

1st Quarter 2019

SCRIPTS

A JOURNAL OF THE COBB COUNTY MEDICAL SOCIETY

The New You:

*Joint Replacement in an
Ambulatory Surgical Center*

By: Stan Dysart, MD, MBA

My Experience with ThermiVa®

By: Stanley A. Okoro, MD, FACS

How to Care for Our Skin as We Age

By: Jessica Harris, MD, FAAD

TIDYING UP & MINDFULNESS

With articles on

RETIREMENT LIST

*Everything you
need to know!*

By: KELLY S. MILLER

I am LCCMS

with Natalee Kay Wilson, MD, MS

Clinical Insights of a Facial Plastic Surgeon

By: Seth A. Yellin, MD, FACS

A New, Better You



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A New, Better You

1st Quarter Issue

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Bunker Design is a full-service creative studio, specializing in brand development & placement, advertising and social media management.

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Letter from the President



STAN DYSART, MD
Editor at Large,
CCMS President
member since '92

Merriam-Webster defines beauty as “the quality or aggregate of qualities in a person or thing that gives pleasure to the senses or pleasurably exalts the mind or spirit.”

I would submit that this “aggregate of qualities” goes far beyond the outward physical appearance of an individual. A deep and enduring beauty involves the spirit of an individual and a depth of soul immeasurably enhances or detracts from whatever is done physically to alter the facial or overall appearance of one’s body.

There is beauty in aging, and that beauty combined with a wonderful spirit is truly a miracle to behold.

Facial and other physical attributes can be changed or “enhanced” according to one’s pleasure. The technology and skill exist to transform an individual, and in many situations, this can be a wonderful asset.

Dr. Seth Yellin in this issue says, “We should strive to create a beautiful, harmonious appearance that looks natural and appropriate for that individual.” Changing one’s appearance is a very intimate act, and I applaud those surgeons and patients that have the wisdom to know how and when to apply these techniques. In some cases, as mentioned by Dr. Stan Okoro in his article, ‘My Experience with ThermiVa,’ these procedures may enhance the health of an individual.

I have seen facial and body enhancements though that detract dramatically from one’s spirit and character and the total then, the New You, is, unfortunately, a far weaker presentation.

In this time, we indeed, do have many choices.

There are also choices to be made in what one physically owns, and this issue introduces the concept of minimalism and owning no more than what is functional and creates joy in an individual.

There is beauty in a very functional and uncluttered environment, and I applaud those individuals that practice and implement the thought of need vs. want in what they own and manage.

Finally, Take a minute also to review “I am CCMS” as we introduce one of the newer members of the board, Natalee Wilson, a resident training in the WellStar Kennestone GME program. We elected to include a younger and future voice to CCMS as we look for more innovative ways to serve our members.



BECOME A
CCMS
Contributor

Nominate yourself or a fellow CCMS peer for article submission.

Send article inquiries and requests to joanne.thurston@cobbdctors.org



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SCRIPTS Magazine



Cobb-County-Medical-Society



Welcome Spring, CCMS welcomes physicians throughout Georgia. To make sure all feel welcome, you will begin seeing “Greater Cobb County Medical Society” on our invitations. We welcome our members from Cobb, Bartow, Paulding, Douglas, Cherokee, Polk, Fulton, Spalding, Butts, Troup and others. Your Medical Society includes Physicians of all specialties, cities and counties.

- We are physicians working together to promote the healthcare of our community
- We place the welfare of patients above other concerns
- We uphold the principles of medicine that are based on careful scientific study.

Keeping up with the Legislation kept everyone on their toes during this legislative session. Physicians are always the first to be blamed when the cost or lack of healthcare is the topic. It is said that it’s the physician’s fault that patients receive a “surprise bill” for services. It appears that it is not the insurance companies narrowing their networks. In rural Georgia, there are not enough physicians (the need for more resident spots or increased reimbursement for Medicaid or Medicare is not addressed) so the need is to increase scope of practice for mid-level providers.

The 2019 General Assembly is over but DO NOT stop talking to the legislators. Your society will keep talking, explaining and engaging the legislators on your behalf. May will bring many CCMS activities for you. The Cobb Sheriff’s office designed an “Active Shooter Training” just for healthcare providers. This training will take place on May 18th at the Governor’s Gun Club. Michael L Flueckiger, MD will speak at our Membership meeting on May 22nd at the Georgian Club. Dr. Flueckiger will speak on his role in bringing Otto Warmbier back from North Korea in 2017. Hope to see you at these upcoming events.

JOANNE M. THURSTON | *CCMS Executive Director*
member since ‘01

A handwritten signature in black ink that reads "Joanne".



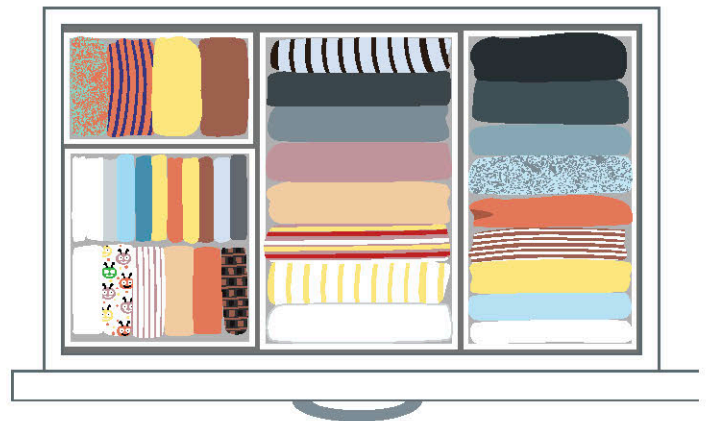
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Do you know a
CCMS Physician
with a
Cool Hobby?

If so,
Nominate
them for
*Behind the
White Coat 2019*

Tidying Up

By: Baker Owens, *SCRIPTS Magazine*



F

or those with a Netflix subscription, you may be aware of the popular shows or films that become available. Recently, one of the trendiest was “Tidying Up with Marie Kondo.” It was hard to avoid for a little while earlier this year and is still a very popular topic of discussion on television, radio and the internet. The central theme

of the show is the possible benefits that come from decluttering and better organizing our homes and lives. For a variety of reasons, Americans have a lot of stuff. We live in a very successful economy. Even in the bad times, such as the “Great Recession,” we have a - relative to the rest of the world - lot of stuff. We also have a lot of space. Unlike in Europe, there is still a vast amount of undeveloped areas in the United States. Plenty of room to build another storage warehouse or build another big house that can hold all that stuff.

