



ISAPS[®] NEWS

OFFICIAL NEWS OF THE INTERNATIONAL
SOCIETY OF AESTHETIC PLASTIC SURGERY

3

Volume 17 | Number 3



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How I Do It

ISAPS Course Reports:
Argentina, Lebanon &
Romania

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MESSAGE FROM

the *ISAPS News* Editor-in-Chief



FABIAN CORTIÑAS, MD - ARGENTINA
Editor-in-Chief, *ISAPS News*

Dear ISAPS Family,

It is with great joy and pleasure that I take on the responsibility of leading the *ISAPS News*, and I would like to thank the individuals who trust in us and the whole membership for the opportunity to serve as your Editor-in-Chief.

Our *ISAPS News* quarterly magazine has been growing, as has our Society, and today, it is more than just a way to share the recent and upcoming activities of ISAPS and advancements in our specialty. In our vision, it reflects our DNA and, in that sense, needs to keep growing and developing. The richness of being international, multiracial, and multicultural, plus our members' intrinsic passion for aesthetics, gives a unique context to our Society.

We believe that our present success is strongly related to our rich history, and to recognize this, we are introducing a new section called, **“Standing on the Shoulders of Giants”**. This added component will be a space to remember our founding members and relevant figures of our specialty, individuals whose vision, creative ideas, and devotion to plastic surgery gave substantial contributions to the specialty and ISAPS.

Plastic surgery is about repairing, restoring, and beautifying; understanding that beauty has subtle differences across the different ethnicities and regions of cultures, and intending to find and understand them, we are introducing, in this issue, another new section, **“Concepts Of Beauty: Cultural Diversity & Interpretations”**. It brings an element to the *ISAPS News* where we research and analyze each area of our scope through the different views of our members from across the world to bring a richer understanding of what each one considers beauty. In this issue, we thank Dr. Joachim Von

Finckenstein for sharing part of his research and a summary of his book as an introduction to the matter.

We want to acknowledge all members who contribute in many ways to our *ISAPS News* and invite each and every one of our members to be a part of it. This is your way of communicating with the whole ISAPS community. This is your newsletter.

Finally, thank you all once again for the challenge and opportunity to help keep growing our *ISAPS News* quarterly magazine.

Sincerely,

Fabian Cortiñas, MD
Editor-in-Chief, *ISAPS News*



MESSAGE FROM

the *ISAPS News* Co-Editor



DIRK RICHTER, MD - GERMANY
Co-Editor, *ISAPS News*

VISION TO REALITY: THE ISAPS OLYMPIAD WORLD CONGRESS

Dear Colleagues and Friends,

In 2018, during my tenure as ISAPS President, a vital question arose, “How can we attract innovative speakers with fresh topics to our conferences?” Now, several years later, the answer became visible two weeks ago in the form of the **first ISAPS Olympiad World Congress in Athens**. Inspired by the sporting idea of the Olympics, all 117 nations were invited to send their top speakers.

Athens, the cradle of the Olympic Games, provided the ideal backdrop for this novel format. To further solidify the Greek Olympic nature, we were supported by Vakis Kontoes and Apostolos Mandrekas, and in close cooperation with Nazim Cerkes, we selected the Megaron Athens International Conference Centre.

After years of pandemonium and the hard work of the whole ISAPS team, **the vision became reality: over 1,500 participants from 91 countries**, impressed by first-class presentations and flawless organization. Fantastic weather, a family-like atmosphere, and inspiring social events perfectly rounded off the Congress.

One of the many highlights was the **Awards Ceremony** at the end, where outstanding scientific achievements and convincing presentations were honored with gold, silver, and bronze medals. The audience voted electronically, and

the awarded medals were enjoyed with great popularity on social media, giving the Congress an impressive online presence.

This ISAPS Olympiad undoubtedly represents a milestone in the evolution of ISAPS, adding a dynamic new format to the traditional ISAPS Biennial Congress. My deepest thanks go to the entire team who believed in my idea of which, I am a little proud. Of course, it is also to all members, participants, and industry partners whose active participation made this success possible.

We look forward to meeting you at the next ISAPS Olympiad World Congress in Singapore in 2025!

Warm regards,

Dirk Richter, MD
Co-Editor, *ISAPS News* and
ISAPS Past President (2018–2020)





MESSAGE FROM

the ISAPS President

Dear Friends and Colleagues,

Just a year ago, at our [ISAPS World Congress in Istanbul](#), today's 2022-2024 [ISAPS Boards of Directors](#) started their journey.

Today, one year on, I want to reflect again on our purpose: ISAPS vision for safe and effective aesthetic procedures and improved quality of life for all patients worldwide; and our mission, how we will accomplish our purpose: to inspire and nurture excellence in Aesthetic Education Worldwide® for the safety of our patients, and to highlight actions taken over this last year toward the six success factors identified in our [ISAPS strategic plan](#). I acknowledge our ISAPS Board of Directors, Committee Chairs, along with our Executive Director Sarah Johnson and our Executive Office team, that have made them happen.

I am thankful to those of you who have taken an active role in your commitment to ISAPS, for showing leadership, for being and acting according to your word, for being authentic and responsible for your actions, and for being here for something bigger than yourselves. Thank you for accepting the invitation to take action! Together we are creating ISAPS' future while contributing toward our bigger purpose as leaders in aesthetics.

I want to acknowledge our [Education Council](#) team for their hard work toward comprehensive Aesthetic Education Worldwide® for all training levels, which is one of our critical success factors. In response to your feedback, new formats were introduced for our free Residents webinar series under the leadership of Gustavo Abrile and Journal Club webinars chaired by Jerry O'Daniel, scheduled monthly throughout 2023. We have also continued expanding toward bringing education to your countries with 25 ISAPS Courses, Symposia, and Endorsed programs booked so far this year. Thank you to all who chaired these educational programs in your countries and for your contribution to the [ISAPS mission](#). We have continued to offer the [Visiting Professor Program](#) chaired by Renato Saltz and increased and expanded the ISAPS [Fellowship](#)

and [Mentor](#) programs, chaired by Maria Wiedner, with a new, more accessible application and placement process.

Thanks to the success of our World Congress in Istanbul, under the leadership of our past President Nazim Cerkes, the bar was set high for a new challenge this year; to move to an annual meeting and introduce our new program format [ISAPS Olympiad Athens World Congress 2023](#): our first program 'created by you', with keynote faculty selected from delegate rankings of our previous events and our all other speakers selected by competitive peer-review through our abstract's submission process: allowing all of you to have podium time and exchange knowledge with your peers. Thank you to everyone that took action to be part of our Athens meeting, and thank you, particularly to our Congress Chairs: Vakis Kontoes, Apostolos Mandrekas, our Scientific Program Committee chaired by Ozan Sozer, as well as the ISAPS Events team for putting ISAPS Olympiad Athens World Congress 2023 together. We also hosted our first [Awards Ceremony on Saturday, September 2](#), where we introduced, recognized, and celebrated more than 70 scientific award winners.

We look forward to presenting plans for our future Olympiad World Congresses, and I want to take the opportunity to thank Dr, Jamal Jomah and Dr, Matthew Yeo, for their support to increase the reach of ISAPS education to the Middle East and Asia in the coming years.

With our [ISAPS World Congress 2024, Cartagena](#) taking place earlier than usual (June 11-15, 2024), we formally opened our call for abstracts early too, during our Athens meeting. I hope that many of you were inspired by your colleagues on the podium to contribute to our Congress next year and are ready to submit your work before our deadline of **November 6, 2023**. We have added new innovative program themes for next year, which I know you will enjoy, together with historic Cartagena, its unique city walls, the beach, and our Colombian tropical rhythms and flavors.



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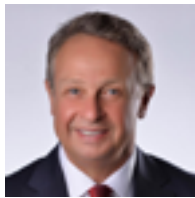
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Not all of our work at ISAPS is obvious to our members, and we have also focused on strong, effective governance, as critical to ISAPS' future success. I want to acknowledge Ivar Van Heijningen, our **Corporate Governance and Policy Committee** Chair, for his tireless work behind the scenes for the last several years to create and update formal governance policies, processes, and Terms of Reference for all our committees and activities, ensuring that ISAPS' work is sustainable and fit for the future. As part of this, at ISAPS, we commit to protecting our high ethical standards as paramount, and I am grateful to Kai Kaye for taking action in his new role as an ISAPS Board of Director to constitute and Chair our ISAPS **Ethics Committee** and to lead the review and update our ISAPS code of ethics.

Our **Patient Safety Committee**, under Monserrat Fontbona's leadership, has also been extremely active. Here I also want to acknowledge the support of Mark Jewell and our close partnership with ASAPS, ASERF, and ASPS in aligning to agree with **joint statements**, commentaries, and guidance on fentanyl and patient; use of injectable silicone for body contouring and associated health risks; US FDA Statement on Breast Implant Squamous Cell Carcinoma; Breast Implant Removal and Capsulectomy and Gluteal Fat Grafting.

To improve opportunities to engage and communicate with our aesthetic plastic surgery community worldwide, developing our digital infrastructure and innovation has also been a focus for last year with the launch of ISAPS' new website. Working with the support of our **Website Committee**, chaired by Fabian Cortiñas, Sanguan Kunaporn and Patricia Gutierrez-Ontalvilla, our online video library now comprises more than 750 learning activities and all our ISAPS systems are better integrated, and more easily accessible, including our ISAPS **Aesthetic Plastic Surgery Journal (APS)** and **ISAPS MedOne**, our state-of-the-art multimedia platform with hundreds of plastic surgery books and articles.

Following another of our ISAPS success factors for continuous effective and efficient communication, our **Communications, Branding, and Public Relations Committee**, chaired by Fabian Cortiñas, has been busy working with our team to develop our communications strategy for the future. Our Communications Committee



comprises the leaders of our various communications activities, as well as our Website Committee, our new Social Media Committee chaired by Naveen Cavale, developing our social media presence, our quarterly

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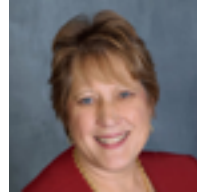
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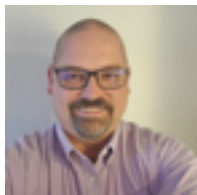
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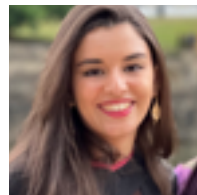
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ISAPS News with the co-editorship of Dirk Richter, and of, course, our President's e-Magazine that goes out monthly.

Special acknowledgment for our communications activities goes to Gianluca Campiglio, our **Global Survey Editor**, for improving our data collection responses and time, also of course with the help of our communications team and our extraordinary National Secretaries group chaired by Bertha Torres Gomez and co-chaired by Amin Kalaaji. Our National Secretaries remain the core essence of ISAPS, working in such a committed way throughout the year to support all areas of communication with our members and aspiring members within the plastic surgery community to share and develop ISAPS work. I thank you all for your leadership.

I also want to thank the **Membership Committee**, under the leadership of Andre Cervantes, for their work to grow our ISAPS Family and to respond to our members' needs, and to improve our reach and our services to our members wherever they are in the world.

Our **Humanitarian Programs Task Force** has also been active in improving our reach with the leadership of Tunc Tiryaki in this period in responding in the aftermath of Turkey's earthquake and during the crisis in Ukraine. We look forward to working with them further to improve opportunities for ISAPS outreach and humanitarian partnerships.

As you all know, we have a new Editor-in-Chief (EIC) for our **APS**. During the transition period, the Journal Operations Committee, chaired by Arturo Ramirez-Montañana, worked hard. Once again, we thank Bahman Guyuron for his eight years of service as APS EIC; today, our new EIC is Lee Pu, as many of you already know, and today I present to you our Co-Editors Woffles Wu, Fabio Nahas, and Moustapha Hamdi, who are still putting together the rest of their editorial team.

Our financial team is chaired by Tim Papadopoulos and our Treasurer, Kai Schlaudraff, whom I thank sincerely for their work to ensure that we can count on sustainable finances for our Society through sound financial policies, strong investments, and our **Global Sponsorship Program**. I also thank Kai Schlaudraff for his creativity and enormous hard work in bringing our ISAPS revisions insurance to life: helping our members increase their practice services and sustainability.



Our communication and work with our **Global Alliance Partners** remain a priority toward our vision for patient safety. As such, I am looking forward to welcoming presidents from many of our partner societies to our first **Global Alliance Forum on December 9, 2023**, at the Royal College of Surgeons, London, to bring space for conversation regarding common problematics in our aesthetic world.

And for those that still have not discovered our **ISAPS Leadership Insights for Transformation Program - L.I.F.T.**, which combines self-directed online learning, webinars, and live events, I invite you all to look at what we have put together for you. This program was created thanks to our ISAPS National Secretaries under the notion of contributing beyond our Aesthetic Educational Programs.

ISAPS is all about Aesthetic Education Worldwide®, but what if we could offer more... Remember, we are Leaders in Aesthetics, so how could we better contribute to our members beyond aesthetic knowledge? How could we better lead our offices, our surgery teams, the surgery centers, and spas where we live daily, our family, how to enhance our communication skills, how to better present at meetings, and more? How to go beyond enhancing our plastic surgery skills and increasing workability in every aspect of our lives. We held our first session on **September 1, 2023, ISAPS L.I.F.T. Session: Building Personal Power** (Figure 1) which was scheduled during our ISAPS Olympiad World Congress Athens. We also have a second LIFT webinar scheduled for Saturday, October 21, 2023. On the same theme, I thank our Women Surgeons Committee Chairs, Fatema Al Subhi and



Figure 1: Andy Craggs at the ISAPS L.I.F.T. Session: Building Personal Power.



Figure 2: Women's Symposium.

Argentina Vidrascu, for their passion for their work to continue the successful Global Alliance for Women Leaders (Figure 2) and for working toward improving our ISAPS mentorship opportunities in the coming year.

In closing, I invite you again to join me for next year's **ISAPS World Congress 2024, Cartagena, in my home country of Colombia, June 11 -15, 2024**. Since it is earlier in the year, please watch our **website** for our upcoming deadlines. We have already started working on the program with our scientific program team, Babis Rammos and Ahmad Saad in charge of body, Dana M. Jianu and Gustavo Abrile of breast, Kusai Elmusa and Francisco Bravo of nose, Paul Audi and Andre Auersvald of face and our full day non-surgical event with Tim Papadopoulos and Renato Saltz, all coordinated by Ozan Sozer and myself. We are thinking outside the box in every aspect to create a scientific program focused on answering current questions and interactive sessions toward improving our surgical skills.



