ISAPS holds a major international congress every two years in the country of the current president. On September 4th, at the close of his presidential term, Dr. Jan Poëll of St. Gallen, Switzerland opened the five day 21st Congress of ISAPS in Geneva that included 15 sessions on all aspects of aesthetic plastic surgery presented by 154 invited faculty. Free papers, electronic papers and video presentations were presented by more than 200 additional speakers. The choice of Geneva was made after considering several other Swiss cities as potential host sites. The combination of its international flavor, connection to the United Nations where ISAPS was founded in 1970, the charm of Geneva itself, and the availability of a variety of hotel options and day tours for accompanying guests were all considered as important decision factors. The availability of an appropriate congress facility made the choice final.

In the end, the congress was attended by 1,258 plastic surgeons, 380 family members and more than 300 exhibiting company personnel from 83 countries. The 16 Master Classes scheduled over four days were attended by 1,185 people. Educational seminars were provided by nine exhibiting companies during lunch and two additional sessions provided information about clinic accreditation and the new ISAPS-LEAP Surgical Relief Teams® program. Exhibit space was sold out three months in advance. Social events included an entertaining opening ceremony and welcome reception at the congress center, a faculty dinner for over 200 people at the Château de Coppet preceded by a cocktail cruise on Lake Geneva, and an unforgettable private grand finale evening at Circus Knie for over 1,500 people – truly the social highlight of the congress.

No event of this magnitude can be realized without the hard work of many people behind the scenes. The staff at the congress center that supported ISAPS staff headquartered in the US included the very competent building managers, catering company, security team, first aid staff, outstanding audio-visual professionals, and the never seen cleaning crew who kept the building immaculate. The manager’s recommendations for additional support from the exhibit, lead retrieval, and local staffing companies were invaluable. The Geneva tourism office helped us find a local company to manage housing and social event logistics and both were on-site during the congress to act as our official concierge as well.

Organization of an event like an ISAPS congress from a distance is challenging. The support of the entire team and importantly our local arrangements chairs, Dr. and Mrs. Kai-Uwe Schludraff, as well as Dr. and Mrs. Jan Poëll, made it possible to hold one of the most successful congresses in ISAPS history in Geneva. We thank all those involved in helping us make this congress so enjoyable for our many guests.
MESSAGE FROM THE EDITOR

J. Peter Rubin, MD – United States

ISAPS News Editor

It is my pleasure to welcome you to this issue of ISAPS News. In September, our members and guests gathered in Geneva, Switzerland for the 21st Congress of ISAPS. This was such an amazing event for our international community, filled with exceptional educational experiences, wonderful social events, and camaraderie with our member surgeons across the globe. For this event, we were united. We were united in our interest to set global standards of excellence in aesthetic surgery. We were united in our intention to promote and benefit from the exceptional educational programs. We were united in our celebration of the wonderful international aesthetic plastic surgery community that to which we all belong. We were united in our shared experiences.

At one of the social events, Dr. Thomas Biggs, a perennial leader in our international plastic surgery community, made a very salient comment about the “ties that bind us together.” He added vivid color to this concept of shared experiences that we, as highly trained plastic surgeons, can relate to regardless of where on the planet Earth we reside. Whether we were washing our hands before the morning case, leveraging our skill and training to execute well-planned operations, or counseling our patients thoughtfully and responsibly about the risks and benefits of their surgical options, these shared experiences give us a common ground even if we don’t speak a common language. My pride in our organization could not be higher.

Also in this issue of ISAPS News, we see global perspectives on stem cell regulations. There are few topics as bright on the radar screen as the use of adult stem cells for plastic surgery applications. In the special feature, we see comments from our member surgeons across the globe about how stem cells are regulated in their countries. It is fitting that this year’s Nobel Prize in Physiology or Medicine was awarded jointly to Sir John B. Gurdon and Shinya Yamanaka for the discovery that mature cells can be reprogrammed to become pluripotent.

Also in this issue, we include obituaries and In Memoriam for two great icons of plastic surgery, Daniel Marchac and Fernando Ortiz Monasterio. We will miss them immensely.

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These features and other interesting, useful and informative pieces are presented to you in this month’s ISAPS News. We hope you enjoy this issue.

With warm regards,

J. Peter Rubin

ISAPS News Editor

Dear ISAPS Members,

With this slogan I welcome you to our new world education program. As President for the next two years, I will focus on an intensive Aesthetic Plastic Surgery Education Program with more than 28 official courses, symposia and university fellowship program endorsements. My mission is to continue and to improve our ISAPS strategic plan to bring to our membership around the world new scientific opportunities giving credit and prestige to each member of our Society.

