

### ORTHÖ; sculpt

#### CREATING ANCILLARY INCOME IN A PRIVATE SURGICAL PRACTICE

- Steven J. Cyr, MD, FAAOS
- CMO, SASPINE & CYRxMD
   Cosmetic Surgery
- Dual Fellowship Trained
  - Cosmetic Surgeon
  - Orthopaedic Spine Surgeon

### TIRED OF FIGHTING FOR EVER-DECLINING REIMBURSEMENTS?

- As Orthopaedic and Neurosurgeons, there are currently few options to generate cashed-based revenue
- Most rely heavily on Government, Commercial Insurance, Personal Injury, and Workman's Compensation
- What if there was a viable option to generate cash business with just one week of training and certification in a trademarked procedure limited only to surgeons?
- A certification program that ties into your surgical skills that have been honed with complex surgical (neurosurgery and orthopaedic surgery) training
- Training that could, at a minimum, augment if not, replace your current book of business

#### WHAT CAN WE OFFER?

- Growth factor injections very pricey and not an enormous demand
- HRT- can be lucrative but requires a high volume of patients
- More than 4 million surgeries (Statista Jan '22) and 15 million cosmetic procedures performed Annually in US (Cleveland Clinic '21) (and growing) = \$14.6 billion
  - Body procedures increased 63% from 2020-2021
  - 1.62 million spine fusions performed annually (iData Research 2019)
    - Spine surgery total revenue (implants, treatment, pharmaceuticals) totals \$14billion (JD Supra 10/22) (with the majority (80-90%) going to the business of healthcare vs the surgeons)
- BUT what can we do that creates a niche related to our expertise
  - Musculoskeletal anatomy
  - Vascular anatomy
  - Nervous system anatomy

#### PLASTIC SURGERY VS COSMETIC SURGERY

- Plastic surgery requires 6 years of training in an integrated program
- Independent programs may accept:
  - ENT/Orthopaedic surgeons/Neurosurgeons are eligible AFTER completing residency
  - General Surgeons with 3-4 years of training IF performed at same program as the plastic surgery residency
- BUT most PS residencies focus heavily on resconstructive procedures secondary to medicare funding
- 52% of Plastic Surgeons reports needing additional cosmetic training to feel comfortable with many cosmetic procedures after residency
- Cosmetic Surgery fellowships- American Academcy of Cosmetic Surgery
  - 1-2 year fellowship full-time or non-traditional track
  - Focuses solely on cosmetic surgery without reconstructive procedures

#### ORTHOSCULPT BRIDGES THE GAP

Between cosmetic surgery and anatomy we are already experts in understanding, protecting, and improving down to the microscopic level

We understand the anatomy of the extremities, torso, and back like few other specialties

We know how to access the bone from the skin, including the spine from anterior, lateral, and posterior approaches; the upper and lower extremities to the distal-most appendages

### WHAT IS ORTHOSCULPT?

- · An evolution of Liposuction techniques and implants to enhance the face and body's appearance
  - Coupling in depth knowledge of the musculoskeletal system and surgery techniques with liposuction/implants to achieve uncommonly natural-appearing results
    - Medium to High-Definition Liposuction
      - VASER ultrasound
      - Liposcultping of the face and/or body
      - +/- Renuvion radiofrequency skin tightening
    - Face and Body Implants to enhance architecture of the body
- Ideally, exercise and diet can help us to achieve our fitness goals
- What options exist if that isn't working due to genetics, age, childbirth, hormones, or injury?
- What about loss of facial shape/elasticity/volume due to extreme fitness or age?
- OrthoSculpt was designed to address those issues safely with natural-appearing results



# THE NEXT LEVEL OF FACIAL AND BODY ENHANCEMENT "ORTHOSCULPT"

- Orthopaedic and Neurosurgeons spend a large portion of their 5-6 years in training learning the detailed anatomy of the soft tissue overlying the bone
  - Access to bone requires understanding of Superficial and Deep Anatomy
    - Skin, muscle, vascular structures (veins and arteries), and location of nerves
    - Origins, Insertions, orientation, and shape of muscles
    - Internervous planes
    - Vascular anatomy
    - Cross sectional anatomy
  - Musculoskeltal repair/fixation requires detailed understanding of the function of each muscle and its tendinous insertions
    - Combination of engineering and physics



### THE NEXT LEVEL OF LIPO "ORTHOSCULPT"

- Surgical Access
  - Face
    - Jawline, Cheeks, Chin
  - Extremities (Shoulder, Brachium, Elbow, Forearms, hands, fingers, Hips, Thighs, Knees, Legs, ankles, feet, and toes)
  - Spine and Pelvis (torso and buttocks)
    - Anterior transperitoneal and Retroperitoneal exposure to anterior spine (L1-S1)
    - Thoracoabdominal approach to lateral spine (L2-L5)
    - Transthoracic approach to lateral spine T6-L1
    - Posterior Approach to Posterior skull/Occiput- Coccyx
    - Anterior cervical approach (C2-T1)
    - Lateral approach to cervical spine

# THE NEXT LEVEL OF FACIAL AND BODY ENHANCEMENT "ORTHOSCULPT"

- This detailed understanding of the intricacies of the musculoskeletal anatomy,
  physics of functional movement, and engineering knowledge lends perfectly to SAFE
  sculpting of the ideal muscular and bony framework for the face and body
  - The safest surgeons can address their surgical complications as well as they can perform the primary surgery
    - Injury to vessels, nerves, soft tissue can be avoided and addressed with equal skill

### IDEAL RESULTS

- Ideal results are based on PERSONAL perspectives
- There are many different ideal outcomes based on the viewer, critic
- Important to know what a patient is hoping to achieve aesthetically
- Have patients bring pictures of their ideal body and facial shape
  - Always discuss realistic expectations despite everyone's surgical goals

### BUT....THERE ARE COMMON THEMES OF A FIT BODY

#### Female

- tapered waist above iliac crest
- · Hips are slightly wider than waist and proportionate
- Waist:Hip ratio 0.8