Figure 3: National Secretaries.

A full 'non-scalpel' day brings you non-surgical, minimally invasive, and top-of-the-line technology to keep enhancing our aesthetic practice.

And our social program will ensure we have fun in the beautiful Cartagena and Latin spirit.

Thank you again to our ISAPS Board of Directors that chair many of our ISAPS committees and to all other Committee Chairs and ISAPS members that directly serve ISAPS, our Executive Team, and our National Secretaries (Figure 3). Remember, my invitation: to take action together toward something bigger than yourselves, enhancing our aesthetic world because we are Leaders in Aesthetics.

Sincerely,

Lina Triana, MD
ISAPS President, 2022-2024



MESSAGE FROM

the Education Council Chair



OZAN SOZER, MD - UNITED STATES
Chair, ISAPS Education Council

Dear ISAPS Members,

We have just completed the first **ISAPS Olympiad World Congress** in Athens. It was a very successful meeting with over 1,500 attendees (*Figures 1 and 2*). This was the first time we implemented this new meeting format, and **80% of this meeting consisted of presentations from our members** through their abstract submissions.

Our members presented their work in three different formats: 7-minute oral presentations, 3-minute rapid fire sessions, and 2-minute poster presentations. Every presentation was evaluated by assigned moderators. **19 presenters were awarded gold, silver, and bronze medals.**

Now that the Olympiad is over, our focus is turned toward our biennial meeting that will take place in **Cartagena, Colombia, in June 2024**. Our



Figure 1: ISAPS Olympiad Athens World Congress presentation.

Scientific Program Committee for the ISAPS World Congress 2024 has already started working on the program, and the **deadline to submit your abstracts is November 6, 2023**, so don't delay.

For the remainder of the year, we will continue with our Journal Club and **Residents' Webinar, which will cover Basics in Rhinoplasty - Preservation and Structural, on October 7, 2023**. Our next **Journal Club is on November 4, 2023**, and the topic is **"Tips for Subperichondrial-Subperiosteal Dissection in Primary Rhinoplasty"**.



Figure 2: Session during the ISAPS Olympiad Athens World Congress.

In November, ISAPS will participate in the **Brazilian Congress of Plastic Surgery**, the annual meeting of the Brazilian Plastic Surgery Society, as part of our ongoing mutual agreement on educational support.

As the Chair of the ISAPS Education Council, I would like to **thank our members for their contributions and support for the first ISAPS Olympiad World Congress**. We will continue to work hard to bring the best aesthetic education to our members worldwide.

Sincerely,

Ozan Sozer, MD
Chair, ISAPS Education Council



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Philippine Association of Plastic, Reconstructive and Aesthetic Surgeons (PAPRAS)
62. **POLAND**
Polish Society of Plastic, Reconstructive and Aesthetic Surgery (PSPRAS)
63. **PORTUGAL**
Sociedade Portuguesa de Cirurgia Plástica Reconstructiva e Estética (SPCPRE)
64. **QATAR**
Qatar Society of Plastic Surgery
65. **ROMANIA**
Romanian Aesthetic Surgery Society (RASS)
66. **RUSSIA**
Northeastern Society of Plastic and Reconstructive Surgeons (NESPRS)
67. **RUSSIA**
Russian Society of Plastic, Reconstructive and Aesthetic Surgery (RSPRAS)
68. **SAUDI ARABIA**
Saudi Plastic Surgery Care Society (SPSCS)
69. **SAUDI ARABIA**
Saudi Scientific Association for Plastic Surgery and Burns
70. **SERBIA**
Serbian Society of Aesthetic Plastic Surgeons (SRBSAPS)
71. **SERBIA**
Serbian Society of Plastic, Reconstructive, and Aesthetic Surgery (SRBPRAS)
72. **SINGAPORE**
Singapore Association of Plastic Surgeons (SAPS)
73. **SOUTH AFRICA**
Association of Plastic, Reconstructive and Aesthetic Surgeons of Southern Africa (APRASSA)
74. **SPAIN**
Asociación Española de Cirugía Estética Plástica (AECEP)
75. **SPAIN**
Sociedad Española de Cirugía Plástica Reparadora y Estética (SECPRE)
76. **SWEDEN**
Swedish Society of Aesthetic Plastic Surgery (SFEP)
77. **SWITZERLAND**
Schweizerische Gesellschaft für Ästhetische Chirurgie (SGAC)
78. **SWITZERLAND**
Swiss Society of Plastic, Reconstructive and Aesthetic Surgery (SSPRAS)
79. **TAIWAN**
Taiwan Society of Aesthetic Plastic Surgery (TSAPS)
80. **TAIWAN**
Taiwan Society of Plastic Surgery (TSPS)
81. **THAILAND**
Society of Aesthetic Plastic Surgeons of Thailand (THSAPS)
82. **TURKEY**
Turkish Society of Aesthetic Plastic Surgery (TSAPS)
83. **UKRAINE**
Ukrainian Association of Plastic, Reconstructive and Aesthetic Surgeons (UAPRAS)
84. **UKRAINE**
Ukrainian Society of Aesthetic Plastic Surgeons (USAPS)
85. **UNITED ARAB EMIRATES**
Arabic Association of Surgical and Medical Aesthetics (AASMA)
86. **UNITED ARAB EMIRATES**
Emirates Plastic Surgery Society (EPSS)
87. **UNITED KINGDOM**
British Association of Aesthetic Plastic Surgeons (BAAPS)
88. **UNITED KINGDOM**
United Kingdom Association of Aesthetic Plastic Surgeons (UKAAPS)
89. **UNITED STATES**
American Society for Aesthetic Plastic Surgery, Inc. (ASAPS)
90. **VENEZUELA**
Venezuelan Society of Plastic, Reconstructive, Aesthetic and Maxillofacial Surgery (SVCPREM)
91. **VIETNAM**
Vietnamese Society of Aesthetic and Plastic Surgery (VSAPS)



COMMITTEE REPORT

ISAPS Governance and Certification Committees



IVAR VAN HEIJNINGEN, MD - BELGIUM
Chair, ISAPS Corporate Governance and Policy, and Certification Committees



BERTHA TORRES GOMEZ, MD - MEXICO
Chair, ISAPS National Secretaries

GOVERNANCE AND NATIONAL SECRETARIES

For this 10th article on Governance in the *ISAPS News*, Bertha Torres Gomez was kind enough to join me in explaining what governance principles apply regarding National Secretaries (NS).

NATIONAL SECRETARIES: WHY DO WE REQUIRE THEM? WHAT IS THEIR PURPOSE?

One of the most important groups of members at ISAPS are the NSs. They are the direct connection between the Board of Directors (BoD) and all the ISAPS members living in 113 countries. They are chosen by election from among the active members for four years and can be re-elected for a second term. The same guidelines apply to Assistant NSs.

Their purpose is to support the vision, mission, and strategic plan of ISAPS and to ensure that their country members have the tools to help ISAPS reach its goals while at the same time representing national members to the ISAPS leadership so that the best interests of their national members are served. This is why the strategic plan was developed together with the NSs, taking their opinion into account.

WHO FOR AND WITH WHOM?

Each NS acts as a representative for their respective country, and their primary purpose is to serve its local members. Their secondary role is to interact and communicate with the BoD and the many committees that govern the Society and work together toward its goals.

The executive Office is the third most important group for NSs to engage with. Finally, all 92 NSs and 31 Assistant NSs, chaired by Bertha Torres Gomez and Assistant Chair Amin Kalaaji, form an important group that works together and meets regularly.

WHAT IS THEIR JOB, THEIR ROLE, AND RESPONSIBILITY?

NSs have a dual role. First, they must support the members of their country. They help them and verify their applications, direct them to the appropriate office member or committee, answer their questions, and represent them when the BoD requests their opinion. On the other hand, they are there to represent ISAPS as a Society to the members and assist in recruiting new members. It is also imperative for NSs to share any relevant information from ISAPS with the local members, including the sharing of surveys. They should also help liaise with their national societies to motivate them to join the Global Alliance.

We want to provide our members with the best education on aesthetic plastic surgery. But at the same time, promote patient safety. NSs are expected to share this message and help organize local meetings in their countries, which many already do, most recently in India, South Africa, Spain, Egypt, Bulgaria, and many more.



HOW DO NSs DO THE JOB?

Exchanging information must be done with integrity and ethics. They must avoid conflicts of interest and be transparent about their position as NS. The NS must promote ISAPS membership, for instance, and refrain from withholding it from eligible people, and they should not promote themselves. The ISAPS servant culture of placing the goals of the Society to promote education and patient safety FIRST, must be shared and adopted.

NSs must be extremely sensitive and aware of cultural differences and help “translate” the initiatives of ISAPS’ Board and committees to the members in their country so that they understand and execute them correctly. Translating messages into their local language can help get the intended information across.

HOW DO NSs EXECUTE THE JOB? POLICIES, RULES, AND EFFECTIVENESS

The **National Secretaries’ Handbook** describes in detail how the job must be performed. Most important is to be present at the yearly Congresses and online NS meetings. They must be well-versed in the Bylaws and Strategy Plan so that they are aware of the intentions of the Society. They must abide by the Code Of Ethics and set the right example. ISAPS’ Policies and Terms of Reference are intended to give clarity and transparency about what has been decided and what items are agreed upon. If NSs feel these terms are too restrictive, we ask them to please share their thoughts with the Governance Committee so that we can either explain why they are that way or take suggestions and adjust them in a future update.

In 2018, ISAPS established a communication group that was put in place for the NSs to better share pertinent Society information, which can be disseminated quickly. Additionally, the NSs have 3-4 regular annual in-person, virtual or hybrid meetings.

CONCLUSION

It is an honor and privilege bestowed upon ISAPS NSs to represent their country and its members. This function brings great responsibilities, which we have described. Do not hesitate to contact us if you wish for more information.

We thank all NSs for their commitment to help continue to make ISAPS successful.

Sincerely,



Ivar van Heijningen, MD
Chair, ISAPS Corporate Governance and Policy, and Certification Committees



Bertha Torres Gomez, MD
Chair, ISAPS National Secretaries



COMMITTEE REPORT

ISAPS Patient Safety Committee



MONTSERRAT FONTBONA, MD - CHILE
Chair, ISAPS Patient Safety Committee

ISAPS NEWS PATIENT SAFETY

Patient safety in aesthetic plastic surgery worldwide remains a top priority for ISAPS, and with 14,986,982 surgical procedures performed worldwide in 2022, patient safety is not only essential but fundamental. Every year on September 17, World Patient Safety Day, we are reminded to recognize our commitment, raise awareness, and push for worldwide intervention for the safety of patients.

To commemorate this important day, we were fortunate to get together once again with ISAPS Patient Safety Committee Chair, Dr. Montserrat Fontbona. She has served in this capacity for this past year, and we are eager to hear about her experiences and what has developed in terms of patient safety for ISAPS and our specialty.

Dr. Fontbona, when we last met, you had just accepted your role as ISAPS Patient Safety Committee Chair. What observations have you made over the course of your current term, and what, if any, influences do you see that impact patient safety? Both negatively and positively.

During our joint work, we have shown that patient safety is a matter of universal interest for plastic surgeons and that ensuring the safety of our patients is also ensuring our safety as specialists. However, we have shown that although in various countries, there are local recommendations on patient safety issues, in more than half of the surveyed countries there is no safety committee of the respective national society and that for our members, it is a necessity

to be able to count on information and practical guidelines for the management of their patients.

The safety of patients is affected by the intrusion of those who are not plastic surgeons who perform surgeries and procedures in our specialty, exposing patients to severe complications and ramifications.

The lack of legislation in our specialty in certain countries is another factor that influences this, and the perceived lack of access to education for both patients and specialists and medical tourism also negatively affects patient safety. On the other hand, the education of our members and also of our patients, and the information they have access to, as well as the diffusion through various channels of communication and recommendations, contribute to raising awareness of patient safety and supporting our members in their daily work.

Patients today have many options to choose from when deciding on the course of their aesthetic plastic surgery journey, and the choices can be overwhelming. From deciding on the specific procedures, which surgeon to select, and even what country to go to. In your opinion, what are the priorities for patients when considering these options? And from a surgeon's viewpoint, what are the top priorities for plastic surgeons when considering patient safety? Why?

The current access to a large amount of information from multiple and diverse sources is one of the factors that



influence the decision-making of patients, who are often propelled to undergo surgeries and procedures for economic reasons, marketing, and unrealistic promises of results without considering their own safety or who will perform it.

From the point of view of those of us who are specialists, ensuring the safety of patients constitutes an ethical duty as doctors. Considering the main priorities, ISAPS established the **Patient Safety Diamond** based on four fundamental pillars:

- The patient (who is a suitable candidate for surgery)
- The procedure (that is appropriate for the patient)
- The surgeon (qualified and experienced)
- The place (accredited and with trained personnel)

Implementing the safety diamond allows us to reduce the possibility of risks and complications for our patients and favor the best possible result.

At the start of your tenure as Patient Safety Committee Chair, you mentioned wanting to build a stronger awareness of patient safety through ISAPS members and supporting their work with scientific and practical recommendations for them and their patients. How has this developed over the past six months and how have ISAPS members contributed to the overall progress of patient safety awareness?

In the last six months, our Patient Safety Committee has established itself as an active channel of communication between ISAPS members and the Board of Directors regarding concerns and ideas related to patient safety. We have carried out a diagnosis of the current situation through the implementation of a survey for the National Secretaries and Assistant National Secretaries to find out the reality of each country in terms of patient safety, including the main concerns of its members and how ISAPS can contribute in their countries to support their work in this area.

On the other hand, we have published various articles and communications on issues of relevance to safety and alerts for patients so that they are distributed to all members of the multiple countries of ISAPS. We are currently working to establish recommendations regarding essential issues in our specialty that can support the management of our patients and in turn, provide support for our members in the country where they work.

What advice do you have for young surgeons just starting their careers, and what would you tell them is imperative about patient safety?

In the current world of our specialty, scientific advances are growing rapidly, and we are constantly faced with new treatment options for our patients; however, it is imperative not to lose focus of our specialty, which is to contribute to improving the quality of life of our patients and in this way, all the new techniques that we implement must always consider the safety of our patients as a first priority.

As we wrap up our interview, can you share your favorite part of working on the Patient Safety Committee?

My favorite part of working on the Patient Safety Committee is the opportunity to meet and work with colleagues from different countries and continents who are highly motivated to collaborate with their knowledge and experience in developing excellent work on various topics related to patient safety.