But does all that stuff we have get used or still have a purpose? According to Kondo, probably not. Her ideology is called the KonMari method. Similar to the concept of Feng shui, which teaches that positive forces can come from architecture and organization, KonMari aims to help people transform cluttered homes into “spaces of serenity and inspiration.”

“The KonMari Method™ encourages tidying by category – not by location – beginning with clothes, then moving on to books, papers, komono (miscellaneous items), and, finally, sentimental items. Keep only those things that speak to the heart, and discard items that no longer spark joy. Thank them for their service – then let them go.”

Kondo says that people are drawn to the philosophy because it places importance on being mindful, introspective and forward-looking. These all may be true, but there are also serious medical or physical benefits to “tidying up.”

Long before her hit Netflix show, Kondo sat down with *The Cut* to talk about the benefits of decluttering. She had already written four best-selling books about the “art of tidying,” including *The Life-Changing Magic of Tidying Up*, her first book translated into English.

For Kondo, it all started with feng shui.

The author’s formal study of neatness began at age 5, when feng shui principles became trendy in Tokyo. “My mother was applying the method, but to my eye, the house was not tidy enough to have the feng shui effect,” Kondo said, sipping Fiji water through a straw at lunch. She began helping her mother with the housework. “Well, not so much helped, as I was the one who tidied,” Kondo clarified. “I actually executed all the tidying up.”

Her books had been selling well enough, and Kondo was working as a consultant following her thesis in sociology called “‘How to Declutter Your Apartment’—from a sociological perspective.” But then an existential crisis happened – the 2011 earthquake and tsunami. Kondo’s editor, Tomohiro Takahashi, also to *The Cut*, “The Japanese people suddenly had to ask themselves what was important in their lives. What was the true value of sentimental items? What was the meaning of the items they’d lost? What was the meaning of life?”

Sales exploded.

Chris Stiff, psychologist and lecturer at Keele University in the United Kingdom, has been practicing the KonMari method the past few months. Writing for *Popular Science*, Stiff noted a few of the benefits to following Kondo’s method. Being able to locate things quickly can cause less stress, and a recent study at the University of Navarra suggested that people may commit more errors in a messy environment than a tidy environment.

Besides those benefits, Stiff says, “Successfully accomplishing a task—such as decluttering your house—also has an enormous effect on your self-efficacy. This is our sense that we are competent, autonomous people who can learn, grow, and succeed.”

“Self-efficacy gives a huge boost to our overall wellbeing, and psychologists have shown it can have influence in wide range of areas. For example, increasing self-efficacy in students has been shown to improve academic achievement. It has even been used to reduce symptoms

of PTSD in trauma victims,” said Stiff.

KonMari and tidying up could be considered part of the minimalist movement. And there’s a trendy show or two about that as well – see “*Tiny House, Big Living*.”

Minimalism is another lifestyle philosophy that aims to simplify life and encourage people to get back to the basics and connect with themselves and others. The idea has been around for centuries, notably in religious and spiritual traditions. St. Francis of Assisi and Gandhi are two prominent adherents to a minimalist lifestyle long before Netflix.


Rousseau often wrote about the benefits of the simple life – the “noble savage” – and the Quakers have the “testimony of simplicity” that is taken by members to testify that a person should live a simple life to focus on what is essential.

Practicing minimalism does not mean that you have to move to the nearby Mennonite or Amish community. But if you feel led...

The central goals or strategies of minimalism are reducing consumption and possessions, and possibly work time. Reducing consumption to a certain point may mean time spent earning money can be reduced. Mother Theresa and other famous vows of poverty takers chose that route. Reducing consumption can also mean saving money for those things that may mean more to you. Avoiding regular consumption might allow you to take that trip to Greece that you’ve always wanted.

Joshua Fields Millburn & Ryan Nicodemus call themselves *The Minimalists* and have become experts in the philosophy. They have published several books and are frequent speakers about the topic, including at Harvard Business School, Apple, Google and South by Southwest.

After leaving the corporate world, Joshua and Ryan became dedicated full-time to studying and practicing minimalism. One of the most important things they point out is to do what works for you. Minimalism “doesn’t mean there’s anything inherently wrong with owning material possessions. Today’s problem seems to be the meaning we assign to our stuff: we tend to give too much meaning to our things, often forsaking our health, our relationships, our passions, our personal growth, and our desire to contribute beyond ourselves. Want to own a car or a house? Great, have at it! Want to raise a family and have a career? If these things are important to you, then that’s wonderful. Minimalism simply allows you to make these decisions more consciously, more deliberately.”

“If we had to sum it up in a single sentence, we would say, Minimalism is a tool to rid yourself of life’s excess in favor of focusing on what’s important—so you can find happiness, fulfillment, and freedom.” 

A New,
Better You

My Experience with ThermiVa[®]

*Transcutaneous Temperature-Controlled
Radiofrequency*

By: Stanley A. Okoro, MD, FACS
member since '10



When Joanne Thurston, our CCMS Executive Director, asked me to write an article about my experience with ThermiVa, I was very hesitant to accept the challenge of writing an article regarding women's health given the fact that I'm a plastic surgeon. However, after much deliberation, I said to myself, "I provide healthcare to many women as well." I'm sure some of my colleagues

might disagree with some of the experiences and opinion I will share in this short article.

As the first physician in Georgia to offer Thermi, a temperature-controlled radiofrequency, and one of the few Thermi's center of excellence in the United States, I feel obligated to share my experience with ThermiVa.

During the initial introduction of ThermiVa, many Gynecologist could not promote this treatment to their patients mainly due to the office setup, environment and lack of interest for their patients to pay for the treatment. Plastic surgeons started introducing these treatments and were in the forefront of promoting and offering these procedures to female patients. With positive reports,

word of mouth, media frenzy, etc., many Gynecologist began offering these services to their patients.

ThermiVa® is a patented transcutaneous temperature-controlled radiofrequency device that utilizes energy to gently heat dermal tissue and stimulate the wound healing process in a non-ablative fashion. ThermiVA is a non-surgical procedure performed in a doctor's office. It uses radiofrequency energy to deliver heat into the vulvovaginal tissue. There is absolutely no downtime and there is no need for sedation, so it can be performed very discretely so the patient could even drive themselves home or back to work should they choose to.

