ASPSNews

American Society of Plastic Surgical Nurses, Inc. July 2009

From the Boardroom...

If you are involved in healthcare, you have surely been made aware of the new PhRMA guidelines for providers. Pharmaceutical Research and Manufacturers of America (PhRMA) is an organization that represents research based pharmaceutical and biotechnology companies. The PhRMA members develop and market new medicines that enable patients to live longer and healthier lives. Especially when in regard to marketing practices, an ethical relationship with healthcare professionals is critical. We have each been the recipient of such items as pens and pads, measuring tapes, clocks, and even tasty meals given to us by many different vendors. Our patients and the public at large may view these "perks" as being little persuasions urging providers to use and prescribe certain medicines or products without possible consideration that another product or medication might serve patients just as well, if not better.

I recently spoke with the leaders of ASPS and ASAPS, and both organizations are adopting the regulations posed by PhRMA. No longer will their physicians be whisked off for a golf weekend with airfare and meals in excess. No longer will they be able to stock their offices with those pens and pads. The tote bags given out at conventions will no longer display the names of sponsors. Sponsorship is now geared toward continuing education. It all boils down to **appropriate** marketing. Yes, we need continuous education on products, medicines, and research data to help us make an informed decision for our patients. However, perks given should not cloud our judgment in caring for our patients. Decisions should be based solely on the medical needs of the patient as well as the healthcare professional's medical knowledge and experience.

What ASPS and ASAPS are proposing is "year round" sponsorships such as web site and newsletter support, more appropriate venues for education. Educational grants have become the wave of the future for convention speakers. ASPSN's President-elect Sharon Fritzsche and I will be attending the ASPS Board of Directors meeting in mid July to further discuss options for both of our organizations.

We at ASPSN are also looking for direction in which to follow these same guidelines for the future. Some of our previous "perks" will disappear; some will continue with the focus in the appropriate direction. The conference attendee may or may not see the difference but know that the board will explore the ethical purpose behind the scenes.

As always, continuing education is critical for each of us in the care of our patients. I hope you will further your education by attending our National Symposium in Seattle.

LuAnn Buchholz, RN, CPSN
ASPSN President

2009 Scientific Sessions Update

Georgia Elmassian, BAS, RN, CPSN
Scientific Sessions Chair

Summer is upon us, and July is already here. We have only three more months until the 2009 ASPSN 35th Annual Convention will convene in Seattle, Washington. The Scientific Sessions Planning Committee has all speakers in place; the community service project has been identified, and the committee is even exploring different venues in which to facilitate some fun social activities. Everyone on the committee has worked incredibly hard to get this meeting organized. As stated in previous ASPSNews editions, the Western Washington Chapter has been diligent in making preparations to ensure that the 2009 convention is successful.

The Scientific Sessions Planning Committee is excited for each of you to participate in the upcoming Seattle meeting. Make plans now to attend Friday's Educational Roundtables and to connect with extraordinary colleagues and friends at the evening's social gathering. This is a great occasion for all convention attendees to come together, exchange ideas, and kick off the conference in a relaxed and enjoyable atmosphere.

We invite each of you to log-on to our national website at www.aspsn.org to peruse a sampling of what we have planned for the convention. You will find that the *Program at a Glance* spans much of the educational content that will be presented. In order to better address the needs of our diverse nursing specialty and plastic surgery environments, we are implementing a three-track-concurrent sessions system: aesthetic, reconstructive, and general plastic.

Additionally, our pre-convention workshop *Sizing and Fitting: Taking the Pinch out of Compression Garments* is designed to help you take the dreaded guesswork out of sizing and fitting your plastic surgery patients for their post surgical compression garments. This hands-on workshop will teach you how to employ the use of correct methods for measurement, as well as give practical tips and solutions for many of the common problems associated with garment sizing and fitting. Upon completion of this course, you will receive a certificate recognizing your proficiency and expertise of garment sizing.

Don't forget to start looking at airfares and mark your calendars for October 23-27, 2009, at the Grand Hyatt Hotel Seattle in Washington.

The 2009 Scientific Sessions Planning Committee hopes to see you there!

Aesthetic Lines

Marilyn Cassetta, RN, BScN, CPSN

In one corner of the ring we have Allergan, famous for its double punch: Botox and Juvederm. In the other corner, we have Medicis about to release Dysport, along side its big guns: Restylane and Perlane. Let the game begin, or is it going to be BEAUTY WARS?

