sequential steps required to satisfactorily manage a significantly overprojected, under-rotated 26-year old, white female’s thin skinned nose with a tall, narrow hump. An external columellar approach is utilized to be able to effect and control hump reduction, middle nasal vault, tip deprojection, and upward rotation in a very thin skinned caucasian patient.

1084 Functional and Cosmetic Revision Rhinoplasty
Minas Constantinides, MD (2011) (1:20:00)
This case is a complex revision functional and cosmetic open rhinoplasty performed on a 51-year old man who had his primary rhinoplasty 30 years ago. The DVD begins with a detailed analysis of photos and findings. Highlights of the surgery include removal of an old shield graft with tip recontouring, caudal repositioning of cephalically-oriented crurae, complex revision seaptoplasty, solving the shrink-wrapped soft tissue envelope and treating internal and external valve collapses with both suture techniques and cartilage grafts. Novel uses of new biomaterials are illustrated. The DVD ends with a critical analysis of post-operative photographs. This unique case shows how Dr. Constantinides handled a complicated revision problem changing the pre-operative plan as new findings are encountered during surgery.

1083 Functional Rhinoplasty
Edward H. Farrior, MD (2011) (1:20:00)
The patient in the DVD is a 53-year old professional jockey who has had multiple nasal injuries that present nasal obstruction and nasal deformity. He is of small stature and has a deviated, disproportionately large nose. To compound the situation, the skin is sebaceous. Because of the disproportionate nature of his nose, augmentation in the thick skinned patient would not be desirable. It was necessary to try some proven techniques to reduce his nose and skin envelope as well as maneuvers to strengthen his cartilage. In an effort to straighten the dorsal and septal deviation, a septoplasty was performed with shortening of the caudal strut, caudal repositioning, and dorsal splinting with spreader grafts. In addressing the overly large nose in the thick skinned patient, it was necessary to defat the nasal tip skin, perform dorsal reduction with reduction of the nasal frontal angle and nasal dorsum, retro-displacement of the medial crusa, resection of the anterior maxillary spine, tip graft, and alar shortening. Lateral crural flaps were also performed to shorten the lateral leg of the tip tripod. This was all performed through an open, decorticate approach because of the need for accurate graft placement and visualization for hemostasis in a sebaceous nose.

1082 The "Pinocchio" Nose
Stephen W. Perkins, MD (2009) (38:16)
A 27 year old caucasian female with a markedly over-projected nasal tip often referred to as the “Pinocchio Nose” undergoes surgery. This DVD is a surgical demonstration of sequential operative steps to deproject the nasal tip to achieve harmonious balance with the rest of the patient’s nose and face. Significant deprojection as demonstrated in this DVD for this patient involves multiple techniques to deproject the overprojected nasal tripod while maintaining symmetry, lobular support, and functional external valve integrity. All surgical procedures and grafts are performed and grafts secured via the “open” or external columellar approach.
were placed to stabilize the lateral wall of the nose and prevent lateral wall collapse. All of these maneuvers are clearly described in the presentation. The DVD goes into great detail about the analysis, surgical plan, and execution of the surgical maneuvers. Many illustrations were used to enhance the explanation of the surgical techniques.

1077 Rhinoplasty Techniques for the Twisted Nose
Ira D. Popel, MD (2007) (1:03:00)
This DVD demonstrates the surgical approach to a twisted nose. A full preoperative evaluation is followed by precise surgical steps to straighten the columella, tip, middle vault and nasal bones. Through an open approach each step is clearly shown with up-close and clear DVD images. The post-operative result is shown at 18 months after surgery.

1076 Over-projected Nose with Chin Augmentation
Dean M. Toriumi, MD (2005) (30:44)
In this DVD the surgeon will demonstrate how he manages the over-projected nose. The patient has an under-projected chin with an over-projected nose. The chin augmentation is performed via a submental incision and demonstrated the use of an extended silastic implant. The external rhinoplasty approach will be described in detail as well as execution of dorsal hump reduction, osteotomies, spreader grafts, lateral crural strut grafts, dome suturing, de-projection of the tip, andalar base reduction. The de-projection of the tip was performed by setting the medial crura back on the caudal septum. This case demonstrates the structure approach to rhinoplasty demonstrating how tip position can be effectively controlled without using reductive methods. The DVD is constructed to allow the viewer to observe the entire operation or go to specific maneuvers.

1075 Deviated Nose with Dorsal Hump
Dean M. Toriumi, MD (2005) (37:15)
In this DVD the surgeon will demonstrate his technique for management of the deviated nose. The patient has a deviated nose that is over-projected with a bulbous nasal tip. The external rhinoplasty approach will be described in detail as well as his execution of dorsal hump reduction, osteotomies, spreader grafts, lateral crural strut grafts, dome suturing, caudal extension graft, alar batten grafts and alar base reduction. This case demonstrates the philosophy of structural grafting and preservation of nasal support. The DVD is constructed to allow the viewer to observe the entire operation or go to specific maneuvers.

