

Fiftieth Annual Scientific Meeting

**Southeastern
Society
of
Plastic
and
Reconstructive
Surgeons**

**Sandestin Golf and Beach Resort
Destin, Florida
June 9-13, 2007**

Please bring this program to the meeting.

FIFTIETH ANNUAL MEETING

**Southeastern Society of
Plastic and Reconstructive
Surgeons**

**SANDESTIN GOLF AND BEACH RESORT
DESTIN, FLORIDA
JUNE 9-13, 2007**

O F F I C E R S

President

R. Bruce Shack
Nashville, Tennessee

President-Elect

Suman K. Das
Jackson, Mississippi

Vice-President

James W. Wade
Baton Rouge, Louisiana

Secretary

Ann Ford Reilley
Baton Rouge, Louisiana

Assistant Secretary

James C. Grotting
Birmingham, Alabama

Treasurer

W. Byron Barber
Greensboro, North Carolina

Historian

Henry C. Vasconez
Lexington, Kentucky

Trustees

Mark Codner (2007)
Atlanta, Georgia

Wyndell Merritt (2007)
Richmond, Virginia

Braun H. Graham (2008)
Sarasota, Florida

Mark H. Craig (2009)
Tupelo, Mississippi

Kevin F. Hagan (2008)
Nashville, Tennessee

Anthony Pizzo (Past President)
Tampa, Florida

Robert J. Allen (2009)
Charleston, South Carolina

(insert photo of Dr. Shack here from Katie)

R. Bruce Shack, President
2006-2007

IN MEMORIAM

Onyx P. Garner, Jr., M.D.

Dr. Garner was a practicing plastic surgeon in New Orleans for over twenty years, rising to Assistant Clinical Professor of Plastic Surgery in the Department of Surgery at LSUMC-New Orleans. He retired from active practice for health related issues but continued to live in New Orleans until Hurricane Katrina displaced him to Tuscaloosa, AL in 2005 where he lived until his untimely death on February 11, 2007. Born in Memphis, TN in 1945, Onyx graduated from the University of Mississippi before attending medical school at the University of Arkansas. A surgical internship at the University of Miami followed graduation, which led to a general surgical residency at LSU in New Orleans. He then completed resident training in both cardiothoracic surgery and plastic surgery, also at LSU.

Samuel W. Parry, M.D.

Sam Parry was born in Monroe, LA on October 4, 1948. Undergraduate education was completed at the University of Texas at Austin, where he graduated Magna Cum Laude. This was followed by graduation from Tulane Medical School in 1975, where he earned distinction as a member of the Alpha Omega Alpha medical honor society. Post-graduate training in general surgery and plastic surgery were undertaken and completed at the University of California at San Francisco under Stephen Mathes and Luis Vasconez. Sam then moved to New Orleans to become an Associate Professor and later Professor of Surgery in the Division of Plastic Surgery at Tulane Medical Center where he stayed until 1997 when he left to enter private practice. He remained in the private practice of plastic surgery until his death on May 11, 2006.

Joseph M. Still, Jr., M.D.

Joseph M. Still, Jr. M.D., 67, served in the US Navy from 1956 to 1958. He was a 1961 graduate of Shorter College in Rome, GA, and a 1965 graduate of the Medical College of Georgia, where he earned his medical degree. Dr. Still began his private medical practice, Physician's Multispecialty Group, as a plastic surgeon specializing in burn care. In 1978, Dr. Still founded the Joseph M. Still Burn Center at Doctors Hospital, and served as its medical director until 2005. Under Dr. Still's leadership and influence, the small six-bed burn unit has grown into a 58-bed world-renowned burn center that annually treats over 2,000 patients from throughout the Southeast. Dr. Still founded the Southeastern Firefighters Burn Foundation, Research Consortium, Inc., Joseph M. Still Research Institute, and served on numerous prominent boards at Doctors Hospital and throughout the community.

Charles E. Horton, M.D.

Charles Horton opened a private practice in Norfolk, VA as the region's first plastic surgeon. Horton pioneered a number of techniques in the field, specializing in genitourinary reconstruction. Dr. Horton received many prestigious honors and appointments nationally and internationally for his contributions to medicine and humanitarianism. He is survived by his wife of 56 years, Geraldine, and five children.

PAST UPCHURCH LECTURERS

Ian Jackson, M.D. 1975	Frederick J. McCoy, M.D. 1991
Thomas Cronin, M.D. 1977	Simon Fredricks, M.D. 1992
Sal Castanares, M.D. 1978	John Hoopes, M.D. 1993
Kenneth Pickrell, M.D. 1979	J.B. Lynch, M.D. 1994
Robert Goldwyn, M.D. 1980	M.J. Jurkiewicz, M.D. 1995
Richard Stark, M.D. 1981	Milton T. Edgerton, M.D. 1996
William Hamm, M.D. 1982	Carl R. Hartrampf, M.D. 1997
Reed Dingman, M.D. 1983	John B. McCraw, M.D. 1998
Clifford Snyder, M.D. 1984	D. Ralph Millard, Jr., M.D. 1999
John Mustarde, M.D. 1985	Burton D. Brent, M.D. 2000
Fernando Ortiz-Monasterio, M.D. 1986	Jacques Baudet, M.D. 2001
Jack Sheen, M.D. 1987	Leonard T. Furlow, Jr., M.D. 2002
Jacques van der Meulen, M.D. 1988	Norman M. Cole, M.D. 2003
Thomas D. Rees, M.D. 1989	Michael E. Jabeley, M.D. 2004
Paul M. Weeks, M.D. 1990	P.G. Arnold, M.D. 2005
	Luis O. Vasconez 2006

SPECIAL ACHIEVEMENT AWARD WINNERS

William J. Pitts, M.D. 1977	McCarthy DeMere, M.D. 1987
Robert C. Reeder, M.D. 1979	Greer Ricketson, M.D. 1994
John R. Lewis, M.D. 1981	Allen Hughes, M.D. 1995
Bernard L. Kaye, M.D. 1982	Richard Hagerty, M.D. 1997
Joel Mattison, M.D. 1985	Erle Peacock, M.D. 2001

PICKRELL AWARD WINNERS

Andrew M. Moore, M.D. 1985	Norman Cole, M.D. 1994
Charles E. Horton, M.D. 1986	John McCraw, M.D. 1996
James W. Davis, M.D. 1987	Robert F. Hagerty, M.D. 1997
James H. Hendrix, M.D. 1988	John B. Lynch, M.D. 1998
M. J. Jurkiewicz, M.D. 1989	Joel Mattison, M.D. 1999
Carl R. Hartrampf, M.D. 1990	John Bostwick, III, M.D. 2001
Leonard T. Furlow, Jr., M.D. 1992	Milton T. Edgerton, M.D. 2002
Hal G. Bingham, M.D. 1993	Luis Vasconez, M.D. 2005
	Michael E. Jabaley, M.D. 2006

GLANCY AWARD WINNERS

Foad Nahai, M.D. Emory University 1977	James H. Schmidt, M.D. University of Florida 1989
H. Louis Hill, M.D. Emory University 1978	Paul A. Watterson, M.D. Emory University 1990
E.D. Newton, M.D. University of Tennessee 1979	Michael G. Kanosky, M.D. University of Mississippi 1991
E.D. Newton, M.D. University of Tennessee 1980	Joseph M. Woods, IV, M.D. Vanderbilt University 1992
Dan H. Shell, M.D. University of Tennessee 1981	David Brothers, M.D. University of N.C. at Chapel Hill 1993
Donato Viggiano, M.D. University of Tennessee 1982	Scott N. Oishi, M.D. University of Kentucky 1994
Larry Nichter, M.D. University of Virginia 1983	Gregory Mackay, M.D. Emory University 1995
Leonard Miller, M.D. Emory University 1984	R. C. High, M.D. Bowman Gray School of Medicine 1996
Richard Sadove, M.D. Eastern Virginia Medical School 1984	Henry F. Garazo, M.D. Medical College of Georgia 1997
Mason Williams, M.D. Eastern Virginia Medical School 1986	Kim Edward Koger, M.D. Duke University 1998
David Hurley, M.D. University of Virginia 1987	J. Timothy Katzen, M.D. Vanderbilt University 1999
J.D. Stuart, M.D. University of Virginia 1988	Richard Rosenblum, M.D. Vanderbilt University 2000

GLANCY AWARD WINNERS

Colin Riordan, M.D.
Vanderbilt University
2001

Julia MacRae, M.D.
University of Virginia
2002

Julia MacRae, M.D.
University of Virginia
2003

M.I. Okwueze, M.D.
Vanderbilt University
2004

Robert E.H. Ferguson, Jr., M.D.
Kentucky Clinic
2005

Dean DeRoberts, M.D.
Wake Forest
2006

JURKIEWICZ LECTURERS

Carl R. Hartrampf, Jr., M.D.
2001

Leonard T. Furlow, Jr., M.D.
2003

Luis O. Vasconez, M.D.
2005

RECREATIONAL EVENTS AND SPOUSE PROGRAM

Saturday, June 9

6:00 p.m. - 7:30 p.m. Welcome Reception
*Dinner on your own — reservations highly recommended**

Sunday, June 10

6:45 a.m. 3 Mile Fun Run
8:00 a.m. - 11:00 a.m. Spouse Hospitality
2:00 p.m. - 5:00 p.m. Tennis Tournament**
6:30 p.m. - 10:00 p.m. Theme Dinner

Monday, June 11

8:00 a.m. - 11:00 a.m. Spouse Hospitality
1:30 p.m. - 4:00 p.m. Tennis Tournament**
1:45 p.m. - 6:00 p.m. Golf Tournament**
*Dinner on your own — reservations highly recommended**

Tuesday, June 12

8:00 a.m. - 11:00 a.m. Spouse Hospitality
1:30 p.m. - 4:00 p.m. Men's Doubles Tennis**
7:00 p.m. - 7:45 p.m. Reception
7:45 p.m. - 11:30 p.m. Dinner and Dancing (black tie optional)***

Wednesday, June 13

8:00 a.m. - 11:00 a.m. Spouse Hospitality
12:00 p.m. - 1:30 p.m. Closing brunch

**The dinner hours are a very busy time at the restaurants on property at The Sandestin Resort and reservations are sometimes fully booked several days in advance. It is possible to make reservations after you fax your room reservation form by calling the resort at 800-622-1038 and we encourage you to do so, particularly for the first couple of days of your stay. The restaurants of the Sandestin Resort are listed on their website at www.sandestin.com, click on the "Dining" link for a complete list of resort restaurants..*

*** Optional Activities/Ticket required. Early registration for golf and tennis is suggested and may be done on the Southeastern's meeting registration form. Registration for golf and tennis will also be available on-site at the SESPRS registration desk before 12:00 noon on Sunday, June 10th.*

**** Please Note: Only children ages 16 and older will be allowed to attend the Black Tie Event. For childcare please contact the resort at 850-267-7000, or a local childcare service.*