COURSE REPORT

V IGUAZÚ AESTHETIC MEETING, 2023



GUSTAVO ABRILE, MD - ARGENTINA

ISAPS Residents Education and E-Learning Committee and National Secretary

From June 29 through July 1, 2023, the **VIGUAZÚ AESTHETIC MEETING** took place in the town of Puerto Iguazú, Misiones, Argentina. It was organized by the Plastic Surgery Service of the Parque de la Salud, Posadas Misiones Argentina, and was held in conjunction with the Plastic Surgery Society of Northeast Argentina, the Society of Plastic Surgery of Paraguay (SPACPRE), and the regional offices of Rio Grande do Sul Regional of the Brazilian Society of Plastic Surgery (SBCP) and the Paraná Society of Plastic Surgery (**Figures 1-4**).

The Meeting was scientifically endorsed by ISAPS, SBCP, SPACPRE, Argentine Association of Aesthetic Surgery (AACE), Buenos Aires Plastic Surgery Society (SCPBA), Argentine Plastic Surgery Regional Northeast (SCNEA), French Society of Aesthetic Plastic Surgeons (SOFCEP), Italian Association of Aesthetic Plastic Surgery (AICPE), Spanish Association of Aesthetic Plastic Surgery (AECEP), as well as the Department of Teaching and Research of the Parque de la Salud, and the Ministry of Health of the Province of Misiones.



Figure 1: Drs. Vakis Kontoes, Gustavo Abrile and Renato Saltz.

It was declared of provincial interest by the Honorable Chamber of Deputies of the Province of Misiones, and a tourist interest by the Ministry of Tourism. Additionally, the Governor of the Province of Misiones, Dr. Oscar Herrera Ahuad, attended the Opening Ceremony.

The academic symposium consisted of five 6-hour modules, with a focus on nasal surgery, breast surgery, HD liposuction, facial surgery/business, and non-invasive procedures.



Figure 2: Drs. Ronaldo Righesso and Anne Groth from Brazil, Gustavo Abrile and Rocio Lescano from Argentina, and Daniel Costanzo from Paraguay.

The program and its subject matter were developed by 95 regional and international speakers with debates stemming from experience, updates, and academic innovation.

The social and tourist activities were also exceptional and included a visit to the Iguazu Falls (**Figures 5 and 6**), on the border of the Argentinian and Brazilian borders.

I was joined by Drs. Vakis Kontoes, ISAPS Secretary, Andre Cervantes, Membership Chair, and Renato Saltz, ISAPS Past President (2016-2018).

The Meeting was also an opportunity for Dr. Sergio Korzin,



Figure 3: Residents from Plastic Surgery Service Parque de la Salud, Misiones Argentine.





Figure 4: Drs. Gustavo Abrile, Argentina, Isabel Moreno, Spain, Jose Parreira, Portugal, and Cemal Snyuva from Turkey.

Assistant National Secretary of Argentina, and myself to deliver the ISAPS Life Member Tribute to Drs. Claudio Ghilardi and Carlos Mira Blanco.

ISAPS was also represented by these National Secretaries, Drs. Gustavo Jimenez Muñoz Ledo (Mexico), Gimena de los Ríos (Uruguay), Marcelo Maino (Brazil), Augusto L. Arriola (Peru), and from the Dominican Republic, Rafael Estevez Hernandez.

Once again, thank you all so much for your ISAPS support, and we are already thinking about 2024!



Figure 5: Drs. Gustavo Abrile with Flavia and Renato Saltz at Iguazu Falls.



Figure 6: Drs. Kirill Psheniskov, Renato Saltz and Ricardo Cavalcanti in the back.



INTERNATIONAL CONFERENCE OF ROMANIAN AESTHETIC SURGERY SOCIETY COORDINATES A MEMORABLE PLASTIC AESTHETIC SURGERY AND FRIENDSHIP EVENT



DANA M. JIANU, MD - ROMANIA
ISAPS Scientific Program Committee

This summer, the Romanian Aesthetic Surgery Society (RASS) organized a memorable scientific event, The International Conference and the Summer School for Residents and Young Specialists. It took place in Sinaia, Romania from June 28 through July 1, 2023.

RASS is strongly committed to its educational role and its residents. During the Summer School (pre-Conference Day), the young generation of plastic surgeons had the opportunity to benefit from courses and to practice skin plasty techniques with hyaluronic acid and botulinum toxin on mannequins.

The International Conference was deliberately selected to be held in Sinaia, the former summer residence of the Romanian Royal Family. The magnificence of the royal legacy of the ancestors and the highest peaks of the Carpathian Mountains inspired the RASS to host a one-of-a-kind event with top speakers from around the world.

The concept of the two-day scientific program was built to feature in particular difficult cases, complications, or novelties in order to draw inspiration from the solutions of

these exceptional surgeons, most of them prominent ISAPS personalities, with impressive professional accomplishments on topics of greatest interest: breast augmentation, body contouring (abdominoplasty, liposuction, post-bariatric surgery), breast reduction and lifting, rhinoplasty, and facial surgery. Surgeons included: Arturo Ramírez-Montañana (Mexico), Giovanni Botti (Italy), Fabian Cortiñas (Argentina), Bertha Torres Gomez (Mexico), Francisco Bravo (Spain), Nora Nugent (UK), Birgit Stark (Sweden), Franco Bassetto (Italy), Hussein Abulhassan (Egypt), Katarina Andjelkov (Serbia), Mehmet Bayramicli (Turkey), Gianluca Campiglio (Italy), and Gunther Felmerer (Germany).

The team of lecturers and trainers from Romania was represented by Drs. Dana M. Jianu, Carmen Giuglea, Ovidiu G. Ivan, Silviu Marinescu, Bogdan Marinescu, Andrei Marin, Dan Totir, Florin Juravle, Radu Ionescu, Sorin Parasca, Sidonia Susanu, Cristina Berbecar-Zeca, Ghenadie Contu, Sabina-Eliza Baloi and, Bogdan Nițescu.

The Romanian hosts worked together with the organization team, doing their best so that all the international and





Figure 1: Faculty gathering during the Conference.

national guests and participants would enjoy a warm collegial, scientific, professional dialogue and hospitality during the Conference (Figures 1 and 2).

There was a very demanding pace in presenting the papers (but strictly respected by all!), an elevated atmosphere of study, and Q&A sessions. There were also some unedited sessions including, "How Do I See the Future of Plastic Aesthetic Surgery in Key Words." The entire audience enjoyed very emotional ceremonial moments including honoring our masters in plastic aesthetic surgery, Dr. Valeriu Popescu for "Entire Career," and the Distinction of the Romanian Society to the honorary members, and to all international guests.

During the International Conference, a general assembly of the RASS and elections took place, where Dr. Dana M. Jianu was elected to be the Honorary President of RASS. Also,



Figure 2: One of the many educational lectures.

the new Steering Committee for the term (2023-2025) was elected, and the team for President Dr. Carmen Giuglea, and Dr. Bogdan Marinescu, was elected President-Elect 2025-2027.

The Conference ended in a warm, royal atmosphere at the faculty dinner at Cantacuzino Palace (Figure 3) with a delightful Romanian wine tasting (Crown Domains, Segarcea) with the majestic Carpathian Mountains as the backdrop.

After the Conference, the organizers put together a very interesting and attractive Transylvania trip, a quite profound but also funny immersion in Romanian culture and art with multi-ethnic aspects of history, gastronomy, exceptional natural mountain environments with unique flora and fauna (especially a lot of bears in liberty), Sibiu Art Festival, old medieval cities and fortresses, a UNESCO heritage site, glacier Balea Lake, the peaceful village of Viscri, the beloved place of the Romanian King Charles, the Transfagarasan through Fagaras Mountains road which is famous worldwide and inks two historical parts of Romania, Transylvania, and Muntenia.



Figure 3: Faculty dinner at Cantacuzino Palace.

INTERNATIONAL GUESTS INCLUDED:

Dr. Fabian Cortiñas (Argentina), Past-President of the Society of Plastic Surgery, Buenos Aires, Argentina, and Member of the ISAPS Executive Committee.

Dr. Nora Nugent (UK), Vice President, British Association of Aesthetic Plastic Surgery (BAAPS), Board Member, BAAPS Support Secretary, European Association of Societies of Aesthetic Plastic Surgery (ESAPS/EASAPS) Contributing Editor, ASJOF.

Dr. Valeriu Popescu (Romania), plastic surgeon in Hamburg, Germany, awarded the title "Doctors of the 20th Century", (Marjorie-Wiki) for innovation in breast surgery.



Dr. Giovanni Botti (Italy), Honorary President of AICPE (Italian Society of Aesthetic and Plastic Surgery), Professor of Plastic Surgery at the University of Verona Plastic Surgeon Villa Bella Clinic Salon, Italy.

Dr. Mehmet Bayramiçli (Turcia), Plastic Aesthetic and Reconstructive Surgery of Istanbul.

Dr. Birgit Stark (Suedia), Associate Professor of Plastic Surgery, Chief of the Section for Facial Nerve Disorders since 2005. Plastic surgeon at the Department of Plastic and Reconstructive Surgery, Karolinska University Hospital since 1992.

Dr. Francisco Bravo (Spain), an active member of the American Society for Aesthetic Plastic Surgery and the immediate Past-President of the Spanish Association of Aesthetic Plastic Surgery. He also serves on the Editorial Boards of both the *Aesthetic Plastic Surgery Journal* and the *Aesthetic Surgery Journal* as International Senior Editor and is part of the Board of Directors of ISAPS as the Education Council Vice-Chair.

Dr. Gunther Felmerer (Germany), a specialist for plastic and aesthetic surgery, and additional title includes hand surgeon at the University Medical Center Göttingen, Georg-August-University.

Dr. Franco Bassetto (Italy), Plastic Surgery Professor at the University of Padova.

Dr. Arturo Ramírez-Montañana (Mexico), board-certified plastic surgeon from Monterrey, Nuevo León, Mexico. President-Elect of ISAPS, and Former President of the Mexican Society of Aesthetic and Reconstructive (AMCPER).

Dr. Bertha Torres Gomez (Mexico), board-certified plastic surgeon from Mexico City, Chair of ISAPS National Secretaries, and President of the Mexican Association of Plastic, Aesthetic and Reconstructive Surgery (AMCPER).

Dr. Hussein Abulhassan (Egypt), Professor of Plastic, Reconstructive and Hand Surgery, Past President of the Egyptian Society of Plastic and Reconstructive Surgery (ESPRS), National Secretary of ISAPS, and Faculty of Medicine at Alexandria University, Egypt.

Dr. Katarina Andjelkov (Serbia) board-certified plastic and reconstructive surgeon in Serbia and Brazil with more than 20 years of experience. Dr Andjelkov is an ISAPS National Secretary for Serbia and also ISAPS Education Council Co-Chair for Europe.

Dr. Gianluca Campiglio (Italy), concluded his residency in plastic surgery at the University of Milan where he also obtained his residency in Microsurgery and his PhD in Plastic Reconstructive Surgery with a thesis on growth factors and stem cells. He has been senior register at the Division of Plastic Surgery of Niguarda Hospital (Milan) and a consultant in various private and public hospitals.

Dr. Ghenadie Contu (Republic of Moldova), an active member of ISAPS since 2010 and National Secretary since 2020; member of the International Confederation of Plastic Surgery Societies (ICOPLAST), and member of the European Rhinoplasty Society (RSE).

See you at the next beautiful scientific plastic aesthetic stop in Romania! Also see you soon in Cartagena, an important destination for our professional and friendly ISAPS opportunities!



VIITH WORLD CONGRESS OF PLASTIC SURGEONS OF LEBANESE DESCENT, BEIRUT, AUGUST 26-27, 2023



Rise of the phoenix

BISHARA S. ATIYEH, MD - LEBANON

Despite all odds, the **VIIth World Congress of Plastic Surgeons of Lebanese Descent** (APSLD) was successfully held in Beirut on August 26-27, 2023 with the participation of world-renowned guest speakers and a prestigious faculty with participants from the US, Canada, Argentina, Brazil, Mexico, Colombia, France, Italy, Belgium, Switzerland, Greece, Tunisia, Qatar, and Lebanon (**Figure 1**).

During the Opening Ceremony, a Memorandum of Understanding (MoU) was signed between Società Italiana di Chirurgia Plastica Ricostruttiva-Rigenerativa ed Estetica (SICPRE), the Association of Plastic Surgeons of Lebanese descent

(APSLD), the Lebanese Society of Plastic, Reconstructive, and Aesthetic Surgery (LSPRAS).

The MoU was signed by myself, Dr. Marzia Salgarello, SICPRE Ambassador to APSLD/LSPRAS, LSPRAS President Dr. Joseph Bakhach, APSLD International Secretary Dr. Fabio Nahas, and APSLD Secretary Dr. Sami Saad.

A similar MoU signed with Société Française des Chirugiens Esthétiques Plasticiens (SOFCEP) was presented virtually by SOFCEP President Dr. Catherine Bergeret-Galley. To commemorate these agreements two cedar trees were planted in the Al Shouf Cedar Nature Reserve in the Barouk Cedar Forest and tree certificates were presented to representatives of the two societies, SICPRE and SOFCEP (numbers 7997 and 7998). Dr. Robert Daoud, Senior Plastic Surgeon, and sole surviving co-founder of LSPRAS was also presented with a Cedar Tree Certificate for his lifetime achievement.

“Rise of the Phoenix” was the slogan chosen for this event. In my opening speech, I summarized the many tragic events that have occurred in Lebanon over the last half century and that have culminated in the civil uprising in 2019 just one month after the conclusion of the Vth APSLD in Beirut, caused by the catastrophic Port of Beirut explosion in 2020, which was followed by an unprecedented devaluation of the Lebanese currency and economy as well as a political crisis that is still ongoing. Yet, through its history, even though the



VIIth WORLD CONGRESS OF PLASTIC SURGEONS OF LEBANESE DESCENT

Figure 1: World-renowned guest speakers and a prestigious faculty with participants.



Phoenix could not live its full lifespan, it never failed to rise from its ashes to chant the story of a living nation. Organizing the VIIth APSLD in Beirut amidst the current turmoil was intended to prove that the spirit of the Phoenix remains vivid in the troubled land of Lebanon and that all Lebanese in the diaspora still maintain this spirit deep in their hearts.

