The American Academy of Cosmetic Gynecologists

5th Annual Congress on Aesthetic Vaginal Surgery

CAVS 2010

NOVEMBER 14 – 15, 2010
Ritz Carlton Dove Mountain
Tucson, Arizona

RED M. ALINSOD, M.D., FACOG, FACS
Program Director and Chairman
Welcome to CAVS 2010!

It is a great honor to be given the responsibility to put together this Congress and to be given the privilege to chart a new course in uncharted waters. All of you here in Tucson have had to make sacrifices and have had to face bows and arrows aimed at your backs. Many of you have had to endure the raised eyebrows and rolling eyes, the condescending snicker, and even the “what are you doing in my field” stare.

Thank you for taking a chance to come and be at the forefront of learning in our fledgling sub-specialty of Aesthetic Vaginal Surgery, AVS. You have many choices of meetings to go to and it is gratifying that you chose to take a chance with CAVS. The entire staff and faculty will do its very best to instill in you a fire and a hunger to learn and to expand your horizons. CAVS will always be at the forefront of learning in this field. CAVS will honor its mantra of “Education without Barriers” as it faces a bold new future. We welcome each and every one of you with open arms and without judgment. My hope is that CAVS will be the one annual Congress you choose year in and year out to attend, enjoy, and truly learn from.

I welcome all your calls and correspondence and hope to meet with each and every one of you in the days and months ahead. Learn from each other and learn from the very willing faculty who have given their very best to improve your practice and to help your patient’s lives.

Warmest regards,

Red Alinsod, M.D., FACOG, FACS, ACGE
Program Chairman, CAVS 2010

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**GENERAL SESSION AND EXHIBITS**

**HOURS AND LOCATION**

**GENERAL SESSION**
November 14, 2010, Sunday
- Breakfast: 7:00am-8:00am Tortolita C/D Foyer
- Lunch: 12:15am-1:00pm Tortolita C/D Foyer
- General Session: 8:00am-5:00pm Tortolita C/D
- CAVS Dinner: 6:00pm-8:00pm Tortolita A/B Ballroom

November 15, 2010, Monday
- Breakfast: 7:00am-8:00am Tortolita C/D Foyer
- Lunch: 12:15am-1:00pm Tortolita C/D Foyer
- General Session: 8:00am-5:00pm Tortolita C/D

**EXHIBIT HOURS**
Exhibitor Set-up Sunday Nov 14th
- 6:00am-8:00am Tortolita C/D

Exhibitor Move-out Monday Nov 15th
- 5:00pm-7:00pm Tortolita C/D

November 14, Sunday Hours:
- Time 8:00am-5:00pm Location Tortolita C/D

November 15, Monday Hours:
- Time 8:00am-5:00pm Location Tortolita C/D

**CAVS Dinner**
November 14, 2010, Sunday Hours:
- Time 6:00pm-8:00pm Location Tortolita A/B Ballroom

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**Conference Evaluation Form**
An Evaluation Form for the Conference is included with your course material. Your evaluation and suggestions are essential for helping us develop future meetings. Please take a few minutes to share your thoughts by completing the evaluation and turning it in at the end of the event.

**Cell Phones and Pagers:**
As a courtesy to all presenters and to your fellow attendees, please turn off your cell phone and/or pager while attending the general sessions and workshops.

**Agenda and Times are subject to change.**
GENERAL INFORMATION

Educational Objectives

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. The Congress on Aesthetic Vaginal Surgery (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.

Benefits of Attendance
• Learn from fellow physicians who have built successful cosmetic practice
• 15 Category 1 Credits
• CAVS 5th Annual Dinner
• Networking with Other Physicians

Accreditation Statement
This activity has been planned and implemented in accordance with the essential areas & policies of 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.

Credit Designation Statement
IMNE designates this educational activity of up to 15 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.
Day One - November 14, 2010
Symposium on Aesthetic Vaginal Surgeries
Program Chairman: Red Alinsod, MD
Program Moderators:
Troy Hailparn, M.D. and Stefan Smajda, M.D.

7:00-8:00 BREAKFAST AND REGISTRATION

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 surgeons’ clinical experience is included, with presentation of data related to the impact of anatomy on sexual function.

AGENDA AND TIMES ARE SUBJECT TO CHANGE.
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 labialplasties, 24 clitoral hood reductions,
49 combined labiaplasty/clitoral hood reductions, 47 vaginaplasty/
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 form 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
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 shrunken look and the wide open and exposed appearance of the labia minora. Some women are affected more than others, with multipara 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.