Week At A Glance

Sunday, June 10, 2007

7:00 am – 8:00 am	Continental Breakfast/Exhibits Open- <u>Magnolia ABC</u>
8:00 am – 8:05 am	Invocation – Ronald Johnson, M.D.- <u>Magnolia DEF</u>
8:05 am – 8:10 am	Presidential Welcome, R. Bruce Shack, M.D.
8:10 am – 9:10 am	Reports from ASPS, ABPS, ASAPS and PSEF
9:10 am - 9:20 am	Questions and Answers
9:20 am - 10:20 am	Keynote Address – Larry Hollier, M.D. Chancellor, LSUMC-New Orleans
10:20 am - 10:40 am	Break/Visit Exhibits- <u>Magnolia ABC</u>
10:40 am - 11:08 am	Resident Competition Papers 1-4
11:08 am – 11:20am	Discussion
11:20 am - 12:00 pm	“A 50 Year History of the Southeastern” Anthony Pizzo, M.D.
12:00 pm - 1:00 pm	“Insomnia? Simplify & Sleep at Night: Minimally Invasive Facial Rejuvenation That Works!” Moderator - Foad Nahai, M.D. Panelists - Rod Hester, M.D., Rod Rohrich, M.D. James Grotting, M.D
1:00 pm – 1:30 pm	Discussion
2:00 pm - 5:00 pm	Tennis Tournament

Monday, June 11, 2007

6:30 am - 8:00 am	Continental Breakfast/Exhibits Open- <u>Magnolia ABC</u>
7:00 am – 8:00 am	“Valuing, Buying & Selling a Practice” Debra Phairas
8:00 am - 8:28 am	Resident Competition Papers 5-8
8:28 am – 8:50 am	Discussion
8:50 am - 9:40 am	Upchurch Lecture – Edward A. Luce, M.D.
9:40 am - 10:00 am	Break/Visit Exhibits- <u>Magnolia ABC</u>
10:00 am – 10:30 am	“A Confederacy of Dunces – The Death of Huey Long” - Gustavo Colon, M.D.
10:30 am – 12:00 pm	“And This Was Supposed to be Easy? Common Problems & Solutions for Breast Surgery” Moderator - Dennis Hammond, M.D. Panelists - James Grotting, M.D., Jack Fisher, M.D. Rod Hester, M.D.
12:00 pm – 12:30 pm	Discussion
12:30 pm – 12:45 pm	ASPS Quality Initiatives Roxanne Guy, M.D. – President, ASPS William Seward
12:45pm - 1:45pm	ASPS Advocacy Seminar - Lunch Provided Roxanne Guy, M.D.-President, ASPS William Seward

Week At A Glance

1:45pm - 6:00pm

Golf Tournament

Tuesday, June 12, 2007

6:30 am – 7:30 am	Continental Breakfast/Exhibits Open- <u>Magnolia ABC</u>
7:00 am – 7:30 am	“Avoiding Embezzlement” Debra Phairas
7:30 am – 8:30 am	Pearls and Problems - John McCraw, M.D.
8:30 am – 10:00 am	“Succeeding as a Reconstructive Surgeon in an Aesthetic World” Moderator - William Lineaweaver, M.D. Panelists - Robert Allen, M.D. , Wyndell Merritt, M.D., Roger Khouri, M.D.
10:00 am – 10:15 am	Discussion
10:15 am - 10:35 am	Break/Visit Exhibits- <u>Magnolia ABC</u>
10:35 am – 11:03 am	Members Papers 1-4
11:03 am – 11:30 am	Discussion
11:30 am – 11:40 am	2006 Research Grant Update
11:40 am – 12:25 pm	Jurkiewicz Lecture – Rod Hester, M.D.
12:30 pm - 1:30 pm	SESPRS Annual Business Meeting
12:30 pm - 1:30 pm	Resident Luncheon- <u>Azalea 1</u>
1:30 pm – 4:30 pm	One to One with Debra Phairas- <u>Camellia 2</u> Practice Analysis and Recommendations – Mini-Consults By Appointment – Schedule at Sign-in-Desk
1:30 pm - 4:00pm	Men’s Doubles Tennis

Wednesday, June 13, 2007

6:30 am – 8:00 am	Continental Breakfast/Exhibits Open- <u>Magnolia ABC</u>
7:30 am – 8:00 am	Member Papers 1-3
8:00 am - 9:30 am	“Safety Considerations in Plastic Surgery” Moderator: - Leroy Young, M.D., Rod Rohrich, M.D.
9:30 am - 10:00 am	Discussion
10:00 am – 10:15 am	Break/Visit Exhibits
10:15 am – 10:57 am	Members Papers 4-9
10:57 am – 11:20 am	Discussion
11:20 am - 12:00 pm	“Vascular Malformations: Classification, Diagnosis and Treatment” - Ian Jackson, M.D.
12:00 pm - 1:30 pm	Closing Brunch / Adjournment
*Sign up for the breakout sessions with Debra Phairas on Tuesday afternoon will take place at the registration desk.	

**UNLESS OTHERWISE NOTED, ALL SESSIONS
WILL TAKE PLACE IN MAGNOLIA DEF**

SCIENTIFIC SESSIONS

Needs Assessment

Building upon the Southeastern's recent and ongoing emphasis on breast and facial plastic surgery, topics will be presented for diversifying learning opportunities within these realms. Topics relating to facial enhancement continue to merit periodic attention and emphasis based upon attendee feedback from prior meetings.

Following a focus in recent years on subjects such as body contouring and soft tissue coverage of the extremities, it has been recommended by the membership that a perennial focal point, breast surgery, should be incorporated into the programming. Additionally, the economics of reconstructive plastic surgery have become more concerning to surgeons based upon national and regional surveys and thus this subject will be addressed.

An effort has been made to sustain awareness and focus upon particular needs of plastic surgeons in the southeast by presenting new approaches to traditional problems. Also, by incorporating medico-legal and safety/risk management modules relating to the specialty of plastic surgery, not only are educational needs met, but CME requirements of the ASPS are addressed. Balancing the program between aesthetic and reconstructive plastic surgery provides both a complementary format as well as application to all attendees.

Program Objectives

Upon completion of this meeting, Residents-in-training and practicing Plastic Surgeons will:

1. Obtain a better understanding of surgical technique and treatment options across a broad range of reconstructive and aesthetic surgery management issues.
2. Have an updated report concerning research projects that the society has funded and the potential impact of such research on improving Plastic Surgery patient care.
3. Be able to avoid and prevent problems and complications in the operating room setting.
4. Learn about managing craniofacial anomalies.
5. Have more insight in breast surgery and how to avoid complications.
6. Learn how to run your office more efficiently

Description:

The Southeastern Society of Plastic and Reconstructive Surgeons' 50th Annual Meeting is designed to deliver quality scientific and educational presentations, which have been the Society's hallmark since its beginning in 1957. This program is intended primarily for the education of Plastic Surgeons and others who have significant involvement within the broad spectrum of both aesthetic and reconstructive plastic surgery. It is comprised of fundamental, intermediate, and advanced didactic material of interest and application to all attendees.

SCIENTIFIC SESSIONS

Personal practice issues will be discussed along with safety management in the operative theater. An overview of the art and science of Plastic Surgery within the time constraints of a four-day meeting will be provided.

Accreditation

The Southeastern Society of Plastic and Reconstructive Surgeons is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide Continuing Medical Education for physicians. The Southeastern Society of Plastic and Reconstructive Surgeons designates this educational activity for a maximum of 18.5 AMA PRA Category 1 Credits. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Disclosure/Conflict of Interest Statements:

All faculty have been required to complete a statement detailing any and all conflicts of interest and/or industry support. It is the policy of the Southeastern Society, consistent with the policies of the ACCME, that every author must complete a Conflict of Interest /Disclosure form or that author is not permitted to make a presentation at the meeting. We have printed and will verbally announce details as to any speaker who has made such a disclosure. The absence of any such affirmative statement of disclosure means that the faculty member has submitted a complete disclosure statement, and has indicated that he/she has no conflicts/industry support to report. All faculty/participants have been instructed that if any unapproved or off-label use of a product is to be referenced in a CME program presentation, the faculty member/participant shall be required to disclose that the product is either investigational or it is not labeled for the usage being discussed.

Questions from the floor must be preceded by a verbal disclosure of any relevant commercial interest by the questioner.

Meeting Room Rules:

The meeting room is the focal point for the Southeastern's educational sessions, which are generally intended to be accessible only to registered health care professionals. With that understanding, we feel it is inappropriate for small children to be present in the meeting room during the scientific sessions. We ask that all attendees recognize and observe this restriction. The Southeastern reserves the right to require any children or adolescents present in the meeting room to leave.

Additionally, as a courtesy to the speakers and other attendees, please turn all cell phones and pagers to the SILENT or OFF position.

Certificates of Attendance:

To obtain your CME credit for this meeting, a completed evaluation form must be returned to the registration desk or mailed to the SESPRS Office. Upon receipt of this form, credit hours will be reported to ASPS automatically. An official certificate of attendance is available upon request from the SESPRS Office.

NOTES**50th ANNUAL SCIENTIFIC MEETING
JUNE 9-13, 2007****Sunday, June 10, 2007**

CHAIR: Henry Vasconez, M.D.
Lexington, KY
SECRETARY: Mark Craig, M.D.
Tupelo, MS

7:00 am – 8:00 am	<i>Continental Breakfast - Exhibits Open</i>
8:00 am – 8:05 am	<i>Invocation</i> <i>Ronald J. Johnson, M.D.</i> <i>Memphis, TN</i>
8:05 am – 8:10 am	<i>Presidential Welcome</i> R. Bruce Shack, M.D. Nashville, TN
8:10 am – 9:10 am	<i>Reports from ASPS and PSEF</i> Roxanne Guy, M.D. Melbourne, FL <i>Report from ABPS</i> Linda Phillips, M.D. Galveston, TX <i>Report from ASAPS</i> Foad Nahai, M.D. Atlanta, GA
9:10 am - 9:20 am	Questions and Answers
9:20 am - 10:20 am	<i>Keynote Address</i> <i>The Impact of Hurricane Katrina on Medical Education in New Orleans</i> Larry Hollier, M.D., FACS, FACC, FRCS (Eng.) - Chancellor, LSUHSC New Orleans, LA
10:20 am – 10:40 am	<i>Break - Visit the Exhibits</i>

NOTES

10:40 am – 10:47 am

Resident Competition Paper #1*“Topical Poloxamer-188 Improvement in Blood Flow After Thermal Injury”*

S. A. Birchenough, M.D., S. M. Pierce, Ph.D.

G. Rodeheaver, Ph.D., R. F. Morgan, M.D.,

A. J. Katz, M.D.

University of Virginia, Charlottesville, VA

Intravenous poloxamer-188 improves microvascular blood flow. This study investigates whether microvascular thermal injury can be decreased via topical application of poloxamer-188. Rat mesenteric microvessels were thermally injured and then topically suffused with either Ringer’s solution (control) or 5% poloxamer-188 in Ringer’s solution. Blood flow was characterized in microvessels (4-25 micron diameters) as normal, sludged, or static.

At 120 minutes post-injury, controls sludged or stagnated in 32% - 92% of the microvessels. With poloxamer-188, 14% - 42% of the microvessels were similarly affected. We demonstrated that topically applied poloxamer-188 dramatically reduced the consequences of thermal injury to rat mesenteric microvessels.

10:47 am – 10:54 am

Resident Competition Paper #2*“A Novel Model for Evaluating the Anatomic and Physiologic Effects of Rhinoplasty”*

Brian Coan, M.D., Emma Neff, B.S.,

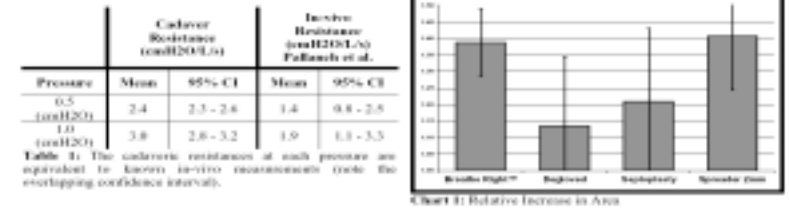
Jeffrey Marcus, M.D.

