

5th Annual Congress on Aesthetic Vaginal Surgery C.A.V.S. "Education without Barriers"



Program Chairman:
Red Alinsod, MD, FACOG, FACS, ACGE

Program Moderators:
Troy Hailparn, MD
Bernard Stern, MD
Otto Placik, MD
Stefan Smajda, MD

SYMPOSIUM ON AESTHETIC VAGINAL SURGERIES

- 08:00 – 08:15 Welcome
About AAOBG and CAVS
Red Alinsod, M.D.
- 08:15 – 08:35 History and Evolution of Pelvic Floor Reconstructive Surgery
A Gynecologist's View from Europe
Stefan Smajda, M.D.
- 08:35 – 09:05 A Woman's Perspective on Aesthetic Vaginal Surgery
Troy Hailparn, M.D.
- 09:05 – 09:35 Aesthetic Vaginal Surgery, Academia, and the Media
Susan Hardwick-Smith, M.D.
- 09:35 – 10:00 Sexual Dysfunction and Ethical Issues:
A Large Multicenter Outcome Study of
Female Genital Plastic Surgery
Otto Placik, M.D.
- 10:00 – 10:15 Break
- 10:15 – 10:35 The Standard of Care in Aesthetic Vaginal Surgery
Royal Benson, M.D.
- 10:35 – 10:55 Patient Selection in Aesthetic Vaginal Surgery
Pre-Op and Post-Op Considerations
Oscar Aguirre, M.D.
- 10:55 – 11:30 Aesthetic Reconstructive Pelvic Surgery:
The Blue Plate Special & The Mesh Dilemma
Oscar Aguirre, M.D.
- 11:30 – 12:00 Technology Update 2010
In-Office Perineoplasty and Vaginoplasty
Vaginal Softening Exercises
Red Alinsod, MD
- 12:00 – 12:15 Panel Q & A
- 12:15 – 13:00 Lunch Break
- 13:00 – 13:20 The Need for Original Research in Aesthetic Vaginal Surgery
Les Blackstock, MD
- 14:00 – 14:15 Gynecologic Photography
Red Alinsod, MD
- 14:15 – 14:45 Medico-Legal Issues in Aesthetic Vaginal Surgery:
Pro-active Management
Jennifer Sturges, J.D.
- 14:45 – 15:15 Medical Justice: Protecting Your Reputation
Jeffrey Segal, M.D., J.D.
- 15:15 – 15:30 Break
- 15:30 – 15:50 Media and Marketing
Otto Placik, M.D.
- 15:50 – 16:15 Internet Strategies
Sergei Baghdasarian, L.C., LLC
- 16:15 – 16:45 Video Fest
- 16:30 – 17:00 Panel Q & A
- 18:00 – 20:00 Faculty Welcome Reception Dinner

SYMPOSIUM ON AESTHETIC LABIAL SURGERIES

- 08:00 – 08:15 Welcome
The Miklos and Moore Study
Labiaplasty: Patient Indications for Pursuing Surgery
Red Alinsod, M.D.
- 08:15 – 08:45 Labiaplasty: Cosmetic or Medically Necessary?
Exploring the Reasons Female Patients Seek Labia Reduction
Troy Hailparn, M.D.
- 08:45 – 09:05 Medical Indications for Labiaplasty: The Australian Experience
Les Blackstock, M.D.
- 09:05 – 09:25 One Plastic Surgeon's View on Aesthetic Vaginal Surgery
Otto Placik, M.D.
- 09:25 – 10:00 Labia Minora Plasty Techniques
Bernard Stern, M.D.
- 10:00 – 10:15 Break
- 10:15 – 10:45 Clitoral Hood Management in Aesthetic Vaginal Surgery
Royal Benson, M.D.
- 10:45 – 11:00 In-Office Micro Tumescence Anesthesia
In-Office Barbie Labia Minora Plasty
Red Alinsod, M.D.
- 11:00 – 11:15 In-Office Alinsod Labia Majora Plasty
In-Office Combination Minora and Majora Plasty
Red Alinsod, M.D.
- 11:15 – 11:30 In-Office RF Revision Surgery and Resurfacing Techniques:
Red Alinsod, M.D.
- 11:30 – 12:00 Hymenoplasty
Bernard Stern, M.D.
- 12:00 – 12:15 Panel Q & A
- 12:15 – 13:00 Lunch Break
- 13:00 – 13:20 In-Office Fat Transfer to Labia Majora:
Is There a Role for Fillers in the Labia?
Anil Gandhi, M.D.
- 13:20 – 13:40 In-Office Abdominoplasty and Mons Pubis Considerations
Anil Gandhi
- 13:40 – 14:00 Advanced Brazilian Vulvar Skincare
Clara Santos, M.D.
- 14:00 – 14:30 The Brazilian Experience: Stretch Marks and Striae Reduction
Clara Santos, M.D.
- 14:30 – 14:50 In-Office Body Sculpting for an Aesthetic Vaginal Surgery Practice
Gregory Zengo, M.D.
- 14:50 – 15:10 Bio-Identical HRT: A Must for any Successful Aesthetic Vaginal Surgery Practice
Gregory Zengo, M.D.
- 15:10 – 15:30 Break
- 15:30 – 15:45 Skin Tightening Techniques: Pelleve Experience
Red Alinsod, M.D.
- 15:45 – 16:00 Surgical Training in AVS
Red Alinsod, M.D.
- 16:00 – 16:30 Video Fest
- 16:30 – 17:00 Panel Q & A; Conclusion

