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David Rosenberg, MD
Jessica Lattman, MD

Two Surgeons
Two Practices
One Office
One Marriage

THE Even Couple

by Rich Smith



Manhattan face specialist David Rosenberg, MD, and oculoplastic surgeon Jessica Lattman, MD, believe in possibilities. And, for them, the greatest possibilities of all exist in the operating room, where youthful looks are recaptured with the help of special surgical strategies Rosenberg and Lattman themselves have developed.

“We want our facelift patients—after they’ve fully recovered from surgery—to be able to look into the mirror and marvel that they’ve been given back the face they had 10 years ago,” Rosenberg says. “We want them to be able to walk into a room where there are people who know them and to have those people exclaim, ‘Oh my, you look great!’ and not have any sense that surgery was involved.

“To us, that’s what the modern aesthetic is all about,” he continues. It’s

understated elegance. And by understated, I don’t mean underdone. I’m talking about sophisticated surgical techniques that result in the most natural look possible. The goal of these techniques is not to tighten the face, because youthfulness is not tightness. The goal is to give the face better definition. That’s what youthfulness is—definition.”

Synergistic Pairing

Among Rosenberg’s signature procedures is a modified deep-plane facelift. His variation of this familiar procedure permits him to restore significant definition to the jawline and neck, but with the requisite degree of naturalistic subtlety his patients covet. This and many other procedures offered by Rosenberg are performed in concert with Lattman, his wife of 10 years.

“Jessica’s ophthalmologic contributions have been indispensable, if for no other reason than the fact that a significant number of patients who come to me have functional eyelid issues, such as lax eyelid syndrome,” Rosenberg explains. “Jessica helps with these cases by reformatting the structure of the eye. She performs repairs of ptosis and ectropion. She constructs tarsal strips. She also works with patients preoperatively and postoperatively to correct dry-eye problems or problems resulting from allergies and allergic reactions.”

Thanks to Lattman, Rosenberg no longer can imagine himself in practice without in-house ophthalmologic support. “There are just too many functional eyelid issues that present themselves in conjunction with facial cosmetic plastic surgery. It’s extremely convenient to be able to have these problems taken care of by Jessica.”

For her part, Lattman is delighted to work alongside her husband. “David and I are a great team, and there’s a synergy that results when the two of us work together,” she says. “We each bring something to the table, and we each learn from one another.

“Take blepharoplasty. We each are capable of performing this procedure on our own, apart from one another. But together, over the years, we’ve developed a team technique for blepharoplasty that blends his facial plastic surgery skills with

PRACTICE PROFILE

Name: David Rosenberg, MD
Location: New York City
Specialty: Facial plastic surgery
Years in practice: 7
Number of patients per office day: 25
Number of new patients per year: 800
Days worked per week: 4–5
Days surgery performed per week: 3–4
Number of employees in practice: 4
Office square footage: 1,100

PRACTICE PROFILE

Name: Jessica Lattman, MD
Location: New York City
Specialty: Oculoplastic surgery
Years in practice: 8
Number of patients per office day: 25
Number of new patients per year: 800
Days worked per week: 3
Days surgery performed per week: 2
Number of employees in practice: 4
Office square footage: 1,100

my oculoplastic surgery skills. As far as I know, no one else in this city or even the country is performing blepharoplasty quite this same way—or achieving the kind of results we’re seeing.”

Rosenberg and Lattman have shared the same East 61st Street office in Manhattan since 2003. Even so, their practices are legally distinct entities.

“We each have our own PLLC corporate structures,” Lattman reveals. “We are each responsible for our own billings and collections. Also, our referral bases are different, even though there is some overlap.”

Lattman says the reason for the division of practices, despite the shared accommodations, is that it is more comfortable that way. “This is how things started out for us,” she relates. “And there hasn’t been anything to come along to spur us to combine our practices.”

“Keeping our practices distinct is easier and simpler than merging them. We share some employees in common, for example, and we’re each contributing to upkeep of the office, so there are some economies of scale already at work for us.”

Smart Moves

Rosenberg and Lattman hold strong opinions about how practitioners should go about the task of achieving their business goals.

“I see a lot of young surgeons who don’t really develop a direction for themselves,” Rosenberg laments. “They complete training without having given much, if any, thought to where they want to go professionally and geographically.”

“Yes, they know they want to be busy as quickly as possible after entering practice, but they haven’t formulated a plan for how they will become busy. The time to start thinking about how you will become busy is not when you enter practice but when you enter residency or earlier—like the day you decide to become a cosmetic plastic surgeon.”



Rosenberg reviews before-and-after photos with a patient.

It was during Rosenberg’s otolaryngology–head and neck surgery residency at Manhattan Eye, Ear and Throat Hospital that he chose to become a facial plastic surgeon. This came after receiving a degree in biology in 1989 from Cornell University in Ithaca, NY, and his medical degree in 1993 from Cornell University Medical College in New York City. (He performed a general surgery internship at New York’s Lenox Hill Hospital.)