Duke University Medical Center, Durham, NC

Active nasal mucosal surfaces can hinder evaluation of rhinoplasty. Cadaveric heads were intubated retrograde through the neck. The balloon obstructed the nasopharynx allowing airflow between the nasopharynx and ala only. Respiration was simulated. Acoustic rhinometry and rhinomanometry yielded area, resistance, and pressure-flow relationships in the native and post-surgical state.

NOTES

Areas and resistances were equivalent to known in-vivo measurements. Inter-measurement variability was <0.2%. A 40% increase in cross sectional area was obtained with 2mm spreader grafts, similar to Breathe Right strips.



10:54 am – 11:01 am

Resident Competition Paper #3

“Expression of Vascular Endothelial Growth Factor Receptor-2 in the Muscle Flap with Ischemic Injury in Rats”

Tanya Oswald, M.D.

University of Mississippi, Jackson, MS

Background: Administration of vascular endothelial growth factor (VEGF) protein or gene transfers has been conducted to improve survival of ischemic tissue. The functions of VEGF are mediated through its receptor. In this study, the changes of expression in VEGF receptor mRNA in muscle flaps with acute ischemia were examined in a rat gracilis muscle flap model.

Materials and Methods: Twenty-four Sprague Dawley rats were used. Flap ischemia was induced by clamping its vascular pedicle. At 3-, 6-, and 18-h intervals, the flaps were biopsied for histology and examination of VEGFR-2 mRNA gene expression. The muscle flap without ischemia was used as the control.

Results: VEGFR-2 mRNA levels was significantly increased 3 hours after ischemia was induced and then attenuated to baseline at 6h and 18h ischemia.

Conclusions: This study delineated the changes in expression of VEGFR-2 receptor in muscle flap in several postischemic intervals and provided a timeframe for the clinical application of VEGF.

NOTES

11:01 am – 11:08 am	<p>Resident Competition Paper #4 <i>“Fibroblast and Fat-Derived Stem Cell Incorporation into Nanofibers”</i> Michael Hromadka, B.A., Courtney Reed, B.S., Tony Andradý, Ph.D., Li Han, Ph.D. , James B. Collins, B.A., Kamal K. Kolappa, B.A. John A. van Aalst, M.D. University of North Carolina, Chapel Hill,</p>
<p>Nanofibers (diameters 10 – 1000 nanometers) are an emerging scaffold for tissue engineering; the role of pluripotential stem cells in tissue engineering is more firmly established. To date no one has reported cell incorporation into nanofibers for tissue engineering purposes. The goal of this study is to incorporate cells into nanofibers through an electrospinning technique. Human foreskin fibroblasts and fat-derived stem cells were electrospun into polyvinyl alcohol; cell viability was assessed by trypan blue exclusion; cell proliferation was assessed in appropriate growth media. Preserved function in these cells may have significant implications for tissue engineering and wound healing.</p>	
11:08 am – 11:20 am	Discussion
11:20 am - 12:00 pm	<p>“A 50 Year History of the Southeastern” Anthony Pizzo, M.D. Tampa, FL</p>
12:00 pm - 1:00 pm	<p>“Insomnia? Simplify & Sleep at Night: Minimally Invasive Facial Rejuvenation That Works!” Moderator: Foad Nahai, M.D. Panelists: Foad Nahai, M.D. <i>Less Scars, Less Problems and More Sleep</i> Rod Hester, M.D. <i>Making Fat a Friend, Not a Nightmare</i> Rod Rohrich, M.D. <i>Safe Fillers for Sweet Dreams</i> James Grotting, M.D. <i>Facial Ultrasonic Liposculpture: Rejuvenation Like a 30-Minute Nap</i></p>
1:00 pm – 1:30 pm	Discussion
1:30 pm - 1:45 pm	<i>Visit the Exhibits</i>

NOTES**Monday, June 11, 2007**

CHAIR: Harold Friedman, M.D.
Columbia, SC
SECRETARY: Karen Quigley, M.D.
Memphis, TN

6:30 am - 8:00 am ***Continental Breakfast – Visit the Exhibits***

7:00 am – 8:00 am ***“Valuing, Buying and Selling a Practice”***
Debra Phairas
San Francisco, CA

8:00 am – 8:07 am ***Resident Competition Paper #5***
“The Effect of Weight Loss Surgery on Wound Complications Following Abdominal Contouring Operations”
J. A. Greco, M.D., E. T. Castaldo, M.D.,
J. J. Wendel, M.D., J. B. Summitt, M.D.
K. J. Kelly, M.D., S. A. Braun, M.D.
L. B. Nanney, M.D., R. B. Shack, M.D.
K. F. Hagan, M.D.
Vanderbilt University, Nashville, TN

Is prior weight loss surgery (WLS) a risk factor for wound complications following abdominal contouring? From 2001-2006, 222 patients underwent abdominoplasty (N=89) or panniculectomy (N=133); 63% had prior WLS. Overall wound complication rate was 34%: healing-disturbance=11%, wound infection=12%, hematoma=6%, seroma=14%. WLS-patients had an increase in wound complications overall (41% vs. 22%; p<0.01) and in all categories ASA-class was a significant independent risk factor for wound complications; BMI was not. In conclusion, WLS patients are at increased risk for wound complications and ASA-class is the most predictive of risk.

NOTES

8:07 am – 8:14 am

Resident Competition Paper #6*“Non-Muscle Myosin II Regulates Collagen Matrix Contraction and Wound Healing”*

H. Levinson, M.D., B. T. Mischen, M.D.

B. Klitzman, M.D., L. S. Levin, M.D.

D. Erdmann, M.D.

Duke University Medical Center, Durham, NC

Introduction: The purpose of this study was to validate that non-muscle myosin II causes fibrocontractile disease.

Methods: Fibroblasts were enmeshed in collagen lattices and exposed to the non-muscle myosin II inhibitor, blebbistatin. Fibroblast monolayers were wounded and allowed to heal in the presence or absence of blebbistatin. Fibroblasts were plated and exposed to blebbistatin.

Results: Blebbistatin inhibited collagen lattice contraction in a dose-dependent, reversible manner (* $p \leq .05$). Blebbistatin inhibited wound healing and stress fiber formation.

Conclusion: Selective inhibition of non-muscle myosin II prevents fibroblast wound healing, and collagen matrix contraction in a dose-dependent, reversible fashion. Myosin II is likely a good target to prevent scar contracture.

8:14 am – 8:21 am

Resident Competition Paper #7*“The Viability of Autologous Fat Grafts Harvested by Conventional**Liposuction and LipiVage System: A Comparative Study”*

Robert EH Ferguson, Jr., M.D., Xiangdong

Cui, M.D., Betsy F. Fink, B.S., Henry C.

Vasconez, M.D., Lee L. Q. Pu, M.D., Ph.D.

University of Kentucky, Lexington, KY

Introduction: Conventional liposuction or LipiVage system may be used to harvest autologous fat grafts for large-volume liposculptural procedures. However, comparative results in viability of adipose aspirates by each modality remain unknown. This study evaluates the viability of adipose aspirates harvested by each technique.

NOTES

Methods: Adipose aspirates were harvested from 16 female patients with conventional liposuction (Group 1, N=8) and the LipiVage system (Group 2, N=8). All samples were evaluated with Trypan blue vital staining for viable fatty cell counts, glycerol-3-phosphatase dehydrogenase (G3PDH) assay for intracellular enzyme activity, and histology.

Results: Group 2 viable fatty cell counts were significantly higher than Group 1 (3.7 ± 0.64 vs. $2.37 \pm 0.56 \times 10^6/\text{mL}$, $p=0.0021$). Group 2 PDH assay showed a marked increase of intracellular enzyme activity over Group 1 (0.61 ± 0.10 vs. 0.34 ± 0.13 u/ml, $p=0.00045$). Histology revealed normal structures of fragmental fatty tissues in both groups.

Conclusion: While adipose aspirates by both modalities maintain normal structure, the LipiVage system yielded a greater number of viable fatty cells and a higher level of intracellular enzyme activity within fat grafts and may be a preferred method for large-quantity fat graft harvesting.

8:21 am – 8:28 am

Resident Competition Paper #8

“Clinical Differences in Blood Supply Between Pedicle and Free TRAM Flap Breast Reconstructions”

Patricio Andrades, M.D., R. Jobe Fix, M.D.
Stefan Danilla, Robert E. Howell, William J.
Campbell, Ian C. Marrero, M.D., Jorge de la
Torre, M.D., Luis O. Vasconez, M.D.
University of Alabama, Birmingham, AL

Introduction: The superiority in blood supply between Pedicle and Free TRAM is an ongoing controversy. Although from the anatomic and physiologic point of view the Free TRAM seems to have a better perfusion, its clinical translation has not been clarified yet. The purpose of this study is to analyze the ischemic complications in Pedicle and TRAM flaps and determine the consequences for the postoperative evolution.

Materials and Methods: A total of 301 consecutive patients that underwent 399 breast reconstructions were retrospectively reviewed. Patient, oncologic and reconstruction data was recorded, with special detail in recipient site complications related to the blood supply (wound healing problems, skin flap necrosis, fat necrosis, partial flap loss and total flap loss). Also emphasis was made in the post-operative need for reoperation due to a complication or revision due to secondary aesthetic problems. For statistical analysis, STATAT 8.0 software was used and an alpha error of 0.05 was considered for statistical significance.

NOTES

Results: There were 147 Pedicle TRAM and 154 Free TRAM. The groups were comparable in relation to age, comorbidities, cancer stage and treatment. The overall complication rate after reconstruction in the groups showed no statistical difference (p=0.068, Fisher). The ischemic complications were significantly less in the Free TRAM than in the Pedicle TRAM (p=0.005, Fisher). In the logistic regression model, Free TRAM flap was a protective factor for fat necrosis (RR=0.31, CI=0.12-0.79, p=0.014). The need for reoperation (19.7% for Pedicle and 11.7% for Free TRAM, p=0.058) and elective secondary surgery (60.5% for Pedicle and 62.3% for Free TRAM, p=0.987) had no statistical significant differences between the groups.

Conclusions: In our study, the Free TRAM flap demonstrated lower ischemic complications than the Pedicle TRAM flap but with no major repercussions and differences on the postoperative evolution.

8:28 am – 8:50 am

Discussion

8:50 am - 9:40 am

Upchurch Lecture

“Cleft Lip Repair, Pollicization, Breast Reconstruction... Working in Milton’s Seventh Heaven & Dante’s Fifth Circle of Hell”

Edward A. Luce, M.D.
Memphis, TN

9:40 am -10:00 am

Break - Visit the Exhibits

10:00 am - 10:30 am

“A Confederacy of Dunces: Medical Blunders of Huey Long’s Assassination”

Gustavo Colon, M.D.
New Orleans, LA

10:30 am – 12:00 noon

“And This Was Supposed to be Easy? Common Problems & Solutions for Breast Surgery”

Moderator: Dennis Hammond, M.D.

Panelists: James Grotting, M.D.

Jack Fisher, M.D.

Rod Hester, M.D.