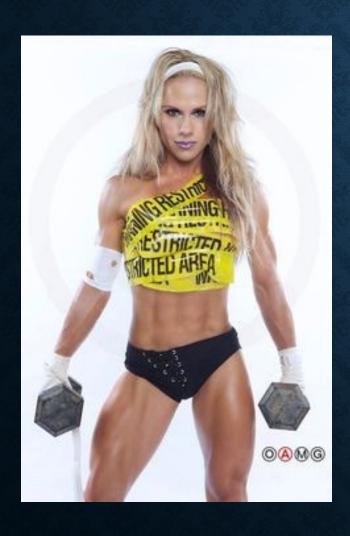
#### • Male

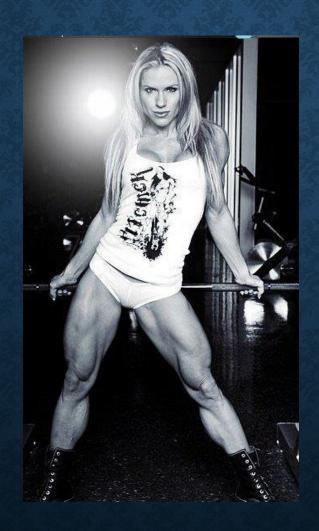
- V taper (Upside down triangle) or X shape where thighs are thicker and wider than waist
- Broad shoulders, solid chest, narrow hips
- Chest: Waist ratio (waist subtracted from chest measurement)
  - Ideal number is 10

#### IDEAL BODY SHAPES

- Vary by country, region, and even city
- Has changed over the years
- Recent social media influence has led to a desire for larger buttocks and breasts with "snatched"/extreme tapering of waist for many women
  - Slight variations for female fitness athletes and bodybuilders
- Male liposuction gaining in popularity
- Natural results take into account the fit appearance of an unflexed muscular body NOT a competition-level physique
- Large bulky abdominal muscles are artificial/unnatural