Dr. Arturo Ramírez-Montañana, ISAPS President-Elect, honored the audience with his presence and by delivering the IIIrd Ricardo Baroudi Lecture (**Figure 2**) entitled “Trespassing the Normal Beauty: Are Plastic Surgeons Creating a New Concept Beyond the Natural Normal?”



Figure 2: Dr. Ramírez-Montañana delivering the IIIrd Ricardo Baroudi Lecture entitled “Trespassing the Normal Beauty: Are Plastic Surgeons Creating a New Concept Beyond the Natural Normal?”

Beyond the Natural Normal?” The lecture was a long-awaited cry of alarm in the face of increasingly popular invasive and non-invasive interventions resulting in exaggerated outcomes that are best qualified as creating unnatural dimorphism rather than improved aesthetics.

Dr. Ramírez-Montañana stressed the necessity for plastic surgeons to abide by the well-established natural canons of beauty and aesthetics determined by the golden number proportions that result in harmonious features. He also stressed their responsibility to educate the public and fight the trend perpetrated by other “aesthetic” providers that have resulted in many instances of disfigurement rather than beautification.

Scientific sessions included topics about body contouring, breast aesthetic surgery, facial aesthetic surgery, minimally invasive aesthetic procedures and aesthetic medicine, and reconstructive surgery. Furthermore, in addition to a scientific exhibition, eight workshops, and symposia were organized including topics about complications associated with dermal

fillers, vascular occlusion, and agarose fillers, intra-operative augmented reality for the plastic surgeons, BodyTite and Morpheus8 minimally invasive modalities, minimally invasive treatment for firming and tightening of skin utilizing a combination of radiofrequency energy and helium, fundamental principles for successful large volume fat transfer, inner bra technique, and pre-pectoral breast reconstruction with Microthane® breast implants.

During the closing ceremony, the VIIIth APSLD was announced, which will be held in Bordeaux, France, in 2025. The event was concluded by the signing of a MoU between the Asociación Mexicana de Cirugía Plástica, Estética y Reconstructiva (AMCPEP), and APSLD/LSPRAS by Dr. Bertha Torres Gomez, President of AMCPEP and her Lebanese colleagues (**Figures 3 and 4**). A cedar tree has been planted in the Barouk Cedar Forest to commemorate this agreement.

As repeatedly stated by Dr. Ricardo Baroudi, former APSLD President, participants attending a conference will remember little about the scientific program after some time but will never forget a rich and well-organized social program. Following this advice, participants were asked to dance to the music and songs of a live band until late into the night during the Gala Dinner. At the conclusion of the Congress, a visit to Jeita Grotto and the old city of Byblos was organized followed by a dinner in a seaside restaurant.



Figures 3 and 4: The signing of a MoU between the Asociación Mexicana de Cirugía Plástica, Estética y Reconstructiva (AMCPEP), and APSLD/LSPRAS by Dr. Bertha Torres Gomez, President of AMCPEP and her Lebanese colleagues.

Besides exchanging experience and knowledge, this Congress offered the occasion to strengthen ties between old friends as well as to make new ones participating in an APSLD Congress for the first time, particularly from Argentina and Columbia. All participants departed with full certainty that the Phoenix has really risen from the ashes and that he will never fail to rise again should the circumstances demand it. All were full of hope and looking forward to the VIIIth APSLD in Bordeaux, France, in 2025 pledging to return in 2027 to Beirut.



ISAPS JOURNAL

MESSAGE FROM THE EDITOR-IN-CHIEF



LEE PU, MD, PHD - UNITED STATES

Editor-in-Chief, *Aesthetic Plastic Surgery*

Dear ISAPS Members,

As many of you may know I have been selected and appointed by the International Society of Aesthetic Plastic Surgery (ISAPS) leadership as the new Editor-in-Chief of Aesthetic Plastic Surgery, the official Journal of ISAPS. I started as the new Editor-in-Chief on July 1, 2023.

Thank you, Dr. Bahman Guyuron, the immediate past Editor-In-Chief of the Journal, who has made a seamless transition with me possible. After nearly a month's hard work by the entire current editorial board members, section editors, and myself, I am happy to report to you that the Journal has been back on track and fully functioning. Just in the last two months, the Journal has received an incredibly large number of submissions and revisions from previously submitted manuscripts, which obviously made everyone on the editorial board and section editors, and myself work even harder to fulfill the most important mission of the Journal, the scientific publishing.

With strong efforts from the current ISAPS President, Dr. Lina Triana, the President-Elect Dr. Arturo Ramírez-Montañana, Dr. Kai Schlaudraff, and Dr. Tim Papadopoulos, we have identified three outstanding individuals to serve as Associate



Editors. I am extremely pleased to inform you that Dr. Mustafaa Hamdi from Belgium, Dr. Fabio Nahas from Brazil, and Dr. Woffles T. L. Wu from Singapore have graciously accepted their appointments as the new Associate Editors of the Journal. With these three talented and capable individuals on board, we have indeed formed the strongest leadership team in the Journal's history. I am really looking forward to working with these three newly appointed Associate Editors and I am very confident that we will bring the Journal to the next level of excellence and fulfill the mission of our Society to promote aesthetic surgery education worldwide.

I will work with these Associate Editors to somehow restructure the Journal's editorial boards. We will have a total of 12 sections and each section may have one or two section editors depending on the number of manuscripts submitted to that particular area of aesthetic surgery and ethnic considerations. We are even planning to increase the number of editorial board members so that the peer review process of the Journal can be improved in terms of its quality and speed. I would urge our worldwide ISAPS members to inform me or other



Associate Editors if you would like to get involved with the Journal as a reviewer, or if you believe you could be qualified as an editorial board member. Please also indicate your experience with any plastic surgery journals and the area of expertise you have in a particular area of aesthetic surgery or medicine. It is anticipated that each editorial board member or section editor will work harder than before to ensure the quality of the peer review for our Journal.

Several other major plastic surgery journals have dropped their impact factors to a significant degree. However, our Journal's impact factor has essentially been stable. With the strong leadership of ISAPS, strong efforts from the entire Editorial Board and the leadership team of the Journal, and submissions from our worldwide members and international plastic surgery community, I am confident that our impact factor could be increased in the near future.

Soon, the Journal will likely undergo several major changes, and it will become a monthly publication. Its cover page should be more attractive and cosmetically pleasing but still maintain the identity as the Blue Journal. It is anticipated that the Journal will have more online activities and more social media presence. We will also personally invite experts in the field to write important review articles as well as contemporary operative techniques in aesthetic surgery. It is my sincere hope that the Journal can be the best scientific forum for the international aesthetic plastic surgery community.

If you have any suggestions for the Journal in terms of the topics or contributors for publication as well as qualified individuals who are willing to serve on the editorial board, please do write to me at llpu@ucdavis.edu.

Once again, I would like to express my deepest appreciation to the immediate past Editor-In-Chief, Dr. Bahman Guyuron for his many contributions to the Journal. I also would like to express my heartfelt appreciation to the current ISAPS leadership and its tireless efforts for the Journal. Lastly, I would like to thank Ms. Sarah Johnson, the Executive Director, for her continued guidance and support.

I look forward to working with the Journal's Associate Editors, Section Editors, and members of the entire Editorial Board and reviewers to make our Blue Journal the best international aesthetic plastic surgery journal in the world.

With my best wishes to you and yours,



Lee Pu, MD, PhD
Editor-in-Chief, *Aesthetic Plastic Surgery*





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RICCARDO F. MAZZOLA, MD - ITALY

THE ORIGIN OF BRACHIOPLASTY

After the dramatic years of WWI, the interwar period was an exciting moment in which to live. The Great War was just a memory, and the world seemed to finally enjoy peace and calm and face a more optimistic future.

Many surgeons, fully trained in facial reconstruction for having treated injured soldiers and helping them get reinstated into society and back to their families, enthusiastically started to take care of the welfare of surgery, in other terms, cosmetic procedures. Face lifting, blepharoplasty, mammoplasty, abdominoplasty, and otoplasty were largely developed, but completely new operations, like brachioplasty, were systematized.

In Europe, the welfare of the surgery spread out in Paris, Berlin, and Vienna whereas in the US, it was mainly in New York and Chicago. Suzanne Noël, Raymond Passot, Julien Bourguet, and Maurice Virenque worked in Paris. Surgeries in Berlin were performed by Jacques Joseph, and in Vienna, by Ernst Eitner.

In New York, Eastman Sheehan was regarded as one of the most expensive surgeons on the “planet,” charging about 10,000 USD for a face-lifting procedure¹. In Chicago, aesthetic surgery was influenced by Charles C. Miller and Max Thorek, as far as body contouring was concerned. It was also during this time that Jacques Maliniak, founded the American Society of Plastic Surgeons in 1931.

SUZANNE NÖEL AND THE FIRST PHOTOGRAPHIC DOCUMENTATION OF BRACHIOPLASTY

The professional career of **Suzanne Noël** (1878-1954), started in the Unit of Hyppolite Morestin, at Val-de-Grace military hospital in the outskirts of Paris, where she managed the facially disfigured soldiers, the so-called “gueules cassées”. At the age of 47, having gained enough experience from reconstructive surgery, she decided to

quit the hospital and organized an active solo practice in the very exclusive 16th arrondissement of Paris. She specialized in techniques for facial rejuvenation, namely blepharoplasty, and face lifting, but also in scar corrections, otoplasty, and brachioplasty².

Suzanne Noël was one of the first aesthetic surgeons to perform dermolipectomy of the arm. She removed a long ellipse of skin and underlying fat for the correction of flabby tissues of aging or obese women, ensuring that the scar remained hidden in the inner aspect of the arm. Her operations were simple, but effective, strictly performed



Figure 1: Pre- and postoperative result of a brachioplasty performed by Suzanne Noël in 1926. Possibly the first example in medical literature, “La Chirurgie Esthétique. Son rôle sociale”.

on an outpatient basis. For this reason, undermining was minimal. In her book, “La Chirurgie Esthétique. Son Rôle Sociale” (Aesthetic Surgery. Its Social Role), published in 1926, was one of the first textbooks on this topic and the first written by a woman³ (Figure 1), she showed pre- and





Figure 2: The cover of Suzanne Noël book, published in 1926.



Figure 3: The cover of Raymond Passot book, published in 1931.

postoperative photographs of brachioplasty, probably the first in the medical literature, with superior results (Figure 2).

In 1928, Suzanne Noël was awarded the Legion of Honour due to her contributions to surgery.

BRACHIOPLASTY ACCORDING TO PASSOT, JOSEPH, AND THOREK

Raymond Passot (1886–1933), coming from the same unit of Val-de-Grace military hospital, added innovative techniques for breast ptosis, abdominal adiposity, facial rejuvenation, and eyelid correction. His book “*La Chirurgie Esthétique pure*” (*Pure Aesthetic Surgery*), dating from 1931 (Figure 3), shows a wide range of operations in the field of aesthetic surgery, including brachioplasty⁴. He described a technique very similar to that of Suzanne Noël, with the excision of an ellipse of skin and underlying fatty tissue, but warns the reader about closure of the ensuing defect under tension, which may cause impairment of venous circulation, a potentially severe complication of the procedure.

Although **Jacques Joseph** (1865–1934) from Berlin is usually regarded as the founder of rhinoplasty, he took care of a wide variety of aesthetic procedures, describing them with great detail, with pre- and postoperative photographs, namely face lifting, blepharoplasty, otoplasty, abdominoplasty, and brachioplasty. In his book, “*Nasenplastik und sonstige Gesichtsplastik nebst einem Anhang über Mammoplastik (Rhinoplasty and other Facialplasty, with an Addendum on Mammoplasty)*”⁵, Jacques Joseph showed a case of

brachioplasty with the removal of a large piece of skin from the whole upper arm, along with the underlying “*panniculus adiposus*”. The operation was performed in two stages. The photograph illustrates the procedure carried out on the left side only, whereas the right side had not been treated yet. According to him, the patient, who strongly complained about skin laxity in her arms, was very pleased with the final result (Figure 4).

In the US, during the interwar period, the quest for body perfection through surgery was an accepted part of the American culture. Face lifting, blepharoplasty, nose jobs, and otoplasty were the most requested procedures, whereas brachioplasty was less popular. It was particularly practiced by **Max Thorek** (1880–1960). Thorek was born in Hungary, and as a medical student in Budapest, he emigrated with



Figure 4: Brachioplasty performed by Jacques Joseph as shown in his Book *Nasenplastik*, published in 1931. Comparison between the two sides of the arms. The left side was operated, whereas the right side had not been treated yet.

his family to Chicago, where he completed his university studies at Rush Medical College, obtaining a medical degree in 1904. Initially, he worked as a general and reconstructive surgeon. Then he established the American Hospital in Chicago, where he was the Chief Surgeon until his death. He was also the founder of the International College of Surgeons, and a strong supporter of aesthetic surgery, recognizing its positive psychological role. He died in Chicago in 1960.

In 1942, he published “*Plastic Surgery of the Breast and Abdominal Wall*”, the first textbook in English, entirely devoted to body contouring, and Thorek’s principal



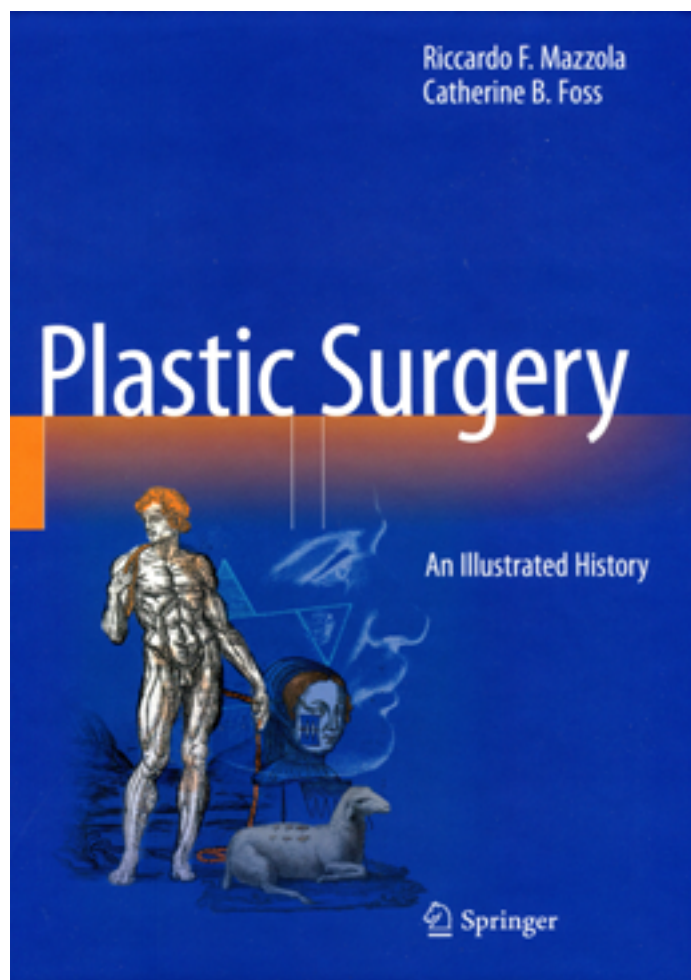


Figure 5: Cover of the book by Riccardo F. Mazzola and Catherine B. Foss, "Plastic Surgery: An Illustrated History".

contribution to plastic surgery. The last section of the book deals with cases of brachioplasty, in obese patients concurrently operated for abdominoplasty⁶. Curiously, he defined this procedure as the "reduction bags of the arms".