1074 Droopy Tip Rhinoplasty
Russell W.H. Kriel, MD (2005) (59:00)
This 64 year old male patient presents with an over-projected, under rotated, ptotic tip with a dorsal hump. Complicating his case is the fact that he has had multiple previous nasal fractures and has a scarred soft tissue envelope. He also has a bifid tip and a hanging columella. A detailed septoplasty addresses his septal fractures. Via an open approach, a Lateral Crural Overlay technique is used to rotate and deproject the tip and a crushed cartilage graft is place in the radix to further address the relative over projection. Care is taken to be conservative and not to over-operate on this older male patient who has lived with his nose for many years!
1073 Saddle Nose Deformity: Composite Reconstruction
Saddle nose is one of the most challenging deformities in all of rhinoplasty surgery, especially when all structures are involved including a large septal perforation. A new approach, "composite reconstruction" is illustrated. Harvesting of rib cartilage is shown in step-by-step detail. The deeper "foundation layer" is constructed to provide support through the innovative use of spreader grafts and a true "septal" strut. The outer "aesthetic layer" consists of a columellar strut and tip graft plus diced cartilage in a fascia dorsal graft. Support of the collapsed alar rims is achieved with large lateral rim grafts.

1074 Primary Rhinoplasty with Dorsal Hump Reduction and Tip Rotation
The patient is an 18 year old female desiring cosmetic rhinoplasty with no functional complaints. Primary dissatisfaction relates to size of nose and dorsal convexity. Patient desires a shorter nose with only minimal tip rotation. On exam, she has very thin skin with slight tip ptosis and middle vault narrowing. This case illustrates the use of an open rhinoplasty approach, columellar struts and tip grafting techniques. The approach specifically addresses the complexities of using tip grafts in a thin-skinned nose.

1075 Primary External Rhinoplasty Showing Osteotomy Detail
A 22 year old, white female was desirous of a thinner, more defined nose with a takedown of her dorsal hump. She did not want too sharp of a tip. Standard open approach was utilized with suturing of the dome cartilages. Osteotomy techniques are highlighted with endonasal pictures. Pre and post Operative photographs are shown.

1076 Rhinoplasty for Trapezoid Tip & Placement of Alar Strut Grafts: The External Approach
Stephen W. Perkins, MD (2003) (35:12)
In this surgical demonstration, Dr. Perkins presents his rhinoplasty techniques for patients presenting with an over-projected nose and trapezoid tip with cephalic malposition of alar cartilages. Using the external approach, his techniques are clearly demonstrated and where possible, an endoscopic view is incorporated. A comparison of pre- and post-op results at six months is presented.

1077 Asian Rhinoplasty - An Autogenous Approach
Rollin K. Daniel, MD (Advanced Rhinoplasty Course 2003) (43:15)
This DVD demonstrates a new operation that achieves the aesthetic results associated with implants, but using the patient’s own tissues. The highlights include the following: defatting the soft tissue envelope, lengthening the nose, achieving tip projection plus definition, augmenting the dorsum, and narrowing the alar base. The result is a dramatic yet natural improvement with few long term complications.

1078 Primary Rhinoplasty
Dean Toriumi, MD (Advanced Rhinoplasty Course 2001, Live Surgery Demo) (1:44:30)
Dr. Toriumi demonstrates the use of the external rhinoplasty approach and structural grafting for correction of the bulbous nasal tip. Over projection of the nasal tip was corrected by dissecting the medial crus and setting them back on the midline caudal septum in a tongue and groove fashion. This maneuver effectively de-projected the tip and allowed re-projection of the domes with a dome-binding suture. A crushed cartilage Radix graft was used to augment the nasal frontal angle and provide a more favorable dorsal line. Lateral crural strut grafts were used to re-contour the lateral crus. Alar batten grafts were used to stabilize that lateral wall of the nose and prevent alar collapse.

1079 Endonasal Tip Rhinoplasty for the Correction of Trapezoid Tip Collapsing Alae
Stephen W. Perkins, MD (Advanced Rhinoplasty Course 2001, Live Surgery) (59:00)
Dr. Perkins performs surgery on a 43 year old white female who complained of a “funny looking nose” and some airway obstruction with snoring. The completed procedure demonstrates correction of a markedly twisted, asymmetrical nasal tip via this endonasal approach. This trapezoid tip with collapsing alae is corrected using alar battens and struts.

1080 Spare Parts Nasal Salvage
Russell W.H. Kridel, MD (Advanced Rhinoplasty Course 2003) (55:00)
Over-resection in rhinoplasty causes the most problems because necessary anatomic parts have been removed and the resultant weakened structural support has little ability to withstand scar contracture forces, which distort the nose post-operatively over time. In salvage cases, expectations should be lowered as not all deformities can be corrected. In this DVD, a case of dorsal saddling with over-resection of the tip cartilages and alar notching is presented. Composite skin/cartilage, auricular grafts, acellular dermal grafts and irradiated rib cartilage grafts are used to restore nasal proportions and normalcy.
This patient is a 41 year old white female desiring aesthetic nasal surgery for many years. She is an established business person with a maturing family. She is interested in minimal change of her appearance and would like "to still look like myself" post-operatively. The patient is interested in some reduction of the overall nasal projection, so that the nose appears more feminine. She would also like some narrowing of the nasal tip width. The procedure is an aesthetic rhinoplasty to reduce nasal projection and obtain nasal tip narrowing and refinement using an endonasal approach with dorsal reduction, osteotomies, and tip refinement with the dome-binding suture under local anesthesia.

