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#IMCASACADEMY
The go-to reference for medical aesthetic learning
@imcasacademy  www.imcas.com/en/academy
DEAR DOCTORS,

We are very proud to be celebrating IMCAS Academy’s one-year anniversary and introducing our first edition of IMCAS Academy Magazine!

This year was full of new developments, challenges and surprises, reflecting the many changes taking place in the digital revolution.

In this new digital world, we are constantly providing new content and interactive formats in order to ensure our community is active and up to date on all the latest innovations in the field of aesthetic and plastic surgery. IMCAS Academy was born in January 2016, in response to the digital revolution and e-learning boom within the medical industry, and with the objective of becoming the first e-learning platform for medical practitioners all over the world.

This challenge was the result of two intensive years of developments and hard work by our team and now…here we are, three years later: IMCAS Academy is THE reference for medical learning with a community of 1,500 experts worldwide and premium scientific content with 1,300 videos and growing every day.

IMCAS Academy’s community of experts all share the same goals and values: learn, exchange and stay informed about the latest innovations and trends. With over 215 courses and 1,300 lectures, doctors are able to diversify their learning through multiple themes such as injectables, body shaping, clinical dermatology, cosmeceuticals, breast surgery and much more. This content is continuously improving, growing and integrating new digital formats such as live webinars, forums, and a blog.

Moreover, IMCAS Academy’s vocation is to become the number one social platform in the medical industry. Thanks to interactive features, all members are able to connect with each other and exchange by commenting, sending messages and forming relationships with doctors in the Academy community.

IMCAS Academy is spreading its knowledge and expertise all over the world…

By Carrie BRIFFETT

SO WHAT ARE YOU WAITING FOR ?

Join this revolution and become part of IMCAS Academy community in one click:

www.imcas.com/en/academy/premium

By Carrie BRIFFETT
IMCAS Editorial secretariat
SCIENTIFIC BOARD
THE EXPERTS BEHIND THE ACADEMY

BODY SHAPING
HUGUES CARTIER, Dermatologist - France
SERGE DAHAN, Dermatologist - France
DAVID DE LACERDA, Dermatologist - Brazil
DIANE IRVINE DUNCAN, Plastic surgeon - United States
DOMINIQUE DU CREST, Marketing specialist - France
DORIS M HEXSEL, Dermatologist - Brazil
MALAVIKA KOHLI, Dermatologist - India
STEPHEN MULHOLLAND, Plastic surgeon - Canada

KAREN M HORTON, Dermatologist - Brazil
STEPHEN MULHOLLAND, Plastic surgeon - United States

Diane Irvine DUNCAN,
Mark Steven NESTOR,
Karen M HORTON,
Stephen MULHOLLAND,
Po Han Patrick HUANG,
Constantin STAN,
Ashish DAVALBHAKTA,

BREAST SURGERY
GIOVANNI BUTTI, Plastic surgeon - Italy
OLIVIER BRANFORD, Plastic surgeon - United Kingdom
SEBASTIEN GARSON, Plastic surgeon - France
PER HEDEN, Plastic surgeon - Sweden
KAREN M HORTON, Plastic surgeon - United States
MICKEL ROUF, Plastic surgeon - France
MICHAEL SCHEFLAN, Plastic surgeon - Israel
CONSTANTIN STAN, Plastic surgeon - Romania

BODY SURGERY
RALPH ABBOU, Plastic surgeon - France
RICHARD ABS, Plastic surgeon - France
ASHISH DAVALBHAKTA, Plastic surgeon - India
STÉPHANE CHUK KWAN LAM, Plastic surgeon - Hong Kong
GILBERT ZAKINE, Plastic surgeon - France

Diane Irvine DUNCAN,
Davi de LACERDA,
Doris M HEXSEL,
Bernard ROSSI,

HAIR RESTORATION
PANKAJ CHATURVEDI, Dermatologist - India
NEIL S SADICK, Dermatologist - United States
JERRY SHAPIRO, Dermatologist - United States
PATRICK J TREACY, Cosmetic surgeon - Ireland

JAIR ACORDILLA, MD - United Kingdom
BENJAMIN ASCHER, Plastic surgeon - France
DANIEL CASSUTO, Plastic surgeon - Italy
CHIRANJIV CHIDHARA, Dermatologist - India
HAYAN CUI, Plastic surgeon - China
SAID HILTON, Dermatologist - Germany
MICHAEL A C KANE, Plastic surgeon - United States
YUANHONG LI, Dermatologist - China
GARY D MONGIE, Dermatologist - United States
TAPAN PATEL, MD - United Kingdom
TATJANA PAVICIC, Dermatologist - Germany
ADRI DWI PRASETYO, Dermatologist - Indonesia
THOMAS RAPPL, Plastic surgeon - Austria
IDIR RUDENKO, Dermatologist - Ukraine
BENJAMIN ASCHER, Plastic surgeon - United States
MARTINA J KERSCHER, Dermatologist - Brazil
PO HAN PATRICK HUANG, Dermatologist - Taiwan