On April 30, 2009, the FDA approved Dysport (the botulinum type A toxin previously known as Reloxin) for cosmetic use to the glabella and, medically, for the treatment of cervical dystonia. It should be released for sale by July, 2009.

In Australia, we have had both Botox and Dysport available for over fourteen years. They are both botulinum toxin type A, but the FDA has stipulated a generic name differentiation to "abobotulinum toxin A" primarily to help ensure that the practitioners using these products understand that Dysport and Botox are not exactly the same. Dysport is supplied in 500 unit vials, whereas Botox is delivered in 100 unit vials. The doses recommended for Botox usage are not interchangeable with Dysport usage. I explain to my patients that it is like having a Fahrenheit versus Celsius scale. Their doses employ very different numbers even though there is a correlation. Botox and Dysport ARE NOT used in the same dosage.

Most cosmetic practices seem to have aligned to either the Botox/Juvederm camp or the Dysport/ Restylane camp. That is generally very good for the practices; more competitive pricing is usually available when you buy several products from one supplier.
An ethical issue, or concern, initially occurred when Dysport first came into the cosmetic arena. Many practices who supplied Dysport told their patients that they were receiving Botox, with no mention of the word Dysport. I liken that to the generalization of using the term Kleenex, when you really mean tissue. It got ugly. Lawyers became involved, and cease and desist orders were given.

The great debate continues. Which one is better? In actuality they are not terribly different. Clinical studies speak for themselves. Please take a minute and refer to the following sites and studies. Become as knowledgeable as possible to better inform and educate your patients – before they ask!

http://dermatology.jwatch.org/cgi/content/full/2006/1215/1
http://www.ncbi.nlm.nih.gov/pubmed/17097394?dopt=Abstract
http://www.webmd.com/skin-problems-and-treatments/news/20090501/fda-approves-new-wrinkle-treatment
http://www.medicalspamd.com/the-blog/2009/5/1/dysport-fda-approval.html
http://www.medicalnewstoday.com/articles/152991.php
http://www.nlm.nih.gov/medlineplus/news/fullstory_83631.html

Lowe P et al. Comparison of two formulations of botulinum toxin type A for the treatment of glabellar lines: A double-blind, randomized study. *J Am Acad Dermatol* 2006 Dec; 55:975-80.

Marilyn Cassetta, RN, BScN, CPSN is an independent contractor/ Aesthetic Nurse Specialist since 1986, and she has lived in Sydney, Australia since 1992. Marilyn is currently a Board Member of ASPSN.

Editorial

Haley Wood, MSN, WHNP
ASPSN Newsletter Editor

Whether you are reading this July newsletter near the beach or at the nurses' station, hang on to your pen as there is a "facelift" word scramble just for you! Cynthia McDonough, from our New England chapter, not only submitted a review of their recent symposium but also gave me the fun idea of offering word puzzles! If you have any future ideas for word puzzle topics, send them my way! Beware; the puzzles will become more difficult!

We are always looking for newsletter contributions! If you have a chapter symposium review, a clinical pearl, or even a funny YouTube video, send all your ideas, thoughts and submissions! Our hope is that this newsletter is not only a pertinent read to enhance your practice but also a fun read.

I hope you are enjoying your summer and diligently applying sunscreen!

Why Should You Present a Poster?

Poster presentation is the perfect venue for the nurse who has information to share but is uncomfortable presenting to an audience or wants to explore his or her artistic talents. Posters are ideal for the visual learner. When thinking of ideas for poster presentation, keep in mind this visual component. Photographs, charts and diagrams lend themselves to this venue. Choosing the topic of your poster is the first step.

The next step to presenting a poster is to complete the paperwork and submit it to the National ASPSN office.

a. Submit your abstract – forms are available on line at www.aspsn.org or from the national office.

b. Submit your Curriculum Vitae.

c. Write objectives for your poster (2 to 4 maximum). Objectives describe what the learner will be able to do at the end of the presentation.

Poster Presentation - The Next Step

The ASPSN poster committee members hope that interested presenters have developed their idea for a poster. If your objectives and abstract are written, then it is time to be creative by designing your poster.

An effective poster operates on multiple levels:

- ❑ Source of information
- ❑ Conversation starter
- ❑ Advertisement of your work
- ❑ Summary of your work

Posters use visual grammar. The most effective posters have clearly defined objectives and main points. The text is easy to see and read. The graphics are large enough to view from afar, and the poster is well organized.

