

COVER STORY

By Denise Mann

Serving as the president of a major aesthetic society involves quite a bit of travel, which has been known to eat away at many a physician's private practice as well as their time with family. Birmingham, Alabama plastic surgeon James C. Grotting, MD—the new president of the American Society for Aesthetic Plastic Surgery (ASAPS)—is well-prepared for this with good reason.

Grotting is also a pilot, and as such, he can come and go as he pleases. He flies a parachute-equipped Cirrus, a single-engine four-seater plane, to and from aesthetic meetings and events.

Photography by **CARY NORTON**

Top Gun

New ASAPS president James C. Grotting, MD, takes flight





Nonsurgical interventions, including injectables, are on the rise.

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“It makes me more efficient. I’m getting good use of it lately with all of the regional plastic surgery meetings,” he says, just days before heading to Cincinnati for The Ohio Valley Society of Plastic Surgeons’ annual meeting. Grotting plans to make about 12 work-related flights in the coming year.

When you stop and think about it, flying is a lot like surgery, says Grotting, also a clinical professor of plastic surgery at the University of Alabama at Birmingham and the University of Wisconsin, Madison. “You need to really strategize and plan in the days before the trip, and safety always comes first,” he says. “I won’t hesitate to cancel a flight if the weather is a problem, and if I really need to be someplace at a specific time, I will fly commercial.”

SAFETY FIRST

Safety comes first for Grotting as a pilot and as a plastic surgeon. Protecting patient safety without stymieing research, development, and innovation is a delicate balance. National registries will play an important role, he says. To that end, a breast implant registry, established in October 2014, aims to get a better handle

on whether there is an increased risk of anaplastic large cell lymphoma associated with breast implants, as well as what the cancer looks like in those patients.

A national fat grafting registry is also in the works to take a closer look at the safety of fat grafting in various clinical and research settings. ASAPS and the Aesthetic Society Education and Research Foundation—the education and research arm of ASAPS—developed a comprehensive “Data Hub” to track patients and outcomes in all aspects of aesthetic plastic surgery. “This will greatly facilitate our ability to protect patients by studying outcomes on a real-time basis,” he says.

“The better the data, the earlier we can detect issues or problems with respect to devices or procedures,” he says. “We don’t want to find out about a problem years after a problem becomes a problem,” he says.

For example, such a registry could have potentially prevented some of the damage associated with the French Poly Implant Prothèse scandal by identifying the smoke before there was a four-alarm fire. The scandal broke in 2010 after as many as 4,000 of these breast implants

ruptured because they were filled with industrial-grade silicone. A registry could have also allowed doctors to better track and monitor patients who received the implants.

There is more to improving patient safety than the development of registries, he says. Evidence-based medicine also makes a difference—especially in light of the overaggressive marketing of plastic surgery devices, procedures, and techniques.

Evidence-based medicine is broadly defined by American-Canadian doctor David Sackett, OC, FRSC, as “the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research.”

This is the only way for plastic surgeons to really cut through the clutter and find

out what works, what doesn’t, what is safe, and develop best practices, Grotting says.

“We have numerous vendors who introduce the latest and greatest technologies without an effort to share why it’s better, and we need to do a better job of trying to do the research to show what is best,” he says.

This is also true for surgeries. “We have one surgeon saying, ‘my way is the best,’ and 20 others who say, ‘no, my way is the best,’” he says. “We need validated instruments to assess patient-reported outcomes.”

The BREAST-Q questionnaire, for instance, has modules for augmentation, reduction, breast-conserving surgery, mastectomy, and post-mastectomy reconstruction that are divided into multiple scales. “It is simple to incorporate in practice, and it helps us compare various procedures from the standpoint of what the patient thought about it,” he says.

DOCTORS WITHOUT BORDERS

Building relationships with ASAPS’ sister societies around the world is also high on Grotting’s presidential to-do list. This includes the International Society of Aesthetic Plastic Surgery as well as aesthetic societies from such other countries as France, Italy, and Australia, to name just a few.

The world no longer has borders, so ideals, ideas, and ideologies about beauty quickly become global in their reach. Plastic surgeons can and should learn from colleagues in other countries in order to stay ahead of the curve, he says. Still, “there remains a lack of exposure and appreciation by North American plastic surgeons about the good work being conducted around the world,” he says.

“For the past 30 years, I have been traveling around the world and meeting plastic surgeons from almost every country, and I always come back with new ideas,” he





Grotting joking around with his staff.

“We are really hoping RADAR will be a gathering place for our residents. It’s a platform where the community creates the content by adding cases and discussing why decisions were made without fear of any negative reaction by mentors or attending staff.”

says. “Plastic surgery can be done with relatively simple instruments, so problems can be solved in different ways in different countries without the need for high-tech equipment.”

Grotting recalls spending 6 months in Brazil as a resident in 1984. “I was introduced to many new techniques for short-scar breast reduction that I had never seen before, and that really changed me as a plastic surgeon,” he says.

ASAPS GOT GAME

Education efforts should also take place closer to home. Grotting, who has always been active in ASERF, plans to help educate the next generation of plastic surgeons using ASAPS’ RADAR Resource app.

One of the app’s new features is a safe forum for plastic surgical residents to ask questions without fear. “It’s a social

medium for residents,” he says. “We are really hoping RADAR will be a gathering place for our residents. It’s a platform where the community creates the content by adding cases and discussing why decisions were made without fear of any negative reaction by mentors or attending staff,” he says.

It also has a gaming component, where users are rewarded for their activity with points. “Every time you do something on RADAR—whether read an article, upload a video, or post a case—you get points,” he says. Directors can use this feature to make sure that residents are doing their homework. “RADAR promises to be the most complete repository of aesthetic surgery learning and teaching available anywhere,” Grotting adds.

“ASAPS is a member-centric organization, and our focus is aesthetic education of

board-certified plastic surgeons,” adds Las Vegas plastic surgeon Michael C. Edwards, MD, FACS, the immediate past president of ASAPS and a member of *Plastic Surgery Practice’s* editorial advisory board.

“Jim Grotting will be a great ambassador for our specialty. There isn’t a plastic surgeon who doesn’t know of him as a writer, speaker, educator, and highly skilled plastic surgeon,” he says. “He is also an accomplished pilot, and I expect members will be seeing Jim all over the US and the world during his presidency.”

And now ASAPS members can prepare for Grotting’s take-off. We expect a very smooth flight. ■

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