INJECTABLES
YUANHONG LI, Dermatologist - China

Davi de LACERDA,
Diane Irvine DUNCAN,

REGENERATIVE MEDICINE & LIPOFILLING
STEVEN R COHEN, Plastic surgeon - United States
DANIEL DEL VECCHIO, Plastic surgeon - United States
GUY MAGALON, Plastic surgeon - France
ALI MOIDALL, Plastic surgeon - France
JAIRKING SONG, Plastic surgeon - China

Raj Acordilla, MD - United Kingdom
Benjamin Ascher, Plastic surgeon - France
Daniel Cassuto, Plastic surgeon - Italy
Chiranjiv Chidhara, Dermatologist - India
Hayan Cui, Plastic surgeon - China
Said Hilton, Dermatologist - Germany
Michael A C Kane, Plastic surgeon - United States
Yuanhong Li, Dermatologist - China

JEFFREY SADICK, Dermatologist - United States
PATRICIA TATE, Dermatologist - United States

SUSPENDING DEVICES
TATSUYO KAMAKURA, Plastic surgeon - Japan
PIERRE NICOLAU, Plastic surgeon - France
HSIEN LI PETER PENG, Dermatologist - Taiwan

Tatsuyo Kamakura, Plastic surgeon - Japan
Pierre NICOLAU, Plastic surgeon - France
HsiEn Li Peter Peng, Dermatologist - Taiwan

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Diane Irvine DUNCAN,
MEET OUR PARTNERS

SCIENTIFIC SOCIETIES

IMCAS
International Master Course on Aging Science
www.imcas.com

ESLD
European Society for Laser and Energy-Based Devices
www.esld.org

Groupe Laser de la Société Française de Dermatologie
www.groupe-laser-sfd.com

British Medical Laser Association
www.bmla.co.uk

OFCEP
Société Française des Chirurgiens Esthétiques Plasticiens
www.ofcep.org

Aesthetic and Corrective Dermatology Group of the French Society of Dermatology
www.grdec.com

SCIENTIFIC JOURNALS

Aesthetic Surgery Journal
www.academic.oup.com/asj

Journal of Cosmetic and Laser Therapy
www.tandfonline.com/toc/ijcl20/current

Journal of Drugs in Dermatology
www.jddonline.com

Plastic and Reconstructive Surgery Global Open
www.prsglobalopen.com

International Master Course on Aging Science
www.imcas.com

European Society for Laser and Energy-Based Devices
www.esld.org

Laser Group of the French Society of Dermatology
www.groupe-laser-sfd.com

Aesthetic and Corrective Dermatology Group of the French Society of Dermatology
www.grdec.com

British Medical Laser Association
www.bmla.co.uk

French Society of Aesthetic Plastic Surgeons
www.ofcep.org

Aesthetic Surgery Journal
www.academic.oup.com/asj

Journal of Cosmetic and Laser Therapy
www.tandfonline.com/toc/ijcl20/current

Journal of Drugs in Dermatology
www.jddonline.com

Plastic and Reconstructive Surgery Global Open
www.prsglobalopen.com
FEEDBACK
GET THE MEMBER PERSPECTIVE

**SHEHLA EIBRAHIM,** Dermatologist - Canada

“I find that reviewing everything that I learnt from the IMCAS on a daily basis reinforces the skills that I thought I knew from attending the lectures at IMCAS. There is so much more that I learnt by clicking on the different modules.”

**DANE IRVINE DUNCAN,** Plastic Surgeon - USA

“The IMCAS Academy is my go-to reference for medical information. I use it frequently when I need a quote, data, or information about a technique or trend. It is easy to access, much more personal than a dry journal article, and I love it!!”

**GHALIB BARHAM,** Dermatologist - Palestine

“I am pleased to be a member of IMCAS Academy, by watching the previous courses and lectures, it gives me more courage and confidence to deal in a proper way with my client.”

**MAURICE NAHABEDIAN,** Plastic Surgeon - USA

“Excellent online resource for plastic surgeons and dermatologists around the world. It provides up-to-date, relevant, and extremely useful information that one can apply to their practice. The lectures are highly educational, well executed, easy to access and delivered by thought leaders of the plastic surgery and dermatology specialties.”

**FREDERIC PICARD,** Plastic Surgeon - France

“I think the platform is definitely very well done and will be useful for all doctors and surgeons.”

**SHANTHALA SHIVANANJAPPA,** MD - USA

“Absolutely the very best education site.”