ABOUT THE CONGRESS:

The concept of teaching aesthetic gynecology had its birth in 2006 when the American Academy Cosmetic Gynecologists was in its infancy. Yearly Congress meetings of forward thinking and like-minded physicians have spurred the growth and interest in this arena. CAVS builds on a distinguished history of education specifically tailored for the growth and development of Aesthetic Vaginal Surgery in a friendly and collegial atmosphere. It is not restrictive of specialty, politics, or interest group but is bound by the desires of its participant members for higher learning. It's core belief is "Education without Barriers."

CAVS 2010 brings together a dynamic group of individuals who are acknowledged leaders in their respective fields. A global span of specialty experience is represented from gynecology, urogynecology, plastic surgery, cosmetic surgery, dermatology, medico-legal, marketing, to Search Engine Optimization. This collection brings balance and a broad perspective of the specialty that goes beyond simple marketing or self-promotion. All speakers are welcoming and eager to share their experience. All speakers are uncompensated and are present because of their passion.

GUEST SPEAKERS:

RED ALINSOD, MD, FACOG, FACS, ACGE
ANIL GANDHI, MD
TROY HAILPARN, MD
OSCAR AGUIRRE, MD, FACOG
JEFFREY SEGAL, MD, JD
CLARA SANTOS, MD (BRAZIL)
GREGORY ZENGO, MD
ROYAL BENSON, MD

JENNIFER STURGES, JD
SERGEI BAGHDASARIAN, L.C., LLC
SUSAN HARDWICK-SMITH, MD
OTTO PLACIK, MD
BERNARD STERN, MD
STEFAN SMAJDA, MD (BELGIUM)
LES BLACKSTOCK, MD (AUSTRALIA)
**Additional Speakers Expected*

ABOUT DR ALINSOD

Dr. Red Alinsod has been a pioneering vaginal surgeon the past two decades. He was one of the first surgeons to perform transobturator slings, originated the first uterine suspension approach done through the vagina without any abdominal scars, obtained the patent for a sling with bladder support, invented the Ascend Pelvic Support System marketed by Caldera Medical, designed the shapes of Restorelle Mesh for Mpathy Medical, developed the Lone Star APS retractor (the most popular vaginal retractor in the world), developed the Alinsod UROGYN Scissors/Forceps/Clamps/Table, invented and developed the Advanced Infusion Alinsod Pain Catheter System and Alinsod Labial Catheter System. Perhaps even more important for the art and science of Aesthetic Vaginal Surgery (AVS) is Dr. Alinsod's pioneering use of radiofrequency, or RF, in labial and vaginal surgery. The surgical device, known as the Ellman, has enabled him to do precision excisions and resurfacing to a level of unheard of accuracy.

Dr. Alinsod continues to refine his approach and techniques, and has developed unique solutions to complex gynecologic issues in the field of Aesthetic Vaginal Surgery. Dr. Alinsod graduated from Loma Linda University School of Medicine in 1986 and completed his OB/GYN residency at Loma Linda University Medical Center in 1990. His focus was pelvic/vaginal surgery. He was the first Rutledge Fellow at MD Anderson Cancer and Tumor Institute and was also selected as a Galloway Fellow at Memorial Sloan Kettering Medical Center. Red was accepted to Yale's Gynecologic Oncology fellowship but was unable to attend due to a military commitment with the US Air Force during this time of global strife. Red headed the Gynecologic Services at George Air Force Base, CA, and Nellis Air Force Base, NV. He has been in private practice since 1994 with multiple academic appointments.