Computer programs and the internet can be the novice poster presenter's best friend. The internet offers sites with simple, understandable help. One such site for the true novice is www.ArtSkills.com. This site offers a step by step approach to build your poster layout. Other sites offer advice from color and size to what to wear when presenting your poster. I googled "create a scientific poster" and found several sites that were helpful and creative. Many of these sites offer free software to help you as well as give suggestions for using software you may already have such as Powerpoint. Looking at sites that show poster examples is also helpful for the novice as well as the seasoned presenter. You will quickly discover what you find to be an attractive and educational style of presentation. In addition, you will see posters that are not as visually friendly and may appear difficult to understand. Spend some time browsing and get inspired. Follow your search with a creative session and design your own poster.

Now that your poster is designed, it needs to be printed. Some of you may be able to use your hospital print shop. Other options are to take your design on a thumb drive or cd to Kinko's and let them print it. They can also laminate it. There are also sites on the internet that will print your poster, and some even offer a twenty-four hour turn around time. Many people will want a copy of your poster; make 8x10 prints to have at your display for them to take home.

A specific poster presentation time will be scheduled during our national meeting; presenters will be at their posters to answer questions and bask in the praise for their creation. Presenting a poster is fun and exciting. You can share your information with ASPSN members without worrying about presenting in front of the group. Claudette and I hope all of you will try your hand at "Poster Presentation." We think you'll be glad you did. As always if you have any questions, Claudette and I would be glad to help you find the answer or connect you with someone who can help. We would love to hear from you, and we look forward to having new poster presenters this year in Seattle.

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Chapter News

Massachusetts: The New England Chapter

The New England Chapter of ASPSN hosted their annual "Spring Symposium" in Boston, MA on Saturday, June 6, 2009. The theme of this year's symposium was "Minding our Ps and Qs: Plastic Surgery as Quality of Life Surgery."

This small chapter is fortunate to be supported by the Shriners Hospital for Children, which is centrally located in Boston. The Shriners Hospital is a wonderful host facility and provides both continental breakfast and lunch at a budget that the chapter can afford, keeping the attendees' cost reasonable. The conference facility is very comfortable and conducive to learning. Having a facility such as this absolutely contributes to a wonderful educational learning experience and makes a successful program possible. Conference coordination began in December, 2008. Six months proved to be an efficient and effective timeline for facilitating such an event. There was much preparation, and we were happy to see June 6 arrive!

Physician and nurse speakers came from throughout the Harvard Medical School community and represented five major academic hospitals. Participant attendees represented a dozen facilities around the New England area. Topics included Breast Reconstruction, Body Contouring, Pediatric Reconstruction, Burn Reconstruction, and Cosmetic Surgery.

Vendor representation was limited to the break and lunch sessions. While they did not sponsor any portion of the conference presentations, vendors offered hands-on in-service for products and devices related to plastic surgery.

Aside from the educational experience, the program provided continuing education contact hours, a renewal of a current membership as well as a raffle for an ASPSN membership. All attendees were given informational packets outlining the benefits of APSN membership and certification.

The weather cooperated and the day was a complete success. The chapter made enough money to cover the expenses of the conference and fulfill one of the chapter missions. Going forward, the NE Chapter of ASPSN will be sending one item from a wish list to a medical mission in which a chapter member participates. We are very proud of our little chapter as well as how much we were able to accomplish this weekend. Best of all, many of the attendees have already "saved the date" for our 2010 Spring Symposium, which is planned for the first Saturday of June. See you there!

Brenda White, President
Amy Israelian, Vice-president
Cynthia McDonough, Conference Facilitator

WORD SCRAMBLE

TOPIC: FACELIFT

1. Facelift, also known as **ETTYIRMYHDCO**
2. This type of cessation promotes wound healing. **OKMNGSI**
3. The layer of fascia and muscles of facial animation, aka superficial muscular and _____ system **CTREPAONUOI**
4. Facial veins drain into the _____ jugular vein. **NTLIERNA**
5. Most common complication post facelift **MMAAHTEO**
6. Predominant organism causing infection **HLOOSITPAYCCC**
7. Type of scarring that can be treated with intralesional corticosteroid injections **POPYHRERTIHC**
8. Another term for the cheeks **RAALM**

Answers on page 8

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New Technology in the OR

The following is an interview with Dr. Mark Blake regarding the difference between the SMART Lipo and SLIM Lipo technology. Dr. Blake, a Board Certified Plastic Surgeon, has used both systems. Presently, Dr. Blake is in practice at the Clinic of Cosmetic Surgery in Milwaukee, WI.