**GINNI CHHABRIA,** Dermatologist - India

“Just fabulous. Awesome faculty. I am learning so much. Thank you”

**DANIELE BERNARDI,** Kinesiotherapist - Brazil

“It is wonderful this kind of classes!”

**MARTA KOSMADAKI,** Dermatologist - Greece

“Congratulations for the very good work, it is very useful! Thank you!”

**ESAM ELBAKLY,** Cosmetic Surgeon - Saudi Arabia

“Very good!”

**RAMESH BAMBHANA,** MD - USA

“I wish I had more time to spend on this high quality learning material. Keep up the excellent work.”

**YANA VINNICHUK,** MD - Ukraine

“Just do it !!!”
THE FACELIFT COMEBACK

Facelifts fell from the top cosmetic procedures in the US in 2015 but, according to new data released by the American Society of Plastic Surgeons (ASPS), they made a comeback and were back in the top five treatments in 2016.

"Patients are captivated by instant improvements to the face. It's evident in the popularity of apps and filters that change how we can shape and shade our faces," said ASPS President Dr. Debra Johnson. "While there are more options than ever to rejuvenate the face, a facelift done by a board-certified plastic surgeon can give a dramatic, longer-lasting result which is why I am not surprised to see facelifts back in the top five most popular cosmetic surgical procedures."

TOP TREATMENTS

Nearby 1.8 million cosmetic surgical procedures were performed in the US in 2016, according to the data from ASPS.

THE TOP FIVE WERE:

1. **BREAST AUGMENTATION**
   (290,500 procedures, up 4 percent from 2015)
2. **LIPOSUCTION**
   (235,000 procedures, up 6 percent from 2015)
3. **NOSEreshaping**
   (223,000 procedures, up 2 percent from 2015)
4. **EYELID SURGERY**
   (209,000 procedures, up 2 percent from 2015)
5. **FACELIFT**
   (131,000 procedures, up 4 percent from 2015)

Some 15.5 million cosmetic minimally-invasive procedures were performed in 2016.

THE TOP FIVE WERE:

1. **BOTULINUM TOXIN TYPE A**
   (7 million procedures, up 4 percent from 2015)
2. **SOFT TISSUE FILLER**
   (2.6 million procedures, up 2 percent from 2015)
3. **CHEMICAL PEEL**
   (1.36 million procedures, up 4 percent since 2015)
4. **LASER HAIR REMOVAL**
   (1.1 million procedures, down 1 percent from 2015)
5. **MICRODERMABRASION**
   (775,000 procedures, down 3 percent from 2015)

FOCUS ON

IMCAS ALERT: YOUR 24/7 EXPERT-TO-EXPERT ADVICE

NEED ADVICE?
ASK THE COMMUNITY OF EXPERTS

IMCAS Alert was born one year after the launch of IMCAS Academy, in response to a desire in our community for a new type of interaction between members.

During congresses, doctors invest much of their time in networking. IMCAS Academy enables them to continue this peer-to-peer exchange in their daily practice and is now offering a new service: IMCAS Alert. This innovative service means doctors are able to discuss specific cases and receive immediate answers.

At IMCAS Academy, we know how important it is for doctors to continuously learn and stay up to date on new techniques anytime, anywhere.

We also appreciate that doctors’ lives are becoming increasingly fast paced, which means they need a service based on both simplicity and quality to facilitate their daily practice.

Thanks to our large community of experts worldwide, we succeeded in creating a cutting edge service to meet this need.

IMCAS Alert allows doctors to receive expert advice on complications, cases or procedures in two easy steps:

First, they can choose the relevant topic for their cases:
Injectables & Threads; Lasers & EBD or Breast Surgery.

Next, the doctor can submit their case anonymously allowing them to respect their patient confidentiality.

Once a case is online, it will be visible only to the IMCAS Academy community of experts, within a private and secure group, in order to create an environment that offers selective and quantitative recommendations.

Finally, to moderate the answers, we have selected two experts for each group who will take care of the coordination.

Within the first two months of its inception, IMCAS Alert has already proved very popular among our premium members:

**IN JUST 2 MONTHS:**
- 35 cases submitted
- 317 exchanges

Submit your first case now

GET READY FOR EMERGING TECHNOLOGIES

It’s time to prepare for emerging technologies, according to a PwC report on the top US health industry issues for 2017.

As the latest technologies are fast becoming important parts of consumers’ lives, PwC recommends that those in the US health industry prepare for the eventual arrival of such technologies as artificial intelligence, drones and virtual reality, as well as these technologies’ impact on operations, business models, staff needs, and cybersecurity risks.

Top Treatments

Nearly 1.8 million cosmetic surgical procedures were performed in the US in 2016, according to the data from ASPS.
DESCRIPTION

HOW DOES A WEBINAR WORK?