### IFBB FITNESS OLYMPIA "COMPETITION SHAPE"







### **VERSUS EVERYDAY**





### "IDEAL" BODY SHAPES VARY





















### "IDEAL" BODY SHAPES VARY















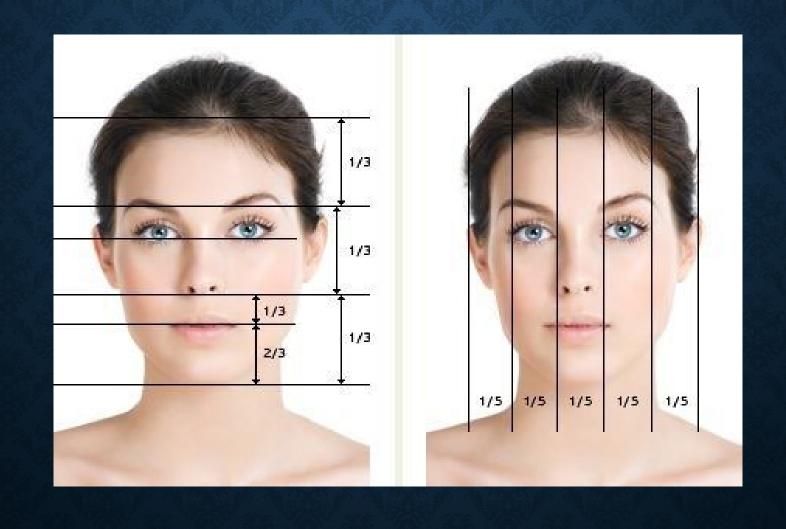


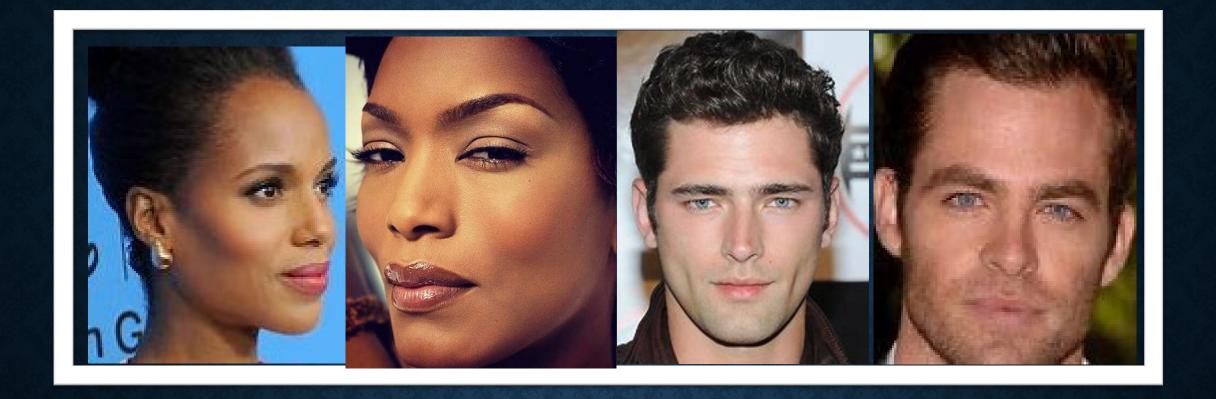




### AS DO "IDEAL" FACIAL SHAPES/STRUCTURE/PROPORTIONS

### "IDEAL" FACIAL PROPORTIONS



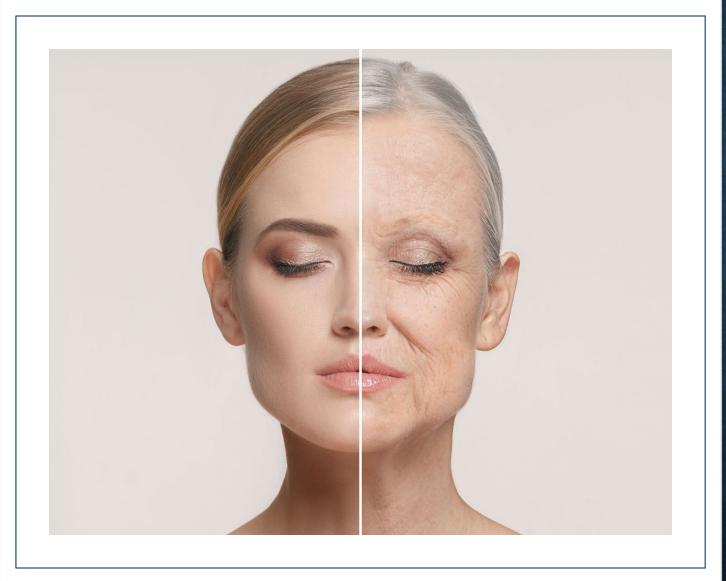


HIGH CHEEKBONES/STRONG CHIN



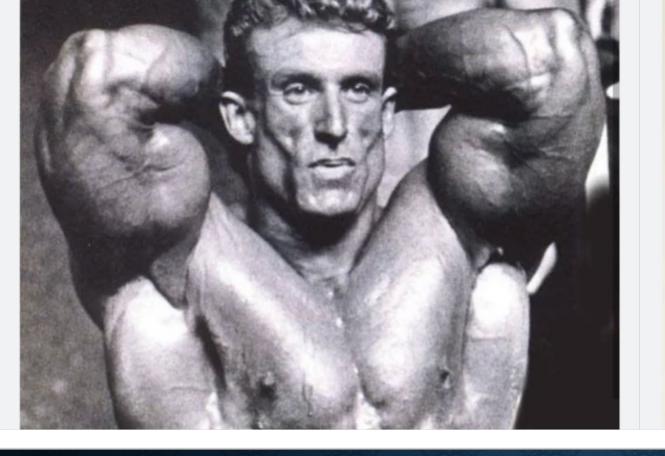
### STRONG JAWLINE

Genetic, Filler, Implant?



### LOSS OF FACIAL VOLUME

- FITNESS ATHLETE
- AGING FACE





## FITNESS ATHLETES/BODY BUILDERS LOSE SIGNIFICANT FACIAL FAT/VOLUME



### LOSS OF FACIAL VOLUME

- Ideal muscular definition may come at the expense of facial aesthetics
- Can we attain maximum
   aesthetics of the body and face
   concurrently?



# OPTIONS FOR FACIAL REVOLUMIZATION & CONTOURING

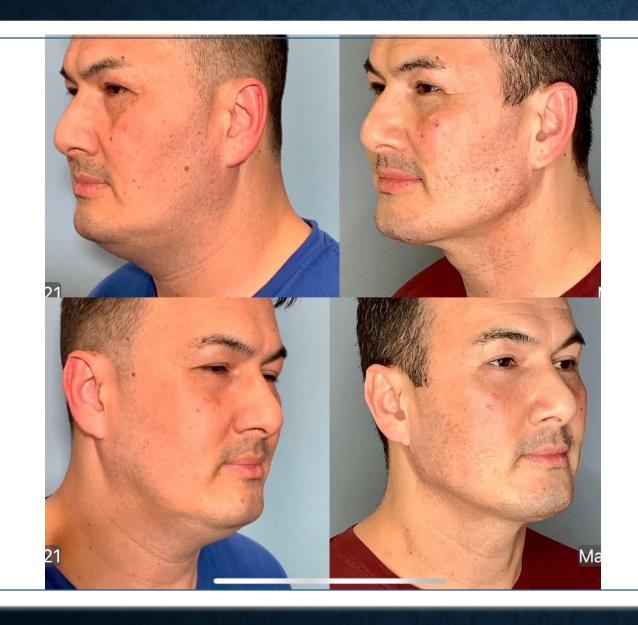
- -Fillers
- -Implants
- -Botulinum Toxin



### ORTHOSCULPT OF THE FACE



### ORTHOSCULPT OF THE FACE



### ORTHOSCULPT OF THE FACE

- Sculpting of the face
  - VASER ultrasound
  - Liposculpting of the jawline, cheeks (buccal fat), chin, and neck
  - Renuvion skin tightening of the cheeks and neck
- Upper and Lower
   Blepharoplasty (eyelid lift)
- Fat transfer to midface and undereyes

### ORTHOSCULPT OF THE FACE

- Enhanced jawline, eyelid lift, skin tightened, face sculpting
  - 3 small poke hole incision
  - Additional sharpening of the jawline with fillers