Q: Dr. Blake, what does SLIM lipo mean?
A: SLIM stands for Selective Laser Induced Melting. It is laser technology which delivers laser energy of 924nm, 975nm, or a blend of the two to the areas of fat. The heat delivered "melts" the fat and tightens the skin.

Q: I understand you have also used SMART lipo; how do the two compare?
A: I personally was not impressed with the results using SMART lipo. I did not see significant skin tightening, and often times irregularities/grid lines were seen in the skin. The SMART lipo is a 1064nm laser, which in my opinion is not an ideal wavelength. Since using the SLIM Lipo, I have noted improved fat reduction as well as skin tightening.

Q: Could you please describe an ideal candidate?
A: As with any liposuction procedure, an ideal candidate is someone with thicker skin, good elasticity, and a small to moderate amount of fat. Lipo is for a patient looking for body contouring, not weight reduction. Like standard liposuction, this does not improve stretch marks or cellulite.

Q: What about post operative care, is there any difference?
A: We treat the SLIM Lipo procedures the same as standard liposuction; they are placed in a surgical garment immediately after the procedure. The patient wears the garment night and day for the first week, and then as much as possible for at least a month.

Q: How soon do they notice changes?
A: We see skin tightening in as little as two weeks; however, there may be swelling for up to three months, so we inform our patients that the final result will not be noticed for at least three months.

Q: What about complications?
A: They could have a burn from the laser. If this occurs, treating with cold aloe vera is beneficial. Sometimes there can be paresthesia. This change in sensation may last for a weeks or months; it is rare to have permanent change in sensation. Contour irregularities, such as skin lumpiness, unevenness, or hardness may develop. Time and massage generally improves this. Obviously, there are the usual list of risks and complications associated with any surgical procedure that I have not outlined here.

Thank you, Dr. Blake, for your time.

Sue Kunz, BS, RN, CPSN
ASPSN Regional Director

Are Competencies Necessary?

Marcia Spear, ACNP-BC, CWS, CPSN

What are competencies? According to Zhang and colleagues (2001), competencies are sets of knowledge, skills, traits, motives and attitudes that are required for effective performance in a wide range of nursing roles and various clinical settings. Baldwin et al. (2007) states that competencies are used to guide practice and communicate the contributions of nursing practice to the health and welfare of the public. Rameriz, Tart & Malecha (2006) define competencies by the extent an individual can handle various situations that arise in an area of practice. These authors further describe competencies as necessary to perform assessment, identify problems and develop a plan to manage an identified health problem or situation. The Royal College of Nursing (2005) has developed a set of competencies for nurses in aesthetic medicine including nurse injectors to guide practice in this emerging specialty, the only such set of competencies in the literature.

Are competencies necessary? According to the literature presented above, competencies are necessary to guide practice. The challenges confronting nurses in the rapidly changing health care delivery system require that health care workers possess practice-defined competencies (Zhang, Luk, Arthur & Wong, 2001). As new nursing specialties emerge, the need for well defined practice competencies is inherent. It is all about performance, and not just performance, but superior performance and superior performance requires a range of underlying competencies including attributes and personal characteristics to translate hard skills and knowledge into effective action. These underlying competencies lead to excellent performance producing efficient and effective patient outcomes. If well defined or widely accepted practice competencies do not exist for an area of practice, then competencies must be created. It is our professional and personal obligation.

Baldwin, K., Lyon, B., Clark, A., Fulton, J. & Dayhoff, N. (2007). Developing clinical nurse specialist practice competencies. *Clinical Nurse Specialist*. 21(6), 297-303.

Competencies: an integrated career and competency framework for nurses in aesthetic medicine. (2005). Royal College of Nursing. London: WIG ORN.

Ramirez, E., Tart, K. & Malecha, A. (2006). Developing nurse practitioner treatment competencies in emergency care settings. *Advanced Emergency Nursing Journal.* 28(4), 346-359.

Zhang, Z., Luk, W., Arthur, D. & Wong, Thomas. (2001). Nursing competencies: personal characteristics contributing to effective nursing performance. *Journal of Advanced Nursing.* 33(4), 467-474.

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If you would like information on starting a local ASPSN chapter, please contact Richelle Torres, Chapter Services Specialist at richelle.torres@dancyamc.com

Answers to Word Scramble: 1. Rhytidectomy 2. Smoking 3. Aponeurotic 4. Internal 5. Hematoma 6. Staphylococci 7. Hypertropic 8. Malar