Red is very active in presenting talks locally and nationally and in teaching physicians the art and science of incontinence/pelvic reconstructive and aesthetic vaginal surgery. Red's focus to improve patient lives has led to innovations and inventions that will have had a major impact on how pelvic reconstructive surgery is performed worldwide. Dr. Alinsod's passion is to educate and train surgeons in vulvovaginal surgery and to serve as a positive role model and mentor in this budding new field with freedom to think and create despite organizational biases held by established organizations. He welcomes your inquiries and calls. You can contact Dr. Alinsod directly at 949-499-5311 or email him at alinsod@me.com. His website is www.pelvicurgeon.com.



Register Now! Space is Limited.

5th Annual Congress on Aesthetic Vaginal Surgery
November 14-15, 2010, Sunday-Monday
American Academy of Cosmetic Gynecologists

REGISTRATION FORM:

Name _____

Address _____

City _____

State _____ Zip _____

Office # _____ Cell # _____

Email _____

Fax # _____

Medical License # _____

Medical Specialty _____

Accompanying Staff _____

PAYMENT INFORMATION:

Visa Mastercard AMEX Amount: _____

Card# _____

Exp Date: _____ VCode: _____

Signature: _____

If paying by check, make check payable to:
Foundation for the Advancement of Medical Education
8000 South Kolb Road, Ste 101 Tucson, AZ 85756

REGISTRATION AND MEMBERSHIP FEES

Physicians	\$ 1250.00
Residents (with proof of status)	\$ 600.00
Accompanying Staff (each; with proof of status)	\$ 600.00
Media/Non Medical Staff (with proof of status)	\$ 250.00

TOTAL FEES: _____

CANCELLATION POLICY:
Registration is 50% refundable only if a written cancellation is received by Sept. 1, 2010.
NO REFUND will be given after this date for any reason.



Foundation for the Advancement of Medical Education
8000 South Kolb Road, Ste 103
Tucson, AZ 85756

IMPORTANT DATES:

Hotel Reservation Deadline: October 20, 2010
Registration Cancellation Deadline: September 1, 2010

Hotel Accommodations:
AAOCG has secured a block of rooms at the Ritz-Carlton Dove Mountain. Please make your reservations by October 20th to obtain the special rate of \$199/night. Call 1-800-241-3333 or simply go online at www.ritzcarlton.com and use Reservation Code# NSCNCSA.



CONTACT:

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5th Annual Congress on Aesthetic Vaginal Surgery “Education without Barriers”

November 14-15, 2010
Ritz-Carlton Dove Mountain Resort
Tucson, AZ



A Post Conference Workshop during the 5th Annual Cosmetic Conference of the American Academy of Cosmetic Gynecologists.

AAOCG is an open society that welcomes attendance and membership from both international and national societies without competitive aims or restrictive covenants. Our members enjoy the freedom to participate in any activities or societies and to teach others in any venue they choose.

This activity has been planned and implemented in accordance with the essential areas & policies of the Accreditation Council for the Institute for Medical and Nursing Education (IMNE) and the American Academy of Cosmetic Gynecologists. The Institute for Medical and Nursing Education (IMNE) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

5th Annual Congress on Aesthetic Vaginal Surgery
C.A.V.S

“Education Without Barriers”

November 14 – 15, 2010

Ritz Carlton Dove Mountain, Tucson, Arizona

November 14, 2010 - Symposium on Aesthetic Vaginal Surgeries

Program Chairman: Red Alinsod, MD

Program Moderators: Troy Hailparn, M.D. and Stefan Smajda, M.D.

08:00 – 08:15

Welcome

About AAOCG and CAVS & Raising the Bar

Red Alinsod, M.D.

08:15 – 08:35

L1: History and Evolution of Pelvic Floor Reconstructive Surgery

A Gynecologist’s View from Europe

Stefan Smajda, M.D.

The purpose of this lecture is to provide a historical perspective on the understanding of vaginal pelvic floor reconstructive surgery. The last decades have seen a real evolution, even a revolution in vaginal pelvic floor surgery. Due to the precise knowledge of the anatomical defects in connective tissue supports and the better comprehension of the link between anatomy and function, the vaginal surgery has evolved from large extensive “amputation” surgery – hysterectomy, colpectomy, vulvectomy- and various tightened suspension techniques to real reconstructive surgery with minimal invasive and tension-free procedures. The introduction of mesh and implants and the use of new electrocautery and laser devices contribute with a large role on this way. In addition, minimal surgery has promoted the concept of the aesthetic aspect in vaginal surgery to restore anatomy and function but also to give special attention at a cosmetic view, body image and improvement of sexual function to enhance better quality of life and self esteem for women.

08:35 – 09:05

L2: A Woman's Perspective on Aesthetic Vaginal Surgery

Troy Hailparn, M.D.

