



'IT'S TIME.'

With systemic racism in the national spotlight, Black ASPS members offer insight on challenges they and others have faced as plastic surgeons - and prescribe a better path forward.

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on noses. Dr. Ofodile set out to meet the needs of minority patients and designed the Ofodile Nasal Implant in 1994 to fit African-American and Hispanic features. Regarded as a pioneer of Black rhinoplasty, Dr. Ofodile created three categories of African-American noses – the African, Afro-Caucasian and the Afro-Indian – as a model for surgeons and taught fellow surgeons how to preserve patients' ethnic identity while performing rhinoplasty.

"When you look at a lot of Black females and men, you'll find people with the so-called 'negroid' features are very beautiful, but they do not conform to the Eurocentric notion of beauty," Dr. Ofodile says. "Inserting a Caucasian nasal implant into a Black nose makes it incongruous with the face because the bridge is very narrow. We started working on the design of our implant to widen it, so that it brought the nose into harmony and reduced the dichotomy between the tip and bridge."

During his 33-year-career as the program director and chief of plastic surgery, Dr. Ofodile trained and mentored young minority plastic surgeons and educated fellow surgeons on the increased risk of scarring on African-American skin – particularly after reconstructive procedures of the hands, face or breasts. When a facelift is performed on a Caucasian patient, he notes, the scar heals flat and you can hide the scar, but on African-American skin, it can form a keloid.

"We concentrated on teaching surgeons how to minimize keloid formation after surgery," he says. "That was one of the factors that kept African-Americans from embracing plastic surgery to the same extent as Caucasians, so we created an opportunity for them to have the same type of procedures without running the risk of keloids and a deformative."

"When you minimize scarring, the surgery becomes more acceptable to the patient," he adds. "With Black patients, you also risk the skin becoming hyperpigmented after surgery. Plastic surgeons have to understand all of these things – and they must talk to the patient and take measures to reduce the appearance."

According to the latest ASPS Plastic Surgery Statistics report, African-Americans comprised 9 percent of the patients who received cosmetic procedures in 2019, a 60 percent increase since 2010. Dr. Baron says a continued understanding of cultural differences will provide better results for the growing number of African-American female cosmetic patients.

"There's been more of a push recently to understand and accept different ethnic forms of beauty," Dr. Baron says. "A lot of the beauty ideals that we as African-Americans have been ridiculed, taunted and objectified for years – such as fuller lips and curvier figures – are now being sought-out by the majority population."


"I want us to define our standards of beauty instead of following the European standard of beauty handed down by the pioneers of plastic surgery," she adds. "As plastic surgeons, it's important to provide culturally competent care to guide our patients toward the best results. We need

surgeons who will listen to patients' wants and preserve their ethnicity. Let them define what that beauty standard is for them."

BLACK REPRESENTATION MATTERS

Black representation in plastic surgery matters to me because there are disparities across every American institution, and medicine is not an exception. We need more Black plastic surgeons to help mitigate these implicit racial biases that have led to mistrust, mistreatment, higher morbidity and mortality in the African-American community.

– Nicholas Jones, MD
Atlanta




Dr. Cash at work in the O.R.

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Real-life example

Dr. Baron starred in Lifetime's docuseries "Atlanta Plastic," which followed three African-American board-certified plastic surgeons and their work with patients. Dr. Baron says the series showed positive representation of Black medical professionals on reality TV, challenging a common stereotype.

"The most important part of that experience was the young Black men and women who reached out to me to say they didn't know plastic surgery existed as a career and surgical option for them," she says. "Just seeing Black surgeons like myself and my colleagues on the show made an impact. It showed people they can be successful."

Dr. Sears says she receives similar feedback treating underserved patients through the VA system.

"Most of my practice is hand surgery, and when I treat people of color – particularly women – they tell me they're excited to see me and they are proud of me," she says. "They have taken pictures with me to show their families. It's a double-edged sword. I feel proud but also sad to realize it isn't common for them to see a Black plastic surgeon, and they don't expect someone like me to be their doctor."

Dr. Cash says African-American women specifically seek her out because they want a plastic surgeon who looks like them and understands their skin.

"I've never shied away from the fact that I'm an African-American female plastic surgeon," she says. "I'm a plastic surgeon for everybody, but I do make that distinction. I'm very proud of my background and heritage. It's important for people to feel like there's someone out there for them."

To that end, Dr. Cash says she unapologetically incorporates diversity in her marketing, including her stock images, website and presentations. She's also challenged industry companies to feature African-American women on their marketing materials.

"I told them their brochures don't connect with my brand or my audience, and

they've done a better job of coming around because there's a lot more diversity," she says. "I've made a concerted effort to make sure my stock images represent all sorts of women. I've woven that into my practice and all of marketing before there was an emphasis on Blacks getting plastic surgery."

Fixing leaky pipelines

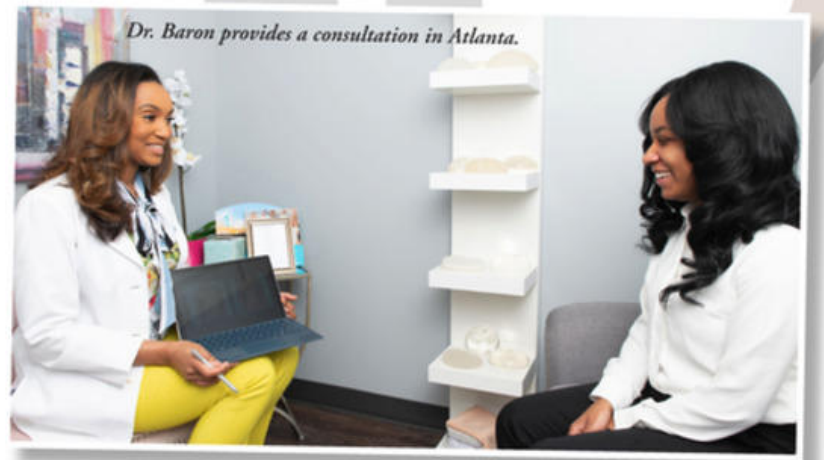
Despite an increasingly diverse patient population, the current racial composition of the plastic surgeon workforce is less so. In 2009, Dr. Butler published a study in *PRS* that reported African-Americans accounted for just 1.4 percent of plastic surgery faculty. Although the specialty continues to make strides in female representation, progress remains stagnant for African-Americans in academic plastic surgery.

In fact, Dr. Butler notes that research shows a decline of African-Americans in plastic surgery training programs and says the AAMC recently combined African-American, American Indian, Alaskan Native and Native Hawaiian into one group due to the low numbers in plastic surgery.

"We often discuss limitations in the pipeline and how we can get more African-American medical students into plastic surgery to increase the cohort," he says. "That indeed will be necessary, but I argue that, in parallel, it's going to require our health system leadership to hire and promote more Black and Brown faculty. I'm a proponent of looking at middle schools and high schools, but it has to come from both ends."

"There's still a fair number of qualified and capable Black and Brown plastic surgeons currently in practice that we need to put in leadership positions, so they can continue to be successful," he adds. "Not only to carry out the business of being an academic plastic surgeon, but also to serve as mentors for the junior people in the pipeline. Many would love the opportunity to get promoted within."

ASPS/PSF Board Vice President of Membership Steven Williams, MD, who made history as the first African-American elected to the ASPS/PSF Board of Directors, says putting more Black plastic surgeons into leadership positions is important



Dr. Baron provides a consultation in Atlanta.