Our Education Council Chair, Dr. Nazim Cerkes, is preparing a wonderful program involving an outstanding faculty from all over the world and our new Traveling Faculty Task Force coordinated by Dr. Renato Saltz will organize a high level professor group to give lectures, seminars and instructional live surgeries. Instead of traveling to so many meetings around the world, you will have a unique opportunity to invite to your country the most important ISAPS member surgeons.

Our website includes our new Board of Directors and the list of our executive and other committee members who will be working with us during the next two years. This is a very nice group that will meet twice a year to discuss the most important issues and new strategic plans for our society. Supported by our National Secretaries from 73 countries and by the ISAPS Executive Office managed by our Executive Director Catherine Foss, we certainly will have a very dynamic and productive presidential term – and I am proud of this.

Our 2012 Congress in Geneva was excellent. The friendship we all shared among more than 2000 surgeons from 83 countries around the world has been unforgettable. We could not imagine such great attendance or so much happiness and overall Peace between Nations.

At one of the social events, Dr. Thomas Biggs, a perennial leader in our international plastic surgery community, made a very salient comment about the “ties that bind us together.” He added vivid color to this concept of shared experiences that we, as highly trained plastic surgeons, can relate to regardless of where on the planet Earth we reside. Whether we were washing our hands before the morning case, leveraging our skill and training to execute well-planned operations, or counseling our patients thoughtfully and responsibly about the risks and benefits of their surgical options, these shared experiences give us a common ground even if we don’t speak a common language. My pride in our organization could not be higher.

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With warm regards,

J. Peter Rubin

ISAPS News Editor

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We welcome you to this issue’s timely feature series discussing the use of stem cells in plastic surgery as we see numerous reports of the potential for their use in clinical practice from across the globe. In this feature, we get feedback from our member surgeons about how stem cells are regulated. We asked them to address questions such as: What is the official body that regulates the use of stem cells in your country? Can they be used in general clinical practice? Are devices for the automated extraction of stem cells from tissues such as fat approved for use in your country?

You will find this information very interesting as you see how the regulations in your country compare with other countries across the globe.

NORTH AMERICA

J. Peter Rubin, MD – United States

In the United States, the Food and Drug Administration (FDA) regulates stem cell use. Interestingly, there are no regulations specific to stem cells, but there is a range if broad regulations regarding the use of cells and tissues, as well as biologic agents, into which any stem cell therapy can be classified. For example, there are low risk categories into which one can classify cells extracted from the body that have been minimally manipulated and intended for use in similar tissues from which the cells were harvested. The regulations are less strict and directed toward preventing the spread of diseases through contamination. There are also higher risk categories in which the stem cells are deemed to be manipulated to a high degree and are regulated as “biologic drugs.” In this category, the stem cells can only be used in official government regulated clinical trials and they must pass through phase I, phase II, and phase III clinical trials culminating in a biologic license for a specific application. This process is very similar to that used for drug regulation in United States. The position of the FDA has been getting increasingly strict about the use of adult stem cells, such as adipose stem cells, and has been pushing the classification of most therapies toward the higher risk category. No device to extract stem cells is currently approved for general clinical use in the United States, and the use of stem cells for plastic surgery procedures is not considered common practice. After the revision of 2011, there are no laws with associated penal regulations. The Japanese government has been regulating clinical trials of cell therapies since 2006 with the Guideline for Clinical Trials with Human Stem Cells. Clinical trials, which are experimental, are defined differently from medical treatments, which are established. The definition of cell therapies is those using cells which are more than minimally manipulated. The definition of minimal manipulation is the same as that of the FDA in the United States. After the revision of 2011, the guideline is regulating only clinical trials for seeking repair, reconstruction, or regeneration of a diseased (damaged or lost) organ (or tissue). For example, clinical trials of cosmetic cell therapies have to follow IRB decision and the Ethical Guideline for Clinical Studies, but not the Guideline for Clinical Trials with Human Stem Cells. However, breast reconstruction using stem cells must follow the Guidelines for Clinical Trials with Human Stem Cells because its purpose is reconstruction of lost tissue. No automated machine for cell isolation from adipose tissue has been approved as a medical device for therapeutic use (Class IV such as an intravenous catheter) in Japan, though some of them are approved to sell for research or non-invasive use (Class I such as a centrifugation machine or a stethoscope).