This DVD portrays Dr. Bahman Guyuron's approach to primary rhinoplasty to treat several nasal problems. She was treated with dorsal reduction, radix, spreader and tip grafts. Each maneuver is carefully detailed and demonstrated. Pre operative analysis is provided and comparison of pre and post operative results are given.

This patient is a 41 year old white female desiring aesthetic nasal surgery for many years. She is an established business person with a maturing family. She is interested in minimal change of her appearance and would like "to still look like myself" post-operatively. The patient is interested in some reduction of the overall nasal projection, so that the nose appears more feminine. She would also like some narrowing of the nasal tip width. The procedure is an aesthetic rhinoplasty to reduce nasal projection and obtain nasal tip narrowing and refinement using an endonasal approach with dorsal reduction, osteotomies, and tip refinement with the dome-binding suture under local anesthesia.

In this DVD, Dr. Johnson demonstrates his rhinoplasty technique for the underprojected nose in relation to a strong chin. Through an open structure approach, he illustrates how minimal dorsal reduction coupled with the precise placement of a strut and tip grafts can result in a more projected nose that balances an otherwise strong profile. In addition, he discusses the option of radix grafting as an alternative technique to camouflage the dorsum with a minimal hump in cases where increased tip projection is necessary.

1060 Augmentation Rhinoplasty with Small Dorsal Reduction
Calvin M. Johnson, MD (Advanced Rhinoplasty Course 2001) (38:00)

In this DVD, Dr. Johnson demonstrates his rhinoplasty technique for the underprojected nose in relation to a strong chin. Through an open structure approach, he illustrates how minimal dorsal reduction coupled with the precise placement of a strut and tip grafts can result in a more projected nose that balances an otherwise strong profile. In addition, he discusses the option of radix grafting as an alternative technique to camouflage the dorsum with a minimal hump in cases where increased tip projection is necessary.

1059 Endonasal "Double Dome" Correction of a Broad Flat Tresepedoid Tip
Stephen W. Perkins, MD (Advanced Rhinoplasty Course 2001) (32:22)

This DVD demonstration of a rhinoplasty is an 18 year old white female who has a hereditary flat, broad, trapezoid type lobule. The patient has a narrow tip with divergent intermediate nasal lobule. Demonstration of the correction of this lobule deformity via the endonasal delivery flap approach is presented. Additionally, a small profile hump reduction is performed simultaneously. Correction of persistent bifidity of the tip is demonstrated as well.

1058 Cosmetic Endonasal Double Dome Tip Rhinoplasty with Hump Removal and Chin Augmentation using Single Mersilene Mesh Implant
Stephen W. Perkins, MD (Advanced Rhinoplasty Course 2001) (43:00)

The patient in this rhinoplasty demonstration is a 40 year old white female who desires improved profile alignment. In addition to a moderate nasal hump and a dropping nasal lobule, she has a hypoplastic mentum. This DVD demonstrates chin augmentation techniques via the intraoral approach using mersilene mesh as a chin implant material. Following this, an endonasal approach using endonasal delivery flap approach is demonstrated to narrow her nasal lobule. Double dome techniques are demonstrated as well as bony and cartilaginous pyramid alignment. Bilateral medial osteotomies were used to complete the pyramid portion of the rhinoplasty. Pyramidal surgery is performed using Cinelli dorsal osteotome, dorsal nasal rasps, and bilateral lateral osteotomies performed with a guarded Neivert osteotome.

1057 Male Rhinoplasty
Rodney Rohrich, MD (Advanced Rhinoplasty Course 2001) (35:00)

This technique illustrates the use of the open technique in the management of a male rhinoplasty using a component dorsal reduction done in an incremental fashion by separating the upper lateral cartilage from the septum and the bony reduction in a graduated, precise fashion. This will illustrate the use of autologous septal cartilage grafts, using columellar struts in a graduated approach to tip support and correct tip asymmetry. The role of the alar contour grafts is demonstrated to correct alar notch with a history of previous rhinoplasty.
1056 Intranasal Rhinoplasty Technique
Ira Papel, MD (Advanced Rhinoplasty Course 1999) (59:30)
Dr. Papel performs an intranasal surgery on a patient. Incisions are made in the upper lateral cartilages bilaterally. Periosteum is elevated over the bony portion of the nose in a two-step process, exposing the nasal hump for removal. Raspings smooth the bony portion of the nose. Bilateral dissection of the alar cartilages is shown and the lateral crus is trimmed cephalically to preserve the underlying vestibular skin. Excess tissue in the supratip area is removed, both cartilages are delivered, positioned, and sutured to reduce the distance between the domes and the tip. Osteotomies are done, intranasal incisions are closed.

1055 Reconstruction of Caudal Nasal Support Structure via Open Rhinoplasty
Ted A. Cook, MD (Advanced Rhinoplasty Course 1999) (34:00)
This patient has lost complete support to the lower 2/3’s of her nose due to a septal hematoma, which later abscessed. The surgical approach used allows visualization deep to the septal bony spine where a strut will be placed to reinforce the columella. Additionally, irradiated rib cartilage is used to provide support to the upper lateral cartilages, improving the dorsal profile. Finally, osteotomies are performed to narrow the bony portion of the nose. Pre and post operative comparisons are shown. Dr. Cook’s tape is easy to follow and learn from because of his ability to clearly demonstrate his technique.