NOTES

- 12:00 noon – 12:30 pm Discussion
- 12:30 pm – 12:45 pm **ASPS Quality Initiatives**
Roxanne Guy, M.D. – President, ASPS
William Seward
- 12:45 pm – 1:45 pm **ASPS Advocacy Seminar-Lunch Provided**
Roxanne Guy, M.D. – President, ASPS
William Seward

Tuesday, June 12, 2007

CHAIR: Byron Barber, M.D.
Greensboro, NC
SECRETARY: Scott Corlew, M.D.
Murfreesboro, TN

- 6:30 am – 7:30 am **Continental Breakfast - Visit the Exhibits**
- 7:00 am – 7:30 am **“Avoiding Embezzlement”**
Debra Phairas
San Francisco, CA
- 7:30 am – 8:30 am **“Problems and Pearls”**
John McCraw, M.D.
Jackson, MS
- 8:30 am – 10:00 am **“Succeeding as a Reconstructive Surgeon in an Aesthetic World”**
Moderator: William Lineaweaver, M.D.
Panelists: Wyndell Merritt, M.D.
Robert Allen, M.D.
Roger Khouri, M.D.
- 10:00 am - 10:15 am Discussion
- 10:15 am - 10:35 am **Break - Visit the Exhibits**

NOTES**Member Papers**

10:35 am – 10:42 am

“Use of Subatmospheric Dressing as a Bridge to Free Tissue Transfer in the Treatment of Open Distal Tibia Fractures”

Brian Rinker, M.D., Jonathan C. Amspacher, B.S., Patric C. Wilson, M.D., Henry C. Vasconez, M.D., Lexington, KY

This study examines the effect of subatmospheric (VAC) dressings upon outcomes in lower extremity reconstruction. 105 patients underwent free muscle flap for a Gustillo 3B/3C tibia fracture between 1995 and 2005. Patients were divided into acute (flap on days 1-7), subacute (days 8-42), and chronic (>42 days) groups, and compared using five outcome measures. Overall complication rate in the subacute group was 47% compared to 39% in the chronic group and 31% in the acute group (p<0.05). Patients in the subacute group who underwent VAC had a lower overall, infectious, and flap-related complication rate than those who did not (p<0.05). Time to bony union was shorter in the VAC group (4.9 versus 7.2 months, p<0.05). These results suggest that a subatmospheric dressing may reduce complications and effectively lengthen the acute period when used as a “bridge” to free tissue transfer.

10:42 am – 10:49 am

*“The Internal Mammary Vessels as Recipient Site for Microsurgical Breast Reconstruction: 12 Year Review of 1,558 Cases, Lessons Learned and Technique Refinement”*Cart de Brux, M.D., Kiran Narra, M.D.
Ernest S. Chiu, M.D., Robert J. Allen, M.D.
M. Whitten Wise, M.D., Charles L. Dupin, M.D.
New Orleans, LA

Recipient vessels for microsurgical breast reconstruction include the Thoracodorsal and Internal Mammary vessels (IMV). This paper reports over 1500 consecutive cases in which the IMV were exclusively used and demonstrates the reliability of these vessels.

NOTES

A 12-year (1993-2004) retrospective chart review was performed using a contemporaneously maintained perforator flap database. 1558 perforator flaps were performed for microsurgical breast reconstruction. The IMV were used successfully in 97.2 percent of flaps (1515/1558). Alternate vessels were used in the remaining 2.8 percent (43/1558).

The Internal Mammary vessels should be considered the first choice as a recipient site for microsurgical breast reconstruction.

10:49 am – 10:56 am *“Secondary Correction of Deformities of the Cleft Lip and Palate”*
S. Anthony Wolfe, M.D.
South Miami, FL

Certainly the best way to deal with secondary deformities in cleft lip and palate is to perform an operation where there are no secondary deformities. In the real world, however, a number of deformities of the nose, lip, and palate occur. A brief overview will be provided of nasal tip reconstruction by the “Golden Arch” procedure, the Abbe flap and other revisional procedures of the upper lip, and microsurgical methods used for large defects of the anterior palate. The long-term results will be provided for some of these conditions, over 20 years. Other methods, which have been found useful, do not have quite such a long follow-up.

10:56 am – 11:03 am *“The Botox Treatment of Raynaud’s Syndrome”*
Wyndell Merritt, M.D.
Richmond, VA

While Botox for muscle imbalance, hyperhidrosis, Frey syndrome and facial wrinkling is accepted, its use for vasospastic disorders is not well-established. Our indications, protocols and results in 20 patients are presented. Ten patients with periarterial sympathectomies and vein graft reconstructions had Botox dripped on the exposed arteries and grafts, and 100 units were injected into their unoperated hands; 5 patients were injected for crisis ischemic episodes and 5 for elective finger surgery. All but 2 patients had subjective relief and increased perfusion. One failure had previous sympathectomy while the other was on renal dialysis. Botox periarterial injection is a useful adjunctive measure for vasospastic disorders and the procedure of choice in selected cases.

NOTES

Tuesday

- 11:03am – 11:30 a.m. Discussion
- 11:30 am – 11:40am **2006 Research Grant Update**
“Effect of Vascular Endothelial Growth Factor on Survival of Skin Grafts”
Feng Zhang, M.D., Ph.D.
Jackson, MS
- 11:40 am – 12:25 pm **Jurkiewicz Lecture**
“Academic Plastic Surgery: Working in an Economically Challenging Environment”
Rod Hester, M.D.
Atlanta, GA
- 12:30 pm - 1:30 pm SESPRS Business Meeting
- 12:30 pm - 1:30 pm Resident Luncheon
Larry H. Hollier, Jr., M.D.
Rod Rorhich, M.D.
- 1:30 pm – 4:30 pm **One-on-One with Debra Phairas**
Practice Analysis and Recommendations – Mini-Consults
Debra Phairas
San Francisco, CA
By Appointment – Schedule at Sign-In Desk

Wednesday, June 13, 2007

- CHAIR:** Hamid Massiha, M.D.
Metairie, LA
- SECRETARY:** J. Anthony Stephens, M.D.
Baton Rouge, LA
- 6:30 am - 8:00 am **Continental Breakfast - Visit the Exhibits**

NOTES

Wednesday

Member Papers

7:30 am - 7:40 am

“William M. Adams, M.D.: A Pioneer in Plastic Surgery”
Robert D. Wallace, M.D.
Memphis, TN

This presentation will review the contributions and career of William M. Adams, MD. Dr. Adams served as President of the American Society of Plastic Surgeons and Chair of the Board of Directors for The American Board of Plastic Surgery during his distinguished career. The presentation will focus on his contribution in the area of craniofacial trauma. His landmark publication on internal wiring fixation of facial fractures in 1942 and 15-year follow-up report in 1956 will be discussed in detail including a video of Dr. Adams performing his technique. This fascinating video will be of interest to plastic surgeons that treat facial trauma as it documents the first attempts at internal fixation.

7:40 am - 7:50 am

“Plastic Surgery at the University of Virginia: A 50-Year Retrospective”
S. A. Birchenough, M.D., R. F. Morgan, M.D.
T. Gampper, M.D.
Charlottesville, VA

The history of plastic surgery at the University of Virginia (UVA) has strong ties with the founding surgeons and institutions of plastic surgery. This multimedia presentation highlights the past 50 years of plastic surgery at UVA.

Claude C. Coleman, Jr., M.D. (a founding member of the SESPRS) established the Division of Plastic Surgery in 1956. ACGME accreditation for resident training was granted in 1959, becoming the fourth Southeastern institution receiving such recognition. Departmental status was established under Milton Edgerton, M.D. in 1971. Accomplishments of past residents are also discussed. Pictures and video from our recent 50-year celebration are included.

NOTES

Wednesday

7:50 a.m. – 8:00 a.m.

“Your Patient is on Fire! – The Avoidable Tragedy”

David Drake, M.D., F.A.C.S.
Charlottesville, VA

It is estimated that there are approximately 100 operating room fires in the United States each year with 20-30 reported to involve direct patient injury. In 2006, the Joint Commission for Hospital Accreditation (JCAHO) identified reduction of surgical fires as a National Safety Goal. The elements necessary for a fire are an ignition source, an oxidizer, and fuel. All elements are present at all surgical procedures, not only in hospitals, but ambulatory surgery and office-based facilities as well. In the last few years, in my position as medical director of our burn unit, I have been asked to review several incidents involving facial burns which were a direct result from operating room fires. The salient features of each case will be reviewed and strategies for avoidance and management of this devastating occurrence will be outlined.

8:00 am – 9:30 am

Safety Panel: *“The Marathon Man – Is It Safe?”*

Moderator: Leroy Young, M.D.

Panelists: Rod Rohrich, M.D. – *“Is Combination Cosmetic Surgery Safe?”*

Morey Blinder, M.D. – *“Prevention of DVT and PE in Plastic Surgery Patients”*

Don Kelly, Esquire – *“Damned if You Do, Damned if You Don’t”*

9:30 am - 10:00 am

Discussion

10:00 am – 10:15 am

Break - Visit the Exhibits

NOTES**Member Papers**

10:15 am – 10:22 am

“Management of Post-Septal Fat in Periorbital Rejuvenation Utilizing ‘Passive Septal Tightening’ “
 T. Roderick Hester, Jr., M.D., Russell Ashinoff, M.D., Clinton McCord, M.D., Atlanta, GA

The authors provide their perspective on the management of post-septal fat in lower lid and midface rejuvenation. The technique emphasizes correction of “apparent” lower lid fat excess by restoring the fat to a more youthful intraorbital position utilizing the concept of “passive septal tightening”. A potential advantage of this technique is that surgical trauma in the critical plane between the orbicularis oculi and septum is avoided, minimizing the risk of middle lamella scarring and resultant post-operative lower lid malposition.

10:22 am – 10:29 am

“Anterior Harvest of the Latissimus Dorsi Myocutaneous Flap For Breast Reconstruction”
 Joseph B. DeLozier, III, M.D., Hunter K. Huston, B.S., Benjamin Tuck, B.S., Syeda T. Hamadani, B.S., Nashville, TN

Background: A modification to the traditional Latissimus Dorsi Myocutaneous Flap, as used in Breast Reconstruction, is proposed to address the problem of intra-operative repositioning. The authors also examine other benefits of this modification.

Methods: 108 women (mean age 52 years; range 31 to 75 Years) underwent breast reconstruction via the use of the anterior harvest of the Latissimus Dorsi Myocutaneous Flap and placement of Tissue Expanders.

Results: 9.9% of flaps had complications (partial necrosis (n=3, 2.0%), fat necrosis (n=2, 1.3%), infection (n=5, 3.3%), total necrosis (n=3, 2.0%), and donor seroma (n=2, 1.3%)).

Conclusions: This report demonstrates that the anterior harvest of the Latissimus Dorsi Myocutaneous flap is a useful technique because it requires a short operative time, is technically easy, and has a low rate of complications. The anterior harvest of LDMF also solves the problem of intra-operative repositioning.

NOTES

10:29 am – 10:36 am

“Treatment of Lower Eyelid Bags with the Transconjunctiva Septal Suture Technique”
 Richard Sadove, M.D.
 Gainesville, FL

Presentation documents benefits of transconjunctiva suture repair of the lower eyelid septum. It is for routine treatment of lower eyelid middle and medial “bags”. 163 patients were treated with five-year follow up. The technique/result is presented with a high quality, close up video/photos. Via the transconjunctiva incision, the inferior edge of the capsulopalpebral fascia is sutured to the arcus marginalis of the orbital rim. Aesthetic results were excellent. Recovery of muscle tone and eyelid aperture shape is rapid. Complications, few and mild, are documented. Scleral “show” is virtually eliminated. This is a safe, reliable technique for treatment of lower lid fat bags.