With residency behind him, New York native Rosenberg was accepted for a facial plastic and reconstructive surgery fellowship through the American Academy of Facial Plastic and Reconstructive Surgery in 1999. He opened a solo New York City practice in 2000.

Rosenberg thinks going solo upon entry to practice can be a risky proposition. He took that gamble because he believed it

A Family and More

It has never been easy for women to juggle a career and family, and that’s just as true today as it was decades ago, confesses oculoplastic surgeon Jessica Lattman, MD.

She and husband David Rosenberg, MD, have two daughters, ages 8 and 5, and a son, 1. The New York couple share parental duties, but it is Lattman who bears the brunt of responsibility for rearing the little ones.

“As challenging as it is to balance home and career, I feel lucky to have both,” she says. “People often ask me how I’m able to handle it and to be good at both. The answer is I have good support systems.”

“My office staff is excellent, so that helps me with the practice side of my life by keeping things running smoothly for me. Then, David and I have large extended families—our parents, siblings, and cousins all live nearby—so that helps with the raising of the kids.”

Lattman works 3 days per week and spends the other 2 (plus the weekends) tending the children.

“I’m very good at compartmentalizing my roles,” she says. “When I’m in the office, I’m strictly a surgeon. People are surprised to learn I’m also a mom with three kids. But when I’m at home, I’m strictly a mom—and then people find it hard to believe I’m also a surgeon.”

Lattman was born and raised in Manhattan. She graduated from Cornell University’s Ithaca, NY, campus in 1990 and received her medical degree from New York University School of Medicine in 1994. She interned at The Cambridge Hospital in Cambridge, Mass, and was residency trained in ophthalmology at Manhattan Eye, Ear and Throat Hospital in New York City. Before entering practice in 2000, she was an ophthalmic plastic and reconstructive surgery fellow under the preceptorship of Janet Neigel, MD, an ophthalmologist in West Orange, NJ.

Although Lattman and Rosenberg were Cornell University undergraduates at the same time (he was in the class ahead of her) and although they both lived on the same Ithaca street, they did not meet until the start of residency. (Rosenberg also trained at Manhattan Eye, Ear and Throat Hospital.)

Lattman recalls, “We were in a conference room and I remember thinking David looked so familiar, but I couldn’t immediately place where I’d seen him before. So we got to talking and discovered we’d both been at Cornell.”

They also discovered a raft of interests in common. One thing led to another, and in 1997 they were greeted by the peal of wedding bells.

(The couple’s common interests have only grown since marriage. For example, Lattman and Rosenberg both are committed supporters of Conservation International, a nonprofit organization working to preserve the natural beauty of the planet.)

Many women postpone having children until later in life, after their careers have blossomed. Lattman, on the other hand, had the first of her progeny even before entering practice. “My oldest arrived at the end of my fellowship training. I wouldn’t have wanted to give birth any earlier, during medical school, for instance—I think that would have been too much to manage. But, no, I don’t have any regrets about the timing of the arrival of my kids. I think the timing was just right.”

“What it all really comes down to is being able to do what you enjoy. I enjoy being a surgeon, and I enjoy being a mom. Because these are what I enjoy, neither seems like work. They both are a pleasure.”

—RS



The Even Couple



Rosenberg discusses an upcoming procedure with surgical coordinator Karen Schmidt.

was the only way he could become a home-run hitter at the earliest possible juncture in his career.

“For me, I would not have been able to achieve the things I wanted had I started out working as an associate in someone else’s practice,” he declares. “That’s not to say young plastic surgeons can’t become very successful working for someone else. They can. I’m just saying that for me, personally, the way I went about it made the most sense.”

One of the things newly minted plastic surgeons worry about when launching on their own is ending up with more money at the end of the month. “You worry—and rightly so—how you’re going to pay for all your overhead during the period when you don’t have any business to speak of,” Rosenberg reports.

“The solution is to take an incremental approach to overhead. In other words, look for ways to keep your expenses to the barest minimum in the beginning and then gradually take on more of them as the practice grows.

“For example, when I first started, I rented office space on a part-time basis, since I only had enough cases to justify an office 2 days per week. That worked well for me and for the physician I was renting from, a dermatologist—the rent he received from me was additional income that required no expenditure of time or effort on his part.

“In exchange, I gained relatively inexpensive access to an office that was already nicely furnished and equipped. Later, when my business had grown enough to support it, I increased the number of days I was renting to 5 per week. Eventually, I was able to afford a Manhattan office of my own—and a great one, too. It’s on the ground floor, the space right in the front as you enter the building.”

No to ORs

Lattman adheres to the view that it can be a strategic mistake for aesthetic plastic surgeons and oculoplastic surgeons—at least those in the biggest of big cities—to build their own operating rooms before their practices have had a chance to mature.