1054 Rhinoplasty with High Septal Hemitransfixion to Correct Caudal Septal Deformities
Frank M. Kamer, MD (Advanced Rhinoplasty Course 1999) (36:00)
In this case, Dr. Kamer leaves the caudal relationship between the septum and the medial crus intact. He believes this is an important method of correcting caudal septal deviations, especially those due to trauma. The same procedure works quite well for congenital caudal deviations according to Dr. Kamer. Following a preoperative analysis, Dr. Kamer proceeds to repair the septum, trim the dorsal hump and then delivers the crus, suturing them together to narrow the tip and increase projection. All of these maneuvers are expertly demonstrated. The case concludes with dressings and a comparison of the pre and postoperative images at 6 months.

1053 Revision Rhinoplasty with Pinched Tip and Valve Collapse
Wayne F. Larrabee, Jr., MD (Advanced Rhinoplasty Course 1999) (24:00)
This patient is very thin skinned and the challenge is to broaden the tip and dorsum, provide tip projection and repair collapsed nasal valves under these circumstances. Strengthening the columella, restructuring the domes, placing a graft on the tip and broadening the dorsum with spreader grafts are deftly presented. Pre-operative analysis is provided and the case concludes with a comparison of pre and post-operative images at 6 months.

1052 The Simon Modification of Vertical Dome Division/Goldman Technique of Vertical Dome Division
Robert L. Simons, MD (Advanced Rhinoplasty Course 1999) (46:00)
This single one hour DVD consists of two surgical presentations. In the first surgical presentation, the patient also undergoes a mentoplasty. After preoperative analysis, local injections, mentoplasty and nasal surgery follow. With extreme clarity, Dr. Simons presents his approach. Highlights include: dorsal hump removal, tip surgery, cartilage delivery, vertical dome division and suturing, use of cartilage as a batten for the columella and crushed cartilage to provide support to the lateral cartilages. Closure of incisions, dressings and postoperative results round out his presentation. In his second case, Dr. Simons demonstrates the classic “Goldman Technique of Vertical Dome Division.” Following a pre operative analysis, he demonstrates the incisions and suturing in the nasal tip that differentiate this procedure from other techniques of vertical dome division.

1051 Delivery Flap Approach for Double Dome Tip Rhinoplasties, Patient A
Stephen W. Perkins, MD (Advanced Rhinoplasty Course 1999) (38:25)
The patient is a 32 year old white female airline stewardess who also models part-time. She is approximately 5’9” tall. She came in desiring a reduction in the hooked nature of her nasal profile and reduction in the bulbousness of her tip. Despite a relative under-projection and a very short infratip lobule, a delivery flap approach was used to sculpt the nasal lobule and to suture the alar cartilages together in a double dome unit. A small infratip lobular graft was placed via this endo-nasal approach. Profile alignment was accomplished with a dorsal osteotome and rasping.

1050 Delivery Flap Approach for Double Dome Tip Rhinoplasties, Patient B
Stephen W. Perkins, MD (Advanced Rhinoplasty Course 1999) (25:43)
The patient is a 38 year old female who is a part-time model, desired narrowing of her nasal tip and overall refinement to her nose. No drastic or obvious changes were requested. A delivery flap approach was used to refine the bulbous nasal lobule. Individual dome suturing was used to narrow the wide alar cartilages and tip support was assured with a double dome mattress suture along with an inter-crural strut. Bilateral internal, lateral, and medial osteotomies were performed to bring the broad pyramid into harmony with the tip.

1049 Primary Rhinoplasty
Bahman Guyuron, MD (Advanced Rhinoplasty Course 1999) (39:30)
A teenage patient has a slight deviation of anterior septum to the left, wide asymmetric nasal bones and bilateral collapse of lower lateral cartilages. Her columella is slightly retracted and the alae are slightly hanging. A dorsal hump is evident. Under general anesthesia, a rhinoplasty is performed in which the use of spreader grafts and a nasal strut are demonstrated. Bilateral internal, lateral osteotomies were performed to bring the broad pyramid into harmony with the tip. Cartilage is also sutured to the caudal septum to prevent a caudal dorsal depression. A subdomal graft is inserted across both domes to further strengthen tip cartilage. The alar base is narrowed through removal of small wedges of tissue on both sides and then careful attention to the dressing is demonstrated.
1048 Cosmetic and Functional Open Septorhinoplasty
Peter A. Adamson, MD (Advanced Rhinoplasty Course 1999) (30:00)
This tape describes a primary cosmetic open rhinoplasty in a young woman presenting for nasal reduction, including tip refinement and dorsal reduction. Maneuvers performed include alar cartilage resection, Columellar strut, and vertical dome division with overlap and lobule refinement sutures. Techniques include columellar and lobule grafting, osteotomies, dorsal spreader grafting and alar base advancement.