It gathers top specialists to discuss a topic of interest and is open to physicians from all over the world free of charge. There are 10 webinars planned each year on various topics, all organized with the support of scientific societies and/or scientific journals.

In terms of organization, one or two moderators lead the conversation with experts from around the globe while being streamed live.

To ensure scientific integrity, IMCAS ensures that the speakers are chosen by the Scientific Board. Indeed, IMCAS Academy has a board of 90 international experts that is in charge of reviewing and monitoring all of the content available on IMCAS Academy.

Whether you are in Paris, New York, Mumbai, or anywhere else in the world, you will be able to attend the webinar online by connecting on www.imcasacademy.com and creating your account in less than 2 minutes if you are not yet one of our members.

You will then be able to watch this fascinating event with premium scientific content for free and interact in real-time with other experts by sending comments and sharing feedback or remarks. If you happen to miss the live stream, you will be able to find the session on IMCAS Academy’s library and watch it anytime, anywhere… IMCAS Academy’s library of videos contains more than 1300 videos so far and this number is constantly growing thanks to your support!

WEBINAR FEEDBACK

HOW WAS THE PROJECT BORN?

In our increasingly digital and visual world, video has become one of the most effective tools to stand out from the crowd and connect with an audience. Over one billion people use YouTube, which represents one third of all people on the Internet, and every day people spend hundreds of millions of hours on this video sharing site.

These figures reveal that people are increasingly keen to watch videos online and interact with other internet users.

Live streaming has emerged through this trend and has become a new way of communicating for brands and individuals.

At the cutting edge of innovation, IMCAS Academy understood the need to use this type of technology in the medical sector and decided to create live streaming content through webinars, available online for free.

Webinars are the perfect way to reach doctors all over the world and propose a compelling discussion on a specific medical topic related to plastic surgery or dermatology.

IMCAS Academy is one of the pioneers in this field and has been able to develop this type of communication thanks to a very strong community and the global recognition of IMCAS’s top quality teaching in aesthetic science.

IMCAS Academy webinars have been in operation since March 2016. Our team has developed this project in order to enlarge the IMCAS community and bring together IMCAS participants online, as well as to appeal to doctors who have not yet attended an IMCAS congress but would be interested in joining this online community.

So join us now for the next webinar on 26th April 2017
Paris: 20:30, NYC : 14:30, Mumbai: 00:00
Skin & aging – Latest cosmeceuticals updates

Join us on 31st May 2017
Paris: 16:30, NYC : 10:30, Mumbai: 20:00
PRP - from recommendations to clinical use

WELCOME TO IMCAS ACADEMY!

CHYTRA V ANAND, Dermatologist - India
“Congratulations on the excellent organization of the webinar. The quality of interaction was excellent. Looking forward for more in the future.”

MELESIA SINCLAIR GINGREAU, Marketing specialist - France
“The webinar on social media was brilliantly informative”

BARBARA LOISKANDL, MD - Canada
“The webinar on botulinum toxin was very informative and so nice to have a global approach to our treatments.”

Meliesa Sinclair Gingreau, Marketing specialist - France
“The webinar on social media was brilliantly informative”

Barbara Loiskandl, MD - Canada
“The webinar on botulinum toxin was very informative and so nice to have a global approach to our treatments.”

Chytra V Anand, Dermatologist - India
“Congratulations on the excellent organization of the webinar. The quality of interaction was excellent. Looking forward for more in the future.”
3D printing seems to be everywhere these days, with much of the media touting it as a new manufacturing revolution.

In recent years, 3D printing has even been used for facial prostheses, but that is not the only area that this technology can be useful for plastic surgeons and their patients.

Aesthetic plastic surgeon Dr. Yakup Avsar successfully uses 3D scanning and printing to show patients how they would look after a procedure.

IMCAS Academy contacted Dr. Avsar to find out more about the process and the advantages it brings to his patients.

**SCANNING AND PRINTING TO SHOW PATIENTS THEIR FUTURE SELVES**

**WHAT AND HOW DID THE IDEA OF USING 3D SCANNING AND PRINTING TO DEMONSTRATE THE ANTICIPATED RESULTS OF TREATMENT CROSS YOUR MIND?**

Since 2003, besides Photoshop and Vectra systems, I have been thoroughly experiencing casting, molding and sculpting various materials to show the patients how they will look after surgery. Since 2008, I have been interested in digital sculpting and 3D printing. In one of my papers on rhinoplasty that was published in Aesthetic Surgery Journal in 2012, I discussed the usage of 3D printed skull molds for simulation surgery. With emerging 3D scanning technology I found the opportunity to discussed the usage of 3D printed skull molds for simulation surgery.