MIDDLE EAST

Sami Saad, MD – Lebanon

In Lebanon, unfortunately, the only authority that tries to regulate medical issues is the Ministry of Health and it is not very successful. Concerning stem cells, there was a warning issued by the Ministry of Health stating that any mention of stem cells should include that it is all still experimental and that there is no proof of benefit or safety of such use. Yet many physicians, most of them not properly trained plastic surgeons, are advertising that they are using a new technology, namely “Adult Stem Cell Therapy” for cosmetic use by reinjection into the soft tissues, claiming that it is the most recent advancement to avoid aesthetic surgeries such as facelifts. It is undeniable that fat injection (liposstructure) has more benefits than simple volume replacement, some manipulation of the aspirated fat to increase the concentration of stem cells is beneficial, but not yet approved by the Lebanese Ministry of Health for widespread use.

ASIA

Kotaro Yoshimura, MD – Japan

In general, it is not illegal in Japan for physicians to use a non-approved product or perform a non-approved treatment/trial under their own responsibility, though physicians should follow all guidelines. There are no laws with associated penal regulations. The Japanese government has been regulating clinical trials of cell therapies since 2006 with the Guideline for Clinical Trials with Human Stem Cells. Clinical trials, which are experimental, are defined differently from medical treatments, which are established. The definition of cell therapies is those using cells which are more than minimally manipulated. The definition of minimal manipulation is the same as that of the FDA in the United States. After the revision of 2011, the guideline is regulating only clinical trials for seeking repair, reconstruction, or regeneration of a diseased (damaged or lost) organ (or tissue). For example, clinical trials of cosmetic cell therapies have to follow IRB decision and the Ethical Guideline for Clinical Studies, but not the Guideline for Clinical Trials with Human Stem Cells. However, breast reconstruction using stem cells must follow the Guidelines for Clinical Trials with Human Stem Cells because its purpose is reconstruction of lost tissue. No automated machine for cell isolation from adipose tissue has been approved as a medical device for therapeutic use (Class IV such as an intravenous catheter) in Japan, though some of them are approved to sell for research or non-invasive use (Class I such as a centrifugation machine or a stethoscope).
A unified registration system for services and products in the cellular technologies area is not adopted in the Russian Federation at the moment. In the meantime, the professional community and federal authorities (Minzdrav, Roszdravnadzor) have the intention to regulate activities in this area in order to balance quality, safety and consumers’ benefit. The only document regulating activities of organizations in medical cellular technologies is The Order of Ministry of Healthcare of the Russian Federation of July 23, 2003 #125: On Development of Cellular Technologies in The Russian Federation. Unfortunately, this document is quite inconsistent because it relates only to procurement of placental and umbilical blood. Besides that, it does not provide a difference for donor and personal banks, umbilical blood procurement instruction is approved for research work only, immunophenotyping is stated as an obligatory stage, although it is unreasonable for personal storage. Until January 1, 2012 The Order of the Ministry of Health and Social Development of the Russian Federation of July 20, 2007 #88: On ratification of Administrative Regulations of Federal Service for Supervision in Healthcare and Social Development on performance of state function of issuing permits to approval of new medical technologies was in force. Thus organizations had an opportunity to successfully implement new methods of treatment and diagnostics, including ones based on cellular technologies during four years. Now this order ceased to be in force, but permits issued by Roszdravnadzor remain valid. Two medical cellular technologies related to that sphere: GOST R 52249-2004 Rules of production, testing and quality control of cellular products and services (GTP) as well as a document of ISAPS News Volume 6 • Number 3

GLOBAL PERSPECTIVES:

EUROPE

Natalia Manturova, MD and
Roman Deev, MD – Russian Federation

Kirill Psheninsov, MD – Russian Federation

ISAPS News Editorial Board Member

EUROPE

Igor Niechajev, MD, PhD – Sweden

ISAPS Chair, Government Relations Committee

EUROPE

Kai-Uwe Schlauraff, MD – Switzerland

ISAPS Assistant Treasurer

STEM CELLS

In Switzerland, the preparation and use of embryonic stem cells is regulated by the Federal Stem Cell Research Act (2005), under which it is permissible to derive stem cells from surplus human embryos for exclusive use in research. In addition, embryonic stem cell lines may be imported from abroad for research purposes. The Federal authorities SR 810 531 defines the very strict protocols and conditions for approval. Research on adult stem cells is permitted under current legislation and requires, like any other research, approval from the local Ethics Committee. The use of adult stem cells is regulated by the Federal Department of Health (BAG) and the Swiss Agency for Therapeutic Products Swissmedic. Stem cell harvesting and extraction can either be done by automated devices bearing a CE mark that is recognized by Swissmedic (e.g. Cytori’s Celution device) or in collaboration with an external tissue unit which has to be authorized by both the Department of Health and Swissmedic (e.g. Swiss Stem Cells Bank). Strict regulations apply for the processing of the tissue and their application must be “like for like.” This means that for example mesenchymal stem cells derived from adipose tissue can only be used for the treatment of skin and fat. In Switzerland, there are currently three fully authorized stem cell banks – two public and one private – that are primarily working with umbilical cord blood, bone marrow and recently also adipose derived stem cells. In 2011, the Court of Justice of the European Union ruled out any rights to obtain patents for embryonic or adult stem cells, limiting control by big companies and ensuring public access to the results of research in the field.

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The Scientific Council (SC) of Sweden is a governmen-
tial institution under the Ministry of Education and is
responsible for the control and granting for all basic
research. In December 2001, SC formulated medico-legal
and ethical guidelines for the research and therapeutic applications
of embryonic stem cells. Reproductive cloning is forbidden, but
therapeutic cloning is allowed and SC authorized the creation
of a stem cell bank. Sweden, along with the UK, Belgium, Neth-
erlands and Greece has the most liberal laws and these coun-
tries are in the forefront of research on the embryonic stem
cells. At the same session, SC confirmed that research on adult
stem cells and on the stem cells from the blood extracted from
the umbilical cord is already allowed according to the actual
laws and regulations concerning research on biologic materi-
als. Adult stem cells can be used in general practice and the
automated devices for their extraction can be used providing
they have CE approval (Conformité Européenne) for the Euro-
pean Union. A comprehensive Liposampling Surgery Course,
sponsored by Cytori, was held in Stockholm on April 20, 2012
and will be repeated at the end of November this year. Research
on adult stem cells is conducted at the Departments of Plas-
tic Surgery at several University Hospitals and it requires, like
any other patient oriented research, an approval from the local
Ethics Committee. The on-going research encompasses a large
number of tissues: muscle, nerve, breast and cartilage, which are on the way to being applied in clinical practice. All tis-

ue transplantation must be recorded by filing the special form
“Tissue for clinical use.” Specifically, keratinocytes are cultured
for application in burns, pigment cells are used to treat various
forms of hypopigmentation, uretal cells are cultured to treat
boys with hypospadias, and fat cells are cultured to fill soft

tissue defects.
EUROPE
Tunc Tiryaki, MD – Turkey

The Scientific Council on Stem Cell Transplantation, under the Ministry of Health, regulates the usage of stem cells in Turkey. To start with, there is no regulation by the ministry on embryonic stem cell (ESC) use since it is banned according to the Council of Europe Oviedo Convention on Human Rights and Biomedicine in 2009. The preparation and use of adult stem cells (ASC) is regulated by the Non-embryonic Stem Cell Research Act (2006) of the Ministry of Health under which it is permissible in Turkey, under certain conditions, to derive and transplant SC. Stem cell harvesting and extraction which it is permissible in Turkey, under certain conditions, to derive and transplant SC. Stem cell harvesting and extraction can either be done by automated devices bearing a CE mark or in collaboration with an external tissue unit, which must be authorized by the Ministry. Still, this regulation is assuming that the stem cells are hematopoietic in origin only and the usage of ASC from different sources like fat is not regulated. It is also interesting that this act is regulating only the treatments for life-threatening diseases, which excludes aesthetic procedures. Today, adipose derived stem cell transplantation is considered as a minimal touch procedure, or a variety of fat transplantation, as long as the transplantation is done without cell expansion, on the same day at the same location. Stem cell banking is also regulated according to the same protocol and there are two GMP standard cell-banking facilities in Turkey.

SOUTH AMERICA
Fabio Nahas, MD – Brazil

In Brazil, the official agency Anvisa (a Division of the Ministry of Health) and similar to the FDA in the United States, regulates the use of stem cells. There is only one company in Brazil, so far, that is officially authorized by the Anvisa to commercialize stem cells to be used for cosmetic purposes. There are no devices to extract stem cells from fat tissues authorized by the agency.

SOUTH AMERICA
Lina Triana, MD – Colombia

In Colombia we do not have any clear regulation about it. Actually it is very popular to do in the office the PRP procedure for enhancing the collagen formation in the skin with no regulation. Even estheticians do it. As Colombian plastic surgery a year ago we went to a meeting with the health ministry where they said they were going to regulate this procedure but is not clear today.