1047 Primary Rhinoplasty, Hanging Columella and Caudal Septal Deviation
Norman J. Pastorek, MD (Advanced Rhinoplasty Course 1990) (46:15)

1046 Reduction Rhinoplasty Thick Skinned Bulbous Tip
Terence M. Davidson, MD (Advanced Rhinoplasty Course 1990) (35:00)

1045 Over Projecting Nose, Endonasal Rhinoplasty Approach
J. Regan Thomas, MD (Advanced Rhinoplasty Course 1990) (31:40)

1044 Secondary Septorhinoplasty, Crooked Nose, Wide Nasal Base, Deep Nasal Frontal Angle, Projecting Tip
E. Gaylon McCollough, MD (Advanced Rhinoplasty Course 1990) (52:55)

1043 Cartilage Splitting Rhinoplasty with Proplast Augmentation Mentoplasty and Suction Submental/Submandibular Lipectomy
Ted A. Cook, MD (Advanced Rhinoplasty Course 1990) (43:45)

1042 External Rhinoplasty Approach to a Wide Tip and Deep Nasal Frontal Angle
Ted A. Cook, MD (Advanced Rhinoplasty Course 1990) (40:00) $100

1041 Revision Rhinoplasty with Grafting to Tip and Dorsum
Frank M. Kamer, MD (Advanced Rhinoplasty Course 1990) (24:30)

1040 Large Projecting Nose with Bulbous Tip, and Open Reduction Rhinoplasty
Calvin M. Johnson, Jr., MD (Advanced Rhinoplasty Course 1990) (46:30)

1039 Rhinoplasty
Tony R. Bull, MD (1989) (65:30)

1038 Rhinoplasty
Tony R. Bull, MD (1989) (69:30)

1037-1036 Rhinoplasty, Parts I and II
E. Gaylon McCollough, MD (1987) (Part I, 58:00; Part II, 30:00)

1035-1034 Rhinoplasty Double Dome Unit, Parts I and II
E. Gaylon McCollough, MD (1986) (Part I, 59:00; Part II, 10:00)

1033 Rhinoplasty, Intracartilaginous Approach Retrograde Delivery
Ivo Pitanguy, MD (1986) (50:00)

1032-1031 Rhinoplasty External Dome Division: Chin Implant, Parts I and II
Jack R. Anderson, MD (1986) (Part I, 58:00; Part II, 59:00)

1030-1029 Rhinoplasty External, Parts I and II
Jack P. Gunter, MD (1986) (Part I, 59:00; Part II, 19:00)

1028-1027 Rhinoplasty: Modified Vertical Dome Division, Parts I and II
Robert L. Simons, MD (1986) (Part I, 60:00; Part II, 10:00)

1026-1025 Rhinoplasty: Double Dome Unit, Chin Implant, Parts I and II
E. Gaylon McCollough, MD (1986) (Part I, 61:00; Part II, 14:00)

1024-1023 Rhinoplasty: External With Mesh Implant, Parts I and II
E. Gaylon McCollough, MD (1986) (Part I, 59:00; Part II, 12:00)

1022-1021 Rhinoplasty: Intracartilaginous Approach, Parts I and II
Richard C. Webster, MD (1986) (Part I, 61:00; Part II, 17:00)

1020 External Rhinoplasty
Ted A. Cook, MD (1985) (60:10)

1019 Rhinoplasty
Robert L. Simons, MD (1985) (60:22)

1018 Rhinoplasty
M. Eugene Tardy, Jr., MD (1985) (57:35)

1017-1016 Dynamics of Rhinoplasty, Parts I and II
Walter E. Berman, MD (1980) (Part I, 58:00; Part II, 60:20)

1015-1013 Vertical Dome Division - The Goldman Rhinoplasty, Parts I-III
Robert L. Simons, MD (1980) (Part I, 58:30; Part II, 56:15; Part III, 39:00)

1012-1008 Rhinoplasty, Parts I-V
Richard C. Webster, MD (1976) (Part I, 50:45; Part II, 49:07; Part III, 45:00; Part IV 58:12; Part V, 57:30; Part VI, 59:20; Part VII, 47:40; Part VIII, 50:30)

1004-1002 Nasal Obstruction, Parts I-III
Carl N. Patterson, MD (1979) (Part I, 58:56; Part II, 55:37; Part III, 51:56)

1001 Rhinoplasty, Parts I and II
Claus D. Walter, MD (1979) (Part I, 61:30; Part II, 54:40)

Descriptions of these videos can be found online at: www.aafprs.org. Go to “Physicians” and click on “AAFPRS Store”
1116A Lasers in Facial Plastic Surgery (A compilation of various lasers procedures) Erbium: YAG Laser
Andrew C. Campbell, MD (2014) (1:45:00)
For the first patient, Dr. Campbell uses an ablative full field 2940 nm Erbium:YAG laser to treat skin laxity and rhytids in the perioral and periorbital regions. By adjusting the scanner and depth of the ablation, as well as adjusting the amount of “coag”, the resurfacing procedure is customized for the patient’s individual needs. For the second patient, the same ablative full field 2940 nm Erbium:YAG laser is used to treat skin laxity and rhytids of the entire face. The entire procedure includes an endoscopic brow lift, upper and lower blepharoplasty, and facelift prior to the laser procedure. The various subunits of the face are treated in a customized manner by adjusting the depth of ablation as well as the “coag” of the laser. For the third patient, Dr. Campbell uses fractionated ablative 2940 nm Erbium:YAG laser (ProFractional laser) to treat acne scarring of the cheeks. This laser vaporizes small tunnels in the skin, and in this particular example, used coag-3 to add heat, and therefore some necrosis to the ablative injury, thereby increasing the amount of damage to the deep dermis, thereby improving the overall result.