10:36 am – 10:43 am

“Effects of Radiation Therapy on Pedicled TRAM Flap Breast Reconstruction”
 Grant Carlson, M.D., Timothy Shaefer, Kendal Peters, M.D., Andrew Page, M.D., Russell Ashinoff, M.D., Albert Losken, M.D.
 Atlanta, GA

Postmastectomy radiotherapy is being increasingly utilized in the treatment of breast cancer. The effect on pedicled TRAM flap reconstruction is ill defined.

Methods: A retrospective review of our experience with 204 pedicled TRAM flap reconstructions in 174 patients was performed to identify patients who received radiotherapy. Subscale analysis (volume, contour, placement, and inframammary fold position) compared to the contralateral breast was performed on postreconstruction photographs by four observers. The delayed group had reconstruction after postmastectomy radiotherapy.

Results:

<i>Radiation</i>	<i>N (bilateral)</i>	<i>Aesthetic Score</i>	<i>Fat Necrosis (%)</i>	<i>Remedial Surgery (%)</i>
None	127 (24)	6.17	26 (17.2)	68 (45)
Adjuvant	18 (1)	5.43	7 (38.9)	9 (60)
Preoperative	15 (3)	5.28	3 (20)	11 (61)
Delayed	14 (2)	5.41	2 (14.3)	12 (85.7)

Conclusions: Radiation therapy has a deleterious effect on pedicled TRAM flap reconstruction.

NOTES

10:43 am – 10:50 am

“Anatomical Considerations in Face Transplantation”

Keith Follmar, B.A., Detlev Erdmann, M.D.
Alessio Baccarani, M.D., Jeffrey Marcus, M.D.
L. Scott Levin, M.D.
Durham, NC

Background: Total face transplantation may become a reconstructive option in the treatment of patients with acquired facial deformity.

Methods: Two full-facial flap harvesting techniques were devised. The first technique harvests a soft tissue only flap; the second technique harvests both soft tissue and bony structures. A series of mock face transplants were carried out using each harvest type.

Results: Each flap type can be harvested based on bilateral vascular pedicles. Morphological outcomes were analyzed both objectively and subjectively. Donor/recipient compatibility factors were defined. Obstacles to clinical application were identified.

Conclusions: This work provides a theoretical basis for face transplantation in a cadaver model.

10:50 am – 10:57 am

“Transplantation in Identical Twins: Another Option for Breast Reconstruction”

Robert Allen, Jr., M.D., Maria LoTempio, M.D.
James Graigle, M.D., Robert Allen, M.D.
Charleston, SC

We present three cases involving the transplant of perforator flaps from one identical twin to another for breast reconstruction. The three sets of recipient monozygotic twins underwent successful breast reconstruction using perforator flap transplants from their donor monozygotic twins. All sets of twins underwent DNA testing to determine they were genetically monozygotic; therefore, no immunosuppressive therapy was needed to avoid rejection. The operations included two unilateral reconstructions, one using a deep inferior epigastric perforator flap (DIEP) and the other a superficial inferior epigastric artery perforator flap (SIEA), and one bilateral reconstruction using DIEP. Their hospital courses were unremarkable.

10:57 am – 11:20 am

Discussion

Wednesday

NOTES

11:20 am - 12:00 pm

***“Vascular Malformations: Classification,
Diagnosis and Treatment”***

Ian Jackson, M.D.

Southfield, MI

12:00 pm - 1:30 pm

Adjourn to Farewell Luncheon

M E M B E R S

**THE 2007
SOUTHEASTERN SOCIETY
OF PLASTIC AND
RECONSTRUCTIVE SURGEONS
ROSTER**

GEOGRAPHICAL ROSTER

**THE 2007
SOUTHEASTERN SOCIETY
OF PLASTIC AND
RECONSTRUCTIVE SURGEONS
GEOGRAPHICAL ROSTER**

BY-LAWS

**THE 2007
SOUTHEASTERN SOCIETY
OF PLASTIC AND
RECONSTRUCTIVE SURGEONS
BY-LAWS**

ARTICLE I - NAME

The name of this Society shall be "Southeastern Society of Plastic and Reconstructive Surgeons;" hereinafter referred to as the Society.

ARTICLE II - OBJECTIVES

The objectives of this Society shall be:

1. To maintain professional excellence in that branch of the Healing Arts established by our predecessors and recognized and respected by our contemporaries as Plastic and Reconstructive Surgery.
2. To provide forum for the exchange of information, experience and opinions which will serve to strengthen and inspire our members in their pursuit of the highest levels of personal conduct and professional service.
3. To promote and further medical and surgical training and research pertaining to the study and treatment of congenital and acquired deformities and to keep the medical profession and the general public informed of the ever expanding benefits arising from progress made in these fields.
4. To cooperate with other regional and national groups of Plastic Surgeons in the common endeavor to advance the specialty.

ARTICLE III - MEMBERSHIP

Section 1. Classes of Membership

There shall be four (4) classes of Membership:

1. Active
2. Life
3. Honorary
4. Associate

Candidates for membership are not members of the Society.

Section 2. Qualifications

A. Active:

1. Active Members shall be plastic surgeons who are:
 - a. Certified by the American Board of Plastic Surgery
 - b. Actively engaged in the practice of plastic and reconstructive surgery in one of the following states: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee and Virginia.

Active members who relocate out of the geographical area of the Society and if still actively engaged in the practice of plastic surgery will be permitted rights and privileges of Active membership.

c. Of high moral and professional character.

2. To be considered for election to Active membership, a surgeon must:
 - a. Serve as a Candidate for Membership for a minimum of one (1) year. (The elapsed time between annual meetings shall be regarded as one (1) year.)
 - b. Attend one (1) annual meeting of the Society in the status of Candidate for Membership. (Attendance at the meeting during which the applicant was approved by the membership for Candidate for Membership shall serve to meet this requirement.)
 - c. Provide to the Membership Committee documentation of certification by the American Board of Plastic Surgery.
3. A Candidate having fulfilled these requirements assumes the responsibility of providing notice and documentation accordingly to the Membership Committee on or before January 1 of the year in which the Candidate wishes to be considered for advancement to Active Membership.
4. The Membership Committee shall review the application of each eligible Candidate and determine by majority vote the names of those to be recommended to the Executive Committee for advancement to Active Membership.
5. If the Sponsor of a Candidate for Membership ceases to be a member of the Society or withdraws his sponsorship, the Candidate seeking advancement to Active Membership must obtain another Sponsor from the same geographical area before his request for advancement can be acted upon.
6. The names of all Candidates for Membership who are eligible for Active membership shall be presented to the Executive Committee. The Membership Committee shall identify those recommended for advancement to Active Membership. Approval by the Executive Committee shall be required of those recommended to the Membership for advancement to Active Membership.
7. The names of those Candidates for Membership approved by the Executive Committee shall be placed on a ballot to be voted upon by the Membership. The Secretary shall send the ballots by mail, facsimile, or electronic transmission to each Active and Life Member containing the names of the individuals proposed for Active Member status not less than ninety (90) days prior to the Annual Meeting. The ballots must be returned by the Active and Life Members within twenty (20) days after delivery of the ballot in order to be valid. The ballot may be returned by mail, facsimile, or electronic transmission. Ballots must be returned by not less than ten percent (10%) of the Active and Life Members in order for the election to be valid. Mail and facsimile ballots must be signed in order to be valid. An affirmative vote of at least four-fifths (4/5) shall be required for election to Active Membership

8. Upon payment of entrance fee and annual dues, the Active member shall have all privileges of membership including the right to vote and to hold office.

B. Life Membership:

1. Life Membership may be conferred upon Active Members of the Society in any one of the following circumstances:
 - a. A person sixty-five (65) years of age or older, having been an Active Member of the Society for at least twenty-five (25) years.
 - b. Voluntary retirement from active practice after ten (10) years of Active Membership in the Society.
 - c. Permanent disability.
2. Request for this membership classification shall be reviewed by the Membership Committee. The Membership Committee shall make its recommendation to the Executive Committee. Approval by the Executive Committee shall be required; **vote of the Membership is not required.**
3. Life Members shall continue to enjoy full privileges of membership in the Society. They shall not pay dues but shall pay registration and social fees when attending meetings of the Society.

C. Honorary Membership:

1. Honorary Membership shall be conferred upon physicians and such individuals the Society desires to honor because they have achieved exceptional eminence and/or have made substantial contributions to the advancement of plastic and reconstructive surgery.
2. To be considered for Honorary Membership, the individual may be proposed to the Membership Committee by any Active or Life member. Following recommendation by the Membership Committee, approval of the Executive Committee shall be required. An affirmative vote of at least four-fifths (4/5) of Active and Life Members voting at any Annual Business Meeting or special meeting shall be required for election to Honorary Membership.
3. Honorary Members shall not pay dues or registration fees when attending meetings of the Society. Honorary members may attend the business meetings of the Society but may not vote nor hold office.

D. Associate Membership:

1. Associate membership shall be considered in special circumstances for plastic surgeons who do not qualify for certification by the American Board of Plastic Surgery and therefore cannot meet all the requirements for active, life, or honorary membership.
2. Associate members shall be actively engaged in the practice of plastic and reconstructive surgery and reside within one of the eleven states comprising the geographic boundaries of the Society as recited in Article III, section 2, A, 1, b.
3. Associate members shall be individuals of high moral, ethical and professional character.

4. To be considered for election to Associate membership, a surgeon must meet all other requirements for Active membership as recited in Article III, section 2, A, 2a-b, 3, 4, 5, 6, and 7.
5. Upon election and payment of all required fees, the Associate member shall have all privileges of membership in the Society except the right to vote or hold office.

ARTICLE IV - CANDIDATE FOR MEMBERSHIP

Section 1. Eligibility

Persons to be considered for the status of Candidate for Membership shall be those surgeons who have:

- A. Satisfactorily completed approved formal training as outlined by the American Board of Plastic Surgery.
- B. Resided and have been engaged in practice for a minimum of one (1) year in the same location in the Southeastern geographical area as outlined in these Bylaws.
- C. A current appointment on the surgical staff of a hospital in that area.
- D. Indicated a desire to join the Society.

An application form **cannot** be provided to a person proposed for Candidate for Membership until **all** of the above requirements have been satisfied.

Section 2. Admission of Candidate for Membership

Admission shall be by invitation only. A qualified surgeon must be proposed for Candidate for Membership by means of a letter to the Membership Committee from any Active or Life member residing in the candidate's immediate geographical area of practice. If the Sponsor of a Candidate for Membership ceases to be a member of the Society or withdraws his sponsorship, the person proposed for Candidate for Membership must obtain another Sponsor from the same geographical area before his application for Candidate for Membership can be acted upon.

- A. The applicant shall:
 1. Provide the Society with a written authorization to release information.
 2. Accept and abide by the precepts of the Fellowship Pledge.
- B. The application process shall be complete only upon:
 1. Receipt of a completed formal application form which must contain the date upon which the applicant entered practice.
 2. Receipt of the application fee.
 3. Receipt of three (3) letters of recommendation with respect to the applicant's moral, ethical and professional qualifications.

Only one (1) letter may be provided by an associate. These letters shall be required from the following:

- a. The Sponsor, who must be in the same immediate geographical area of practice.
- b. Two (2) surgeons actively practicing in the same immediate geographical area as the applicant.