The procedure requires about 3 sessions. Each session is separated by approximately one month. During treatment, the tissue temperature rises from approximately 28 degrees Celsius to between 42 – 47 degree Celsius without pain. The temperature is maintained for 3-5 minutes for every surface treated. The treatment sessions last about 25-45 minutes, and the duration of effectiveness is about 9-12 months. We recommend 1 session every 6 months for maintenance depending on the concern or condition.

Transcutaneous temperature controlled radiofrequency is the combination of RF, an established technology proven safe and effective for skin laxity, with feedback controls for the monitoring and maintenance of tissue temperature via thermocouples and thermistors in the treatment probe. Power is modulated in relation to tissue impedance to elevate tissue temperature near the electrode stimulating neo-collagenesis plus contraction and denaturation of collagen, triggering the healing cascade to produce healthier new tissue. With the goal of raising and maintaining tissue temperature to a therapeutic target of between 40 degree Celsius and 45 degree Celsius, temperature feedback controls power, and thus adjusts energy delivery to maximize noninvasive delivery of RF energy while minimizing patient discomfort.

The most common reason our patients request ThermiVa are one of the following conditions related to menopause or child bearing: stress urinary incontinence, atrophic vulvovaginitis or dryness, and orgasmic issues. Very few come in requesting “vaginal rejuvenation”


More than 114,000 ThermiVa procedures have been performed worldwide since 2015. With that estimate our ThermiVa adverse event rate is approximately 0.03% based on voluntary reporting received by the company, with no adverse event reports meeting FDA requirements for reportability. About 80 practices in GA offer ThermiVa treatment.

ThermiVA is not the only device used in vulvovaginal area for addressing menopausal or post pregnancy

concerns. Many devices use laser technology which may be ablative to the tissue. It is important to select a non-ablative procedure to avoid potential adverse events. Ablative lasers generally induce a state change in the tissue via vaporization and therefore tissue removal. Ablative lasers produce plume, which have been documented in literature to contain potentially transferrable viruses and diseases. Some laser can cause burns and scarring, leading to long term relationship issues. There has been reports of adverse event and in published literature of numerous cases of vaginal burns, scarring, dyspareunia, and recurring or chronic pain. The FDA recently notified some device manufacturers about inappropriate marketing of their devices for “vaginal rejuvenation” procedures. Women considering treatment for vaginal symptoms should speak to their doctor about the potential and known benefits and risks of all available treatment options

ThermiVA continues to be requested by many women in our practice because of the outcome of the benefit they receive with this treatment.

Many women are now beginning to feel comfortable asking for help regarding any intimacy issues, however, many women are unaware of the advances in female reproductive health.

My experience with transcutaneous temperature controlled radiofrequency using ThermiVA has been mostly positive. ThermiVA is an effective non-hormonal, nonsurgical option for women suffering from mild to moderate stress urinary incontinence, atrophic vulvovaginitis or dryness, and orgasmic issues. Treatment also has visible tightening effects on feminine tissues and appears to increase local blood flow, resulting in increased vaginal tightness, moisture and improved appearance. Many of our patients have improved confidence and reduced performance anxiety. 

Dr. Stanley Okoro is double board certified by the American Board of Plastic Surgery and the American Board of Surgery. He is a veteran of the US Navy and is founder and director of Georgia Plastic & Reconstructive Surgery.



The New You:

Joint Replacement in an Ambulatory Surgical Center



BY: STAN DYSART, MD, MBA
member since '92

Nothing embodies the NEW YOU more than replacement of an arthritic hip or knee joint. The transformation to the patient in terms of quality of life is impressive.

Consider the usual scenario of an individual with an arthritic and painful joint, who walks into your office, limping badly and has suffered through years of attempts to delay what nature has elected to do. This experience has been debilitating to the patient and frustrating to the caregiver as the cartilage of that joint has gradually worn down to where the bone is exposed, the joint is no longer functional, and the pain is severe.

Nature, the inexorable force governing age and degeneration has elected to transform that impressive substance, cartilage, into a deformed and abraded structure that is now far less able

to withstand the 250,000 steps an individual walks in one year. In 80 years, that number is an impressive 20 million steps.

Cartilage, the substance that caps the ends of our bones and the content that makes up the joint has an impressive resume. Cartilage has no blood supply and has no nerve supply. These two facts alone qualify cartilage as a unique living substance. Without a blood supply, cartilage cannot repair itself. It is remarkable that this substance is as durable as it is. It is also slicker than anything we can create. It has a coefficient of friction of .002, ten times slicker than ice on ice.

Replacement of an arthritic joint has progressed, remarkably, to where the procedure is now performed routinely on an outpatient or same-day basis.

Imagine walking into WellStar Kennestone hospital, having a hip or a knee replaced and then leaving that institution at 4 PM, dressed as you would typically dress and with minimal discomfort.

I observed this remarkable advance in Hip and knee replacement six years ago when visiting Keith Berand, MD in Ohio and was amazed to see patients walking out of his facility hours joint replacement. His formula was a stunning example of the art of medicine advancing patient care. His use of anesthesia was particularly unique as anesthesiologists were performing nerve blocks around the knee to eliminate pain signals from tissues sensitized during surgery. He additionally injected a long acting pharmaceutical, liposomal bupivacaine (Exparel), into the tissues of the surgical area. This revolutionary product enabled the slow release of an anesthetic into the tissue significantly increasing the duration of pain relief. He also employed the technique of multimodal analgesia, first described by Henrik Kehlet, a colorectal surgeon in Copenhagen, on his surgical patients that enabled far less dependence on narcotics for pain relief.

Henrik Kehlet's concept of multimodal analgesia has dramatically transformed the perioperative surgical landscape. He found that by utilizing two or more medications that act synergistically to relieve pain, the use of narcotics could be significantly decreased.

Current techniques of anterior (my preference) or posterior hip replacement and knee replacement combined with efficient use of non-opioid medications, in the structured methodology of multimodal analgesia has enabled an almost opioid-free experience. We have found that an opioid-free or near opioid-free experience is an essential contribution to the perioperative course in hip and knee replacement as this experience avoids the many side effects of narcotics that impair recovery after surgery.

These formulas for rapid recovery after surgery while limiting opioid use were validated and advanced at Kennestone with a team including Orthopaedic surgeons, anesthesiologists, nursing and our monthly Total Joint committee. With the adoption of multimodal protocols and after perfecting the knee blocks by the Anesthesia service at WellStar, our length of stay after a hip or knee replacement declined rapidly to where a patient's stay in Kennestone hospital after hip or knee replacement is less than 1.5 days for many the stay is measured in hours. This is a remarkable advance given that in many institutions in the United States are still not performing same day surgery for hip and knee replacement.