**WHAT IS IMPORTANT IS THE FEEDBACK OF THE PATIENT AFTER SURGERY, WHETHER THE PATIENT IS CONTENT WITH THE GOOD RESULT RESEMBLING THE SIMULATION.**

In my opinion, if you attempt to perform aesthetic surgery as an art, you definitely need to use this procedure. On the other hand, aesthetic medical practice is progressing in terms of quality for the purpose of presenting the patients better results. So with this technique on hand, the patients are likely to feel relaxed before surgery, as they see that the result will be good, and the surgeons do their best to embed artistic challenge in order to present better results to the patients.

**CAN YOU PLEASE EXPLAIN THE STEPS YOU TAKE WHILE USING THIS TECHNOLOGY?**

I use this technique for many types of procedures including rhinoplasty, fat injection, chin augmentation, lift surgeries on brows, mid face and face, otoplasty, breast augmentation, buttock and calf augmentation. With respect to each procedure, I scan the relevant body part during the first visit and then prepare the masks within the following 24 hours. During the second visit I discuss the procedure, the design and the limitations which may be encountered with the patient. I try my best to explain that this is a new technology in order to establish the amenable relationship between the patient and the surgeon. This approach can easily clarify and define the expectations the patient might have in mind, and the skills along with endeavors the surgeon is equipped with for the purpose of ameliorating the appearance of the patient.

In my paper that was published in a IMCAS newsletter in 2015, I discussed how these masks are the exact indicators of body volume and hence you see the exact details of the body surface with hardly any deviation. The patients easily express themselves in writing, stating that although not exactly the same as the mask, their own body and/or facial image resemble the mask a lot after the surgery.

**WHAT ARE THE ADVANTAGES OF USING 3D SCANNING AND PRINTING FOR THIS PURPOSE?**

In my paper that was published in a IMCAS newsletter in 2015 and it was published by Reuters, a lot of surgeons began to use it worldwide. What is important is the feedback of the patient after surgery, whether the patient is content with the good result resembling the simulation.

**WHAT SORT OF FEEDBACK ARE YOU GETTING FROM PATIENTS ABOUT USING 3D THIS WAY?**

That it is great. The patients love it so much and this is the only reason this procedure is going viral through the world. Since the first time I have introduced it in 2015 and it was published by Reuters, a lot of surgeons began to use it worldwide.

**WHAT ARE THERE ANY LIMITATIONS OR DISADVANTAGES ?**

In fact this will be a good option provided that the surgeons is a good digital sculpture and she or he imposes the real possibility on to the mask, otherwise this procedure may not be so helpful. For now the limitation is for some types of aesthetic surgery, like breast reduction or body lift, during which the surgeon should spend a considerably long time to sculpt the image digitally. There will be so many facilities capable of making the sculpting easier in the future and there will also be volume measurement modalities or motion modalities. As these masks are wearable parts and the patients like them so much and have tendency to wear them to see their new shapes, these masks will be produced by softer and more moldable materials in the future compared to current materials.

**HOW OFTEN DO YOU USE THIS TECHNOLOGY ?**

In my daily practice I scan for 1 or 2 procedures a day. It calculates up to approximately 40 on a monthly basis. I have the scanner in my office and the 3D printer is located in another office facility. I do the scanning and sculpting and my staff continues with the 3D printing process. I also use this technology for designing custom-made jewelry that carry the faces.

**WHAT DO YOU PREDICT FOR THE FUTURE WHEN IT COMES TO USING 3D PRINTING TECHNOLOGY IN THE AESTHETIC FIELD ?**

I think that in the future not just plastic surgeons but every surgeon will have personal 3D lab to produce simulation materials, surgical tools and artistic workpieces. I have such an equipped lab with seven printers and I produce all of my artistic materials, simulation mock-ups and masks along with complex micro-surgical and robotic tools on my own.

By Carrie BRIFFETT
Interview with Dr. Samuel Lin

Plastic surgeon Dr. Samuel Lin is an avid and successful user of Twitter whose tweets are guaranteed to educate and provoke discussion. IMCAS Academy spoke to Dr. Lin to discover his pearls of wisdom on getting the most out of social media.

How would you define your social media strategy and goals?

My social media strategy is to consistently share relevant and reliable information about plastic surgery, while making adjustments to the shared content according to feedback. Relevant information, by my definition, pertains to subject matters in the field that the general public would most often encounter. This revolves around patient information about plastic surgery procedures, as well as the current advancements in the specialty. Reliability is maintained by sharing content from accredited societies or institutions, from peer-reviewed journals and from individual professional opinion. Feedback is obtained through reviewing comments and messages, with future movement towards social media survey-based responses. The goal of my strategy is to inform, educate and stimulate discussion about the field that the public is interested in.

How important is it to use the Twitter hashtag #PlasticSurgery?