4. The applicant assumes the responsibility for providing to the Membership Committee documentation that all requirements have been met on or before January 1 of the year in which the applicant is to be considered.

5. The Society shall reserve the right to contact other persons or agencies to obtain any additional information necessary regarding the applicant.

C. The Membership Committee shall make recommendations to the Executive Committee, who shall approve the applicant for Candidate for Membership. The Secretary shall send a ballot by mail, facsimile, or electronic transmission to each Active and Life Member containing the names of the individuals proposed for Candidate member status not less than ninety (90) days prior to the Annual Meeting. The ballot must be returned by the Active and Life Members within twenty (20) days after delivery of the ballot in order to be valid. Mail and facsimile ballots must be signed in order to be valid. Ballots must be returned by not less than ten (10%) percent of the Active and Life Members in order for the election to be valid. An affirmative vote of three-fourths (3/4) shall be required before an individual can be considered a Candidate for Membership.

Section 3. Privileges of Candidate for Membership

- A. Candidates for Membership shall not be considered members of the Society.
- B. Candidates for Membership shall have the privilege of attending the Scientific meetings of the Society, of presenting papers and participating freely in all scheduled educational and social events of the membership but shall not be permitted to attend the Annual Business Meeting.
- C. Candidates for Membership must pay dues and assessments as outlined in Article VI.
- D. Candidates for Membership shall pay the full registration fee at meetings of the Society.
- E. Acceptance as a Candidate for Member does not imply or secure future advancement to Active Member.
- F. Termination without advancement to Active Membership may occur under the circumstances as outlined in Article V, Section 2 of these Bylaws.
- G. If a Candidate for Membership fails to obtain certification by the American Board of Plastic Surgery within seven (7) years after completion of his formal training the individual shall no longer be considered a Candidate for Membership.

**ARTICLE V - REGISTRATION, SUSPENSION OR EXPULSION:
PROCEDURES FOR DISCIPLINARY ACTION**

Section 1. Resignation

- A. Any Member or Candidate for Membership may withdraw honorably from the Society after fulfilling all financial obligations and by giving written notice to the Secretary. This notice shall be sent to the Executive Committee, who shall have the power to accept or reject the resignation.
- B. A Member who resigns or a Candidate for Membership who withdraws his application may be eligible to reapply by following the same procedure required of a Candidate for Membership as stated in the Bylaws.

Section 2. Grounds for Suspension or Expulsion

- A. A Member of the Society may be censured, suspended, expelled or disciplined by the Society for any of the following reasons:
1. Violation of the Society's Bylaws, Code of Ethics and/or principles.
 2. Conduct detrimental to the reputation and best interest of the Society.
 3. Failure to pay dues.
- B. A Candidate for Membership may forfeit further consideration for Active Membership for any of the following reasons:
1. Violation of the Society's Code of Ethics.
 2. Conduct deemed detrimental to the reputation and best interest of the Society.
 3. Failure to Pay dues or assessments.
 4. Failure to obtain certification by the American Board of Plastic Surgery within seven (7) years after completion of formal training.

Section 3. Procedure for Disciplinary Action:

A. Ethics Committee:

1. The Committee shall serve as the investigating body of the Society. The principal duty is to investigate all complaints alleging violations of the Society's Constitution and Bylaws or conduct detrimental to the best interest and reputation of the Society. Complaints raising disciplinary considerations may be made by any Life or Active Society member. All complaints shall be submitted in writing to the Ethics Committee.
2. The Ethics Committee shall have the power to obtain all pertinent information it deems necessary to conduct its investigations.

3. In any case where the opinion of the Ethics Committee indicates that a violation may have occurred, a statement of charges shall be sent by the Chairman of the Ethics Committee to the Judicial Council and to the last recorded address of the accused Member or Candidate for Membership by certified mail.

B. Judicial Council:

1. Upon receipt of the Ethics Committee's statement of charges, the Judicial Council shall review all pertinent information pertaining to the charges. The Council shall have the power to obtain any additional information it deems necessary.
2. The Judicial Council shall schedule a time and place for a hearing and the accused Member or Candidate for Membership shall be given not less than thirty (30) days advance notice by certified mail of the scheduled date, time and location of the hearing.
3. The accused Member or Candidate for Membership shall be requested to present any information and specifically any new or additional facts pertinent to the proper adjudication of the complaint.
4. The accused Member or Candidate for Membership shall be requested to be present in person at the hearing with or without the benefit of legal counsel or other representation pertinent to the presentation of the case.
5. An accused Member or Candidate for Membership who fails without good cause to appear and proceed at such a hearing shall have waived his right to a hearing and shall abide by the final decision of the Judicial Council.
6. At the conclusion of the hearing, the Judicial Council shall conduct its deliberations in Executive Session and deliver its final decision and recommendations. The following action(s) may be taken:
 - a. If the Council determines that no disciplinary action should be considered, the Chairman shall advise the accused Member or Candidate for Membership and the complaining party, if such exists, of this decision.
 - b. If the Council determines that disciplinary action should be taken, the Chairman shall forward the Council's recommendations to the Executive Committee for action.
 - c. Recommendations by the Judicial Council shall be reviewed and acted upon by the Executive Committee at its next scheduled meeting or special meeting. Action taken by the Executive Committee shall then be communicated in writing to the accused

by the Secretary by certified mail.

d. In instances in which disciplinary action has been recommended and approved by the Executive Committee, the Secretary shall report the results of the Council's investigation, deliberation and the action taken to members of the Society at an Executive Session of the next Annual Business Meeting or special meeting.

ARTICLE VI - FINANCE AND DUES

C. Right to Appellate Review: (Court of Last Resort)

1. An Appellate Committee shall conduct hearings and render decisions with respect to any Member or Candidate for Membership who is of the opinion that he has been adversely or unjustly affected by a decision of the Judicial Council.
2. This Committee shall be composed of the President, President Elect, Vice President, Secretary, Assistant Secretary, Treasurer and Historian.
3. The appellant shall be given not less than thirty (30) days advance notice by registered mail of the scheduled date, time and location of the appellate hearing and will be requested to present at the hearing any information or testimony and, specifically, any new or additional facts pertinent to the proper adjudication of the complaint.
4. The appellant may present his appeal in writing or in person and with or without the benefit of legal counsel or other representation pertinent to the presentation of the case.
5. An appellant who fails without good cause to appear and proceed at such a hearing shall be deemed to have waived his right to a hearing and to have accepted the adverse recommendation or decision by the Judicial Council.
6. When factual presentation and testimony at the hearing have been concluded, the Appellate Committee will conduct its deliberations outside the presence of the appellant and determine its final decision and recommendations. The Secretary will communicate this decision to the appellant. The decision of the Appellate Committee shall be final and binding.

Section 4. Reinstatement:

A suspended Member or Candidate for Membership may be reinstated only upon full correction of the circumstances attending suspension and following a three-fourths (3/4) vote of the Executive Committee. A Member or Candidate for Membership suspended for dues non-payment may be automatically reinstated once all dues and fees owed are paid in full.

Section 1. Fees

- A. An application fee, determined by the Executive Committee, shall be required of each person proposed for Candidate for Membership.
- B. An entrance fee, determined by the Executive Committee, shall be required of each newly elected Active Member.
- C. An entrance fee, determined by the Executive Committee, shall be required of each newly elected Associate Member.

Section 2. Dues and Assessments

- A. The amount of the annual dues shall be determined by vote of the membership upon recommendation of the Executive Committee.
- B. Annual dues shall be payable the first day of September and will be past due the last day of February.
- C. Failure to pay dues by the last day of February shall result in automatic suspension. The Treasurer shall issue a notification of suspension to the Member who is in arrears. The notification of suspension will include copies of correspondence previously mailed to the Member concerning payment of dues and a reference to this section of the Bylaws. No Member shall be entitled to the rights and privileges of membership after being suspended for non-payment of dues. After such suspension he shall not be eligible to hold office or cast any vote in the affairs of the Society until formally reinstated.
- D. The Treasurer shall issue a notification of suspension to the Candidate for Membership who is in arrears. No Candidate for Membership shall be entitled to the privileges of Candidate for Membership after being suspended for non-payment of dues.
- E. The Treasurer shall issue a notification of suspension to the Associate Membership who is in arrears. No Associate Membership shall be entitled to the privileges of an Associate Membership after being suspended for non-payment of dues.
- F. A suspended Member, Associate Member or Candidate for Membership may be reinstated only upon meeting the stipulations for reinstatement set forth in Article V, Section 4 of these Bylaws.

Section 3. Payment of Dues and Assessments

- A. Active Members shall be responsible for the payment of full dues and such other assessments as may be levied by the Society.
- B. Associate Members shall be responsible for the payment of full dues and such other assessments as may be levied by the Society.
- C. Life Members shall not pay dues or assessments.
- D. Honorary Members shall not pay dues or assessments.

- E. Candidates for Membership shall pay the full dues paid by Active Members. They shall pay all assessments.
- F. Dues and assessments may be temporarily suspended for members upon approval of Executive Committee. Such requests must be made in writing.

Section 4. Registration and Social Fees

- A. The Executive Committee shall determine all registration and social fees for the Annual Meeting or special meetings.
- B. The following shall be responsible for the payment of the registration fee and all social fees for themselves and their family:
- Active Members
 - Life Members
 - Associate Members
 - Candidates for Membership
 - Guests
- C. Registration fees for residents shall be determined by the Executive Committee.
- D. Registration fees and/or social fees may be waived at the discretion of the President, Program Chairman, and/or Treasurer for guests invited to the Annual Meeting on behalf of the Society.

Section 5. Exhibits

The Society may have commercial exhibits at its meetings and may receive financial aid from the exhibitors when desired and arranged for by the Society.

Section 6. Budget

A budget shall be prepared by the Finance Committee annually, submitted to the Executive Committee for approval, and presented for information to the Members at the next Annual Business Meeting.

Section 7. Fiscal Year

The Fiscal year shall be from January 1 - December 31.

Section 8. Audit

The accounts of the Society shall be audited at least every three (3) years by a CPA or an independent audit firm

ARTICLE VII - OFFICERS

Section 1. Officers

The elected officers of the Society shall be a President, a President Elect, a Vice President, a Secretary, an Assistant Secretary, a Treasurer, and a Historian.

Section 2. Term of Office

- A. The President, President Elect, Vice President and Historian shall be elected annually and serve a term of one (1) year or until their successors have been elected or appointed.
- B. The Secretary shall serve a term of three (3) years
- C. The Assistant Secretary shall serve a term of three (3) years or until a successor has been appointed or elected.
- D. The Treasurer shall serve a term of three (3) years or until his/her successor is appointed or elected.
- E. The election of officers will be scheduled such that the three year terms of Treasurer, Secretary, and Assistant Secretary are staggered.

Section 3. Vacancy in Office

In the event of vacancies in office due to death, incapacity, resignation, or removal from office:

- A. The office of President shall be filled by the President-Elect.
- B. The office of Secretary shall be filled by the Assistant Secretary. In the event of a vacancy in the office of both the Secretary and Assistant Secretary, the Executive Committee shall appoint a Secretary to serve until the term of the Secretary shall have expired.
- C. The office of Assistant Secretary shall be filled by the Executive Committee which shall appoint an Assistant Secretary to serve the term of the Assistant Secretary has expired.
- D. The office of Treasurer shall be filled by the Executive Committee which shall appoint a Treasurer to serve until the term of the Treasurer shall have expired.
- E. The office of Historian shall be filled by the Executive Committee which shall appoint a Historian to serve until the term of the Historian shall have expired.