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.

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.
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.

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.
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 protecting 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.
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.

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 general 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  5TH ANNUAL C.A.V.S. DINNER
Special recognition and gifts of gratitude
Day Two - November 15, 2010  
Symposium on Aesthetic Labial Surgeries  
Program Chairman: Red Alinsod, MD  
Program Moderators:  
Bernard Stern, MD and Otto Placik, MD

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<th>Time</th>
<th>Event</th>
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<tr>
<td>07:00 - 08:00</td>
<td>BREAKFAST AND REGISTRATION</td>
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| 08:00 – 08:10 | Welcome  
L17: The Miklos and Moore Study  
Labiaplasty: 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 evolutional 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: Labiaplasty: 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 Labiaplasty:  
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” labiaplasty. Taking the training of the AAOCG has changed that and the question of “medically indicated” labiaplasty 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!


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 Tumescent 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

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 Brazilian 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 marks 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 Brazilian 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

15:30 – 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
As a sponsor accredited by the ACCME, it is the policy of the IMNE to require the disclosure of anyone who is in a position to control the content of an educational activity. All relevant financial relationships with any commercial interests and or manufacturers must be disclosed to participants at the beginning of each activity.

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<tr>
<th>SPEAKER NAME</th>
<th>COMMERCIAL RELATIONSHIP</th>
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<td>Red M. Alinsod, MD, FACOG, ACGE</td>
<td>Cooper Surgical, Pfizer, Advanced Infusion</td>
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<td>Caldera Medical, Ellman, Boston Scientific</td>
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<td>Anil Gandhi, MD</td>
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<td>Troy Hailparn, MD</td>
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<td>Oscar Aguirre, MD, FACOG</td>
<td>Ethicon Women’s Health and Urology</td>
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<td>Clara Santos, MD</td>
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<td>Adam Ostrzenski, MD, PhD</td>
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<td>Gregory Zengo, MD</td>
<td>Practical CME Medical Training</td>
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<td>Susan Hardwick-Smith, MD</td>
<td>No Disclosures</td>
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<td>Otto Placik, MD</td>
<td>No Disclosures</td>
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<td>Bernard Stern, MD</td>
<td>No Disclosures</td>
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<td>Stefan Smajda, MD</td>
<td>Cadaverlab for Gynecare, BARD, Cousin Biotech</td>
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<td>Royal Benson, MD</td>
<td>No Disclosures</td>
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<td>Les Blackstock, MD</td>
<td>No Disclosures</td>
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<td>Jennifer Sturges, JD</td>
<td>Carroll, Kelly, Trotter, Franzen &amp; McKenna</td>
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<td>Sergei Baghdasarian, LC, LLC</td>
<td>Online Medical Marketing</td>
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<td>Jeffrey Segal, MD, JD</td>
<td>Medical Justice</td>
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Clara Santos loves performing cases and teaching doctors to do the same. She has received numerous national & international awards and is distinguished as an international master professor.
FACULTY LISTING

OSCAR A. AGUIRRE, MD
Oscar A. Aguirre, MD is President and Medical Director of Aguirre Specialty Care – Pelvic Surgery and Intimate Aesthetics, The Center for Female Pelvic Medicine and Cosmetic Surgery. ASC is a center of excellence for women, providing everything from urogynecologic procedures to dermal aesthetic services. This includes in-office awake aesthetic vaginal surgery and body contouring. At ASC women have options to numerous procedures and specialists including colorectal surgeons, to address fecal incontinence as a result of obstetrical injury, and plastic surgeons to coordinate their True Mommy Makeover (TMM) with Dr. Aguirre. TMM is THE complete “mommy makeover” tailored to the patients needs which may include breast augmentation, abdominoplasty, and liposuction. In one surgical setting these procedures may be performed at the time of their vaginal rejuvenation which may include labiaplasty, clitoral hood reduction, vaginoplasty and reconstructive vaginal surgery, if vaginal prolapse is present.