“In-office ORs are too sizable an investment for the young practitioner when there are affordable alternatives available in the form of hospital operating rooms, ambulatory surgery centers others have put up, and neighboring colleagues’ in-office suites that are not always in use,” she says.

To this day, Lattman and Rosenberg have eschewed the idea of enhancing their office with a surgery room. Instead, they use the OR at nearby Manhattan Eye, Ear and Throat Hospital.

“The support offered to us and the care given to our patients at the hospital has always been so exceptional that there just never was any reason to change that arrangement,” Lattman says. “Besides, we wanted our time and effort to go into managing patients, not managing an operating room. Managing patients is what David and I do best. Managing operating rooms is what the hospital does best.”

Worth noting is that patients who ask Rosenberg for botulinum toxin Type A or hyaluronic acid injections are referred to dermatologists. That is a business decision he made some time ago—and it is a choice that has proven quite savvy.

“First of all,” he begins, “I have no time to do injectables. Second, and more important, dermatologists are a key source of referrals into my office. So it’s good business for me to be able to send to those referrers patients of my own. I can’t do that if I selfishly put myself in competition with those dermatologists. I don’t see how I could expect referrals to contin-

ue from them if I’m unwilling to give referrals in return.”

Building a Practice

Rosenberg and Lattman are both firm believers in the power of networking.

“We each market on the idea that every patient has a sphere of influence,” Lattman says. “They have family, they have friends, they have people they communicate with through their job, through their recreational pursuits, their outside interests. The way to dramatically build a practice is to deliver genuine satisfaction so that your patients will promote you within their spheres of influence.”

Delivery of satisfaction is at the heart of an exercise Rosenberg and Lattman each adopted early in practice: They try to see patients at least twice before surgery. Then, immediately after surgery, they visit patients in the recovery room to let them know how things went and to



Lattman performs a ptosis evaluation.

answer any questions family, friends, and other gathered well-wishers might have.

That night or the next day, Lattman and Rosenberg talk to patients once more, only this time by phone. Twelve to 18 hours later comes another visit from them or from their physician assistant—a visit that takes place not in the office but at the hotel across the street from the operating room.

“We put them up in the hotel to make sure they get a good, restful, stress-free night in bed,” Rosenberg says. “And every one of these patients has a private-duty nurse assigned to stay with them in the hotel. We insist on this because we don’t want the patients to have to lift a finger for themselves. Whatever they want or need, the nurse is there to take care of it for them.”

When it comes time for patients to go home, Rosenberg and Lattman make sure they have a bag containing items to aid in recovery. “Their



Lattman performs a slit-lamp examination of a patient as part of a blepharoplasty evaluation.

The Even Couple

prescriptions are in that bag, and so are herbal medications, ointments, eye drops, and eye pads—they have to worry about buying nothing,” Lattman says.

Clearly, Rosenberg and Lattman are masters at the art of pampering, and their patients appreciate that. However, they assert that the quality of service is less important than the quality of the surgical outcome.

Rosenberg says, “If I didn’t strive to provide the absolute very best possible cosmetic results, I wouldn’t be able to attract patients in the numbers I’m currently seeing. I could pamper my patients better than anyone else on the planet, but that’s not going to help me if there isn’t a foundation of excellent cosmetic results.”

Looking Inward

Considering how busy they are, there does not at first blush appear to be much room for either Rosenberg’s or Lattman’s practice to continue growing.

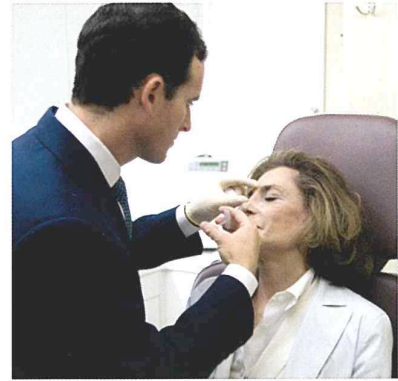
“As it is, I’m already operating all day every Tuesday through Thursday,”

Rosenberg says. “And Jessica maintains a comparably rigorous schedule of her own, especially when you realize that she is dividing her time between practice and motherhood. So if either of us wants to grow further, we’ll have to bring in other physicians.”

In Rosenberg’s situation, that might be very advantageous—rolling out the welcome mat to, say, a breast or abdominoplasty specialist would allow him to broaden his pool of prospective patients.

For now, though, Rosenberg may decide to focus his attention on refining the practice he currently enjoys, rather than seeking to expand it. As may Lattman. To be sure, there are still opportunities to improve the quality of service and to heighten efficiency around the office.

Those improvements, if made, won’t be dramatic or readily noticeable. They will be subtle. They will add definition to Rosenberg’s and Lattman’s practices. In the end, they will make patients happier. To them, it will be another way that



Rosenberg injects hyaluronic acid into a nasal defect following a tertiary rhinoplasty.

Rosenberg and Lattman have found to turn back the clock and recapture youthful appearances. **PSP**

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