1116B Combined Deep Plane Facelift with Fat Grafting with Ablative and Fractional Resurfacing of the Face, Neck and Décolleté
J. Kevin Duplechain, MD
Dr. Duplechain demonstrates a complete facial rejuvenation of a 58-year old female. Surgical procedures include an endoscopic brow lift, upper and lower lid blepharoplasty with lateral retinaculum suspension and a deep plane facelift combined with fat grafting and fully ablative and fractional CO2 resurfacing. Dr. Duplechain discusses his technique of deep plane facelift including a high SMAS mobilization and endoscopic release of the orbital retinaculum. Facial fat grafting is performed to the lips, chin, jawline, and several other areas. CO2 resurfacing of the face, neck, décolleté, and hands are included. The technique of combining fat grafting and laser resurfacing with deep plane face lift are briefly discussed and several examples of before and after photos are included.

1114 TCA and Jessner’s Peel
William H. Beeson, MD (Hair Replacement Course 1993) (28:59)

1113 Phenol Peel Without Taping
William H. Beeson, MD (Hair Replacement Course 1993) (25:00)

1112 Phenol Peel with Taping
Thomas H. Alt, MD (Hair Replacement Course 1993) (18:35)

1111 Chemical Peel
E. Gaylon McCollough, MD (1991) (54:37)
This is a full-strength phenol peel showing evaluation, technique, and results.

1110 Full Face Peel
Devinder S. Mangat, MD (Aging Face Course 1991) (22:19) $100
Dr. Mangat demonstrates utilization of phenol peel utilizing the Baker/Gordon formula. Patient evaluation and detail description of the technique is included.

1109 Chemexfoliation-Phenol Face Peeling in the Female
Edwin A. Cortez, MD (Aging Face Course 1988) (20:00) $100

1108 Chemexfoliation TCA Chemical Face Peel
Samuel Stegman, MD (Aging Face Course 1988) (29:00) $100

1107-1106 Facial Dermabrasion: The Diamond Fraise Technique, Parts I and II
Thomas H. Alt, MD (1988, Aging Face Course) (Part I, 58:00; Part II, 16:00)

1105 Dermabrasion
John Varborah, MD (1987) (22:00)

1104 Chemical Peel
Thomas H. Alt, MD (1987) (46:00)

1103 Face Peel
Edwin A. Cortez, MD (1987) (23:00)

1102-1101 Management of Facial Wrinkles -- Chemical Peel, Dermabrasion, Injection, Parts I and II

1100 Dermabrasion
Norman Orentreich, MD (Aging Face 1982) (41:18)
Dr. Sykes performs a unilateral cleft lip repair using a modified Millard technique with tip rhinoplasty on a three month old with a complete unilateral cleft lip. He discusses the types of repairs, the advantages and disadvantages of the Millard repair, and the anatomy. This DVD clearly demonstrates the local injections, marking and measuring of the landmarks of the lip and nose, the flap incisions, checking of lip length, lip closure, and tip rhinoplasty. After completion of the case, pre- and post-operative comparisons are made. This DVD comes in DVD format, which includes a menu and chapters, allowing easy review of specific portions of the case.

1226 Facial Recontouring: Submental Lipectomy and Microlipofat Injection
Saup Aksen, MD (Aging Face Course 1988) (42:00)

1225 Facial Recontouring: The Use of Microlipo Injection
Julius Newman, MD (Aging Face Course 1988) (31:23)

1224 Levator Resection and Margin
Byron Smith, MD (1987) (15:00)
Case example -- Surgery for the Asian Eye.

1223-1222 Soft Tissue Surgery, Parts I and II
Ted A. Cook, MD (1982) (Part I, 50:00; Part II, 50:00)

1221 Lip Reconstruction
Richard C. Webster, MD (1979) (58:10)

1220-1219 Surgical Anatomy of the Eyelid, Parts I and II
Crowell beard, MD (1978) (Part I, 56:28; Part II, 60:00)

1218-1217 Surgery of the Eyelids, Parts I and II
Crowell beard, MD (1978) (Part I, 57:30; Part II, 49:30)

1216-1214 Scar Revision, Parts I-III
Richard C. Webster, MD (1977) (Part I, 60:00; Part II, 58:00; Part III, 30:45)

1213 Dermabrasion and Skin Grafts
Richard C. Webster, MD (1976) (48:45)

1212 Incisions and Dressings
Richard C. Webster, MD (1976) (61:30)

1211-1210 Wound Closure Techniques, Parts I and II
Richard C. Webster, MD (1976) (Part I, 58:00; Part II, 55:32)