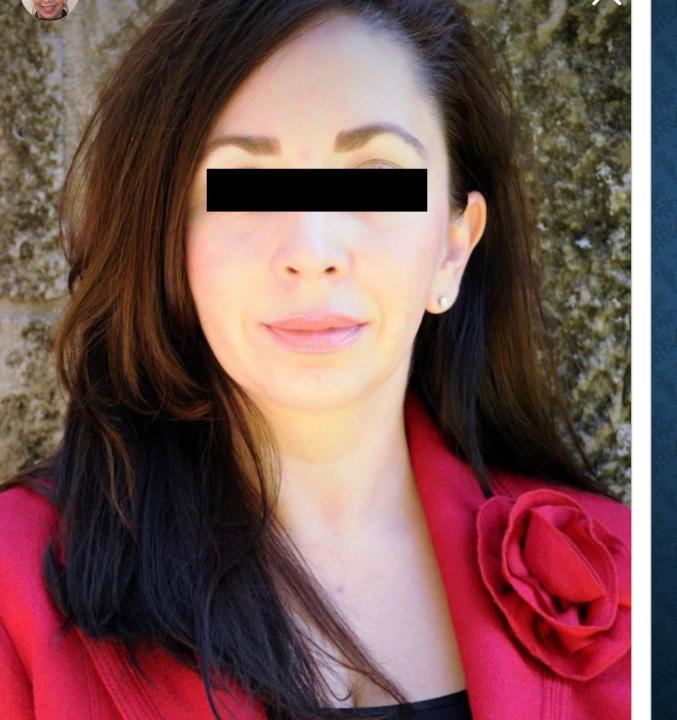
#### ORTHOSCULPT OF THE FACE

• 6 weeks postop



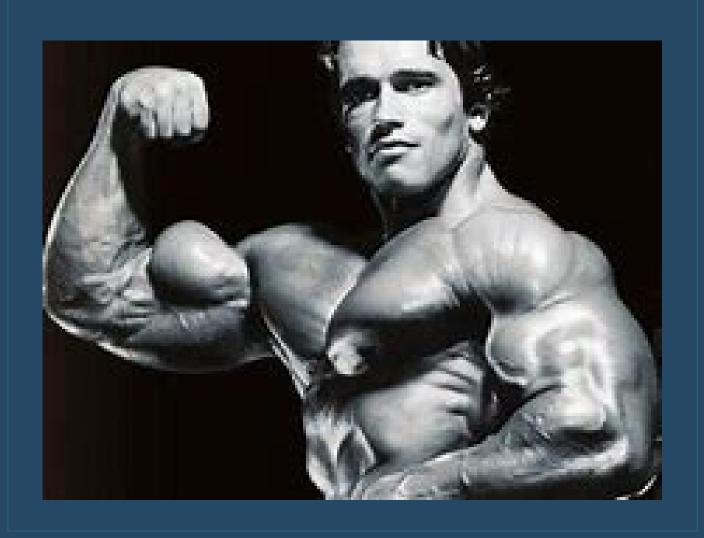
### ORTHOSCULPT OF THE FACE

• 5 weeks



### ORTHOSCULPT OF THE FACE

• 3 months

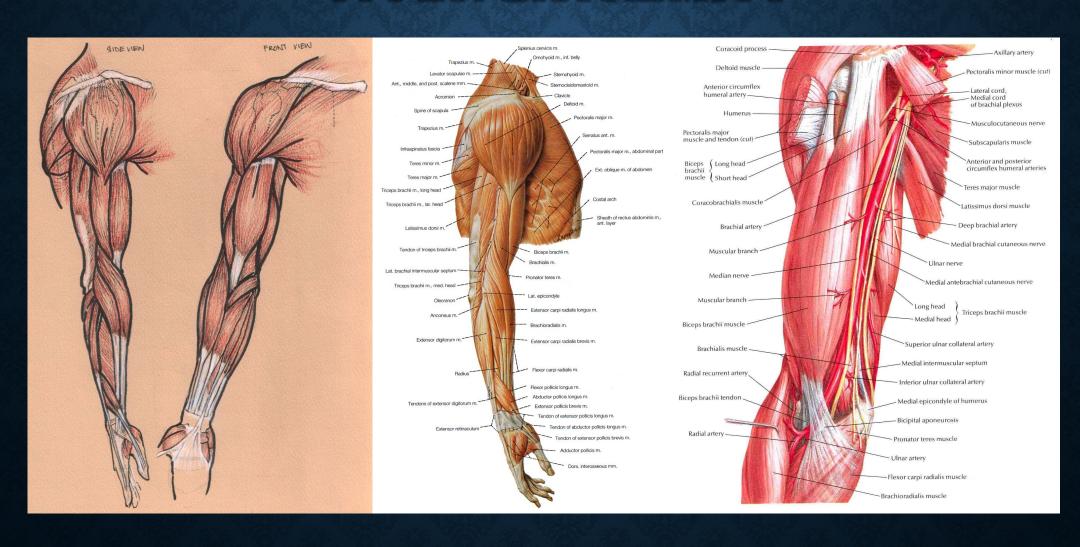


A. BICEPS

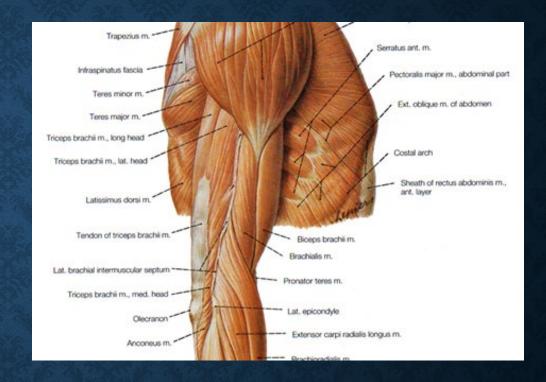
B. TRICEPS

C. BRACHIALIS

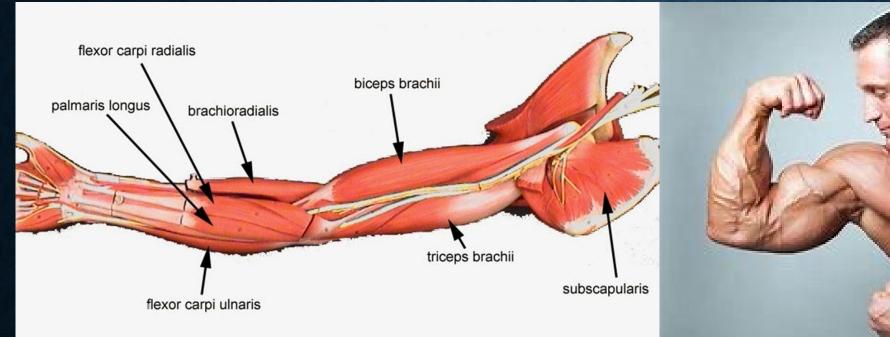
### **UPPER EXTREMITY**







### LATERAL SHOULDER/BRACHIUM



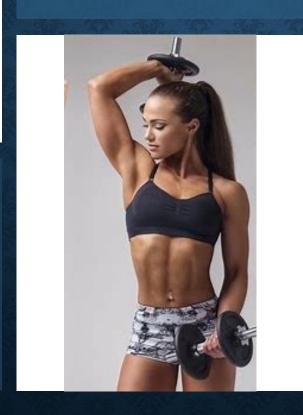