Dr. Aguirre is a fellowship-trained urogynecologist who has dedicated his entire surgical career to the evaluation and management of vaginal relaxation and bladder/bowel disorders. Since early in his career Dr. Aguirre has performed cosmetic gynecological procedures at the request of his urogynecologic patients. In 2006, he formally pursued his interest in the field of Female Genital Cosmetic Surgery (FGCS) under the supervision of world-renowned gynecologist, Dr. David Matlock of Beverly Hills. Dr. Matlock is the pioneer and developer of Laser Vaginal Rejuvenation® (LVR®) and Laser Reduction Labiaplasty, also known as Designer Laser Vaginoplasty® (DLV®). With this additional training Dr. Aguirre became the third urogynecologist in the country to perform LVR® and DLV®. After becoming proficient in performing laser reduction labiaplasty and Laser Vaginal Rejuvenation® as per the techniques taught by Dr. Matlock, Dr. Aguirre then trained under Dr. Red Alinsod in Laguna Beach. From him, Dr. Aguirre discovered the Ellman Surgitron radio frequency device which is even less destructive to tissues than any laser. Since it is minimally destructive it is essentially pain-free and allows for faster healing. The majority of these procedures are performed in the privacy of Dr. Aguirre’s office under local anesthesia.

Dr. Aguirre’s research interests have included all urogynecologic and women’s health issues, including female sexual dysfunction. He has published research on a testosterone patch for low libido and was a principal investigator of a new investigational oral medication for the treatment of Hypoactive Sexual Desire Disorder (HSDD). As a recognized expert in the field of female sexual medicine, he is ideally suited to address the complex issues that revolve around women’s sexual health.

TROY ROBBIN HAILPARN, MD, FACOG
In private practice since 1996
Laser Vaginal Rejuvenation Institute of San Antonio
210-615-6646

Dr. Hailparn is a board-certified OB-GYN with over 16 years of vaginal surgical experience. For the last 7 years, she has specialized in cosmetic gynecology and is certified in Laser Vaginal Rejuvenation (anterior and posterior repairs with perineorrhaphy done with a YAG laser), Laser Reduction Labioplasty, Hymenoplasty and several gynecologic liposculpturing procedures. She has performed over 1500 of these procedures.

SUSAN HARDWICK-SMITH, MD
Dr. Hardwick-Smith is passionate about re-inventing the traditional concept of a medical practice by bringing 5 star service to patients, similar to that seen in fine hotels. Over the past 11 years she has grown a highly successful group using these concepts, which include customer service training modeled on that used at Four Season’s Hotels. Through these efforts, Compete Women’s Care Center has become well known in Houston as a premier ob/gyn office. Investment in the highest quality staff, well designed and strictly enforced training programs and protocols focused on exceptional customer service and commitment to excellence, and aesthetic improvements such as beautifully appointed offices, fresh flowers, and staff dressed in business suits instead of scrubs form some of the basics of her unique business model. While currently in one central location with one suburban satellite, Dr. Hardwick-Smith plans to continue duplicating Complete Women’s Care Center’s “boutique” model in several other satellite locations over the next 5 years. Her passion for medical practice management may eventually become a full time pursuit, and in the future she sees herself as a consultant, sharing her staff training and service enhancement techniques with other practices.

GREGORY P. ZENGO, MD
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OB/GYN Physician and Medical Aesthetic Specialist. Experienced in OB/GYN resident teaching as well as solo and group private practice. Physician Educator and Lecturer who has trained over 400 physicians in CME-accredited training courses since 2006. Author of Video training courses in Sclerotherapy, Mesotherapy, Tumescent Lipo, Hormone Balancing, and Weight Loss.
Dr. Stefan Smajda is a graduate of the Université Catholique de Louvain (UCL) where he received his Medical Degree in 1978. He completed his residency in Obstetrics and Gynecology at the Jolimont Hospital in Belgium with Dr. P. Rousseau. After his residency he extended his training to perfect his skills in vaginal reconstructive surgery at the University of Lille in France under the guidance of Professor G. Crépin. Dr. Smajda has throughout his career continually upgraded his skills in the field of urogynaecology by completing advanced vaginal surgery and laparoscopic surgery courses in internationally renowned centers in France, England and Sweden. Since 1983, Dr. Smajda is a Consultant gynaecologist at the Clinique Ste Anne-St Remi in Brussels and heads the Pelvic Floor Dysfunction Department. He is also a consultant urogynaecologist at the private institute: Clinique Edith Cavell in Brussels.