Cosmetic Gynecology has emerged because of needs and desires of female patients which have not been previously addressed. Expanding our knowledge and offering new treatment options will help make up for the two major deficits in the field of gynecology which include the lack of education and surgical training in regards to the Labia Minora/Majora and the lack of understanding and treatment of rectocele-related sexual function problems. A discussion will be presented of the influences that impact women's choices including media, subjective psyche, anatomy and function and the ability of physicians to counsel and treat them. A review of one surgeon's clinical experience is included, with presentation of data related to the impact of anatomy on sexual function.

09:05 – 09:45

L3: Aesthetic Vaginal Surgery, Academia, and the Media

Susan Hardwick-Smith, M.D.

Countering Media Controversy: Intelligent answers to criticism and how to avoid it. Dr. Hardwick-Smith addresses head on some of the most common misconceptions and criticisms of cosmetic gynecology, both from popular media and from ACOG and our own colleagues. She openly discusses the current controversy from a female perspective, and gives tips on how to have a successful cosmetic gyn practice while minimizing criticism and maintaining acceptance and respect from the mainstream of academic and clinical medicine.

09:45 – 10:10

L4: Sexual Dysfunction and Ethical Issues: A Large Multicenter Outcome Study of Female Genital Plastic Surgery

Otto Placik, M.D.

Context: The surge in popularity of Female Genital Plastic Surgery has been criticized for the lack of data substantiating the effectiveness and functional and cosmetic outcomes as well as the overall patient satisfaction with the procedures. Questions remain about the rate of complications and the influence on sexual activity or function. Issues regarding professional qualifications and ethical considerations have been discussed but remain unclarified.

Objective: This study was designed to produce objective outcome data regarding Female Genital Plastic Surgery. present the perspective of female genital cosmetic surgery from a plastic surgeon's point of view with experience in the field.

Design: A cross-sectional study including 258 women and encompassing 341 separate procedures comes from a group of 12 gynecologists, gynecologic urologists and plastic surgeons from ten centers in eight

states nationwide. 104 labiaplasties, 24 clitoral hood reductions, 49 combined labiaplasty/clitoral hood reductions, 47 vaginoplasty/perineoplasty procedures were studied retrospectively, analyzing both patient's and physician's perception of surgical rationale, pre-operative sexual function utilizing the following main outcome criteria: 1) Reasons for considering surgery from both the patient's and physician's perspective; 2) Pre-operative sexual function, per procedure; 3) Overall patient satisfaction, per procedure; 4) Effect of procedure on patient's sexual enjoyment, per procedure; 5) Patient's perception of effect on her partner's sexual enjoyment, per procedure; 6) Complications.

Results: Combining the three groups, 91.6% of patients were satisfied with the results of their surgery after a 6-42 month follow-up. Significant subjective enhancement in sexual functioning for both women and their sexual partners was noted ($p=0.0078$), especially in patients undergoing vaginal tightening/perineal support procedures. Complications are reviewed.

Conclusions: While emphasizing that these female genital plastic procedures are not performed to correct "abnormalities," as there is a wide range of normality in the external and internal female genitalia, both parous and nulliparous, many women choose to modify their vulvas and vaginas. From the results of this large study pooling data from a diverse group of experienced genital plastic surgeons, outcome in both general and sexual satisfaction appear excellent

10:10 – 10:25

Break

10:25 – 10:45

L5: In-Office Fat Transfer to Labia Majora:

Is There a Role for Fillers in the Labia?

Anil Gandhi, M.D.

Childbirth and aging result in stretching of the external genitalia resulting in pressure depletion and redistribution of normal fat and connective tissues. This results in the labia majora's thinning and shriveled look and the wide open and exposed appearance of the labia minora. Some women are affected more than others with multiparous women suffering more frequently. Fat transfer via micro injection, developed by Mel Bircoll, M.D., in 1984, have allowed the surgeon to offer the advantage of using the patient's own fat to enhance the appearance of the labia majora. The basic steps are reviewed with detailed photographs of the procedure.

10:45 – 11:05 L6: In-Office Abdominoplasty and Mons Pubis Considerations

Anil Gandhi

- Introduction to Awake Abdominoplasty/Avelar
- Benefits of tumescent anesthesia in abdominoplasty.
- Why patients are opting to have an abdominoplasty under local tumescent.
- Why are more doctors choosing to do abdominoplasty under tumescent anesthesia.
- Introduction Mons Pubis Considerations
- Why patients seek mons pubis reduction
- Technique of mons pubis reduction under local tumescent anesthesia.

11:05 – 11:25 L7: Keynote Address: Standard of Care in Aesthetic Vaginal Surgery

Royal Benson, M.D.

The Standard of Care in Aesthetic Vaginal Surgery is rapidly evolving and is becoming set in many regions of the country. The specialty is new and techniques vary from region to region but basic concepts are constant across the nation. First, do no harm and protect the patient. What follows is the protection of self and practice, family, license, career, fortune, and sanity.