# MEDIAL SHOULDER/CHEST/ARM (BRACHIAL PLEXUS AND BRACHIAL ARTERY)









### FEMALE ARMS



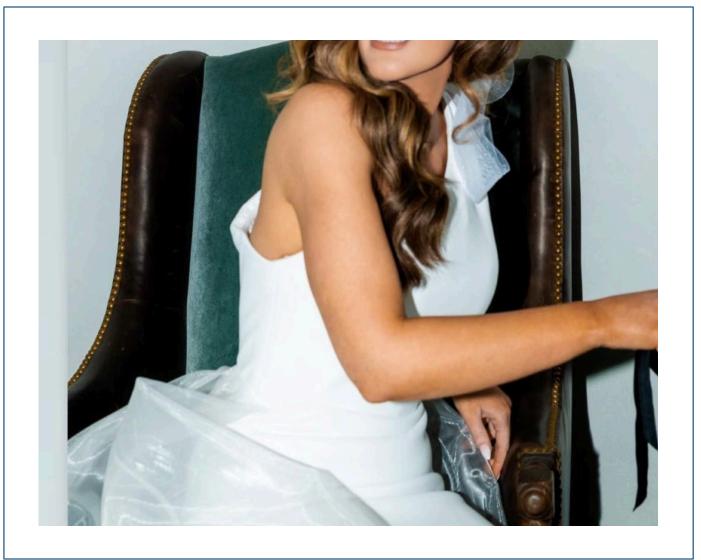
# ORTHOSCULPT ARMS FEMALE



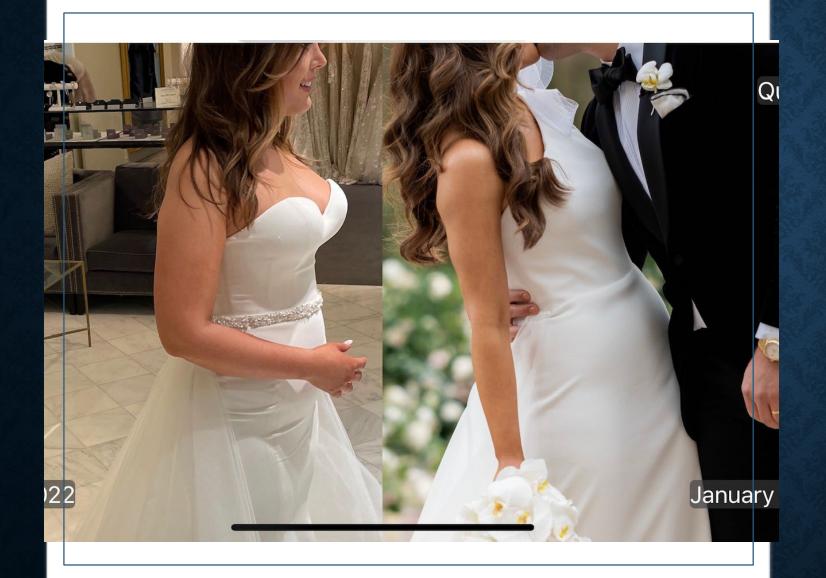
#### ORTHOSCULPT ARMS



OS ARMS



#### 6 MONTHS

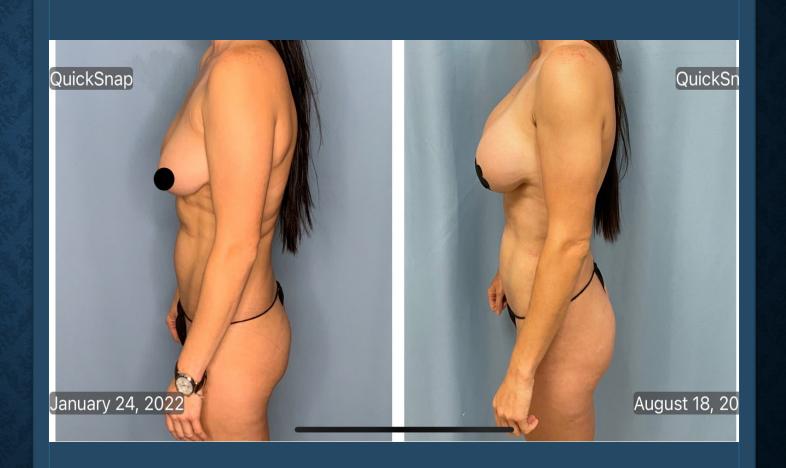


#### 6 MONTHS



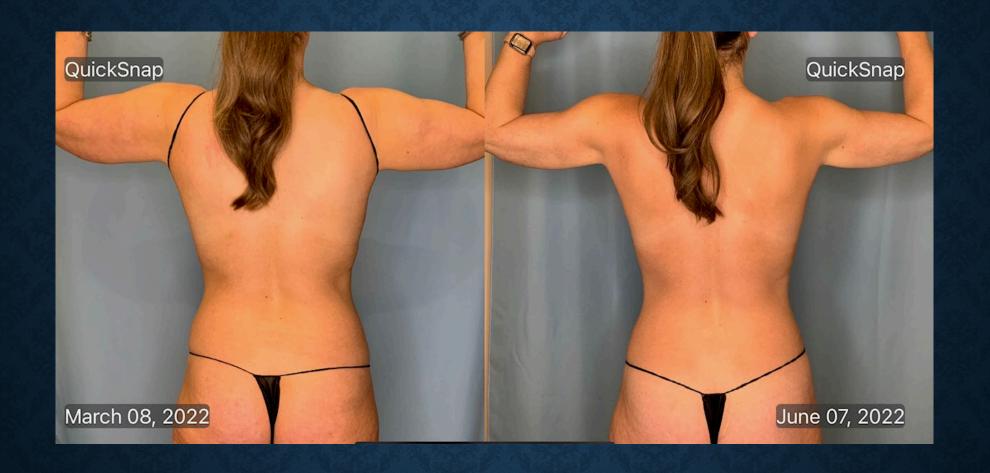
## ORTHOSCULPT ARMS FEMALE 1 MONTH POSTOP

ORTHOSCULPT
MEDIUM DEFINITION
ARMS
(+ BREAST
AUGMENTATION)