To conclude this brief overview on brachioplasty, cosmetic surgeons working in the interwar period in Europe, like Suzanne Noël, Raymond Passot, and Jacques Joseph, or in the US, like Eastman Sheehan, Lyons Hunt, and Jacques Maliniak, substantially contributed not only to develop plastic and aesthetic procedures but also to change a practice regarded with suspicion into an approved branch of surgery. More details about the origin and development of plastic reconstructive and aesthetic surgery through the ages can be found in the book I recently published in cooperation with Catherine B. Foss⁷, "Plastic Surgery: An Illustrated History" (Figure 5).

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JOACHIM VON FINCKENSTEIN, MD - GERMANY

WHY ARE WE TURNED ON BY BEAUTY?

What is a patient's reasoning for being treated by plastic surgeons? Why is everybody aiming for beauty in all areas of life: fashion, design, architecture, art and so many others? How come we all prefer to be surrounded by beautiful things rather than ugly ones?

If we try to find out the reason for this behavior, we have to go back and observe the very basic reactions of ourselves.

Is there anything universally considered as beautiful?

Yes, nobody regardless of their culture, would define a field of colorful, well-smelling flowers as ugly. Why? Because



Figure 1a: Prism divided into rainbow colors.

candy as opposed to grey or white ones. Appetizing healthy fruits and legumes are colored, processed ones are not. Without color, survival wouldn't be possible for insects and birds. Basically, mankind has



Figure 1b: Owl.

the same senses as birds and insects, while we have less developed interpretations of color, it is still rooted in our brains. At the same time, nature uses color for survival purposes (Figure 1b).

SO FIRST: BEAUTY IS LINKED TO LIFE AND SURVIVAL.

Eternal youth has been an ideal since the beginning of mankind. Johann Wolfgang von Goethe's, Faust, deals with it as well as Oscar Wilde's, Dorian Gray, and in more modern entertainment, in the movie *Highlander*, eternal youth is the very subject. The pharmaceutical industry earns a lot of money with creams and pills suggesting anti-aging effects, teachers, and fitness trainers for healthy lifestyles; but also, more and more doctors, not only plastic surgeons, offer treatments to bring youth back. What makes perpetual youth so appealing?

“Once we were young and beautiful”, is a well-known idiom. What lies behind such a saying? Simply put, youth is linked to attractiveness because youth means fertility. A young woman or a young man is sexually more appealing



Figure 2: Brigitte Bardot, young and old.

(Figure 2), as it would easier lead to the procreation of mankind. These are reactions coming from our instincts that we cannot escape from. That is why love is a basic anchor related to beauty.

THEREFORE SECOND: BEAUTY IS LINKED TO YOUTH.

You are looking good today! Good? It does not mean beautiful, though beautiful is what is meant. This idiom is used in all languages of the world so there must be a reason why good and beautiful are used as synonyms.



Historically, Greek philosophers already realized the parallelism of these two characteristics. One of their philosophies was the “Kalos kagathos”, (Καλός) meaning beautiful and Agathos (αγαθός) meaning good. The ideal beauty is the synthesis of shape with the goodness of the soul.

At that time the Greek philosophers didn't know the pathophysiological mechanism behind this. But nowadays we can detect the reason for this synonymy in our brains. Perceiving beauty, or listening to wonderful music, savoring tasty food, or smelling fragrant items, activates a reward system in our brain, discharging one of our main “happy chemicals”, to let us feel joy, or **dopamine**. In the direct neighborhood of this brain center, the emotion of perceiving virtues is located. Due to this anatomical contiguity, the perception of virtuousness is stimulated at the same time as our reward system when in action. This explains why good is connected to all dopamine flows in the brain, which makes us feel happy.



Figure 3: Actor portraying the character James Bond (007).



Figure 4: Actor portraying James Bond's adversary.

On the same token that everyone prefers to be the good guy (Figure 3) rather than the villain (Figure 4), everybody prefers to look good rather than bad. One of the reasons why politicians, actors, and other celebrities try to correct external deficiencies in their appearance is to have a “good” image.

SO, THIRD: TO BE BEAUTIFUL MEANS TO BE GOOD.

Seeing the picture, everybody would agree, that this motive is very pleasant. Besides the fresh colors and the smooth water, the round shape of the bridge reminds one of a rainbow and most importantly, **symmetry** (Figure 5), which is the very **element that triggers dopamine**. Our deepest reflexes tell us, that asymmetry is unhealthy, as we know from many pathologies including hemiatrophia faciei or tubular



Figure 5: Bridge landscape.

breast disproportion. It's not just us humans, even birds avoid asymmetric plants and leaves eroded by rot.

There is another geometric principle closely linked to aesthetic findings: **1,618 is the golden ratio number,**

as you will find in multiple constructions of mankind. Architectural designs including Le Corbusier, the Eiffel Tower, cathedrals, the Taj Mahal, the Acropolis, and many others, and

constructions of nature, such as nautilus shells (Figure 6), Romanesco cabbage, sunflowers, and, even in geometries of the universe like galaxies, where these **proportions are just beautiful**. Knowing that



Figure 6: Golden ratio example.

the **DNA helix construct is divided in the proportions of the golden ratio**, the appellation **divine proportion** becomes obvious.

AT FOURTH: BEAUTY IS LINKED TO SYMMETRY AND DIVINE PROPORTION.

Of course, these are just four aspects concerning this complex subject. German philosopher once said, “To define beauty is as if you tried to knock pudding on the wall.”

Nevertheless, let me try to give some attributes connected to beauty:

- Beauty is...
- external
- ...but not superficial,
- round and smooth,
- appetizing, colorful,
- young, appealing,
- symmetric, proportionally divine,
- good, survivable, sexual.
- Beauty is love,
- Beauty is life.





JOSE MANUEL VIÑAS, MD - ARGENTINA

ONE OF THE GREATS: JOSE CLEMENTINO VIÑAS, MD

To pay tribute to the many founders of our specialty and current plastic surgeon experts, the *ISAPS News* Editorial Board has added this section to our quarterly magazine. We want to honor those who paved the way and made it possible for us to practice aesthetic plastic surgery, as well as today’s leaders, and through sharing their stories, we can reflect on the many things they did and do to make it possible for us to continue to advance and progress our specialty. We hope you enjoy as much as we do, learning from the “giants.”

On September 29, 1975, Dr. Jose Clementino Viñas (JCV) died in a tragic railway accident at 60 years old. He traveled from Buenos Aires (BA) to Rosario, cities where he was Head of Plastic Surgery Services (ad honorem). He worked in clinics and sanatoriums, and in his private practice.



Dr. Jose Clementino Viñas (JCV)

In Rosario, he was the promoter and founder of "Cruz de Oro", a permanent emergency service, and its Medical Director from 1944 to 1954.

Dr. JCV was a lover of beauty and lived a life immersed with aesthetics, in all of its forms.

He graduated as a surgeon from the National University of the Litoral, Argentina (UNL)

in Rosario and there he married a colleague, Dr. María Elena Zárate, with whom he had two children: María Elena, a lawyer, and José Manuel.

In 1944 Dr. JCV represented the UNL at the Latin American Congress of Plastic Surgeons held in Santiago de Chile.

In 1952 he was one of the founders of the Argentine Society of Plastic Surgery (SACPER). By then he was already working in Buenos Aires and at the Rawson Hospital, in the Plastic Surgery Service directed by Dr. Héctor Marino, within the Municipal Surgical School, directed by Drs. Ricardo and Enrique Finochietto. From the latter, as a fellow of his foundation, he visited the Plastic Surgery Service in the US and Canada in 1953.

On June 10, 1960, Dr. JCV was appointed as a corresponding member of the American Society of Plastic and Reconstructive Surgery (ASPRS). In 1970, under the auspices of the American Educational Foundation, part of the *Plastic and Reconstructive Surgery Journal* (PRS), he held a series of conferences in the US. In 1971, with the support of the Asian-Pacific Federation of Plastic Surgery, he held a lecture tour in Japan and several cities in India. On September 7, 1971, he founded the Argentine Society of Aesthetic Surgery (SACE).



Dr. JCV signing the ISAPS Foundation Act in the United Nations (UN) building.





Reprinted article from *Plastic and Reconstructive Surgery (PRS)*, April 1976 - Volume 57 - Issue 4.

In 1970, Dr. JCV signed the ISAPS Foundation Act in the United Nations (UN) building which was obtained under his initiative. The list of the **12 founding members** are: Guillermo Nieto Cano, Salvador Castañares, Perseu Lemos, John R. Lewis Jr., Ernesto Malbec, Héctor Marino, Rudolphe Meyer, John Mustardé, David Serson Neto, Mario González Ulloa, Ulrich Hinderer, and José C. Viñas (JVC).

ISAPS was developed in conversations between Drs. David Serson Neto (Brazil) and JCV (Argentina), who invited Drs. Malbec and Marino from Argentina and Dr. John Mustardé from Scotland, to participate in the founding of ISAPS.

Dr. JVC was self-taught in many languages, and he was interested in various aspects of human activity. His deep

sense of ethics pitted him against important medical, academic, and political authorities.

JVC and co-authors' work was published in the *PRS* Journal. Other articles from him can be found in *Panminerva Medica*, *International Microform Journal of Aesthetic Plastic Surgery*, "Cleft craft" (volume 3) by Ralph Millard, *Reconstructive Plastic Surgery* (volume 3. Second edition, 1977. Editor: John Marquis Converse), *Journal of Medical Attractions*, and *Clinics in Plastic Surgery* (Breast Surgery. 4/1976).

Dr. JVC was extremely dedicated to aesthetics and throughout his extensive career, he always proved his dedication. It is because of great influencers like him, that we can enjoy aesthetics as we know it today.



Oil portrait of Dr. JCV. At the foot, his son José Manuel Viñas and his grandson José Federico Viñas, resident of Plastic Surgeons at the Italian Hospital of Buenos Aires.





FEATURE:
HIGHLIGHTS FROM THE
ISAPS OLYMPIAD ATHENS
WORLD CONGRESS 2023



ISAPS OLYMPIAD ATHENS WORLD CONGRESS 2023

POST CONGRESS REPORT

Our ISAPS Olympiad Athens World Congress 2023 was a remarkable success, and we want to thank everyone involved as well as all of our participating members! We had over **1,500 participants** from **91 countries**! The Education Council prepared a comprehensive scientific program which featured **76 invited faculty**, **300+ presenting authors** and **500+ presentations**. Please join us as we take a moment and look back on the success in Athens!





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1 MAGICAL EVENING IN ZAPPEION

ISAPS CONGRATULATES THE 2023 ISAPS OLYMPIAD ATHENS WORLD CONGRESS 2023 AWARD WINNERS!

Gold, silver, and bronze medals were awarded in each subject area as well as a special prize for the best presentation from an early career surgeon. The Awards Ceremony recognized and celebrated the contributions made by individual presenters and journal authors to the scientific development of our field and acknowledged contributions to our highest quality Aesthetic Education Worldwide®. [Visit the website](#) for detailed award winner information.





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- Patients receiving breast implants have reported a variety of systemic symptoms such as joint pain, muscle aches, confusion, chronic fatigue, autoimmune diseases and others. Individual patient risk for developing these symptoms has not been well established. Some patients report complete resolution of symptoms when the implants are removed without replacement.

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1. Mentor Worldwide LLC. Mentor Worldwide Sales Data - Q1 2019

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A close-up photograph of a surgical procedure on a patient's face. The patient is lying down, and their face is partially visible. A scalpel is being used to make an incision on the skin. The background is a dark teal surgical drape. The text "SMAS PLICATION FACE LIFT:" is overlaid in large, white, bold, sans-serif font. Below it, the text "HOW I DO IT" is overlaid in a smaller, orange, sans-serif font.

SMAS PLICATION FACE LIFT:

HOW I DO IT

THE MACS LIFT OR MINIMAL ACCESS CRANIAL SUSPENSION LIFT



ALEXIS VERPAELE, MD - BELGIUM

The MACS Lift or Minimal Access Cranial Suspension Lift was developed by us around the turn of the millennium in an attempt to offer a simple, safe, and predictable facial rejuvenation technique. Face lifting still had an aura of a complex surgical intervention for which a multitude of methods existed, and the adagio in those days was “more extensive leads to more results”.

Despite many publications with spectacular results, our feeling was that few of these results were difficult to reproduce. Moreover, some of them, although effacing several of the aging features such as laxity and facial grooves, resulted in a somewhat “operated” appearance, and sometimes in frank face lift stigmata.

One of those stigmata is the caudal displacement and anterior rotation of the auricle, as described by Robert Brink in his landmark article of 2001. Apart from visible scars and hairline displacements many of the typical face lift stigmata can be attributed to the traditional obliquely post superiorly oriented vector of correction, often leading to an unnatural flattening of the facial features. The vector of aging, which is caused by gravity, is however vertically down. The leading vector of the MACS Lift correction is therefore nearly vertical.

The annoying question often asked is, “How can such a simple procedure deliver such powerful results? Why is the dramatic delamination involved in the traditional SMAS face lift, including the now popular “deep plane face lift”, not dramatically better nor has it a dramatically more durable outcome, as demonstrated in the “twin study” of 2009?”

The answer lies in Hooke’s Law, which states that “the force needed to extend or compress a spring by some distance



PATRICK TONNARD, MD, PHD - BELGIUM

scales linearly with respect to that distance”. In other words, the closer the action to the subject we want to move, the more powerful. This is the secret behind all SMAS plication, SMAS excision, or SMAS imbrication techniques. More and more evidence arises that the SMAS is an avascular tissue layer, with no embryologically traceable origin.