The natural transition of same-day surgery total joint replacement performed in an outpatient, freestanding ambulatory surgical center and this impressive reality is occurring, today in surgical centers.

Data for same day surgery, when compared to inpatient surgery, has shown that it is safe and in many instances, the risk of surgery is decreased in an ambulatory surgical center. The patient experience is excellent, and the efficiencies gained in a freestanding operative environment are impressive. This realization has encouraged the performance of hip and knee replacement in an increasing number of ambulatory surgical centers.

The concept of opioid-free surgery that is surgery performed

without narcotics was validated in a significant research project, the Pillar Trial. WellStar Kennestone was one of the 16 sites of the study, and in this report, 10% of patients who underwent knee replacement required no opioids whatsoever and those patients that required opioids, there was a 78% reduction in opioid requirements. I cannot overstate the importance and relevance of these findings.


In this study, the concept of multimodal analgesia was an integral part of the research endeavor. Additionally, Liposomal Bupivacaine (Exparel) was injected in the tissue around the joint at the time of surgery providing long-lasting pain relief, further validation of utilizing advancing techniques to reduce pain after surgery.

That trial was published in 2018 in the Journal of Arthroplasty, the premiere Arthroplasty journal, and since that time other advances have occurred that may reduce opioid requirements even further.

Another significant advance, one that supports the concept of the new you and opioid-free surgery is a technique known as cryoanalgesia. Iovera is the commercial name for the instrumentation, and in this technique, the nerves that act as pain conduits are temporarily inactivated by "freezing them". The nerves do regrow in several months, but during that time, the operated knee joint is much less painful.

Dr. Vinod Dasa, a pioneer in the use of cryoanalgesia and an orthopaedic surgeon at LSU reports, "Iovera has dramatically changed the landscape in post total knee Arthroplasty recovery. We've gone from routinely refilling narcotic prescriptions after surgery years ago to patients going home the same day and simply taking Tylenol after their joint replacement surgery. It's been a remarkable paradigm shift to improve the quality of care."

This technique is currently not performed in the WellStar Kennestone area, although the potential for incorporating this advance is in discussion with Dr. Eric Fishman and Dr. Burns, anesthesiologists at GAPC who are leaders in rapid recovery after surgery.

"the NEW YOU will include surgery in an outpatient setting Sg2, a healthcare consulting company has estimated that the majority of all surgery will be performed in an outpatient setting in ten years. I anticipate that this surgery will be largely opioid-free as well as e all progress to a remarkable NEW YOU. 

Dr. Stanley Dysart is board certified in orthopaedic surgery. He is President of the Cobb County Medical Society and Editor at Large for SCRIPTS Magazine.



A New,
Better You



Mindfulness

By: Baker Owens,
SCRIPTS Magazine

A study by Nielsen last year showed that American adults spend a lot of time looking at screens every day. A lot of time. On average, American adults spend more than 11 hours per day watching, reading, listening or interacting with media. Television is still the number one screen for most Americans, sucking up nearly five hours a day, but computers, tablets or smartphones are catching up, clocking in with three hours and 48 minutes a day of American attention.

The Problems of Technology

Between increased awareness of the sheer amount of time, and more attention paid to just what all that online content might be doing to our brains, there is beginning to be some pushback. Facebook, Instagram and other social media have people living either vicariously through others or living in constant jealousy of what others are doing. There is also the dreaded “FOMO,” or Fear of Missing Out. More reason to “unplug.”

Some readers may remember the famous phrase from

Timothy Leary during the 1960's counterculture movement of "Turn on, tune in, drop out." It was meant to be a calling to experience "the inner life" but mainly became associated with illicit substances, particularly the LSD that Leary was so fond of.

An updated version of the phrase is catching on now though – "Turn off, tune out, and drop in." It's not exactly clear who said it first, but it may have been Dr. Bruce Weinstein, an expert in leadership with the nickname "the Ethics Guy." Weinstein published an article for the Huffington Post in 2015 where he claims to invent the updated version.

Weinstein points out that too much device time is not only a psychological problem. "Our obsession with our devices isn't merely a psychological problem. It's an ethical one because the time we spend on social media is an opportunity cost: we're not doing other things that might be more important. That nearly irresistible pull to check our latest Facebook posts or take yet another peek at our inboxes threatens to derail promises we've made to clients, colleagues, family and friends," said Weinstein.

His inspiration for this line of thought had come from Sherry Turkle, a professor in the program in Science, Technology and Society at M.I.T., who had penned an article for the New York Times adapted from her book "Reclaiming Conversation: The Power of Talk in a Digital Age." Turkle has been studying the psychological effects of online connectivity since the beginning of online connectivity. For the last five, she has focused on conversation and what that means in a world where so many say they would rather text than talk.

Research has shown a link between lack of empathy and more limited face-to-face conversations. "Studies of conversation both in the laboratory and in natural settings show that when two people are talking, the mere presence of a phone on a table between them or in the periphery of their vision changes both what they talk about and the degree of connection they feel. People keep the conversation on topics where they won't mind being interrupted. They don't feel as invested in each other. Even a silent phone disconnects us."

Keeping in mind that 11 hour a day number, the studies are potentially chilling. But fortunately, the solutions are not a mystery, though they may be difficult – turning away from the phone, tv or whatever your chosen device. It does not have to be for long periods, just a change of habits.

"We have to commit ourselves to designing our products and our lives to take that vulnerability into account. We can choose not to carry our phones all the time. We can park our phones in a room and go to them every hour or two while we work on other things or talk to other people. We can carve out spaces at home or work that are device-free, sacred spaces for the paired virtues of conversation and solitude," said Turkle.

In the Moment

Turkle also discusses one of the best ways to reconnect with those around us is to reconnect with ourselves. "One start toward reclaiming conversation is to reclaim solitude. Some of the most crucial conversations you will ever have will be

with yourself. Slow down sufficiently to make this possible. And make a practice of doing one thing at a time. Think of unitasking as the next big thing. In every domain of life, it will increase performance and decrease stress."