1209-1207 Local Skin Flaps, Parts I-III
Richard C. Webster, MD (1976) (Part I, 50:06; Part II, 50:35; Part III, 54:49)

1206-1201 Facial Defects -- Selected Closures, Parts I-VI
Richard C. Webster, MD (1976) (Part I, 53:30; Part II, 57:47; Part III, 53:45; Part IV, 57:42; Part V, 61:00; Part VI, 59:00)

1200 Technique of Z-Plasty
Leslie Bernstein, MD (1972) (41:00)
Physician Instruction DVDs

1500 Series Visits with the Experts

1513-1511 A Visit With E. Gaylon McColough, MD, Rhinoplasty Parts I-III
E. Gaylon McColough, MD (1991) (Part I, 57:00; Part II, 41:00; Part III, 57:15)

1510-1509 Aging Face, Parts I and II
E. Gaylon McColough, MD (1991) (Part I, 53:45; Part II, 58:06) $200

1508-1504 A Visit with Dr. McCurdy: Cosmetic Surgery for the Asian Face, Parts I-V
John A. McCurdy, Jr., MD (1989) (Part I, 58:15; Part II, 57:50; Part III, 44:16; Part IV, 56:12; Part V, 54:42) $350

1503-1500 A Visit With Dr. Kamer, Parts I-IV
Frank M. Kamer, MD (1987) (Part I, 57:52; Part II, 56:24; Part III, 31:55; Part IV, 57:22) $350

1700 Series Miscellaneous

1704-1703 Highlights: Best of the Best, A Sampler of AAFPRS Video Programs, Parts I and II
Donn R. Chatham, MD and Charles B. Cox, MA (2005) (2:00:00)
This DVD shows short clips of surgery, often the technical “pearl” performed by leading Academy surgeons as well as clips of interesting historical event. Examples include historical pieces like facelifts, midface lift, rhinoplasty, forehead and browlifts, chemical peel, and perioral rejuvenation. Selections were carefully chosen to demonstrate key techniques of each surgery. There are two discs in the set. Each runs approximately 2 hours and contains up to 16 program samples. The discs were sponsored by a grant from Cutera, Inc.

1702 Dr. Simons DVD Set
Robert L. Simons, MD and Charles B. Cox, MA
(Description of all 3 below)

Aligning the Stars: A History of Modern Rhinoplasty
Robert L. Simons, MD and Charles B. Cox, MA (2007) (36:44)
The program describes in entertaining fashion how rhinoplasty got started in the United States, spread into other countries and the role of the AAFPRS in promoting education to spread the expertise for this procedure. The significant individuals, their contributions and efforts to reach out to other specialties is documented. With a running time of just over 36 minutes, the viewer is presented with a wealth of material, some of it never shown before. A second part of the DVD entitled Memory Book covers the personal reflections of Dr. Simons and is divided into 6 chapters: Early Years, Courses, OR Techniques, Mentors, Friends and International.

Our Love is Here to Stay
This DVD updates an earlier program by tracing developments in facial plastic and reconstructive surgery by focusing on the history of the AAFPRS between its 25th anniversary in 1989 and the year 2002. Dr. Simons reviews the actions and activities of Academy members as their practices matured and their specialty became not only accepted but sought after by patients and those seeking a profession within the practice of medicine. He concludes with a glimpse of the future and what is needed to maintain the position of respect Academy members enjoy in the medical community and amongst the public.

The Coming of Age: An Odyssey
Charles B. Cox, MA and Robert L. Simons, MD, Editorial Advisor (1989) (25:00)
This DVD traces the beginning of modern facial plastic and reconstructive surgery and then focuses on the key personalities in otolaryngology who worked to establish their right to practice their skills. Early photographs, film footage, and interviews with founding members and others of the American Academy of Facial Plastic and Reconstructive Surgery form the body of this program commissioned for the 25th anniversary celebration of AAFPRS.

1701 Office Operating Room Facility Accreditation
Howard A. Tobin, MD and Terence M. Davidson, MD (1990) (20:26)
This DVD, prepared jointly with the Accreditation Association for Ambulatory Health Care, Inc., provides an informative walk-through of the standards and accreditation process as carried out in surveys of ambulatory surgical facilities by the AAAHC.

1700 How To Deal With Disparagement and Legislative Attacks
Thomas W. Rhodes, Esq. (17:00)

Descriptions of these videos can be found online at www.aafprs.org. Go to “Physicians” and click on “AAFPRS Store”
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Web Link
Once you have your practice Web site, increase its exposure by linking to the Academy’s Web site: www.aafprs.org. All AAFPRS fellows and members are listed in the Physician Finder directory. When a visitor searches for a physician in his or her area and your name appears, the visitor can click directly on to your site. An added benefit to Web linked members is their eligibility to submit before and after photos for the Academy site’s Photo Gallery as well as purchase an extended page. $350 for the first year and $250 for each year after, members only.