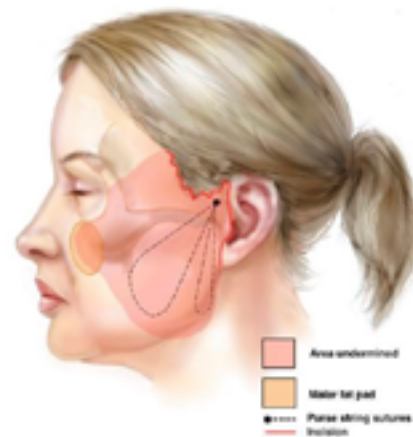


Figure 1: MACS Lift incision in red, purse-string loop sutures in dashed lines, anchored to the deep temporalis muscle fascia. The narrow vertical loop catches the cranial platysma border, the oval oblique loop lifts the jowls and the oral commissure.

The purse string loops of the MACS Lift respectively reach down to the cranial platysma, and more anteriorly to the mobile jowls and lower cheek. Each millimeter that the purse-string loops are tied, will have almost a 100% effect on the aimed for deformity.

The rest of the surgery merely consists of re-sculpturing the subcutaneous facial

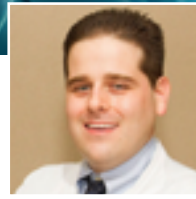
soft tissues, redistributing the skin as vertically as possible, and excising conservatively the excess skin, realizing that more skin excision does not necessarily result in a more spectacular result (Figure 1).

Quod Erat Demonstrandum.





ITHAMAR STOCCHERO, MD, PHD -
BRAZIL



GUILHERME STOCCHERO, MD -
BRAZIL



GUSTAVO STOCCHERO, MD -
BRAZIL



ALEXANDRE FONSECA, MD, PHD -
BRAZIL

SUPERFICIAL SMAS SUSPENSION WITH ROUNDBLOCK PLICATION

Facial aging takes the form of a light bulb with its upper limit above the ears, due to anatomical features with fixed parts and areas that slide forward and downwards. Ears are fixed, containing the stable ear canal. Parotid glands also lack any mobility. Flaccidity affects, in addition to the skin as a whole, the musculature in front of these glands, with the gliding of the pre-masseteric space, described by Mendelson¹.

I idealized a movement contrary to such fall, which raises the face toward the temple, and concentrically closes around the ear. One part of the ellipse needs to be in a fixed, firm region so that the other part can be pulled, taking the tissues upwards and backward. The surgical thread is passed behind the ear, the SMAS of the face is

grasped, finishing the suture above the zygoma, and, with a curved needle, the circle is completed, performing the Open Technique (Single Stitch and Double Stitch), there is also a Closed Lift version².

The elevation of facial tissues in a block, makes the structure accommodate in a harmonious way, with the smallest possible subcutaneous undermining, allowing the execution of the technique in patients with restrictions to wide-undermining³.

In the case of short scar face lifts, a broken, beveled, trichophytic incision is made, following the hair shafts, contouring the ear, and going up in its posterior part to the projection of the tragus. In men, pre-tragal incisions are made, maintaining a strip of glabrous skin around the ear; a small strip of de-epidermized skin, measuring 3 mm, is left



on the facial flap to be embedded under the pre-auricular flap, allowing the hair follicles to grow through the scar.

The subcutaneous undermining should expose the pre-parotid SMAS and the cranial portions of the platysma, where the circular suture will be made in its cervicofacial portion. It is tested with forceps (pinch test) to check if the idealized traction has been achieved. If not, a wider undermining is performed. Additional sutures may be done, as a safety reinforcement.

The circular suture begins in the retroauricular region, with wide passes of the 2-0 monofilament nylon needle between the stitches, to obtain a good imbrication. A portion of the



Figure 1: Half-circle suture.



Figure 2: Incision in its most anterior portion.

SMAS is clamped, its action is checked on the face and the needle is passed transversely. The half-circle suture is complete when it reaches the anterior portion of the sideburn (Figure 1).

To complete the circular suture, a 1/2- or 3/4-circle Stocchero needle is used, passing at least two fingers above the ear.



Figure 3: The end of the thread should be passed through the eye of the needle.



Figure 4: Completed suspension of the SMAS.



Figure 5: First postoperative day.

It should enter the incision in its most anterior portion, before the sideburns, and exit behind the ear (Figure 2). Then, the end of the thread should be passed through the eye of the needle, and the thread should be brought to the front, where it is tied with the greatest possible tension (Figure 3). Suspension of the SMAS is complete (Figure 4). First postoperative day (Figure 5).

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THE DEEP PRE-MASSETERIC SUBCUTANEOUS FACE LIFT WITH LONG SUTURE LOOPS AND VERTICAL PLICATION



JAIME ANGER, MD PHD - BRAZIL
ISAPS Patient Safety Committee



NELSON LETIZIO, MD - BRAZIL

INTRODUCTION

Aging results in tissue laxity pronounced in the areas of movement where there are fewer ligaments, such as the anterior face, particularly the jowl, consequently, to treat the premasseter area became significant.

Dr. Tord Skoog, in 1974¹, elevated a cervicofacial flap deep to the platysma and the superficial fascia of the face. And in 1976, Drs. Vladimir Mitz and Martine Peronye² designated this fascia as a “superficial muscular aponeurotic system” (SMAS). Recently reported face lift techniques relied on repositioning of the SMAS, to pull on the deeper tissues. The premasseter space must be dissected and the ligaments released, however, its use is not devoid of risk, as it is amid important anatomy.

In 2012³ we reported an extended deep pre-masseteric subcutaneous face lift with directional loops and plication sutures to stretch and reposition the loose deep tissues. Then, in 2021⁴ we performed a study to evaluate the measure of the movement and the amount of stretching of the SMAS and the skin following the steps of the procedure.

TECHNIQUE AND RESULTS

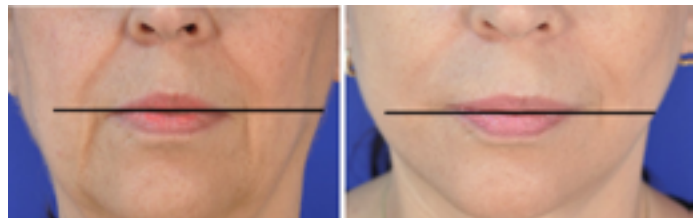
A deep subcutaneous dissection is done, just above the SMAS, transpassing 1.5 cm of the masseteric, mentonain,



Figure 1: Two loops and a vertical plication.
Z - Zygomatic ligament
Mass - Masseteric ligaments
M - Mentonian ligament
HE - Helix insertion point
IT - Intertragus point



Figure 2: Vertical and anteriorly curved plication.



The oral commissure moves according to the loops stretching

Figure 3: One year post-op.

and zygomatic ligaments. Inferiorly the platysma muscle is exposed as well as the mastoid area.





Figure 4: One year post-op.

Figure 5: Eight months post-op.

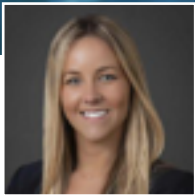
The loops are done with nylon 3-0 in short passes (2-3 mm) with a squash racket design, pulling the lax tissues and fixed in the most lateral exposed points, HE and IT points (*Figure 1*), and a vertical and anteriorly curved plication is done (*Figure 2*) completing the procedure (*Figures 3-5*).

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TRACEY COOK, MD -
UNITED STATES



ALAN MATARASSO, MD, FACS -
UNITED STATES
ISAPS Assistant National Secretary

SMAS-PLATYSMA PLICATION: A POWERFUL TOOL TO IMPROVE THE SIGNS OF AN AGING FACE

INTRODUCTION

Face lift surgery continues to be the most effective method for facial rejuvenation and reversing the aging process. Although the earliest face lift techniques consisted of a small skin excision with minimal undermining, an understanding of deeper layers of the face led to an improvement in outcomes and longer-lasting results. Since the 1980s following Mitz and Peyronie's description of the SMAS, there has been a general agreement amongst plastic surgeons that this structure should be addressed during face lift surgery. Addressing the deeper structures improves cheek projection, and the appearance of deepening nasolabial folds, and corrects the cervical mental angle after years of gravitational changes of the face.

While techniques to address SMAS and platysma during face and neck surgery have evolved, one of three

techniques is generally used amongst plastic surgeons: SMAS undermining, SMASectomy, and SMAS plication¹. A recent review of the evolution of face lift practices by surgeons over the past 20 years revealed that most surgeons today practice predominantly SMAS plication techniques². This is a significant progression from skin-only face lifts utilized earlier in the 20th century.

PREFERRED TECHNIQUE

The SMAS-platysma plication is a powerful tool to improve the signs of an aging face such as midface relaxation, deepening nasolabial folds, and obtuse cervical mental angles.

STEPS

- Following wide-undermining in the subcutaneous plane and elevation of the skin flaps, the SMAS is identified, and laxity is evaluated with tissue forceps.





Figure 1a: The blue dot as shown signifies the beginning of plication and placement of the quill suture.

- A bidirectional 3-0 polydioxanone (PDO) quill suture is used during the plication process in primary face lifts. This suture is double-armed with bidirectional barbs that pull through and catch the tissue, distributing tension evenly and eliminating the need to secure with knots.
- Plications begin by identifying and grasping the anterior mobile portion of the SMAS. The quill suture begins at the lateral aspect of the zygoma (Figure 1a).



Figure 1b: One end of the suture runs medially toward the cheek, as the other end runs down the SMAS, along the front of the ear, and lateral the lateral platysma.

- The suture is pulled through to its center, creating two suture ends of approximately the same length. One end of the suture is run medially toward the malar fat pad, plicating redundant SMAS (Figure 1b).
- The other end is continued posteriorly, capturing lateral SMAS and down to the platysma. To enhance

neck contour, a platysmal window can be created two finger breadths below the angle of the mandible. This platysmal flap is then sutured posteriorly and superiorly to the mastoid fascia. A ball tip cautery device can also be used to melt the fat in this area to decrease fullness related to adipose tissue. This device can also be used to contour and smooth out any irregularities that are created from the SMAS plication (Figure 2).

- For males and individuals with shorter necks, a modified “Boston Tuckster” stitch as described by J. Feldman and S.A. Slavin, MD (Beth Israel Deaconess Medical Center, Harvard Medical Center, oral communication, December 2014) can be utilized³. The suture is anchored

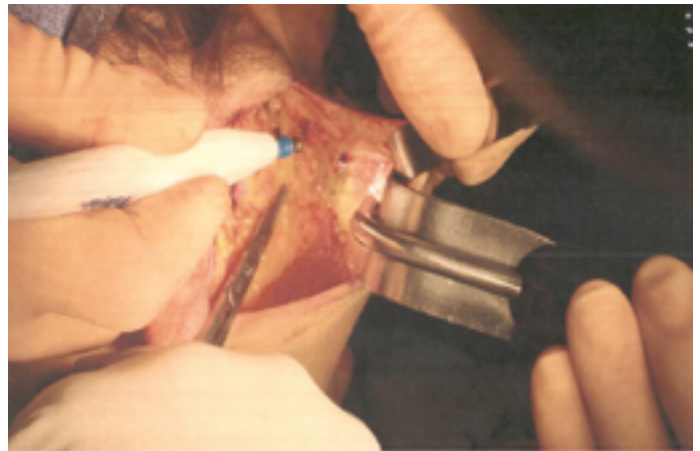


Figure 2: Picture depicts ball-tipped cautery used to melt fat and decrease fullness.

to the fascia below the ear and woven through the upper lateral platysma toward the midline and back, as to tuck in any redundant platysma.

- We use this SMAS-platysmal plication technique as described, however with secondary or greater face lifts or primary face lifts with limited SMAS-platysmal mobility, this layer is plicated with interrupted 3-0 polyester fiber suture (Mersilene, Ethicon).
- We often perform both primary and secondary face lift surgeries in conjunction with a submentalplasty and deep lipectomy as needed. Following a submental incision, subcutaneous dissection, and deep contouring, a back cut is then created bilaterally at the level of the hyoid bone, and the mid platysmal diastasis is corrected with an interrupted horizontal mattress 3-0 mersilene stitch, creating an Eiffel Tower appearance.





Figure 3a: Frontal view of patient before (left) and after (right) face lift with SMAS-platysma plication and submentalplasty.



Figure 3b: Lateral view of patient before (left) and after (right) face lift with SMAS-platysma plication and submentalplasty.

CONCLUSION

With this technique, we can make use of the deeper facial tissues to reverse the signs of facial aging while minimizing potential complications. Using the barbed quill suture provides a stable and secure closure and plication adds cheek volume to the lift. Popular adjuncts such as autologous fat grafting and lasers can be a positive addition

to face lift surgery. As shown in *Figures 3a and 3b*, we have had excellent results using the technique described. However, it should be noted that face lifts surgery is tailored to each patient’s anatomy and should be assessed at an individual level.

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FACE AND NECK LIFT: THE SPA TECHNIQUE



**ALDO MOTTURA MD, PHD -
ARGENTINA**

The face and neck lift, have several techniques for SMAS tightening. In the last years, many surgeons have tried to perform a safer face lift followed by a faster postoperative recovery.

A variation in the SMAS plication and anchoring technique that I call the Suturing and Plication-Anchoring Face Lift Technique (SPA) is hereby described. An axial line and then two medial and lateral parallel lines are penciled on the skin from the lateral cantus to the earlobe to show the future plication area. The undermining zone is delimited 1cm beyond the medial line. In face and neck liftings, such marks extend vertically to the neck. Once the skin is undermined up to the delimiting marks, the three lines are penciled again on the fat layer and a 3/0 vicryl running lock suture is used for plication with big but superficial bites between the two distal lines. In fatty faces, a strip of fat is removed along the axial line to avoid bulging that could be seen through the skin. When finishing the suturing, irregularities of the fat trapped in the suture, are trimmed off with scissors.

This is the standard lateral and superior pulling in the face (**Figures 1a-1d**) while in the neck the traction is lateral (**Figures 2a-2e**). In the face, the medial mobile part of the platysma moves upward toward the fixed part of the subzygomatic area and to the parotid aponeurosis, while in the neck the medial mobile area moves toward the mastoid area and sternocleidomastoid muscle.

In lean patients, the bites of the needle should be shallow, avoiding trapping the facial nerve branches. In fatty faces and necks, liposuction in the face should be carefully



Figure 1a: Face and neck with moderate laxity.