This "unitasking" is also called mindfulness meditation or just mindfulness. This is a type of meditation in which the practitioner focuses on being acutely aware of the moment. Breathing methods, guided imagery and other practices are designed to relax both the body and mind to reduce stress. Meditation has been studied in many clinical trials and its benefits can be quite broad. According to the Mayo Clinic, the overall evidence supports the effectiveness of meditation for various conditions, including stress, anxiety, pain, depression, insomnia and high blood pressure.

Preliminary research has also shown that meditation can improve patients with asthma and fibromyalgia. And besides these clinical issues, it can also improve psychological issues that could otherwise lead to later clinical problems, including improving attention, decreasing job burnout, improving sleep and improving diabetes control.

Thirty years ago, if you said you were going to yoga class, people might have immediately thought of an Indian guru or California hippies. These days, you can't throw a rock without hitting a yoga studio in much of metro Atlanta. As the health benefits of yoga became more known and the country got more aware of the importance of exercise and explored options outside of running or cycling, yoga began to increase in popularity. There's been an explosion over the past two decades. In 2001, the number of Americans practicing some form of yoga was 4 million. By 2011, that number was more than 20 million.

Yoga or other exercises can be a form of mindfulness meditation. In many yoga classes, there may be a period explicitly focused on mindfulness. These exercises can be quite simple but require practice and some discipline. The one likely to be found in yoga classes and maybe the most common mindfulness exercise is officially called body scan meditation. You lie on your back with your legs extended and arms at your side, palms facing up. Focus your attention slowly and deliberately on each part of your body, in order, from toe to head or head to toe. Be aware of any sensations, emotions or thoughts associated with each part of your body. Focusing on each breath is important and can target the brain on a singular issue.

These exercises can also be done sitting or pacing - anything that is slow or still and does not require active thinking. Playing a basketball game is not a great mindfulness exercise. Research has also shown that practicing these exercises outdoors is particularly beneficial. In Japan, where mindfulness exercises have been practiced for centuries, there is also a practice known as "Shinrin-Yuku," or "forest bathing."

No phones, just you and the woods. The phrase shikan shouyou means 'nothing but wandering along' and is the outdoors equivalent of mindfulness. This one is real simple. Find the woods, turn the phone off and start walking.



I am LCCMS

Natalee Kay Wilson, MD, MS
member since '19

GRADUATE OF: THE MEDICAL COLLEGE OF GEORGIA
(UGA MEDICAL PARTNERSHIP) 2017
SPECIALTY: INTERNAL MEDICINE
PRACTICE: WELLSTAR KENNESTONE REGIONAL



Q *What made you decide to practice medicine?*

When I was little girl, I used to run around the house trying to take care of my furry patients, Sunshine the Cat and Putsie the Yorkie. When they were not compliant patients, my dad was always willing to accept Band-Aids and makeshift casts. I have always enjoyed taking care of people and working to improve the lives of those around me.

We had a family doctor who was the pillar of his community. If you picture the older wise looking gentleman with a white coat and tie carrying his black

doctor's bag making house calls, this was him. He inspired awe and admiration, but also a quiet trust. This was my first impression of what the type of doctor I wanted to become.

Medicine was also a way to combine my love of science and research along with building personal relationships with people. For me, the practice of medicine was not a job. A job is some-thing that is distinct from you. A calling, however, becomes a part of you. Some people are fortunate to have a certain calling in life, and mine was medicine.

It's not so much that you pick it; instead, it picks you.

Q *What do you think it takes to become successful in your field?*

I think that a physician must always be open to learn and to grow. Even during my residency, guidelines of treatment and management have changed and new medications have emerged to become mainstay of treatment in only a few years. This is amazing to me and I think you have to stay humble to acknowledge that as you gain more experience, there is always room to learn more and its exciting that the medical field is advancing at such a pace that it keeps doctors on their toes.

Q *What does CCMS stand for and what does it provide your community?*

For me, CCMS represents a group of dedicated individuals who advocate on the behalf of patients and their fellow physician colleagues to support the community and work for change where needed. Being part of a medical society is important to me as it allows me to be part of a team which has a genuine interest in the community where they live and work. CCMS has the goal to promote healthcare in the community. Members not only take care of their patients in the office or hospital but are dedicated to promoting the health of their community through volunteer work, civic advocacy, and support of the medical community.

Q *What brought you to Cobb County?*

Georgia is my home, the home of the people and places that have shaped who I am today, and the foundation upon which I build towards the future. I think that I have something special and unique in that I have completed my education and training all here in Georgia. This is something special that I hold dear. I plan to continue that journey here where I can serve and be part the community that has invested its resources and trust in me.

Q *What is your mantra/what “moves” you as it relates to medicine*

I have 2 mantras that I use as a personal guide: Simply put, family. I believe in treating my patients like they are family. I have tried to hold my-self to the high standards of being the type of doctor that I would want taking care of my mom or dad. That is the highest honor in my opinion. As a resident, you are impressionable and moldable. You often take a small piece of each attending physician with which you work. When residents say, “that is the kind of doctor I want to be. I would want him/her to take care of my mom” that is a high honor. That is the type of doctor I aspire to be.

The second is “remember where you sit.” I admit that I get caught up in the daily routine of hypertension, diabetes, and hyperlipidemia but inevitably I am called to reflect not from where I sit but from the perspective of the person sitting across from me. This might be my patient with family stressors struggling to control her blood sugars who needs the encouragement to support more than her blood sugars or the patient whom you just told had cancer, who is scared, and has no idea what comes next. You can’t lose sight of this perspective; it is the human aspect that keeps us connected.

Q *What is your favorite local hangout?*

One of my favorite spots that, like me, has changed over the years yet remained true to its roots, is the 57th Fighter Group Restaurant. This hidden gem is unexpected as you drive past the WWII jeeps and walk into a sandbag entryway to be greeted by a beautiful view of the Peachtree-Dekalb Airport. I grew up going to this restaurant with my dad who is a pilot and spent many summers watching the planes take off in the hot Georgia heat. The WWII theme restaurant gives a feeling of a glamorous, time, rich with history and the fun of dinner and dancing. Where else can you get a pep talk from Winston Churchill to bolster your confidence as you head out to the dance floor? **S**



A New,
Better You

Clinical Insights of a Facial Plastic Surgeon

By: Seth A. Yellin, MD, FACS

member since '11

There is no more physically identifiable manifestation of our self than our face. As such, for many people, as their appearance noticeably changes due to the march of time, these changes can be emotionally difficult. For some, this perceived loss of youthfulness affects them deeply and may result in a loss of self-confidence, melancholy or even depression. For others, it is dissatisfaction with a particular facial feature, such as the nose, that chips away at their self-esteem. I often joke that I am a psychiatrist with a needle and a knife. But the truth is that the confidence we have in our appearance matters. As a healthcare provider, I am in the business of wellness and one's appearance is a vital component to that sense of wellbeing.