Discussion points will include patient selection, informed consent counseling, patient and outside entity perceptions, and avoiding falling below the standard of care.

11:25 – 11:40 L8: Patient Selection in AVS: Pre-Op and Post-Op Considerations

Oscar Aguirre, M.D.

Women seeking aesthetic vaginal and vulvar surgery present with different anatomic and personal histories that require a deep understanding of “normal” genital appearance, pelvic floor anatomy and female sexual dysfunction. Patients who present with undesired cosmetic appearance of the vulva, vaginal looseness or painful intercourse may or may not be candidates for labiaplasty or vaginoplasty. Identifying these issues by a detailed history and examination is essential in appropriate patient selection and surgical planning so as to avoid postoperative complications and enhance patient satisfaction.

11:40 – 12:10

**L9: Aesthetic Reconstructive Pelvic Surgery:
The Blue Plate Special & The Mesh Dilemma**

Oscar Aguirre, M.D.

The prevalence of pelvic floor relaxation (vaginal prolapse) in the world is enormous thus creating a shortage of reconstructive pelvic surgeons and urogynecologists. There is also a lack of understanding by both patients and physicians regarding symptoms, presentation, diagnosis, and treatment options. Women who present with vaginal looseness or aesthetic vulvar concerns often have advanced vaginal prolapse which warrants an urogynecologic evaluation and a well thought out reconstructive pelvic surgery. Concomitant reconstructive and aesthetic vaginal surgery may be performed safely and with excellent patient satisfaction. The indications for adding a sling (to fix incontinence) or using a synthetic mesh (to fix prolapse) will be reviewed as well as when and how to add vaginoplasty and labiaplasty at the time of the repair.

12:10 – 12:25

Panel Q & A

12:15 – 13:00

Lunch Break

13:00 – 13:45

L10: State-of-the-Art Address: Pushing the Frontiers in 2010

In-Office Perineoplasty and Vaginoplasty and Slings

Pain Management

Vaginal Softening Exercises and Dysparunia Prevention

Red Alinsod, MD

New technologies are emerging that can potentially reduce the need for more invasive surgeries and to make such surgeries more comfortable and less painful. Post-operative management strategies may also reduce or eliminate the need for revision surgeries.

Patient safety should be the paramount issue in any surgical approach. New technologies have been developed in the recent years that allow for safe awake surgeries that can be done in one's office without the need for IVs, or general anesthesia. Properly trained surgeons can achieve excellent results with in-office TOT/Cystoscopy, perineoplasty, posterior repairs, and vaginoplasty surgery. For the fee-for service patients the price advantages are tremendous. Presented are emerging technologies and advanced techniques to aid in this vision of more effective and efficient healthcare.

13:45 – 14:05

L11: The Need for Original Research in AVS

Les Blackstock, MD

ACOG advises practitioners that there is a lack of data surrounding AVS and procedures and the inherent risks. Increasingly we as a profession are being driven by evidence-based medicine that aims to apply the best available evidence to clinical decision making. The problem for us practicing in AVS is there is very little research being done. As a profession this is our own fault and we need to take the lead to create our own research. This will increasingly be paramount to leading the advancement of the field of AVS, as well as offering protection us from critics and helping the general population make better decisions about AVS.

14:05 – 14:35

L12: Medico-Legal Issues in AVS: Pro-active Management

Jennifer Sturges, J.D.

Do you want to stay out of court; or, at least get out quick? You will hear from a medical malpractice attorney about what to do to make yourself less vulnerable to lawsuits. She has extensive experience in this emerging specialty of Aesthetic Vaginal Surgery and has represented surgeons nationwide. Jennifer will speak to you about the necessity of education, training, and experience in this very specialized field, consent discussions you must have with your patients and how to record these important discussions, as well as record keeping and other issues Plaintiff attorneys look for when deciding to accept one of your patients as a client. This is invaluable in all areas of medicine and surgery and perhaps more so when an emerging specialty is forming and standards of care are evolving.

14:35 – 15:05

L13: Medical Justice: Protecting Your Reputation

Jeffrey Segal, M.D., J.D.

Historically, if a patient was dissatisfied with care, he or she could tell his or her friends and family. The criticism was limited to a small circle of people. If the patient was injured negligently, he or she could hire an attorney to prosecute a lawsuit. The threshold for finding an attorney and prevailing posed a significant barrier for the patient achieving redress. With the Internet, if a patient is unhappy he or she needs do little more than access a growing number of Internet physician rating sites. In 2010, there are more than 40 sites. Such criticism can be rendered anonymously. Those with an axe to grind can pose as patients, such as disgruntled office staff, competitors, or even ex-spouses. The posts are disseminated worldwide, and once posted, the criticism rarely comes down. While transparency is a laudable goal, such sites generally lack any accountability.