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Facial Plastic Surgery Logo
AAFPRS fellows and members may use the AAFPRS logo for advertisements, stationery (and the like), and on their Web site. Please submit your request in writing via e-mail to Rita Chua Magness at the Academy office: rcmagness@aafprs.org.

www.aafprs.org
info@aafprs.org
(703) 299-9291
Basic Principles of Rhinoplasty
Authored by J. Gregory Staffel, MD, this book was published to fill the gap between the chapter on rhinoplasty and the tome on rhinoplasty. The book presents technical principles of rhinoplasty including treatment algorithms, aesthetic considerations, and techniques for enhancing the integrity of the airways. A must for all residents, the book will answer two questions: What needs to be done to the nose to make it work well and look right? and What technique is easiest to use for the desired results?

$30 member/$40 non-member, includes $5 for shipping

Wound Management and Suturing Manual
Edited by Corey S. Maas, MD and funded by Ethicon, this manual provides the reader with basic principles and techniques through interactive didactics and laboratory practicums. The course examines and reviews wound healing and care with focus on interventional techniques such as suturing and wound closure for a variety of injuries. There are four parts to this manual: wound healing; acute wound management; sutures and needles; and suturing methods.

$30 member/$40 non-member, includes $5 for shipping

Photographic Standards in Facial Plastic Surgery
Photographic documentation is often the only way to communicate treatment outcomes. And, with standardized reproducible photographic methods, this communication can instill confidence in you and your results, while also underscoring the care you take in all aspects of your practice—including photography. To achieve consistently high quality, reproducible photographs, you and your team need only to follow a simple photographic protocol. Patients and prospective patients often judge the quality of a surgeon’s work and base their selection of a surgeon through photos. Accurate pre- and post-surgery photos are crucial for setting expectations and educating patients on potential treatment options. Therefore, having an industry standard that improves the quality of these photos benefits both the practice and the patient, ensuring a consistent approach to photography that provides them with confidence in the outcome. Patients get the expected realistic outcome, and with consent, practices can leverage the photography, turning images into useful consultation and marketing tools. They can also share examples of their results in podium presentations, on the Web, in collateral, and in consultations. Accompanied by a tips and procedures guide for best potential outcomes, the standards will enable members to achieve better and more consistent images. The poster is printed in full color, on glossy paper, and is 22” x 28” in size, suitable for framing.

$36.95, includes $7.00 for shipping
**PR Package and Order Form**

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Spread the word ... This is what your patients should be telling themselves, their friends, their colleagues, and anyone who is interested in cosmetic surgery of the face, head, and neck. Here’s how you can help spread the word.

This tremendous PR package will allow you to help the Academy with its national PR campaign and at the same time bring more patients into your office.

The PR package consists of:
- an advertorial with 3 versions (see photo below) in digital format along with a “how to use” the advertorial sheet prepared by public relations professionals.
- 3 appealing images/frameable posters to have in your office (see photo on right). You will also receive these in digital format to allow you to add your logo and practice information, if you so choose.
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ABOUT THE AAFPRS

ITS HISTORY
The American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS) was founded in 1964 and represents more than 2,500 facial plastic and reconstructive surgeons throughout the world. The AAFPRS is a National Medical Specialty Society of the American Medical Association (AMA). The AAFPRS holds an official seat in the AMA House of Delegates and on the American College of Surgeons board of governors.

ITS MEMBERS
The majority of AAFPRS members and fellows are certified by the American Board of Otolaryngology-Head and Neck Surgery, which includes examination in facial plastic and reconstructive surgery procedures, and the American Board of Facial Plastic and Reconstructive Surgery. Other AAFPRS members are surgeons certified in ophthalmology, plastic surgery, and dermatology.

ABOUT THE AAFPRS FOUNDATION
In 1974, the Educational and Research Foundation for the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS Foundation) was created to address the medical and scientific issues and challenges which confront facial plastic surgeons.

The AAFPRS Foundation established a proactive research program and educational resources for leaders in facial plastic surgery. Through courses, workshops, and other scientific presentations, as well as a highly respected fellowship training program, the AAFPRS Foundation has consistently provided quality educational programs for the dissemination of knowledge and information among facial plastic surgeons.

In the early 1990s, FACE TO FACE humanitarian programs were established so that AAFPRS members could use their skills and share their talent in helping the less fortunate individuals here and abroad.

• FACE TO FACE: International brings AAFPRS members to third world countries where they treat children with facial birth defects and anomalies.

• FACE TO FACE: The National Domestic Violence Project allows AAFPRS members to perform surgeries on survivors of domestic abuse here in the United States, who have received injuries to their faces.

• The newest member to FACE TO FACE is Faces of Honor. This program offers free surgical care for soldiers who have been injured in the line of duty.

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ABOUT LEARN (www.aafprs-learn.org)
The AAFPRS aims to be at the forefront of on-line education and as such has developed a web-based education and information portal, LEARN (Lifelong Educational And Research Network), that provides members with access to training and information as they need it, not just when it is available.

The LEARN site offers members CME courses on-line, videos from John Dickinson Library that you can now stream, and other educational offerings. In addition, information is provided about current and upcoming activities and AAFPRS meeting information, relevant articles about the profession and spotlight areas of interest. Special areas of the site support the educational needs of Residents, Women in Facial Plastic Surgery and Fellows, to name a few.

LEARN also provides the capability for members to build an educational curriculum to meet their specific needs, maintain a printable transcript of all completed activities and print CME Certificates for AAFPRS sponsored meetings, as needed.