As a facial plastic surgeon with nearly 25 years in practice, my approach to aesthetic facial plastic surgery is completely informed by this realization. My practice approach is focused on addressing the aesthetic concerns of my patients through a combination of artistry, technique and technology, with the stated goal of elevating my patients' confidence and happiness. As in all fields of clinical medicine, gaining a patient's trust is the cornerstone of the doctor-patient relationship. For me this starts with the consultation. It is my time to listen, evaluate and explain my artistic vision for that patient while respecting the patient's concerns, tolerance for downtime, and budget. It is also a time for me to assess their family support structure, reasons for wanting to make a change and their expectations.

I have had the privilege of partnering with Marietta Dermatology Associates since 2011, but from 1999-2011 I was Chief of Facial Plastic Surgery at Emory Healthcare and trained approximately 50 residents during my tenure. I am a teacher at heart and take that approach with my patients. There is no such thing as a standard plan. It must be tailored to each patient based on a multitude of factors. This is particularly important when you are going to be changing someone's facial appearance. It is a very intimate act. Patients often come to see me with a particular concern or two and want improvement but are fearful of looking "different" or "done." This is understandable given the media's obsession with highlighting the worst of aesthetic surgery and the Hollywood stars who overindulge. It is important to realize that medicine pushes us as physicians to be academically outstanding but puts virtually no value on artistic talent. In the case of facial plastic surgery, as one's technical abilities mature, artistry becomes paramount. It is this artistic vision combined with an ability to deliver a beautiful, natural look time and again that creates one's respected reputation. When I lecture, I often say to my colleagues that they should be enamored with results rather than techniques. We should strive to create a beautiful, harmonious appearance that looks natural and appropriate for that individual.

Trends, Techniques, Technology:

With the introduction of Botox for aesthetic softening of facial expression lines in the 1990's and FDA approval in 2002, the public has come to expect that their appearance can be enhanced with techniques that are less invasive, less risky and require less downtime to achieve the look that they desire. With less invasiveness and risk, we have seen the indications for aesthetic interventions get younger and younger. In the case of unwanted expression lines, there is logic in early intervention. We know that in younger people with better skin elasticity, treatment with Botox can prevent these lines from ever forming as long as treatment is maintained regularly. However, in the hands of an experienced injector, Botox can also be used to lift the lateral brow or corners of the mouth, open eyes that squint shut with smiling, soften a peach pit chin deformity, reduce an excessively gummy smile, soften platysmal bands in the neck, atrophy masseter muscle hypertrophy to reduce an overly square lateral jaw which can masculinize a woman's face, and help to balance a partially paralyzed face.

The technological advances in aesthetics have mirrored the exponential growth in other medical fields. Skincare science is now a reality. We have excellent physical, broad-spectrum sun blocks that are cream based to moisturize, or powder-based blocks that can be brushed on over make-up to allow for easy reapplication. We have Vitamin A derivatives such as Retin-A and retinols, skin hydrators containing hyaluronic acid (HA) and topically applied peptides and growth factors to aid in skin repair. The newest advances in skincare also include topical skin stem cell stimulants, estrogen analogue fibroblast and keratinocyte activators for peri- and post-menopausal woman, and micro-needle infusion of Botox, HA fillers and growth factors directly into aging skin to rejuvenate it. The list is long and getting longer. We also have Latisse to help grow eyelashes that are longer, thicker and darker, which for many women eliminates the need for mascara.

The skilled, artistically inclined Injector can use the palette of available hyaluronic acid based fillers such as Voluma, Restylane, Juvederm and Lyft to replenish the lost facial volume of youth and undetectably enhance facial appearance with minimum risk and downtime, with most results lasting 1-2 years or longer. The most sophisticated injectors can also improve facial symmetry, proportion and correct for congenital facial flaws. One distinct advantage of the HA fillers, aside from their immediate and highly controllable results, is the fact that they can be rapidly dissolved with hyaluronidase, which enhances patient acceptance and mitigates risk. Other unique injectables include collagen stimulants such as Sculptra, Kybella to melt away submental fat, and patient derived, platelet-rich plasma (PRP) to improve skin texture and stimulate hair growth. Lastly, we are beginning to understand the stem cell potential of fat autografts to restore the luminosity to aging skin beyond its



benefit as a volumizer.


As for devices, we now have a multitude of lasers with wavelengths selected for specific tasks in a variety of skin types including the treatment of unwanted hair, skin redness, port wine stains, senile lentigines, freckles, acne scarring and skin rhytids.

There are a plethora of new devices to lift, tighten and sculpt our faces, necks and bodies. It is a time of dynamic technological advances. However, as technology evolves, many of these devices will be supplanted by newer and presumably more effective treatments in the future. Even so, there are now a number of excellent technologies that are safe and effective. Three caveats remain true for all of these new, non-invasive or non-excisional energy-based technologies: final results may vary, the results gradually reveal themselves over a period of months, and the duration of the results are often shorter than with more traditional, excisional surgical approaches. With that said, these technologies are making self-improvement more accessible than ever before. Some of the most interesting non-invasive devices include Ultherapy to tighten skin and CoolSculpting to reduce unwanted subcutaneous fat and have grown in popularity, particularly for younger patients. EmSculpt is a new, high-intensity focused electromagnetic technology to reduce subcutaneous fat and strengthen large muscles groups such as the rectus abdominus, gluteus and quadriceps, creating a more sculpted appearance without visiting a gym. The American dream!

Minimally invasive techniques are also on the rise. Profound is a bipolar, long-pulse, radio-frequency, micro-needling device designed to monitor temperature and impedance in real-time, that tightens skin and stimulates the production of collagen and elastin, while ThermiRF is a device that uses radio-frequency energy to generate heat subcutaneously which can melt fat and tighten skin over time and can be combined with liposuction to give more rapid, predictable results when

sculpting the neck. Also, there has been a resurgent interest in thread lifting using newer tensor notched threads. This technique may offer a temporary improvement for small areas of localized sagging such as the midface or jowls. However, thread lifting violates basic surgical principles and I do not believe that this recent resurgence will survive the test of time.