Section 4. Duties of Officers

All officers shall perform the duties as listed in these Bylaws and as listed in the Policy Manual, except that the duties as listed in these Bylaws shall prevail.

A. The President shall:

1. Preside at the meetings of the membership and at all meetings of the Executive Committee.
2. Make all appointments to Standing Committees and to the Judicial Council.
3. Appoint such Ad Hoc Committees as may be necessary to carry out the functions of the Society.
4. Be a member ex-officio without vote of all committees except the Nominating Committee, Ethics Committee and Judicial Council.
5. Perform other duties as listed in the Policy Manual and that pertain to the office.

B. The President Elect shall:

1. Perform such duties as may be listed in the Policy Manual and requested by the President or the Executive Committee.
2. Become President at the adjournment of the Annual Meeting in the next succeeding calendar year after his election as President Elect.
3. Assume the duties of the President in the absence of the President.

C. The Vice President shall:

1. Be responsible for the Society's Annual Scientific Program and shall serve as Chairman of the Scientific and Program Committee.
2. Perform such duties as are listed in the Policy Manual or may be requested by the President or Executive Committee.

D. The Secretary shall:

1. With the assistance of the Management Company, record the proceedings of all meetings of the Society and Executive Committee.
2. Perform the duties pertaining to this office, those items listed in the Policy Manual, and such duties as may be requested by the President or the Executive Committee.

E. The Assistant Secretary shall:

1. Be Chairman of the Membership Committee.
2. Assume the duties of the Secretary at his request or in his absence.
3. Perform duties as may be stated in the Policy Manual or may be requested by the President or Executive Committee.

F. The Treasurer shall:

1. Collect and receive all dues and other funds accruing to the Society.

2. Present a statement of accounts to the Executive Committee and Board of Trustees when requested.
3. Keep proper books, records and accounts which shall be open at all times for examination by the Executive Committee, Board of Trustees or their representatives.
4. Perform other duties as may be listed in the Policy Manual or as requested by the President and Executive Committee.
5. Serve as a member of the Finance Committee. Assist the Finance Committee in the preparation of an annual budget.

G. The Historian shall:

1. Collect and organize information, photographs and materials so as to prepare an accurate account of each Annual Meeting.
2. In cooperation with the Management Company, collect, organize and maintain an illustrated historical record of all past meetings which shall be housed and maintained at the Reynolds Historical Library at the University of Alabama in Birmingham.

ARTICLE VIII - BOARD OF TRUSTEES

Section 1. Composition

- A. The Board of Trustees shall consist of seven (7) members.
- B. One (1) of the Trustees shall be the Immediate Past President of the Society.
- C. The six (6) remaining positions on the Board of Trustees shall be filled from the membership at large.

Section 2. Term of Office

- A. The Immediate Past President shall serve a term of one (1) year.
- B. Other members of the Board of Trustees shall be elected to staggered terms of three (3) years. At each Annual Meeting, two (2) Active Members shall be elected by simple majority vote to replace those members with terms expiring.
- C. No Trustee shall be reelected at the expiration of his term of office until at least one (1) year has elapsed.

Section 3. Duties

- A. The Board of Trustees shall perform the duties as listed in these Bylaws and as listed in the Policy Manual, except that the duties as listed in these Bylaws shall prevail.
- B. The Board of Trustees shall serve as members of the Executive Committee.

ARTICLE IX - NOMINATIONS AND ELECTION OF OFFICERS AND BOARD OF TRUSTEES

Section 1. Nominations of Officers and Board of Trustees

The Nominating Committee, in accordance with Article XII Section 3, shall submit a slate of nominees for Officers and Board of Trustees to the Membership not less than sixty (60) days prior to the Annual Meeting. The Nominating Committee shall report again at the Annual Business Meeting. Nominations may be made from the Floor at the Annual Business Meeting.

Section 2. Election of Officers and Board of Trustees

- A. Election shall be by majority vote, a quorum being present.
- B. If more individuals are nominated than are to be elected for officers or Board of Trustees, the vote shall be by secret ballot.

ARTICLE X - MEETINGS OF THE MEMBERSHIP

Section 1. Annual Meeting

- A. The governing power of the Society shall be vested in the Annual Meeting. In the Interim between meetings, the Executive Committee shall represent the Society, subject to these Bylaws.
- B. The Annual Meeting of the membership of the Society shall be held at such time and place as determined by the Executive Committee.
- C. The Annual Meeting shall be for the purpose of the election of members of the Board of Trustees, election of officers, for receiving annual reports of the officers, trustees, and committees, for the presentation of scientific communications, and for the transaction of such other business as may properly come before the membership.
- D. In cooperation with the Management Company, the Secretary shall send notice of such meeting by mail to each member at least thirty (30) days prior to the time of the meeting. All notices shall specify the date, time, place and purpose of the meeting.

Section 2. Guests at Annual Meeting

- A. Any Active Member desiring to have a guest attend the Annual Meeting shall notify the Management Company at least thirty (30) days prior to the Annual Meeting.
- B. With the exception of the President, Program Chairman, Secretary and Local Arrangements Chairman, no Active Member may invite more than one (1) guest to any one meeting.
 - 1. A Candidate for Membership shall not be permitted to invite guests.

- 2. The limit on the number of invitations shall be waived in the case of residents or fellows who are in active training in ACGME approved plastic surgery residencies.

Section 3. Special Meetings of the Membership

- A. Special meetings of the membership of the Society shall be called by the President upon written request of ten percent (10%) of the Active Members of the Society (quorum) and two (2) members of the Executive Committee.
- B. Such request shall specify the particular business for which the meeting shall be called.

Notice for all special meetings shall be mailed to members not less than fifteen (15) days prior to the time of such meetings and shall state the purpose for which the meeting is called.

Section 4. Quorum

Ten percent (10%) of the Active and Life Members registered at the meeting or five percent (5%) of the Active and Life Members, whichever is less, shall constitute the quorum necessary for the transaction of business at an annual meeting.

Section 5. Voting

- A. Voting of the members may be by voice, show of hands or standing, except on the following issues for which a secret ballot shall be required:
 - 1. Election of officers, if more than one (1) person is nominated for each office.
 - 2. Election of Board of Trustees if more individuals are nominated than are to be elected.
 - 3. Election of Members and approval of those proposed as Candidates for Membership.
 - 4. Changes in the Bylaws.

Section 6. Order of Procedure

At the business session of the Annual Meeting, the order of procedure shall be as follows:

- A. Approval of the minutes of the last Annual Business Meeting.
- B. Recognition of deceased members.
- C. Annual reports of the officers and standing committees.
- D. Amendments to the Constitution and Bylaws.
- E. Election of officers.
- F. Election of new members.

- G. Approval of individuals proposed as Candidates for Membership.
- H. Election of the Nominating Committee.
- I. Unfinished and new business.
- J. Adjournment

ARTICLE XI - EXECUTIVE COMMITTEE

Section 1. Composition

The Executive Committee shall consist of the officers and the Board of Trustees of the Society.

Section 2. Duties

- A. Between meetings of the membership, the Committee shall represent the Society, subject to the Bylaws.
- B. The Executive Committee shall supervise all standing committees and all appointed officers, agents and employees of the Society, except as may be otherwise specified in the Bylaws.
- C. Shall receive reports from Committees, Officers and Trustees.
- D. Conduct such business as may be necessary between meetings of the membership and as outlined in the Bylaws.
- E. Serve as the Ethics Committee.
- F. The Executive Committee may change, delete, or add items to the policy manual by simple majority vote. Such a vote may take place at a regularly scheduled meeting, or by mail, facsimile or electronic mail.
- G. In the event that a matter of Society or business requires a vote between meetings, such a vote may be gathered via electronic mail, facsimile, or telephone conference call. The usual Executive Committee quorum will be required for the vote to be valid.

Section 3. Meetings

The Executive Committee shall meet immediately before each annual meeting of the Society and may have interim meetings as necessary.

Section 4. Special Meetings

Special meetings may be called by the President or by action of five (5) members of the Executive Committee.

Section 5. Quorum

Eight (8) members of the Executive Committee shall constitute a quorum for any regular or special meeting of the Executive Committee.

Section 6. Provision for Emergency Mail Voting

The Executive Committee may recommend by the affirmative vote of seventy-five percent (75%) or more of its full membership, which vote may be taken at a regular meeting of the Executive Committee or by telephone conference with subsequent confirmation by mail ballot that an emergency need exists for a mail ballot of the membership, and stating the details of the emergency need and the question to be decided. For the purpose of this section a quorum shall require that ballots be returned by over one-half (1/2) of the combined Active and Life Membership within thirty (30) days of the mailing of the ballot. Passage shall require a simple majority of returned ballots. Ballots must be signed to be valid.

ARTICLE XII - CLASSES OF COMMITTEES

Section 1. Standing Committees

A. There shall be the following Standing Committees:

1. Executive
2. Membership
3. Nominating
4. Scientific and Program
5. Finance
6. Constitution and Bylaws
7. Residents and Research
8. Long Range Planning
9. Awards/Special Recognition
10. Ethics
11. Judicial Council
12. Special Education Programs
13. Local Arrangements
14. Future Convention

B. Special (Ad Hoc) Committees may be added when deemed necessary by the President, Executive Committee or Membership. Special (Ad Hoc) Committees shall cease to exist once their function is completed.

C. Alternative Committee members may be appointed at the discretion of the President in the event of a regularly appointed member's absence and shall assume the rights of a regularly appointed member.

Section 2. Membership Committee

A. Composition/Term: This Committee shall consist of four (4) members, with the Assistant Secretary serving as Chairman. The other three (3)

members shall be appointed by the President for a staggered term of three (3) years.

B. Duties: The Committee shall investigate the qualifications of individuals proposed for membership in the Society.

1. Candidate for Membership:

a. The Committee shall determine that the individual proposed for Candidate for Membership has complied with the requirements for membership to this Society, the laws of his state or country, meets acceptable moral, ethical, and professional standards, and that his/her admission would serve the best interest of the Society.

b. The Membership Committee shall submit the names of all those proposed as Candidates for Membership who have fulfilled all the requirements and shall then make its recommendations to the Executive Committee. The names of those approved by the Executive Committee shall be placed on a ballot to be voted upon by the membership.

c. Candidates for Membership shall remain Candidates for not less than one (1) year after completing requirements for Active Membership before being eligible to be considered for Active Membership.
(The elapsed time between annual meetings shall be regarded as one (1) year.)

2. Active Membership:

a. The Membership Committee shall review the names of the Candidates for Membership annually and shall identify those eligible for Active Membership. Upon becoming eligible for Active Membership, each Candidate's continued suitability for Membership shall be reviewed by the Committee.

b. The Membership Committee shall then submit the names of all Candidates eligible for Active Membership and shall then make its recommendations to the Executive Committee. The names of those approved by the Executive Committee shall be placed on a ballot to be voted upon by the Membership.

Section 3. Nominating Committee

A. Composition/Term: The Nominating Committee shall consist of five (5) members as follows:

1. Three (3) members elected from the floor, one (1) member elected by the Executive Committee, and the Past President twice removed. The Committee shall serve a term of one (1) year or until their successors are elected.

2. The Chairman shall be appointed by the President at the Annual Meeting.

B. Duties:

1. Select a slate of nominees for officers, trustees and other elected positions.

2. Notify the Membership of the Committee's recommendations by letter or by other suitable methods of printed communication not less than sixty (60) days prior to the Annual Meeting.