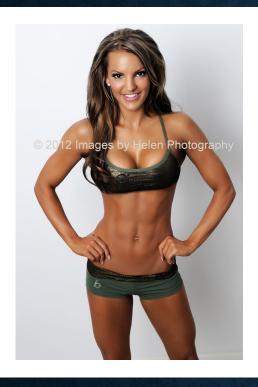
## ORTHOSCULPT ARMS FEMALE MEDIUM-HIGH DEFINITION



#### 3 MONTHS POSTOP

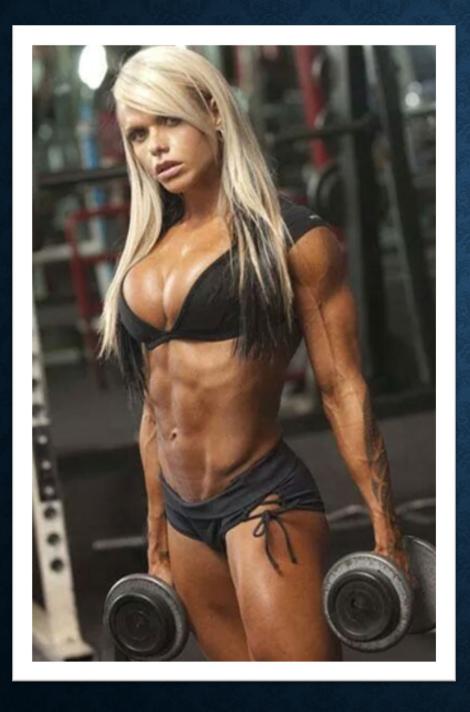


ORTHOSCULPT ARMS FEMALE (3 MONTHS)