He continues to pursue excellence in this field by searching and introducing new and innovative surgical techniques in pelvic floor reconstructive surgery by mesh techniques and minimal invasive procedures. He provides surgical preceptorships for advanced mesh reconstructive pelvic surgery and incontinence surgery. Since 1999, he has trained (hands on) hundreds of surgeons from all over the world (Belgium, Switzerland, Morocco, Canada, Russia, ...) in reconstructive pelvic floor surgery involving grafts. Dr. Smajda has been invited to demonstrate his surgical techniques in operating rooms in renowned institutions in Belgium, England, Austria, Poland, France, Spain, Portugal and Luxembourg. He has lectured widely on the topic at local and international level. He has also taught several cadaver labs in Belgium, Canada and the United States and published on the topic in the peer-reviewed literature. Finally, Dr Smajda has been a consultant to several companies in the medical device industry (Ethicon, Bard, Cousin, Coviden).

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Graduated from University of New South Wales in 1984 and joined the Royal Australian Air Force and developed special interests in sports medicine and aeronautical medicine.

Then took a career deviation with study toward his BA in international relations and then his MBA while professing medical work in emergency and family medicine.

After running a private hospital he commenced psychiatric training before eventually commencing on a slow training towards Cosmetic Surgery in 2000.

Today he is the medical director of Enhance Clinic. A multidisciplinary clinic offering surgical and non surgical service to enhance the beauty and well being of clients in the western suburbs of Sydney Australia. Since completing his clinical preceptorship with Dr. Red Alinsod he has rapidly become one of the leading providers of aesthetic vaginal surgery having performed over 225 labiaplasties in a little over 2 years.

BERNARD H. STERN, MD
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University of Michigan, Ann Arbor, Michigan 1963-1965
Wayne State University, Detroit, Michigan 1965-1967
Phi Beta Kappa (as a Junior) 1967
Graduated with honors, B.S. 1967
Wayne State University, College of Medicine 1967-1971
Graduated top 10%, Doctor of Medicine
Internship – Residency:
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Four (4) year OB/GYN Residency 1971-1975

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Diplomat, American Board of Plastic Surgery
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Training:
Residency in Obstetrics & Gynecology:
2. Academy of Medicine at Wroclaw, Poland, (1971)
Fellowships:
1. Extended Pelvic Surgery (Gyn Oncology), Academy of Medicine at Lublin, Poland 1973)
2. Reproductive Endocrinology, Academy of Medicine at Warsaw, Poland, (1975)

Certifications:
The American Board of Ob/Gyn certified and re-certified
The State of Maryland Medical Board of Examiners:
“Identified specialist” in Reproductive Endocrinology” (1991)
The European-Polish Board Certified in Ob/Gyn (1971) and Reproductive Endocrinology (1975)

JENNIFER STURGES, JD    LONG BEACH, CA
Carroll, Kelly, Trotter, Franzen & McKenna
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Jennifer Sturges specializes in complex medical malpractice litigation. She defends physicians, nurses, physical therapists, mental health professionals and healthcare facilities in cases with significant damage exposure including allegations of both physical and mental sexual misconduct. Jennifer is not intimidated by the courtroom where she enjoys the respect of both judges and her adversaries. She has successfully defended cases involving punitive damage allegations and coverage limitations at trial.

As a trial attorney, Jennifer believes in a disciplined and creative team approach to litigation with significant client involvement to effectively resolve cases. She obtained her undergraduate degree from University of Colorado, Denver in 1988 and her law degree from California Western School of Law, San Diego . In addition to being a lawyer, Jennifer is an active runner and a cowboy.

JEFFREY SEGAL, MD, JD    GREENSBORO, NC
Founder and Chief Executive Officer
Medical Justice Services, Inc.
Dr. Segal is a board-certified neurosurgeon with a law degree. In 2002, he founded Medical / Dental Justice to protect doctors from being (a) sued for frivolous reasons; or (b) defamed on the Internet. Dr. Segal was sued once for medical malpractice. This frivolous suit was propelled by another neurosurgeon - previously expelled by the American Association Neurological Surgeons. By experiencing the process himself, Dr. Segal understands, viscerally, the nature of the malpractice problem. Dr. Segal serves as one of the country’s leading authorities on professional malpractice and remedies available through counterclaims. He is also a leading authority on online defamation of doctors.

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Advanced Infusion manufactures and sells disposable infusion pumps and catheters for post operative pain control. We are introducing a new, vaginal rejuvenation catheter for post operative pain control.

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