The importance of #PlasticSurgery first and foremost stems from the ability to create a reliable community with standardization of content. By consolidating plastic surgery material under an umbrella hashtag, the general public will have a go-to source on social media to obtain information and stay updated. In addition, any discussion would be easily accessible for participation. The number of active users limits the reach of plastic surgery on Twitter. As such, this community can only be established through participation in the plastic surgery community to use the hashtag when sharing relevant, reliable information. #PlasticSurgery also paves the way for other topic specific hashtags, such as #rhinoplasty.

Is Twitter the most effective social media tool for you and, if so, why?

Twitter is the most effective social media tool for me primarily due to its simplicity and the function to communicate with a large audience by subject matter. This is all based on the fact that Twitter was formed for sharing of rapid short messages. It is a vehicle to provide a punch line while bypassing any unnecessary material, essentially laying the foundation for a high yield, tailored newsfeed. Most important is the hashtag function, which allows for establishment of large communities for different topics.

To what extent do you use social media as a news source for your field?

Over the years, I have started to use social media more and more as a news source for my field. At the present time, it makes up a large percentage of where I get news information. This is due to the increased active involvement of plastic surgeons, specifically in #PlasticSurgery. By extension, I have been able to find more reliable sources of information. Furthermore, social media, namely Twitter, allows me to tailor my newsfeed based on my specific interests.

What would be your advice to plastic surgeons who want to build their social media presence?

I would advise prospective plastic surgeons in social media to first establish their primary goal. Social media is a tool and is only as useful to the user depending on how he or she uses it. After establishing a goal, whether expanding a practice or contributing to academia, the next step would be to begin following reputable figures in these fields. Understanding how these figures conduct themselves on social media through the content they share would help the user better determine what to post. Furthermore, interacting with members of the general public more likely to be interested in plastic surgery would help in building a social media presence.

What is social media affected patient attitudes to plastic surgery?

Social media in plastic surgery has brought forth both negative and positive effects on patient attitudes. Negative aspects appear to stem from bombardment of plastic surgery advertisements and false information being spread from unreliable sources, mostly due to non-accredited social media posters. However, in the #PlasticSurgery age with involvement of academic plastic surgeons, the main effects of social media on patient attitudes appear to have shifted towards respect for the field, recognition of the breadth of plastic surgery and establishment of trust. The public has come to realize other aspects of the field, such as basic science or reconstruction.

How has the rise of social media affected your profession in other ways?

The rise of social media has had numerous other effects on the field. Apart from connecting with patients, it offers the opportunity for medical and surgical professionals to connect on an international level. Furthermore, it also provides a platform for plastic surgeons to further establish their brand or practice. With the negative stereotype of the field being associated with celebrity aesthetic surgery tabloids and superficiality, it also offers plastic surgeons a platform on which to shed light on what plastic surgery truly encompasses.

What do you find most exciting about using social media for professional purposes?

The most exciting aspect of plastic surgery to me is the ability to gain constructive feedback. Whether in regards to promoting private practice or academia, plastic surgeons can receive instantaneous responses from members of the general public. Surveys in the past relied on a limited patient cohort and took an extensive amount of time to receive responses. By identifying areas of possible improvement in the field from different perspectives, social media can be used to drive forward plastic surgery. The reach of social media is limited only by accessibility to the web and a common language.

“I over the years, I have started to use social media more and more as a news source for my field. At the present time, it makes up a large percentage of where I get news information.”
INTERVIEW WITH

DR DORIS DAY

There are certain doctors on social media whose popularity and influence really stands out. One of those doctors is Dr Doris Day, American Dermatologist and “Doctor of Self Esteem”.

IMCAS Academy spoke to Dr Day to gain some insights on how she makes social media work for her.

WHEN AND HOW DID YOU FIRST REALIZE THE PROFESSIONAL POTENTIAL IN USING SOCIAL MEDIA?

I have had a website since 1998. It was very helpful for me because both potential patients found it interesting but also the media found me from my website and it brought me magazine and TV interviews. At that time there were not very many doctors with websites and it was easy to stand out. Today it’s the norm to have a website and they are often very professionally done. I am now also on Facebook, Twitter, Instagram and starting on Snap Chat. I do all my own posting and I post things that either I am featured in or that I find interesting. I only found it to be helpful professionally when I reached a threshold of presence where my posts started to come up more. That took about a year and it takes work to maintain it. I find it very interesting and fun to come up with content so for me it’s not work, it’s a nice extra. The more I do, the easier it gets.

WHAT PARTICULAR CHALLENGES DOES HAVING A STRONG SOCIAL MEDIA PRESENCE POSE TO MEDICAL PROFESSIONALS AND HOW DO YOU DEAL WITH SUCH CHALLENGES?