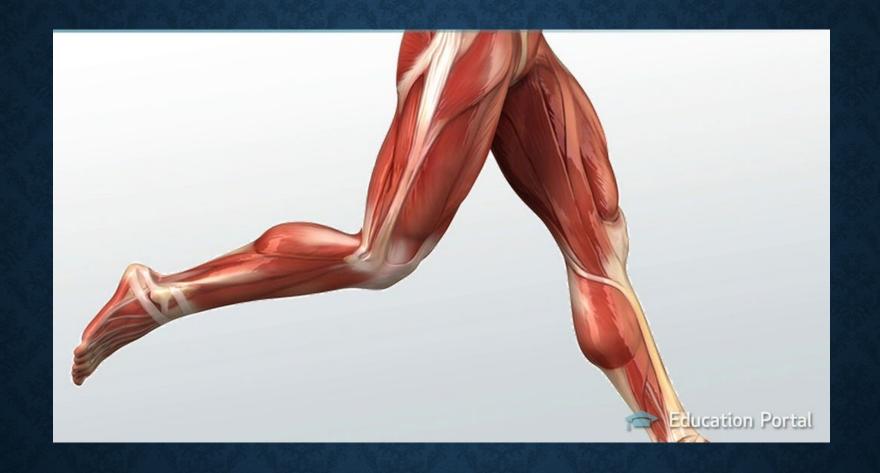




### FIT FEMALE TORSO/ARMS

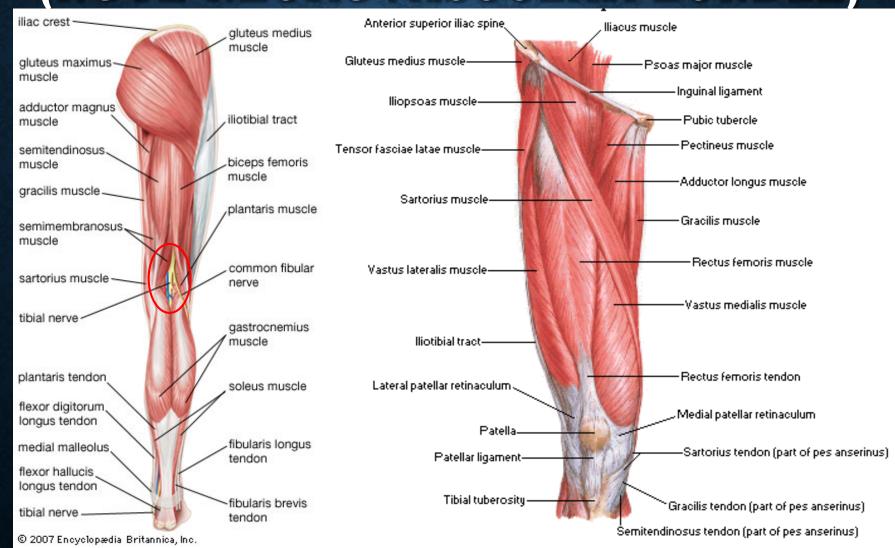


# FEMALE ARMS AND ABS

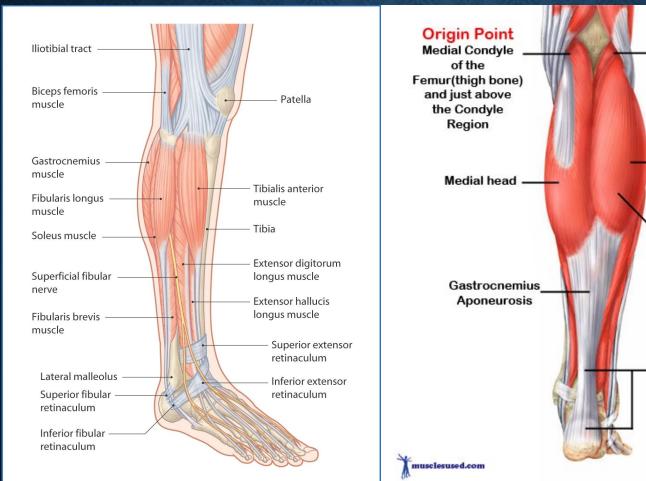


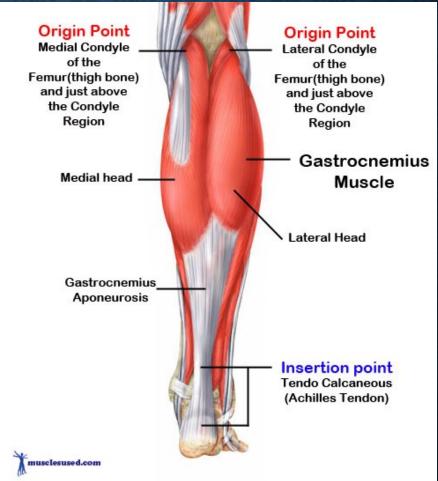
#### MUSCULAR ANATOMY LEGS

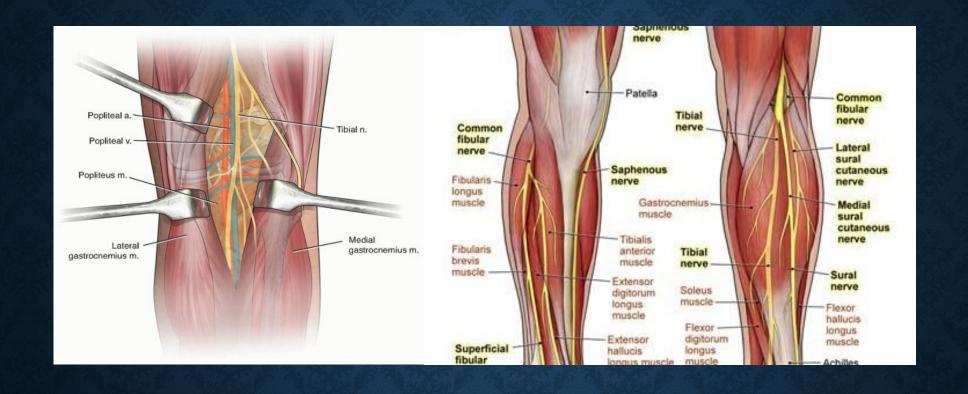
#### MUSCULAR ANATOMY OF THIGH (NOTE NEUROVASCULAR BUNDLE)



#### MUSCULAR ANATOMY OF LEG/CALF







#### NEUROVASCULAR ANATOMY LEGS



### MUSCULAR MALE LEGS

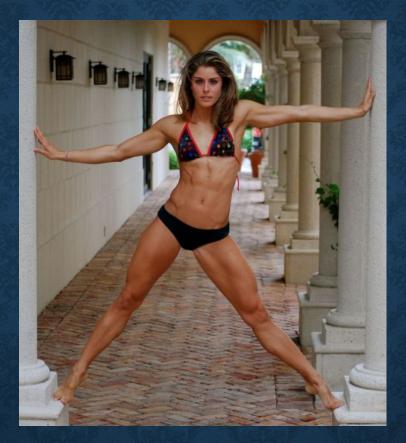
#### PROPOSED LINES OF DEFINITION





# LATERAL THIGH (IT BAND, V LAT, HAMSTRING, GS COMPLEX)





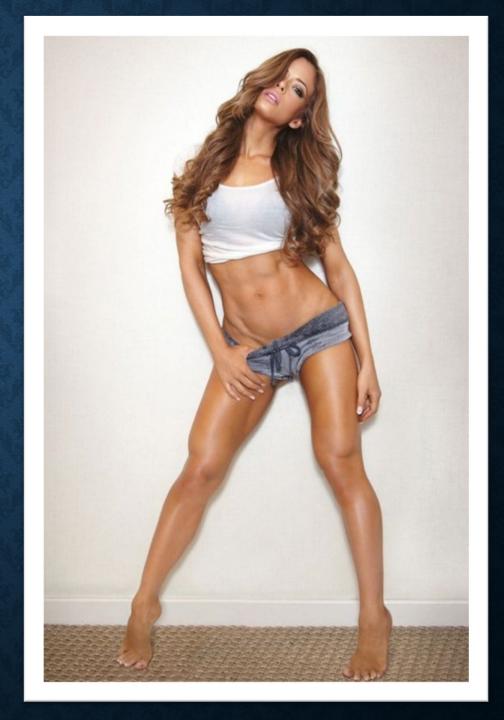


LEGS (FEMALE)