Section 4. Scientific and Program Committee

A. Composition/Term: The Committee shall consist of seven (7) members:

1. The Vice President shall serve as Chairman.

2. One (1) member shall consist of the Vice President from the preceding year.

3. The remainder of the committee will consist of the following:
a. Accreditation Coordinator, Resident and Research Committee Chairman, and the Special Education Program Committee Chairman.

4. The remaining two (2) members will be appointed by the President for a term of two (2) years each. To insure continuity of planning for the Annual Scientific Program, the terms of service are staggered in such a manner that, in addition to the Vice President from the preceding year, one (1) member shall be replaced each year.

B. Duties:

1. Evaluate abstracts and select appropriate papers for the Annual Scientific Program.

2. Develop panels and other special presentations for the Scientific Program.

3. Organize and schedule the Scientific Program in accordance with the time allotted which shall be determined by the Executive Committee.

4. With advice from the President, arrange for such other special presentations and/or speakers as deemed appropriate for the Scientific Program.

Section 5. Finance Committee

A. Composition/Term: The Committee shall consist of four (4) members, one of whom shall be the Treasurer. The Chairman and the remaining two (2) members shall be appointed by the President for terms of one (1) year. The Treasurer shall not be Chairman.

B. Duties:

1. Budget: The Committee shall be responsible for financial matters and shall prepare an annual budget to be presented to the Executive Committee for approval at the Interim Meeting. The approved budget shall be presented to the Membership at the Annual Meeting.
2. Requests for funds shall be submitted to the Finance Committee who will make recommendations to the Executive Committee for funding.

Section 6. Constitution and Bylaws

A. Composition/Term: The Committee shall consist of three (3) members. The Chairman shall be that member with one (1) year remaining in his/her term. The remaining members shall serve staggered three (3) year appointments.

B. Duties:

1. Consider proposed Bylaw amendments and submit recommendations to the Executive Committee.
2. Periodically review the Bylaws to insure they are current and properly reflect the growth and changes within the Society.

Section 7. Residents and Research

A. Composition: The Chairman and as many members as deemed necessary shall be appointed by the President

B. Duties:

1. The Committee, in cooperation with the Program Chairman, shall select those papers which will be included in the Residents Competition.

Section 8. Long Range Planning

A. Composition/Term: Shall consist of three (3) members appointed by the President for a term of three (3) years. The members shall serve staggered three (3) year appointments.

B. Duties: It shall be the duty of the Committee to make recommendations to the Executive Committee for long range goals for the Society and strategic plans of action to attain such goals.

Section 9. Awards/Special Recognition

A. Composition/Term: The President shall appoint the Chairman and as many members as deemed necessary for a term of one (1) year with reappointment for a maximum of three (3) years.

B. Duties: The Committee shall develop proposals for nominees for the following awards:

1. Pickrell Award:

This award is presented to the person who exemplifies the commitment to plastic surgery education which most closely exemplifies the characteristics that were recognized in Dr. Kenneth L. Pickrell. This award is not necessarily given every year.

2. Special Achievement Award:

This award is presented to an individual that the Society wishes to recognize for their contributions outside the field of plastic surgery. This award is not necessarily given every year.

Section 10. Ethics Committee

A. Composition/Term: The Committee shall be composed of the Executive Committee. The Chairman shall be the Immediate Past President.

B. Duties:

1. The Committee shall investigate matters pertaining to the professional conduct of Society members and Candidates for Membership. The principal duty is to investigate all complaints

alleging violations of the Society's Constitution and Bylaws or conduct detrimental to the best interest and reputation of the Society. Complaints raising disciplinary considerations may be made by any interested party. All complaints shall be submitted in writing to the Ethics Committee.

2. The Ethics Committee shall have the power to obtain all pertinent information it deems necessary to conduct its investigations.

3. In any case where the opinion of the Ethics Committee indicates that a violation may have occurred, the Chairman of the Ethics Committee shall send a statement of charges to the Judicial Council and to the last recorded address of the accused Member or Candidate for Membership by certified mail.

Section 11. Judicial Council

A. Composition/Term: The Council shall be composed of five (5) most recent Past Presidents (other than the Immediate Past President) who remain Active members of the Society and who are available and willing to serve. The Chairman shall be elected by the Judicial Council from among its own members. The term of the Council shall be one (1) year.

B. Duties: Shall conduct hearings and render decisions with respect to information received from the Ethics Committee pertaining to professional conduct of Society members and Candidates for Membership to make recommendations to the Executive Committee for action to safeguard the best interests of the Society.

Section 12. Special Education Programs

A. Composition/Term: The President shall appoint the Chairman and as many members as deemed necessary for a term of one (1) year with reappointment of a maximum of three (3) years.

B. Duties:

1. Coordinate the S.E. Education Symposium.
2. Coordinate special educational activities under the purview and sponsorship of the Society as well as programs that are co-sponsored with other medical organizations.

Section 13. Local Arrangements

A. Composition/Term: The Committee shall consist of as many members as the President deems advisable. The term shall be for one (1) year. The President shall appoint the Chairman. The President Elect shall appoint the Vice Chairman.

B. Duties: The Committee shall provide all local arrangements for the Annual Meeting, in cooperation with the Management Company and with the approval of the President and the Executive Committee.

Section 14. Future Convention

A. Composition/Term: The President shall appoint the Chairman and as many members as deemed necessary for a term of one (1) year with reappointment of a maximum of three (3) years.

B. Duties: The function of this Committee is to investigate and recommend convention sites for the Annual Meeting to the Executive Committee.

ARTICLE XIII - PARLIAMENTARY AUTHORITY

The current edition of Robert's Rules of Order shall govern the organization in all matters not covered in these Bylaws or special rules the Society may adopt.

ARTICLE XIV - AMENDMENT

These Bylaws may be amended at the Annual Meeting or at any special meeting called for that purpose.

1. Any Active or Life member or group thereof may propose an amendment. The proposed amendment shall be submitted in writing to the Constitution and Bylaws Committee for study. The Committee shall submit the proposal and its recommendations to the Executive Committee. Upon approval of the Executive Committee, a copy of the Bylaw Amendment shall be sent to each Active and Life member no later than thirty (30) days prior to the Annual Meeting or special meeting.
2. The proposed Amendment shall be placed on the floor for discussion and vote at the time of the Annual Business Meeting. Three-fourths (3/4) of those members present and voting by secret ballot shall be required for the adoption of the Amendment.
3. In addition to voting on proposed Amendments at the Annual Business Meeting or special meeting as outlined in Article XIV Sections 1-2 proposed amendments may also be voted upon by mail, facsimile, or electronic transmission. The Secretary shall send a ballot by mail, facsimile, or electronic transmission to each Active and Life Member containing the proposed amendment(s). Ballots must be returned by no less than ten percent (10%) of the Active and Life Members in order for the vote to be valid. Three-fourths (3/4) of those members voting must approve the change for the adoption of the Amendment.

PAST PRESIDENTS

1958	.....	Founding
1959	.....	Neal Owens*
1960	.....	Greer Ricketson
1961	.....	Robert F. Hagerty*
1962	.....	Lorenzo H. Adams*
1963	.....	Clifford C. Snyder
1964	.....	Samuel E. Upchurch*
1965	.....	McCarthy DeMere*
1966	.....	Charles Horton*
1967	.....	Francis Marzoni*
1968	.....	Andrew M. Moore*
1969	.....	Carter P. Maguire*
1970	.....	James H. Hendrix
1971	.....	John R. Lewis*
1972	.....	James G. Stuckey*
1973	.....	James B. Cox
1974	.....	William M. Berkeley*
1975	.....	Henry T. Brobst*
1976	.....	John M. Hamilton
1977	.....	Jerome E. Adamson
1978	.....	Byron E. Green
1979	.....	George W. Hoffman*
1980	.....	William E. Huger*
1981	.....	Eugene F. Worthen
1982	.....	Joel W.L. Mattison*
1983	.....	James H. Fleming
1984	.....	Robert C. Reeder*
1985	.....	Andrew W. Walker
1986	.....	John R. Reynolds
1987	.....	John R. Royer
1988	.....	James H. Carraway
1989	.....	John H. Hartley, Jr.
1990	.....	W. Michael Bryant
1991	.....	Allen H. Hughes
1992	.....	Norman M. Cole
1993	.....	Edward A. Luce
1994	.....	Benjamin H. Wofford
1995	.....	William F. Mullis
1996	.....	Thomas W. Orcutt
1997	.....	J. Barry Bishop
1998	.....	Kenna S. Given
1999	.....	W. Howard Kisner
2000	.....	R. Cole Goodman
2001	.....	L. Franklyn Elliott
2002	.....	Andrew M. Moore, II
2003	.....	Ronald J. Johnson
2004	.....	William H. Wallace
2005	.....	Michael E. Beasley
2006	.....	Anthony J. Pizzo

* Deceased

PAST MEETINGS

1958	.....	New Orleans, Louisiana
1959	.....	Charleston, South Carolina
1960	.....	St. Petersburg, Florida
1961	.....	Williamsburg, Virginia
1962	.....	Sea Island, Georgia
1963	.....	Memphis, Tennessee
1964	.....	Lexington, Kentucky
1965	.....	Point Clear, Alabama
1966	.....	Atlanta, Georgia
1967	.....	West End, Grand Bahama Island
1968	.....	Biloxi, Mississippi
1969	.....	Hot Springs, Arkansas
1970	.....	New Orleans, Louisiana
1971	.....	Sea Island, Florida
1972	.....	Williamsburg, Virginia
1973	.....	Point Clear, Alabama
1974	.....	Hilton Head, South Carolina
1975	.....	Point Clear, Alabama
1976	.....	St. Petersburg, Florida
1977	.....	Hot Springs, Virginia
1978	.....	Boca Raton, Florida
1979	.....	Sea Island, Georgia
1980	.....	White Sulphur Springs, West Virginia
1981	.....	Sea Island, Georgia
1982	.....	Southampton Princess, Bermuda
1983	.....	Amelia Island, Florida
1984	.....	Williamsburg, Virginia
1985	.....	Disney World, Florida
1986	.....	Boca Raton, Florida
1987	.....	Point Clear, Alabama
1988	.....	Innisbrook/Tarpon Springs, Florida
1989	.....	Southampton Princess, Bermuda
1990	.....	Kiawah Island, South Carolina
1991	.....	White Sulphur Springs, West Virginia
1992	.....	Amelia Island, Florida
1993	.....	Hilton Head, South Carolina
1994	.....	Boca Raton, Florida
1995	.....	Ponte Vedra Beach, Florida
1996	.....	Palm Beach, Florida
1997	.....	Williamsburg, Virginia
1998	.....	Naples, Florida
1999	.....	Boca Raton, Florida
2000	.....	Southampton Princess, Bermuda
2001	.....	Orlando, Florida
2002	.....	Hilton Head, South Carolina
2003	.....	Palm Beach, Florida
2004	.....	Hot Springs, Virginia
2005	.....	Paradise Island, Bahamas
2006	.....	The Cloister, Georgia

FUTURE MEETINGS

Breast Sugery Symposium	
2008, January 17-20	..... Atlanta, Georgia
Annual Meeting	..... Boca Raton Resort
2008, June 7-11	..... Boca Raton, Florida
Breast Surgery Symposium	
2009, Dates TBA	..... Atlanta, Georgia
Annual Meeting	..... Westin Rio Mar Beach Hotel
2009, June 6-10	..... Puerto Rico