Given how important reputation is to physicians, the traditional remedy of suing for defamation because of libelous posts is ordinarily ineffective. First, many patients who post libelous comments do so anonymously. Next, the Internet Service Providers (ISPs) hosting such sites are generally immune from liability for defamation. Finally, the law has a very formal definition for libel, and a negative rating does not necessarily equate to “defamation.”

A novel method of addressing un-policed physician rating sites in the Internet age is described. The system embraces the use of doctor-patient contracts to provide physicians a viable remedy to anonymous defamatory posts. The approach balances the reasonable rights of patients with the legitimate concerns of doctors.

15:05 – 15:30

Break

15:30 – 15:50

L14: Media and Marketing

Otto Placik, M.D.

Context: When practicing Aesthetic Vaginal Surgery, there are many unique aspects regarding Media and Marketing which are of great interest to surgeons.

Objective: To present the issues and approaches for the marketing of Aesthetic Vaginal Surgery.

Design: A discussion of a plastic surgeon’s experience and knowledge of the marketing efforts which are common to plastic surgery and distinctive of Aesthetic Vaginal Surgery.

Results: A review of the vast number of avenues for Marketing Aesthetic Surgery will be defined. A historical discussion of the public’s increased acceptance and appreciation of genital awareness and beauty is presented. Negative publicity and hurdles with their solutions will be proposed. The public’s genital aesthetic standards are put into the context of the public’s general interest in plastic surgery. A definition of the media is presented. A critical review of a plastic surgeon’s personal experience with marketing and the media is discussed.

Recommendations for internal marketing with practical examples are suggested. A substantial portion of the presentation focuses on the role of the internet as an emerging marketing tool. This multifaceted nature of the Internet as well as online reputation management concerns will be raised. The potential negative consequences as well as the benefits will be reviewed. The future of media and marketing in the context of the internet is presented.

Conclusions: When considering the media and marketing of Aesthetic Vaginal Surgery, begin efforts with internal marketing with an intention to expanding and incorporating more traditional methods of advertising and publicity. The internet will likely play an increasingly more significant role.

15:50 – 16:15

L15: Internet Strategies

Sergei Baghdasarian, L.C., LLC

What is Search Engine Optimization and are there really secrets only a handful of people hold? Will explain how SEO works and a few linking secrets.

Does every website need Search Engine Optimization? The Answer is No. Discussion will reveal when and who does not need SEO.

How to determine if your website does need Search Engine Optimization? Learn how to set a budget and anticipate a realistic ROI.

Budgeting between traditional marketing and Search Engine Optimization in this economy.

The importance of getting to know and or becoming friends with your SEO or marketing manager. In this arena, friendship and business do mix.

16:15 – 16:30

L16: A New Organizational Concept for AVS

Red Alinsod, M.D.

The new specialty of Aesthetic Vaginal Surgery has no independent body that specifically serves the needs of the labial and vaginal surgeon. This new specialty has a distinct need for independent thought free from institutional and personal bias.

Several established organizations have been developed that combine other aspects of cosmetic surgery, such as liposuction and abdominoplasty, at the forefront of its service. Proposed is a new organization that welcomes surgeons from all specialties and all institutions and all nations that will put labial and vaginal surgery at the forefront of its service and advancement.

16:30 – 17:00

Panel Q & A

18:00 – 22:00

Faculty Welcome Reception Cocktail & Dinner

Special recognition and gifts of gratitude

November 15, 2010 – Symposium on Aesthetic Labial Surgeries

Program Chairman: Red Alinsod, MD

Program Moderators: Bernard Stern, MD and Otto Placik, MD

08:00 – 08:10

Welcome

L17: The Miklos and Moore Study

Labioplasty: Patient Indications for Pursuing Surgery

Red Alinsod, M.D.

Groundbreaking review of patients and why they seek aesthetic labial surgery. This study puts many myths to rest.

08:10 – 08:45

L18: Keynote Address: Progress in Aesthetic Gynecology

Adam Ostrzenski, M.D.

The progress of AVS from the path of obscurity, to pariah, and into the field that serves the needs of women in reference to their healthcare choices will be addressed. Professor Ostrzenski will show an evolutionary progress from where we have been, where we are today, and what direction the field of aesthetic vaginal surgery will go to in the future.

08:45 – 09:15

L19: Labioplasty: Cosmetic or Medically Necessary? Exploring the Reasons Female Patients Seek Labia Reduction

Troy Hailparn, M.D.