It is always best if you do your own posting on all these sites, or most of the posting. This makes it authentic and will give better results. It can be time consuming and it takes time to learn and get good at it, but it gets easier the more you do it and there are ways to schedule posts so you can do it a few times a week and decide when they go up.

HOW WOULD YOU DEFINE YOUR APPROACH TO SOCIAL MEDIA AND TWITTER IN PARTICULAR?

I do a combination of original posts and sharing from posts I put on Instagram and Facebook. I try to add a link or a photo to make the tweet more visible and to increase interaction. I use Twitter for “headlines” and quick information—what I’m doing, where I am, places they can find me doing something interesting like my radio show or at a meeting. I also share posts that I like from Twitter and I think that shows my personality. I always stay away from politics and things that are controversial outside of medicine.

WHAT HAS SURPRISED YOU ABOUT USING TWITTER IN YOUR PROFESSIONAL LIFE?

I was surprised at how different it was from the other forms of social media. It is a very crowded and busy space and getting people to see and engage in your tweets is challenging and takes effort.

What do you consider to be the main benefits/opportunities in having a strong presence on Twitter as a dermatologist?

It helps people find you and learn more about you. It’s a way to reach your audience directly with the information you want them to have. It’s always helpful to add a photo or link to your tweet to increase interaction.

To what extent do you use Twitter to stay informed about the latest developments in dermatology?

I find it very useful since there are many links and articles and videos that get posted there. It is a news source and useful in that way.

What advice would you give to dermatologists who are uncertain how to create effective content for social media?

Start slow and build. Pick one that looks most interesting and fun to you and start adding content. As you go you can build on the next one.

What do you predict for the future when it comes to the impact of social media on dermatology and dermatologists’ use of social media as a tool?

It will have a greater and greater impact and there will be expectations of improved content and useful information.

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Dr Oliver Branford

Dr Oliver Branford started on Twitter just a couple of years ago but has become an ever-growing online audience already numbers over 130,000 followers.

He has also become a key opinion leader in plastic surgery as a result of his work on the use of social media by plastic surgeons to educate the public, as well as his many peer-reviewed articles on aesthetic breast surgery and breast reconstruction.

Dr Branford is on the social media committee at the American Society of Plastic Surgery and is social media advisor to the Association of Breast Surgery in the United Kingdom.

IMCAS Academy spoke to Dr Branford to find out how he successfully harnessed the power of social media.

WHAT FIRST PROMPTED YOUR PROFESSIONAL INTEREST IN SOCIAL MEDIA?

It is very difficult for the public to find out the truth about the safety and efficacy of plastic surgery treatments and also about the profession. There is a lot of misinformation about plastic surgery in both the traditional press and on digital media that is heavily marketed by individuals masquerading as trained plastic surgeons, often with large budgets, in the interests of making profit. I didn’t like that the public were being fooled. Board certified plastic surgeons were initially slow to adopt social media in the interests of education. I wanted to encourage other plastic surgeons to flood social media with evidence-based myths in order to drown out the torrent of fake claims regarding treatments and expense. Effectively I wanted to get our evidence out of libraries and to the public. Research studies are designed to improve the quality of patient care – I wanted to help make these studies accessible to all. I wanted to help the public access the truth directly, and to be fully informed when making decisions when seeking plastic surgery treatments. I have had feedback from a number of people who have read articles that I have posted and they have discussed these with their doctors. I am delighted that social media has empowered patients in this way.

WHY DOES TWITTER HOLD SUCH APPEAL FOR YOU OVER OTHER FORMS OF SOCIAL MEDIA?

Although Twitter is seen by some as a business to business (B2B) platform, I have found that most of my followers are members of the public. In fact they account for over 80 percent of those reading the platform, I have found that most of my followers are members of the public. In fact they account for over 80 percent of those reading the platform. That is very gratifying as an academic plastic surgeon. Twitter also helps you build your brand and that of your institution. It is like a 365 day a year conference and is very democratic in nature – most surgeons, including the thought leaders in plastic surgery, will interact on Twitter if you engage with them. We have recently published an article analysing the use of Twitter by plastic surgeons entitled #PlasticSurgery, which provides a lot of advice, videos and references. ASPS has published a blog and video about this.

WHAT ARE YOUR TOP TIPS FOR MAKING TIME IN YOUR SCHEDULE FOR TWITTER?

Social media is used by over two thirds of the public, and over 90 percent by some demographic groups, and is becoming the new language of plastic surgery education. If you don’t have a digital presence as a surgeon then for many patients you don’t actually exist! As surgeons we are trained to be educators. My research articles used to be read by a few hundred people at best. Now they are read by millions. That is very gratifying as an academic plastic surgeon. Twitter also helps you build your brand and that of your institution. It is like a 365 day a year conference and is very democratic in nature – most surgeons, including the thought leaders in plastic surgery, will interact on Twitter if you engage with them. We have recently published an article analysing the use of Twitter by plastic surgeons entitled #PlasticSurgery, which provides a lot of advice, videos and references. ASPS has published a blog and video about this.