Figure 1b: Lateral view.



Figure 1c: Five years post-op, after SPA facial technique.



Figure 1d: Lateral view.





Figure 2a: Face and neck with marked cutaneous redundancy and adiposities.



Figure 2b: In the oblique view this is more notorious.

performed with fine 2mm cannulas while on the neck with 3mm, before starting undermining. When bands are present, medial suturing of the SMAS and eventually its horizontal section may be performed first.

In face lifts, rubbers behind the ear are left but, in the neck, aspiration drains are used. The undermining is limited so that there is minor swelling, and the postoperative recovery is shorter and faster. The same three lines can be marked on the contralateral side or can differ in case of asymmetry.

In the vast majority of patients, this SPA SMAS technique fulfills the need of tightening the face and neck in primary and especially secondary cases. I have been practicing this surgery



Figure 2c: On the facial and cervical skin, the area of dissection and the extension of the plication are painted.

for 27 years now, reporting 626 face lifts without having any facial nerve problems.

The running lock suture is easy and fast to make, obtaining exactly the same tension all along the suture avoiding the difference in tension produced by separate stitches.

I had to do a touch-up on six patients, all in cases of difficult necks. The SPA technique is consistent and easy to learn.



Figure 2d: Five years post-op result.



Figure 2e: After the SPA facial and cervical technique.

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GUEST ARTICLE FROM ISAPS PLATINUM GLOBAL SPONSOR POLYTECH



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Clinical & Medical Affairs Director,
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WHAT DO WE KNOW ABOUT CAPSULAR CONTRACTURE? NEW RESEARCH PERSPECTIVES

Review of a unique study discussing five implant surfaces and their correlation with the onset of capsular contracture.

Since the introduction of breast implants into the market, capsular contracture has been one of the main concerns for both patients and surgeons.

A clinical paper recently published in the *Plastic and Reconstructive Surgery* Journal titled “Histological and Immunohistochemical Evaluation of Human Breast Capsules Formed Around Five Different Expander Surfaces,” by Cagli et al., is now bringing new perspectives on this long researched topic¹.

According to the literature referenced by the authors, the incidence of capsular contracture varies from 0,6-19% in breast augmentation, and up to 48% or more in breast reconstruction, which makes capsular contracture the number one reason for revisional surgery^{2,3}.

The Foreign Body Reaction (FBR) is a normal phenomenon that follows the insertion of the implant⁴. While the capsule helps maintain the implant in the correct position, it can also present unwanted physiological consequences, namely capsular contracture.

The cause or the causes of capsular contracture are still

unknown. Studies on its etiopathogenesis may help to effectively prevent its onset.

In order to shed light on this complication, it is necessary to better understand the human physiological response to a foreign body.

Breast implant manufacturers, for their part, have focused their efforts on the development of different types of implant surfaces to address this problem. Researchers and investigators all over the world have tried to evaluate those different devices by performing in-vivo studies and producing a corresponding, ample body of literature⁵.

However, the most critical limitation of these types of studies is the choice to test breast implants predominantly in animal models.

Naturally, for anatomical reasons, breast implants inserted into the human body are much larger than those for animal testing, and subsequently subjected to different shear forces.

Animal models have historically provided valuable information; however, modern science is questioning the validity of



these findings and their applicability to human situations⁶. Furthermore, extensive differences between homologous human and animal cell types were extensively described in literature. The evidence of species-specific features highlights the importance of human studies⁷. In fact, rodent animal models with regard to capsular contracture have often demonstrated opposite outcomes compared to the known human response.

The paper by Cagli et al. presents a very interesting design and equally interesting findings. The study investigated the morphological characteristics of the capsules formed around breast expanders with different surfaces and implanted in real patients, thus trying to identify the etiopathogenetic mechanisms involved in the tissue reactions to each different surface and ultimately reduce the risk of capsular contracture.

This is the first time that five different implant surfaces have been investigated in humans. The prospective, randomized design of the study adds to its uniqueness.

It is understandable why the majority of the researchers who have previously performed similar studies have opted for an animal model. Harvesting enough capsule specimens from real patients in a prospective study might take several years, with an unpredictable timeframe for the end of the study.

In their study, Cagli et al. found an elegant and effective solution to this challenge by collecting tissue samples during the second stage of the implant-based 2-stage breast reconstruction. That is, from the fibrous tissue formed around breast expanders.

Periprosthetic capsule specimens were evaluated for morphology and immunohistochemistry expression of several key markers related to FBR, including markers of macrophages, activated myofibroblasts, and of different collagen types.

THE STUDY PRESENTED SEVERAL INTERESTING FINDINGS

Firstly, while the morphological analysis of all the samples of periprosthetic capsules showed the same three-layer structure, the immunohistochemical analysis revealed different cellular expressions depending on the type of implant surface.

Additionally, while the macro-textured surface was expected to promote a low expression of the markers suggestive of capsular contracture, the exact opposite was the case. Samples of tissue from macro-textured surfaces were definitely aligned with the ones generated around the smooth surface.

Last, but not least, the study shows that implant surfaces promoting a more unstable and less fibrotic capsule, namely the surfaces that will less likely lead to capsular contracture, are the fine micro-textured surface, and the polyurethane-covered surface. These two surfaces displayed a pronounced augmented inflammatory infiltration, a reduced myofibroblast activation, an active neo-angiogenesis process, and a prevalence of collagen type III, all factors indicative of an unstable, young, and soft tissue, still in the phase of remodeling¹.

Inevitably, the question arises: is it worthwhile to keep focusing investigations on an allegedly perfect degree of implant surface roughness by speculating on very different physiological responses based on very small physical differences (i.e., roughness variations in the range of one or two microns)? Equally, is it appropriate to pursue the objective of stimulating an increasingly thinner capsule rather than a consistent fibrous capsule that is fully functioning but less inclined to develop a severe capsular contracture?

CONCLUSIONS

The study by Cagli et al. indicates that modern addressing to capsular contracture should focus more on the analysis of the environmental, immunological, molecular, and genetic factors involved in and often unbalancing the normal human reaction to a foreign body.

It is important to advocate the design of high-impact prospective studies that may involve human beings, thus providing real-world data centered on patients.

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ISAPS TRAVEL



ERICK ZUÑIGA GARZA, MD - MEXICO

ICELAND: LAND OF ICE AND FIRE

Located beneath the polar circle, Iceland offers a unique travel experience: loneliness.

Have you ever felt the freedom of being alone? I'm not talking about feeling alone in a crowded street or feeling alone despite being surrounded by thousands of people in today's megacities. I'm talking about being alone, and feel free to



Figure 1: Jökulsálfón lake all to myself.

drive yourself around a land full of breathtaking landscapes.

The journey started in Reykjavik, where I rented a truck and decided to drive around the island. The first stop was in the amazing blue lagoon, where you can swim and relax in its silica-rich water, after that, the adventure begins, and you can feel it as you leave the city behind.

From here, a variety of different places can be discovered: the hidden waterfalls of Seljalandfoss and Gljufrabui, the famous Skógafoss waterfall, the Jökulsálfón Lake, the Diamond Beach, Vatnajökull Glacier, and after that one of the most surreal landscapes I have seen: an abandoned DC plane on the black beach at Sólheimasandur. After a 4 km walk on a black sand beach, you reach the DC Plane Wreck, a plane in decay that makes a stunning contrast comparable to your favorite chiaroscuro masterpiece and makes you feel like you are in a surreal place. It's a monochromatic masterpiece. I was thrilled by all the amazing spots I visited, driving to my hotel and thinking it couldn't get any better, and then,





Figure 2: Sunlight painting Diamond Beach.

I spotted a blue-greenish light dancing in the sky...it was the Northern Lights!

While driving along the south coast, I had nice weather until I reached the little town of Djúpvogur when a snowstorm hit the island, and sadly a lot of the northern roads were closed, so the adventure consisted of tons of snow

and winds that made my truck shake.

In the northern city of Akureyri, you can spot a beautiful church, walk around the botanic garden, and be amazed by the Eyjafjöður fjord.

To close with a flourish, Reykjavík, the capital and largest city, is “a must-see.” You can taste local cuisine, interact with the friendly locals and discover a city full of unique spots, including the Hallgrímskirkja Church, the statue of Leif Eriksson,

which is considered the first European to set foot in continental North America, the Sun Voyager, which makes me dream of hope and undiscovered places, and the colorful rainbow street, Skólaörðustígur.



Figure 3: An amazing view of Vatnajökull glacier.

Although it's a small island, 12 days weren't enough to admire all the beauty of this country. From the bottom of my heart, I wish to come

back soon! I can assure you that winter in Iceland must be on your bucket list.



Figure 4: Monochromatic view of the abandoned DC plane on the black beach at Sólheimasandur.



Figure 5: Sun voyager, facing toward the unknown.



A CITY OF MULTIPLE CULTURES, MEDIEVAL SPIRIT, AND ART: TOLEDO, SPAIN



CLAUDIO D. ROJAS GUTIÉRREZ, MD - MEXICO

It is no surprise that Miguel de Cervantes wrote about it, paying tribute in the Ingenious Hidalgo, where our immortal character, Don Quijote, meets a boy who tries to sell him a couple of texts depicting his adventures written by Cide Hamete.



Figure 1: Corridors of the city of Toledo.



Figure 2: Mosaic marking the beginning of the Jewish Quarter.

Its landscapes, art, and architecture immerse visitors in an authentic medieval tale. Due to its emblematic corners, Toledo was declared a UNESCO World Heritage Site in 1986 (Figure 1).

This place is called the city of the three cultures, having been populated by Christians, Jews, and Muslims, who lived together peacefully for centuries (Figure 2). In 1805, Alfonso VI made it part of the kingdom of Castilla, and during his reign, he respected all these beliefs, which led to a meaningful cultural exchange during the 12th

and 13th centuries. For this reason, Toledo became an intellectual epicenter in Europe, where much literature and translations emerged.

The peaceful cohabitation between cultures faded by the 14th century due to political and social affairs. It was in the 16th century that, under the reign of Charles I, Toledo became the capital of Spain until power shifted to the capital city of Madrid, leading to Toledo's decline.

Those visiting Madrid, as I was, can travel from Gran Vía to Toledo in a couple of hours and forget about the contemporary world upon arrival. Getting your legs and knight spirit ready to visit every corner of this beautiful city is essential!

When you first arrive, the first things you can appreciate are its walls and gates that are part of this medieval landscape (Figure 3). This gets more interesting as you go around and encounter signs that offer night walks where a local guide takes you through corridors of the city where they surround you with legends of witchcraft, magic, and chivalry that immerse you into a couple of centuries ago (Figure 4).



Figure 3: Entrance Gate to the city of Toledo.





Figure 4: Toledo's giants show a variety of ethnicities, cultures, and labor-intensive craftsmanship.

It is recommended to visit the "Dives Toletana," one of the major attractions of Toledo, which houses an important artistic and cultural heritage (Figure 5). Each chapel inside this temple has distinctive features that took centuries of intensive craftsmanship; a guided tour is a must if you want to get the most out of it.

Regarding gastronomy, I highly recommend you look for one of the local restaurants that serve suckling pigs, and of course, do not forget to accompany it with a local Alcazar wine from the region, which makes a perfect match.



Figure 5: Cathedral of Toledo, also known as "Dives Toletana."



COFFEE & ANECDOTES



COFFEE WITH LEE PU

Welcome to **Coffee & Anecdotes!** For this issue, we are taking a slightly different approach to making it more conversational, and our *ISAPS News* Co-Editor, Dr. Dirk Richter, had the honor of interviewing the recently appointed Editor-in-Chief for *ISAPS' Aesthetic Plastic Surgery Journal (APS)*, Lee Pu.

Dear Prof. Pu,

First, let us extend our gratitude for accepting our invitation to have coffee with *ISAPS News*. We are thrilled to introduce you as the new Editor-in-Chief of *APS*.



LEE PU, MD, PHD - UNITED STATES
New Editor-in-Chief of *APS*

ISAPS: Could you please take a moment to introduce yourself and provide a brief overview of your illustrious career?

Pu: I did my plastic surgery residency at the University of South Florida in Tampa, Florida, under several renowned plastic surgeons in the country. I spent my first seven years as a full-time plastic surgery faculty and assistant professor to associate professor at the University of Kentucky in Lexington, Kentucky, and then 16 years as a full-time plastic surgery faculty and full professor at the University of California Davis, in Sacramento, California.

I recently retired from the University and served as an

emeritus professor of plastic surgery at the same University. I have relocated to Newport Beach, California, and started private aesthetic surgery practice there. In my 23-year professional career, I have served on editorial boards for *Plastic and Reconstructive Surgery Journal (PRS)*, *Aesthetic Surgery Journal (ASJ)*, *APS*, and the annals and published six textbooks and six issues of *Clinics in Plastic Surgery*. I have also published over 220 peer-reviewed journal articles and 110 book chapters. I have served as a visiting professor for over 80 university training programs and given 340 invited lectures both nationally and internationally. I have served as a founding board member for the International



Society of Regenerative Plastic Surgeons (ISPRES) and the World Association for Plastic Surgeons of Chinese Descent (WAPSCD).

ISAPS: As we delve into the realm of scientific material, we are curious to know if you have observed any significant evolution in the field, particularly when comparing articles from 1990 to those of today within our specialty.

Pu: All surgical journals have been changed dramatically! For example, most plastic surgery journals used to have a lot of published articles on “How I Do it.” Now, most plastic surgery journals, including *APS*, publish more articles on more well-conducted studies with more vigorous controls and larger sample sizes.

ISAPS: Evidence-Based Medicine (EBM) has been widely applied in various medical disciplines. Still, we wonder if it can be effectively implemented in plastic surgery, considering the unique nature of our procedures and patient demographics. What are your thoughts on this matter?

Pu: *APS* is a plastic surgery journal with a primary focus on aesthetic surgery from the worldwide plastic surgery community. We would have to increasingly publish high-level evidenced articles, but, in the meantime, we would still publish more practical, procedure-oriented articles from established experts in aesthetic plastic surgery. I want to ensure our *Blue Journal*, for its worldwide readership, will be the best one to go to when someone wants to learn the latest techniques or most updated knowledge in aesthetic plastic surgery.

ISAPS: The significance of case studies and personal experiences in the context of a scientific journal remains an interesting topic of discussion. How do you perceive their validity and relevance in our field?