The trend in surgery, aside from technical advances, is to do more in the office and reduce the need for prolonged general anesthetic. Since starting practice in Atlanta in 1996, I have gradually done more surgery in my office surgical suite using local anesthesia supplemented with oral Xanax. More recently we have offered Pronox, a self-administered nitrous oxide-oxygen mixture that dissociates patients during their procedure and quickly dissipates, allowing them to leave feeling normal and able to drive home when appropriate. Routinely, I am performing eyelid surgery, lateral browlifts, neck-lifts, mini-facelifts, segmental CO₂ laser skin resurfacing, nasal tip rhinoplasty and/or nostril narrowing, otoplasty, local flaps and even regional flaps like forehead flaps with conchal cartilage grafts to reconstruct complex nasal defects following Mohs skin cancer surgery in the office. Complete rhinoplasty, transconjunctival lower lid blepharoplasty, endoscopic browlifts, complete facelifts and full-face CO₂ laser skin resurfacing are still performed under general anesthesia for patient comfort and safety in an outpatient surgical center, which has been shown to be the safest environment to have elective, cosmetic surgery with general anesthesia.

Lastly, for most individuals, facial aesthetic procedures are not extremely painful and in the current environment of epidemic opioid abuse and the realization that these medicines have real risks and undesirable side effects, I have become much more thoughtful as to who gets prescription narcotic pain medications. It is good medical practice to keep our post-operative patients comfortable, but I often find that for the procedures that I perform, acetaminophen with a sleep aid for the first couple of nights and topical icing of the operative site provides adequate pain control while avoiding the risks of opioids. 

Dr. Seth A. Yellin is founder and director of Marietta Facial Plastic Surgery, Laser & Aesthetics Center. He is double board certified by the American Board of Otolaryngology (ABO) and the American Board of Facial Plastic and Reconstructive Surgery (ABFPRS).



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- We are physicians working together to promote the Healthcare of our community
- We place the welfare of patients above other concerns
- We uphold the principles of medicine that are based on careful scientific study

Retirement List

Before you retire, you should cross some important items off your to-do list.

BY: KELLY S. MILLER



1 Retirement Budget

Understand what your income will be, and how you can confidently spend the money you have accumulated for retirement.

2 Emergency Fund

Prepare for emergencies by saving at least 3 months' living expenses, and have that money easily available to you.

3 Taxes

Have a sound tax strategy to guide you through the process of spending money from both taxable and tax-deferred accounts.

4 Lifestyle and Location

Consider where you'll live, both short- and long-term. Have a plan for funding a move and understand the timing involved.

5 Employer Plans

Have a strategy for your 401(k)/403(b) plan and determine the best time for you to access the money, based on your goals.

6 Bucket List

Write down your personal goals for your retirement years. Explore your dreams, priorities and values.

7 Extended Care

Make arrangements in the event that you or a loved one encounters a health issue requiring full-time care.


8 Estate

Develop an estate approach that includes how you want your assets to be allocated, and who will handle your estate.

9 Health Insurance

Understand your options with Medicare and define a strategy for covering health care expenses for the long haul.

10 Social Security

Have a sound tax strategy to guide you through the process of spending money from both taxable and tax-deferred accounts. 

Kelly Miller began The Oak Tree Group in September of 1990, and continues to devote her life to helping her clients realize their financial dreams and desires. Kelly has a special talent for instinctively understanding her clients' needs; pairing that understanding with a drive to offer the best strategies is where she shines as a financial advisor.



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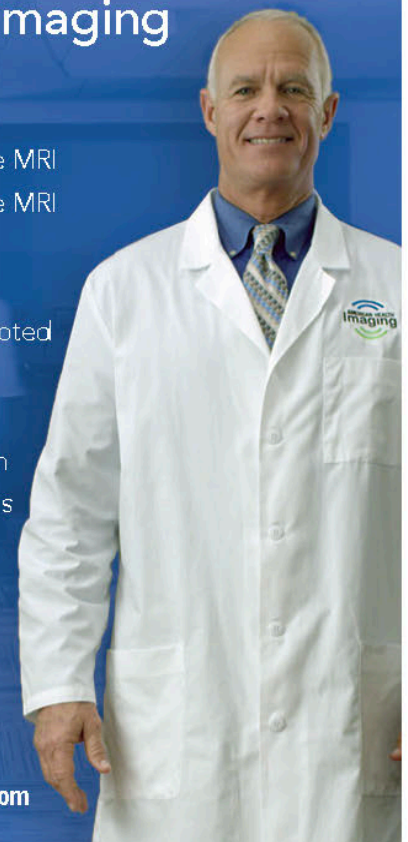
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How to Care for Our Skin as We Age

BY: JESSICA HARRIS, MD, FAAD

Many people do not have time for an intensive skin care routine. However, there are certain lifestyle choices and updates to the daily routine that can contribute to healthy skin. There are also numerous products that are advertised to help with aging skin. It is important to recognize the key components to look for to help you make an informed decision regarding your skin care products.

Sun Protection

Sun exposure is known to contribute to the development of skin cancer in addition to wrinkles and age spots or lentigines. Even when you are not planning to be outside for much time, it is important to know that you still get UV exposure even through the car windshield. Daily use of a facial moisturizer or makeup with at least SPF 30 can be beneficial for minimizing some of these effects from sun exposure. If you are planning to be outside, use a broad-spectrum sunscreen with SPF 30 or above and reapply every two hours or more if you are swimming or sweating. Another great option for sun protection is protective clothing and wide-brimmed hats. The peak sun rays are between 10 AM and 4 PM, so it is important to use protection or try to stay in the shade during this time.

Gentle skin care

For daily skin care, using warm rather than hot water in the shower or bath can help preserve the moisture in your skin. Using a mild moisturizing soap or cleanser can help avoid stripping the oil from your skin. After you pat dry, use a gentle moisturizing cream or ointment to keep skin well hydrated. Moisturizing is an easy but often ignored part of a skin care regimen that can help prevent flares of conditions such as eczema. For people with sensitive skin, it is helpful to use hypoallergenic and fragrance-free products including laundry detergents and dryer sheets.

Healthy Diet

A healthy diet also contributes to looking and feeling your best. Some dietary antioxidants have been found to counteract UV-induced reactive oxygen species that can degrade dermal collagen and elastic fibers. Eating foods that are naturally rich in antioxidants including fruits, vegetables, spices, and green tea can be beneficial for your skin. Blood glucose spikes have been found to lead to advanced glycation end products (AGEs) that contribute to aging skin. Strategies to reduce blood glucose spikes include limiting processed foods, added sugars, and refined carbohydrates. Drinking plenty of water also helps keep skin hydrated and healthy appearing.