WHAT IS THE BEST WAY TO CURATE INFORMATION ON TWITTER?

I started subscribing to the use of hashtags #PlasticSurgery by plastic surgeons together with the journal Plastic and Reconstructive Surgery (PRS) and the American Society of Plastic Surgery. Both are huge advocates of education via social media and their support is the reason that we have been so successful as a profession with regards to digital engagement. #PlasticSurgery is now the number one trending healthcare hashtag in the world with over 3 BILLION views per year! Before starting this project only 6 percent of posts about plastic surgery were by plastic surgeons. Now it is well over 90 percent. This has to be great for patients seeking credible information. I would say that as a education is one duty to get involved! This model is being replicated by other medical specialties, including dermatology, which is a fantastic development.

As an individual plastic surgeon it is a great way of getting your message and personal brand out there. I regularly have over 2 million views a month for my posts and over 100,000 profile views. For the PRS IMCAS conference in January there were almost 50 million views of the conference posts - my own account was responsible for 31 million of these.

I have set out all my tips in aPRS Journal blog “Twitter for plastic surgeons who are too busy to tweet”, which also contains a video link to my Tech talk about this subject. My main advice is to post original content as much as possible – for example scientific articles or blogs about these articles. Blogs about plastic surgery related topics are also of huge interest to those seeking plastic surgery. Posts with links to articles, photographs and videos have the most engagement – anywhere from twice to 1000 times higher – especially for video. The best way to create information is to follow key opinion leaders and leading engaged institutions in plastic surgery.

WHAT ARE YOUR TOP TIPS FOR CREATING SOCIAL MEDIA CONTENT AND WHERE DO YOU FIND INSPIRATION AND INFORMATION FOR YOUR CONTENT?

It is so important to engage and educate – not to sell or self-promote. Of course “academic marketing” is a form of “selling your personal brand” but this is an indirect consequence and is secondary to education. It is important to be authentic, tell a true “story” and to build trust by posting the truth about plastic surgery. Never ever troll or become aggressive. Be “social”! The main way to avoid mistakes is to behave with the same ethical code that you would in your practice, especially when it comes to patient confidentiality. When asked what the primary role of plastic surgeons should be on social media, 57 percent of the public wanted plastic surgeons to educate, 26 percent said they wanted them to engage, and only 7 percent wanted to be marketed.

WHAT IS THE BEST WAY TO DEVELOP A FOLLOWING ON TWITTER?

Building a following is a marathon not a sprint. It is important to be time efficient; we are surgeons first and foremost. Being positive really helps, and remember that you have a huge following that you effectively become a broadcaster. The following can then grow exponentially. This is certainly the case after the first 2,000 followers.

WHAT ARE THE COMMON MISTAKES THAT PEOPLE MAKE ON TWITTER AND HOW CAN USERS AVOID THEM?

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WHAT OTHER ADVICE DO YOU HAVE WHEN IT COMES TO MANAGING YOUR TWITTER ACCOUNT?

My main advice is to do it yourself - the public can easily tell if it is managed by a third party. They want to get to know you, not your marketing team. Although automated annons can be helpful I have found that well-timed manually posted tweets have the greatest engagement, especially using hashtags and visual content. Post regularly – the optimal amount on Twitter is about 6 times a day according to data analyses. Remember that you are speaking to the world so you have to cower different time zones by posting the same tweets 12 hours apart. Twitter now also allows you to repost your tweets. Key influences accounts provide the best examples of how to start. For plastic surgery these are @DrDavidRothkoff, @Kathleenhannon, @DrKristelDong, @DanielSilin, @dermatgroup, @DrSamuelLin, and @drkristel. Also the plastic surgery accounts: @APRS_News, @prsjournal, and of course @imcasacademy and @imcascongress. For dermatology follow @ISDermRec, @DrDavidDow, @DrAnjaliMahto and @Ferox_fanou.

WHAT WOULD YOU SAY WERE THE THREE MAIN REASONS FOR YOUR SUCCESS ON TWITTER?

I am lucky enough to have over 130,000 followers on Twitter despite having signed up only a couple of years ago. There is no reason why others can’t do the same. I think that the public are very informed and exist and have huge interest in the truth about plastic surgery. Initially, I think that having an educational approach to your feed generates the most interest. Secondly, I try to be as visual as possible – using photographs, gife and videos, and this creates the greatest engagement. Lastly, but most importantly, I write a lot of scientific articles and this gives me original content – as they say “Content is King!” Good luck and looking forward to seeing you on social media! @OliverBranford
N°2

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