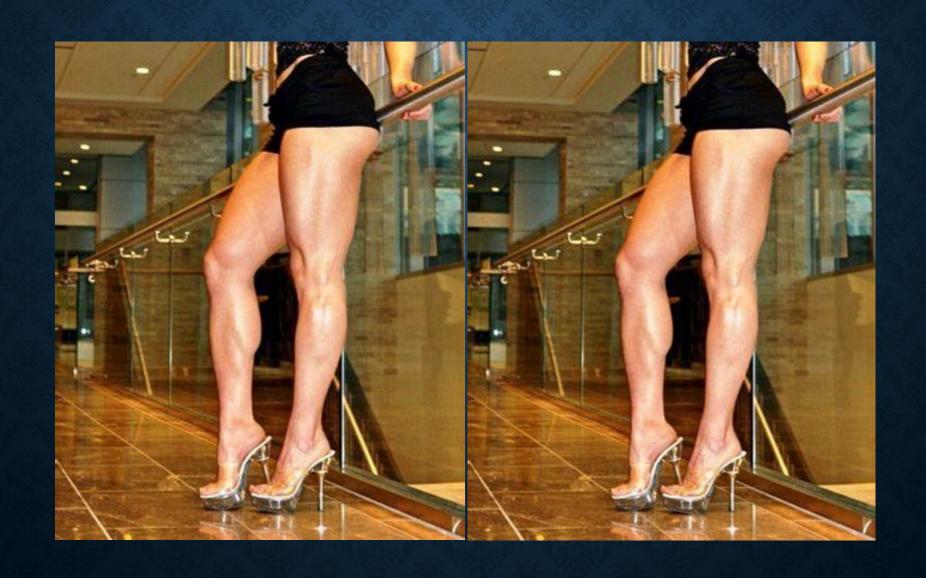


#### MUSCULAR FEMALE THIGHS

### LINES OF DEMARCATION



#### FEMALE LATERAL THIGH



#### OS THIGHS

• 4 weeks postop



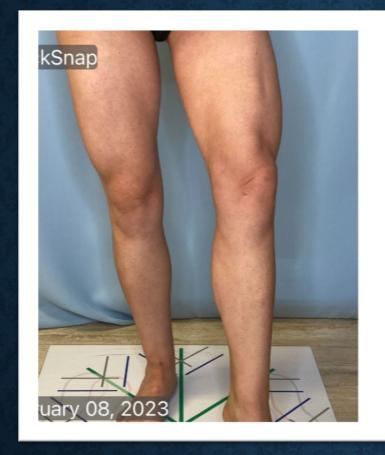


#### ORTHOSCULPT OF THE THIGHS





#### HIGH DEFINITION- OS THIGHS POD#1





#### ORTHOSCULPT HI DEF- FEMALE THIGHS

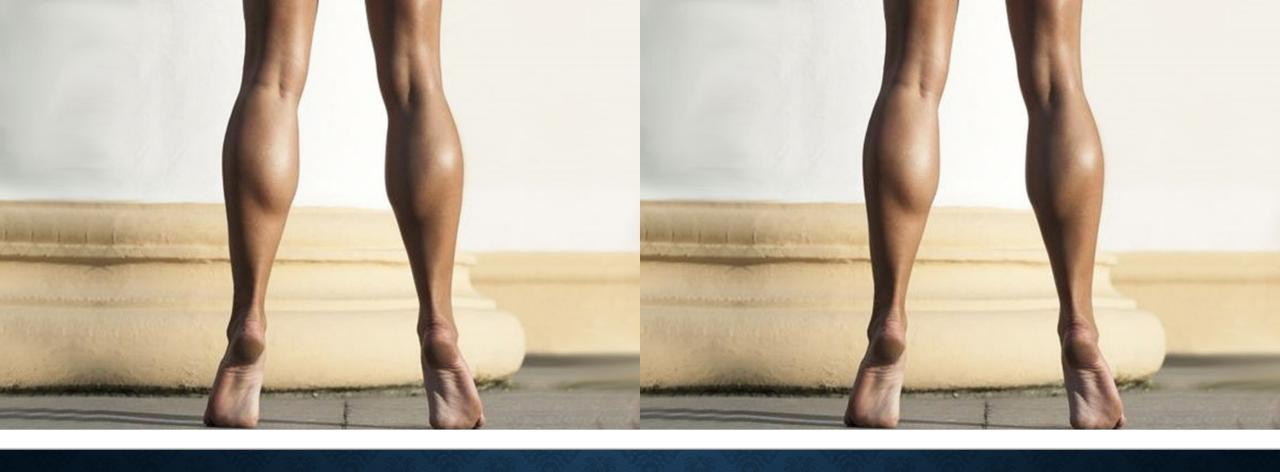
3 months postop



# LOWER LEG/GASTRIC SOLEUS COMPLEX



# PROPOSED DEFINITION (NOTE GEOGRAPHIC SHAPE AND SLOPE)



#### PROPOSED LINES OF DEMARCATION



## HIGH DEFINITION OS CALVES POSTERIOR VIEW



# HIGH DEFINITION OS CALVES ANTERIOR VIEW



#### ORTHOSCULPT OF THE CALVES

3 months postop

#### CONCLUSION

- Techniques first introduced in the 1980's have become increasingly popular
- Surgical techniques to achieve the ideal facial proportions and body shape continue to evolve
- The surgeries risk potential complications or artificial results without an in depth understanding of the anatomy
- Safety is always key
- ORTHOSCULPT IS A UNIQUE SET OF SURGICAL TECHNIQUES THAT CAN HELP ANYONE GET CLOSER TO THEIR IDEAL FACIAL SHAPE AND BODY GOALS

#### ORTHOSCULPT TRAINING/CERTIFICATION

- 1 WEEK HANDS-ON COURSE FOR SURGEONS AND THEIR MID-LEVELS TO OPEN UP ANCILLARY REVENUE STREAMS FOR YOUR PRACTICE
- OPEN TO SURGEONS IN GOOD STANDING
- PROVIDES SKILLS NECESSARY TO SAFELY PERFORM SCULPTING OF THE TORSO AND EXTREMITIES (+/- FACE)
- NON-OPERATIVE TECHNIQUES IN BOTULINUM TOXIN AND FILLERS FOR SURGEONS AND/OR THEIR MID-LEVEL PROVIDERS
- AVOIDS THE NEED TO DO A 1-2 YEAR COSMETIC SURGERY FELLOWSHIP
- LIMITED TO SCULPTING ONLY- TRAINING IN FACELIFTS/TUMMY TUCKS/BREAST AUGMENTATION/MASTOPEXY NOT PROVIDED

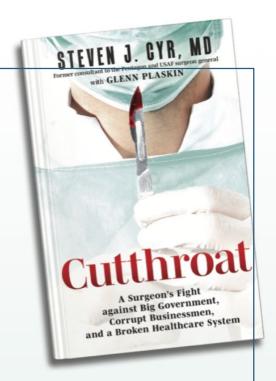
# CYRMD

#### COSMETIC SURGERY









#### A WAKE-UP CALL FOR THE HEALTHCARE INDUSTRY

From Former USAF Surgeon General and Consultant to the Pentagon Chief Medical Officer of SASPine and CYRXMD Cosmetic Surgery STEVEN J. CYR, MD



with New York Times Bestselling Author GLENN PLASKIN



### **Cutthroat**

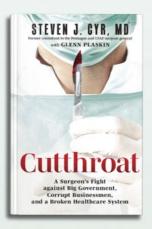
#### A Surgeon's Fight against Big Government, Corrupt Businessmen, and a Broken Healthcare System

In the multibillion-dollar business of American medicine, doctors are often portrayed as culprits—opportunistic millionaires who prey on the misfortune of their hapless patients and drive up the cost of healthcare. But oftentimes they are the real victims of a system designed to increase profits for the insurance companies, shady businessmen, and Big Government.

When Dr. Steven Cyr (a deeply religious man and the former chief of spine surgery for the U.S. Air Force) first opened his own practice, his focus was on providing the very best care for his patients, improving spine surgery results, and running an ethical business. He soon discovered that just because you play by the rules, it doesn't mean everyone else will.

Despite following the law to the letter, Dr. Cyr was descended upon by cutthroat businessmen, jealous colleagues, federal agents, and ambitious lawyers. Their barrage of legal attacks and false claims culminated in him being targeted for federal indictment and nearly losing everything he owned, including his good name and his home. Only through God's grace, the love of his wife, LeAnn, and a steadfast faith in doing what's right was he able to find the strength to overcome the forces aligned against him.

Cutthroat provides an insider's perspective on the many battles that doctors fight for their patients and their practices and exposes the truth about the complex financial, legal, and regulatory pressures faced by doctors who enter the business world. It's a wake-up call for a healthcare industry that has lost its way.



"Cyr is a captivating storyteller, recounting his experiences with passion and immediacy, from intimate details of his family dynamics to the breakneck pace of his ambitious career. The role of the author's religious faith in his dedication to medicine is also noteworthy."

-Kirkus Reviews

Available now



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www.cutthroatbook.com



#### THANK YOU!

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