Lifestyle

Many lifestyle choices besides following a healthy diet including avoidance of smoking and tanning beds and finding ways to best manage stress can all contribute to healthier skin.

We know that smoking can age skin and contribute to wrinkles in addition to impairing wound healing. Smoking


causes vasoconstriction that reduces blood supply to the skin and damages elastin and collagen which are important for keeping the skin's strength and elasticity. It can worsen some skin diseases including psoriasis and hidradenitis suppurativa. It can also increase risk of squamous cell skin cancer.

Indoor tanning beds should also be avoided. Using tanning beds before the age of 35 can greatly increase risk of melanoma, and the risk increases with subsequent use. It also leads to increased risk of non-melanoma skin cancer, premature skin aging, and eye damage.

Finding healthy ways to manage stress can also help your skin. Stress is known to worsen or flare certain skin conditions such as psoriasis, atopic dermatitis, acne, and rosacea.

Anti-Aging Products and Procedures

There are many options for targeting and improving signs of aging in the skin. These include over the counter topical products and prescription-grade skin care products with ingredients such as retinoids, hydroquinone, vitamin C, and hyaluronic acid. Topical retinoids such as retinol or tretinoin can improve acne, fine lines, mottled pigmentation, skin texture, and skin tone. Skin care products with hydroquinone are often referred to as bleaching creams because they are meant to lighten hyperpigmentation associated with age spots and melasma. Vitamin C, or L-ascorbic acid, is an antioxidant that can help protect skin from UV-induced damage and promote collagen to reduce fine lines. Hyaluronic acid is a substance that is found naturally in the skin that holds water and keeps it hydrated. It is included in many skincare products primarily for its ability to keep the skin well hydrated.

Other options in addition to topical products include fillers and neurotoxin injections to help correct wrinkles. Laser procedures can be utilized for resurfacing and improvement of brown spots and facial erythema. Chemical peels can be used to exfoliate the skin and improve age spots, fine lines, and skin discoloration. Microdermabrasion can be used to target acne scars, fine lines and wrinkles, and uneven skin tone and texture. Microneedling is a procedure that helps generate new collagen to improve appearance of scars, wrinkles, and enlarged pores. These various topical products and procedures can be combined and tailored to each individual and could be discussed with your dermatologist. 

Dr. Jessica C. Harris is board certified in dermatology. A native to Kennesaw, Georgia, She practices with Marietta Dermatology and The Skin Cancer Center.





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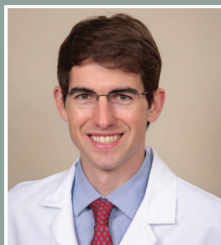
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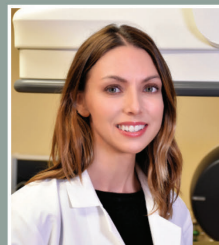
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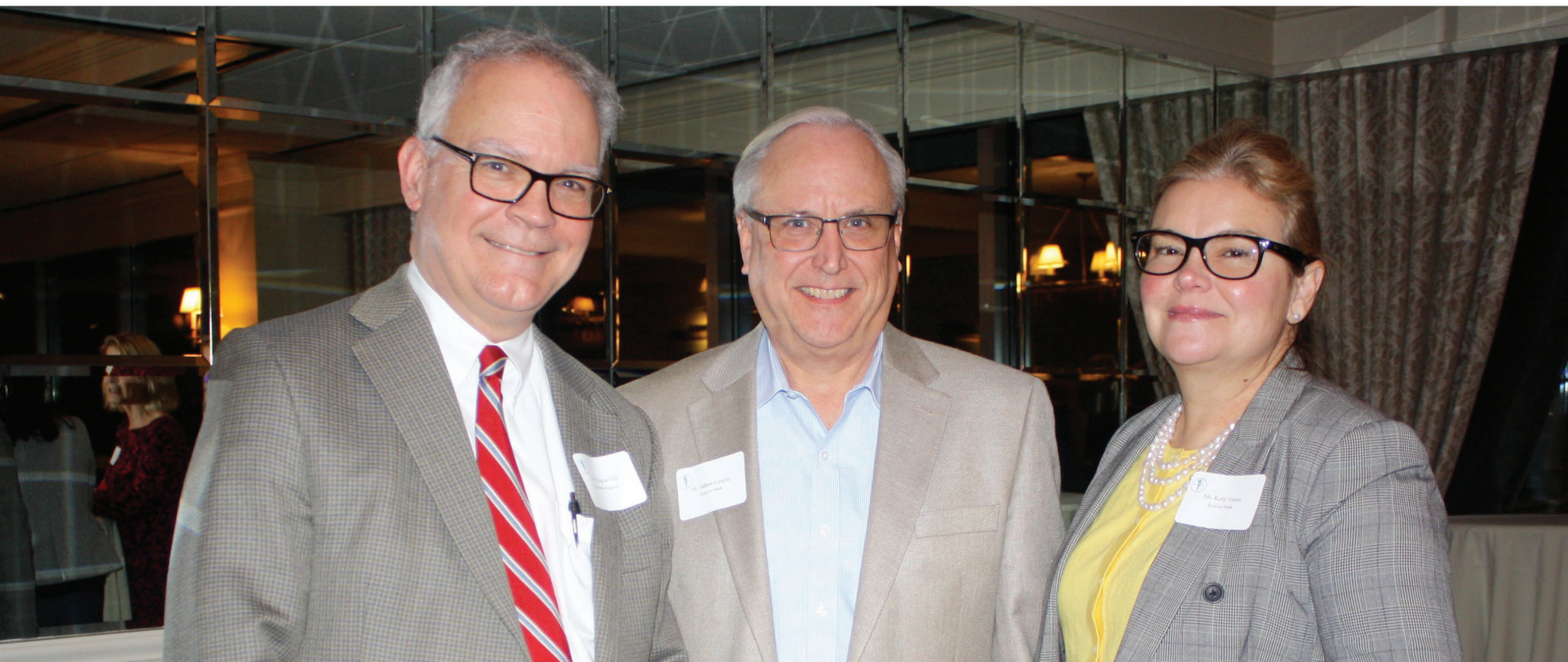


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