Pu: Once again, this would still be an important component for our *Blue Journal*. While the *Journal* no longer publishes a single case report, we plan to create a featured operative

technique section for the *Journal*. We will invite experts from our ISAPS traveling professors or others to publish “How I Do it” for that section.

ISAPS: Being a leader of scientific societies and teams throughout your career, you may have some fascinating experiences to share. Is there a particularly funny anecdote from those experiences that stands out in your memory?

Pu: Yes, indeed!! As a still relatively young plastic surgeon, I played an instrumental role in establishing two new international plastic surgery societies, WAPSCD and ISPRES.

ISAPS: Lastly, as we cater to a diverse audience, we would love to hear your advice for young plastic surgeons eager to write their first article. What valuable insights would you offer to inspire and guide them in their endeavors?

Pu: I think all young plastic surgeons should write and publish their scientific articles in the *Journal*, which would enhance their learning and future practice more scientifically. They should first get some good advice and instructions from senior surgeons who have had significant publications in peer-reviewed journals. They should continue publishing their innovative works and share their knowledge with the international plastic surgery community.

Thank you again for your time, and we look forward to your leadership at *APS*.

Warm regards,

Dirk Richter, MD
Co-Editor, *ISAPS News*





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IMPORTANCE OF PREOPERATIVE PLANNING AND PRACTICE DURING THE TRAINING STAGE IN PLASTIC SURGERY

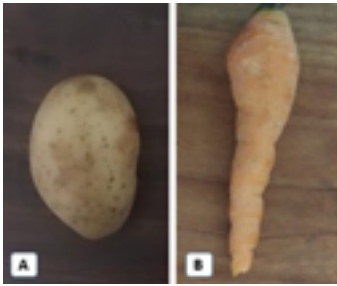
Plastic surgery is the branch of science in which art and medicine are combined, It dictates the reconstruction and aesthetic refinements of the different body segments, where the doctor seeks to restore or give a harmonic shape to that part of the patient that causes some kind of dissatisfaction or difficulty to develop their daily life.

Regarding the formative stage of the professionals of this specialty, we consider that it is very important that strict pre-surgical planning, as well as exhaustive practice in

inert and reproducible materials, improve the practical skills and thus obtain better postoperative results.

In our plastic and reconstructive surgery service, at Parque de la Salud, in Misiones, Argentina, we have a classroom section, in which the residents oversee performing the different preoperative planning of the patients to be surgically intervened and looking for reproducible alternatives for adequate training.





Figures 1: Potato and carrot.



Figure 2: Mock-up carved in the potato, which allows the understanding of the three-dimensionality of the auricular structure.



Figure 3: An attempt is made to reproduce the shape of a rib from the carrot, and from this, to carve the auricular structure.

For example, we can highlight the auricular reconstruction in microtia, where through everyday materials such as different tubers (Figure 1) like potatoes, carrots, or soaps (Figure 5), we try to carve the auricular structure, considering the different surgical techniques. This practice not only allows for the improvement of manual dexterity, but also to anticipate probable intra-surgical interurrences, and thus, to devise different possible solutions.

The carving in this case requires the resident to adopt the concepts of "three-dimensionality" of the different structures, thus incorporating technical gestures that allow reaching this goal (Figure 2).

Once these skills are acquired, an attempt is made to reproduce the different surgical techniques compatible with the segment to be restored. For example, the first step is to try to obtain a structure with a

shape similar to a rib (Figure 3), and from this, develop the different techniques already described and known by plastic surgeons (Figure 4).

Another option, as mentioned above, is the use of soaps, which also present a structure and density similar to that of the costal cartilage (Figures 5 and 6). In conclusion, we can highlight the importance of preoperative planning and training with simple, inexpensive, and reproducible materials since they not only improve the manual skills of professionals in training but also help to anticipate probable interurrences and their respective intraoperative solutions.

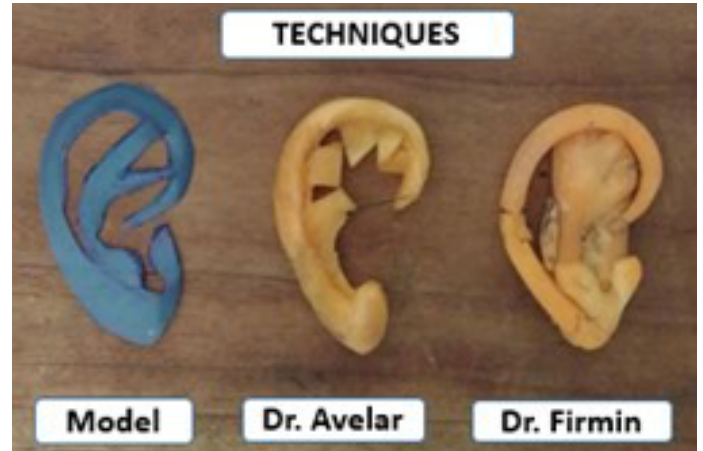
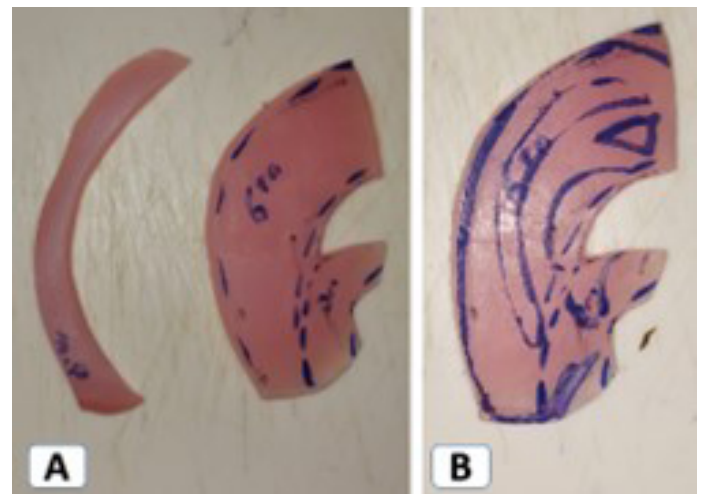
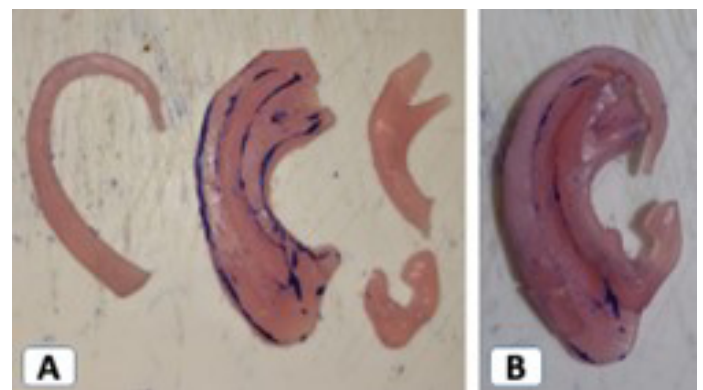


Figure 4: Carving of the model with the techniques of Dr. Juarez Avelar (Brazil) and Dr. François Firmin (France).



Figures 5: Representation of the sixth, seventh, and eighth ribs with soap, marking of the mold on the structure.



Figures 6: Representation of the sixth, seventh, and eighth ribs with soap, marking of the mold on the structure.



YOUNG LEADERS IN AESTHETICS



MOISES SANCHEZ CEJA, MD - MEXICO

The world is in a constant state of evolution, and today, the role of leadership rests on the shoulders of young people, especially in plastic surgery. As the new generation in this field, we hold the power to shape its future, pioneering innovations that drive our specialty forward and enhance our competitiveness.

I extend an invitation to plastic surgery residents worldwide, urging you to step into the role of transformative leaders who touch lives and embrace global thinking. Let's embark on a journey of generating fresh knowledge and sharing it with those eager to explore new horizons.

Undoubtedly, ISAPS serves as the gateway to becoming a global leader. Together, we will document and publish our achievements, leveraging the wisdom of our mentors. We will establish networks and forge friendships worldwide to expand our knowledge and cultural horizons, positioning ourselves as the vanguards of innovation in Aesthetics.

Learn more about [ISAPS' Resident Program options](#) and start making a difference.



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ISAPS Welcomes New Members

July – September 2023

We would like to present our new members in a video slide show on our Instagram channel [@isapsplasticsurgeons](https://www.instagram.com/isapsplasticsurgeons). If you agree to be featured in our Instagram post, please email Monica Pucci from our social media team at media@isaps.org and send her a picture of yourself with a link to your Instagram account so we can follow and tag you.

If you have time, please send Monica a message (either in writing or in a video message) explaining why you have joined ISAPS and what you are most looking forward to. This quote will be added to the post and may be included in other marketing materials. Please confirm that you approve the publication with your name. Why not tell your followers and patients that you are a member of ISAPS? We would like to encourage you to add

[@isapsplasticsurgeons](https://www.instagram.com/isapsplasticsurgeons) to your Instagram bio.

Together, as the ISAPS Family, we are stronger. [#ISAPStfamily](https://www.instagram.com/ISAPStfamily)

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ISAPS GLOBAL SURVEY 2022

THE RESULTS ARE IN!

We are excited to share our latest Global Survey results, which examined the number and type of aesthetic (cosmetic) procedures performed worldwide in 2022.

[Global Survey 2022!](#)

Thank you to all the participants from this year's Global Survey. Without your support, none of this would be possible! ISAPS is the only organization to track this data on a global scale, and your continued participation is an essential component of ISAPS' continuing success as Global Leaders in Aesthetics.

MEETINGS CALENDAR



2023

ISAPS ENDORSED: CATBBAS VI

Dates: September 29–October 1, 2023
Location: Brussels, Belgium
Venue: Dolce La Hulpe
Contact: Muriel Hallet
Email: info@medimeet.be
Website: www.medimeet.be

ISAPS RESIDENT WEBINAR: BASICS IN RHINOPLASTY – PRESERVATION AND STRUCTURAL

Date: October 7, 2023
Location: Online
Website: www.isaps.org

ISAPS ENDORSED: ADVANCED TECHNIQUES IN FACIAL REJUVENATION

Dates: October 7–9, 2023
Location: St. Louis, United States
Venue: St. Louis University
Contact: Sarah Dawson
Email: sarah.dawson@health.slu.edu
Website: www.web.cvent.com/event

ISAPS SYMPOSIUM: THE 5TH NORWEGIAN AMERICAN AESTHETIC HYBRID MEETING (NAAM5) AND 2ND NORWAY'S ISAPS SYMPOSIUM

Dates: October 27–28, 2023
Location: Oslo, Norway
Venue: Meet Ullevaal
Contact: Amin Kalaaji
Email: ami.kal@online.no
Website: www.naam.no

ISAPS APS JOURNAL CLUB: TIPS FOR SUBPERICHONDRIAL-SUBPERIOSTEAL DISSECTION IN PRIMARY RHINOPLASTY

Date: November 4, 2023
Location: Online
Website: www.isaps.org

ISAPS ENDORSED: THIRD GLOBAL MASTERS AESTHETIC SURGERY HYBRID SYMPOSIUM

Dates: November 13–16, 2023
Location: Tehran, Iran
Venue: Espinas Palace Hotel

Email: p.surgeons@yahoo.com
Website: <http://plasticcongress.ir/>

BRAZILIAN CONGRESS OF PLASTIC SURGERY

Dates: November 15–18, 2023
Website: www.sbcpeventos.org.br/59cbcp

ISAPS ENDORSED: 5TH SOAP MEETING BREMEN 2023

Dates: November 23–25, 2023
Location: Bremen, Germany
Venue: Parkhotel Bremen
Contact: Laura Hachmeister
Email: laura_hachmeister@logi-vent.de
Website: www.soap-meeting-bremen.de

ISAPS RESIDENT WEBINAR: REGENERATIVE MEDICINE

Date: December 2, 2023
Location: Online
Website: www.isaps.org

ISAPS L.I.F.T. PROGRAM: COACHING & MENTORING WORKSHOP

Date: December 10, 2023
Location: London, United Kingdom
Venue: The View, Royal College of Surgeons
Website: www.isaps.org

2024

ISAPS ENDORSED: IMCAS LIVE AUGMENTED SURGERY & ANATOMICAL DISSECTIONS

Dates: February 2–3, 2024
Location: Paris, France
Venue: Palais de Congres
Contact: Anaëlle Rajic
Email: a.rajic@gmail.com
Website: <https://www.imcasurgery.com/en>

ISAPS ENDORSED: 58TH BAKER GORDON EDUCATIONAL SYMPOSIUM

Dates: February 8–10, 2024
Location: Miami, United States
Venue: Hyatt Regency Hotel
Contact: Mary Felpeto



Email: maryfelpeto@bellsouth.net
Website: www.bakergordonsymposium.com

THE AMERICAN-BRAZILIAN AESTHETIC MEETING (ABAM)

Dates: February 8-12, 2024
Location: Park City, United States
Contact: Grainne Gray
Email: ggray@sdevents.com
Website: americanbrazilianaestheticmeeting.com

ISAPS SYMPOSIUM: EL PASO LIVE SURGERY COURSE

Dates: April 4-6, 2024
Location: El Paso, United States
Venue: El Paso Cosmetic Surgery Center
Contact: Ozan Sozer
Email: ozansozer@gmail.com
Website: www.isaps.org

THE AESTHETIC SOCIETY

Dates: May 2-5, 2024
Location: Vancouver, Canada
Website: www.theaestheticsociety.org

ISAPS WORLD CONGRESS 2024, CARTAGENA, COLOMBIA

Dates: June 11-15, 2024
Location: Cartagena, Colombia
Venue: Las Américas Convention Center
Website: isapscartagena2024.com



NEXT ISSUE

**HOW I DO IT:
SMAS
UNDERMINING**

To submit an article or for questions,
email: isapsnews@isaps.org.



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ISAPS WORLD CONGRESS 2024 CARTAGENA | COLOMBIA

June 11-15, 2024

ABSTRACT SUBMISSION DEADLINE:

NOVEMBER 6, 2023

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The background of the lower half of the poster is a collage. On the left, there is a photograph of a large, yellow, colonial-style building with white balconies and arches. On the right, there is a photograph of several colorful umbrellas (pink, orange, yellow) hanging from a string. The bottom right corner of the poster features a dark blue, wavy pattern that resembles water or a city skyline at night.

KEY DATES:

- REGISTRATION OPENS: **OCTOBER 1, 2023**
- EARLY BIRD REGISTRATION: **APRIL 11, 2024**
- PRE-CONGRESS COURSES: **JUNE 11, 2024**