This talk highlights eight categories of labial concern to patients, identifying over 20 issues that bring them in for labioplasty surgery. A review of the demographics and outcome data on 554 patients is presented as well as a case report on Labia Majora Reconstruction with a discussion of similarity of issues and medical vs. cosmetic necessity.

09:15 – 09:55

L20: Medical Indications for Labioplasty: The Australian Experience

Les Blackstock, M.D.

The field of AVS in Australia is new and has been subject to problems in it's advancement due to some practitioners attempting to make a "quick buck" from the availability the rebate that exists in the Australian Medicare system for "medically indicated" labioplasty. Taking the training of the AAOCG has changed that and the question of "medically indicated" labioplasty will be explored and evidence advanced that supports the procedure being more than a cosmetic service.

09:55 – 10:15

L21: One Plastic Surgeon’s View on Aesthetic Vaginal Surgery

Otto Placik, M.D.

Context: There are many different medical specialties practicing Aesthetic Vaginal Surgery

Objective: To present the perspective of female genital cosmetic surgery from a plastic surgeon’s point of view with experience in the field.

Design: Retrospective review of a plastic surgeon’s practice with insights, conclusions, recommendations.

Results: This will include a review of training and experience of a plastic surgeon. It reviews historical data documenting increase in popularity of the procedure. Potential benefits of a plastic surgeon’s approach are posed. Surveys of patients indicating reasons for seeking a plastic surgeon as their preferred choice are discussed. Evolution of the practice and techniques utilized are reviewed. Data indicating typical patient profiles and demographics are presented. Lessons learned and observations in the course of practice are offered. Insights from a plastic surgeon with relevance to gynecologists interested in performing this procedure will be discussed.

Conclusions: When treating patients undergoing vaginal procedures, practitioners will benefit from learning the insight on an experienced plastic surgeon performing these procedures.

10:15 - 10:30

Break

10:30 – 11:00

L22: Labia Minora Plasty Technique: Stern Iris Labia Sculpturing

Bernard Stern, M.D.

Background: Once uncommon and rarely asked for surgery, labiaplasty is now in enormous demand by women from all walks of life!

Methods: Nearly 2000 female genital cosmetic surgical procedures performed from 2001-2010.

Results: “Ideal” cosmetic result initially 89 %.
With minor “touch-up” 99.85 % satisfaction.

Conclusions: The aesthetic and functional results achieved by this evolving and continuously refined technique, Stem-Iris Labia Sculpturing were remarkable.

11:00 – 11:20

L23: Clitoral Hood Management in AVS

Royal Benson, M.D.

Clitoral Hoodectomy is the limited removal of tissue overlying and surrounding the clitoris in order to reduce pain or increase clitoral sensitivity or improve cosmetic appearance. It is also known as Clitoral Hood Reduction (CHR) and Clitoral Hood Removal. Dr. Benson discusses this very controversial subject and provides insight on who best benefits from these procedures and what to expect.

Points discussed will be patient selection, patient counseling, and a review of a basic form of the procedure that is easily done with reliably reproducible results.

11:20 – 12:00

L24: State-of-the-Art Address: In-Office Labial Surgery

In-Office Micro Tumescant Anesthesia

In-Office Barbie Labia Minora Plasty

In-Office Alinsod Labia Majora Plasty and Pelleve Treatments

In-Office Combination Minora + Majora Plasty

In-Office RF Revision and Resurfacing

Red Alinsod, M.D.

Advanced technologies have transformed labial surgery. From scissors to lasers to RF energies, more technologically difficult cases can now be attacked with beautiful results. Presented will be an ultimately safe approaches to surgery that focuses on remarkable results done in one's office under local anesthesia and without IVs or need for an anesthesiologists.

Presented will be techniques that allow minimal to no tissue distortion and pain-free surgery. The advanced concepts of the Barbie Look labiaplasty and the Master's Level combination surgeries will be introduced. Lastly, the "final frontier" of revision surgery and resurfacing techniques will be presented. The "Holy Grail" of how to make labia minora appear where there was not any will be presented for the first time.

12:00 – 12:15

Panel Q & A

12:15 – 13:00

Lunch Break

13:00 – 13:30

L25: Hymenoplasty Today

Bernard Stern, M.D.

Technique: The hymen is a ring-like skin membrane that sits in the lower 1/3 of the vagina. It marks the spot where the vulvo-vaginal bulbs fuse with the Mullerian ducts from above, then hollows out to form the vagina. Most often there is a 5 or 6 pointed star-like opening in the hymen after maturity. With first intercourse, or by accident from falling or forcing tampons, 2 or 3 areas tear in the hymen. There is most often bleeding at the time of tearing. I only perform this surgery at the request of someone for ethnic, cultural, or religious reasons. Also, I will not perform the surgery in a woman who has given birth.

The procedure to reconstruct the hymen, after using local anesthetic for tissue dissection and to stop small blood vessels from bleeding, the areas which were torn are “denuded” meaning the upper layer of tissue is removed. This is so that they will grow back together when they are approximated with stitches. Then after they are denuded, the edges are sutured back together to reform the star-shaped “ring” as it was prior to relations, accident, etc. It is made small enough, so that when first sexual relations occur later on, it will “tear” again, there will be some pain, and there will be bleeding.

13:30 – 13:50

L26: Advanced Brazilian Vulvar Skincare

Clara Santos, M.D.

Contrasting from the past, there is today a great increase and interest in vulvar disease and vulvar skin care. Originating in Brazil where there is a cultural focus on total beauty, Dr. Santos brings to the forefront the methodology and thinking of the Brazillian cosmetic dermatologist and their approach to both benign vulvar disorders and everyday vulvar skin care.

Today’s patient is more attuned to the concept of beauty and well-being and this includes the covered vulvar regions and the exposed skin nearby. The focus will be on pigmentary changes, texture, softness, and moisture. Dr. Santos will focus here on pigmentary changes in vulvar skin and present the dermatologic techniques to treat these gynecological problems.

13:50 – 14:15

L27: The Brazilian Experience: Effective Treatments for Stretch Marks and Striae Reduction

Clara Santos, M.D.

Stretch marks and striae are a common dermatologic condition. This presentation will discuss the possible causes of the disorder. No one knows for sure what the root causes are. Despite being clinically asymptomatic, stretch mark can cause extreme psychological distress. We know that some factors such as puberty, pregnancy, obesity play a

role on its etiology, but the true mechanism is not completely understood even now. Dr. Santos will present the different manifestations seen, the incidence, and various techniques used to reduce and erase the visually disturbing lesions. Histology and immunochemistry will show how positive changes can be achieved.

In the past the belief was "no solution" to the problem. Doctors were taught by professors in Dermatology that nothing could be done for stretch mark. After having learned how to successfully help the battle against skin aging without surgery, Dr. Santos decided to break this paradigm and perform different techniques in order to break the old thinking. Dr. Santos will present Brazillian techniques she has developed. She has been using these treatments for years and will show what can be accomplished.

14:15 – 14:35

L28: In-Office Body Sculpting for an AVS Practice

Gregory Zengo, M.D.

Body sculpting or Liposuction has been performed under local anesthesia in physicians' offices for 25 years. New technological advances have made the world's most popular cosmetic surgical procedure safer and more effective with less down time than ever before. Physicians of all specialties are practicing this service. This lecture will discuss the safety of the procedure, new technology options, and approaches to the mons pubis and labia majora that can be done in any doctor's office under local anesthesia.

14:35 – 15:00

L29: Bio-Identical HRT: A Must for any Successful AVS Practice

Gregory Zengo, M.D.

Testing for hormone deficiencies and treating them with Bio-Identical replacement is nothing new in medicine. Over the last decade, we have seen a movement among patients toward requesting accurate testing and treatment of hormone imbalances. We will discuss how the gonadal, adrenal, and thyroid hormones can change in the face of stress. Straightforward treatment protocols can improve your patients' energy, libido, and mental functioning. This can lead to increased patient satisfaction and can attract more affluent female patients who will build your AVS practice.

15:00 – 15:30

Break

15:45 – 16:00

L30: Gynecologic Photography for Dummies

Red Alinsod, M.D.

A medical practice is often judged by the quality of its photographs. It is imperative in a cosmetic practice to know how to take advantage of

today's technologies in photography. Medical photography can be low cost and simple when basic tenets are followed. Medical photography can be used for medical documentation, medico-legal protection, marketing, advertising, staff training, and patient education. This presentation focuses on the typical types of photography done for an aesthetic vaginal surgery practice.

16:00 – 16:20

L31: Surgical Training in AVS

Red Alinsod, M.D.

How does a surgeon interested in an aesthetic vaginal surgery practice get started? Where do you go to learn? These surgeries are not taught in most OB/GYN residencies, urogynecologic fellowships, laparoscopic fellowships, or gynecologic oncology fellowships. They are not taught in most plastic surgery residencies or fellowship programs nor are they taught in the large majority of cosmetic surgery fellowship programs. This will change in the near future as the acceptance and demand for these surgeries increases. Known programs in the United States will be shown and discussed.

16:20 – 16:45

L32: Video Fest

16:45 – 17:00

Panel Q & A

Planning for CAVS 2011

Conclusion