ASIA
Lokesh Kumar, MD – India

ISAPS National Secretary for India

There is no technology other than stem cells that has created such a hype in the medical field in the recent past. There are diverse opinions involving ethical issues in research and therapeutic applications. The ability to reprogram adult stem cells so that they behave like embryonic stem cells has opened up many possibilities in their use for treatment. But in the view of scientists and researchers, a lot still needs to be understood before stem cells can actually be used for potential therapies. That has not deterred many practitioners from bringing the technology into the clinical domain especially in countries where there are no regulations or they are very lax even if they do exist. Most of the time, these practitioners are guided by monetary gains and the desire to be first to bring in new technology rather than an actual desire to benefit their patients. They are also giving in to the demand of patients suffering from chronic, incurable diseases who see this as a ray of hope and wish to give it a try even if scientific proof of efficacy is lacking. Many patients are willing to travel long distances to places like India, China and other Southeast Asian countries where the law makers are yet to look into regulating this sector. Lack of legislation in such countries has led to the mushrooming of clinics with dubious claims. In India, the field of biotechnology has seen tremendous growth and has tripled in the last five years. It is projected to grow to achieve a market size of 8 billion USD by the year 2015 according to one report. Stem cell therapy is an emerging sub-segment of the biotechnology industry. The regulatory authorities in India are blissfully unaware of the risks involved in uncontrolled stem cell therapies. The guidelines and recommendations issued by the Indian Council of Medical Research are essentially an unenforced code of professional conduct and in the absence of supportive law lacks regulatory framework. Still, research in the field being conducted at large hospitals is largely regulated by guidelines set up by ICMB and is properly vetted by medical ethics committees. These hospitals are also using properly authorized stem cell therapies from bone marrow and peripheral blood for limited conditions. The big worry is about unregulated clinical applications being carried out by unauthorized clinics. At one end of the spectrum are the stem cell banks which are either subsidiaries of their overseas counterparts or run by big business houses. They lure gullible parents into preserving embryonic cord blood stem cells, giving them hope of a cure of unpredictable disease, the chances of which happening is still more unpredictable. On the other end are the clinics luring patients with fraudulent and exaggerated claims of curing chronic neurological ailments. One such doctor, a gynecologist by education, has turned herself into a self-taught stem cell practitioner and claims to have pioneered a technology of using embryonic stem cells for various incurable ailments. Even though her work has never been peer reviewed, because she never bothered to publish her work, she has supportive testimonials from many patients especially from the US who claim to have benefitted from her treatment. The use of adipose derived stem cells is another story. Since they are being harvested and used in the same person, they don’t come under the purview of any law even if they require processing outside the body before being re-injected.
GLOBAL PERSPECTIVES: STEM CELLS

EUROPE
Norbert Pallua, MD – Germany

Contrary to embryonic stem cells, the use of adult stem cells, such as adipose derived stem cells (ADCs) or bone marrow derived stem cells (BMDCs) for research purposes is legal and promoted by many national research programs in Germany. However, the respective research projects have to be approved by the local institutional review board or ethics committees.

For example, the clinical use of ADCs in Germany often requires an individual clarification of cost coverage by health insurance. The regulation of stem cell therapies, medical devices and indication are subject to the German Medicines Act. Especially the approval of procedures for ADC-based therapies or related medical devices are demanding (clinical trials), expensive and complicated, so that only larger companies can afford marketing approval for their products. The approval requirements are regulated by the Paul-Ehrlich-Institut, an Agency of the German Federal Ministry of Health, the Federal Institute for Drugs and Medical Devices (BfArM) and local ethics committees. Furthermore, an approval for stem cell products can be given by the European Medicines Agency (EMA). Here, after the scientific progress in stem cell research, tissue engineering and gene therapy over the last years, a new category of medicinal products, the Advanced Therapy Medicinal Products (ATMP), was established for the regulation of these new approaches in regenerative medicine. Currently, to the best of our knowledge, only the Celution®-System by Cytori for the isolation of adipose stem cells/regenerative has clinical approval in Europe and, therefore, can be used in general clinical practice. However, the additional costs have to be paid either by the patient or their health insurance after clarification of cost coverage.

EUROPE
Franco Bassetto, MD and Luca Lancerotto, MD – Italy

Clinica di Chirurgia Plastica, Università di Padova

Gianluca Campiglio, MD, PhD – Italy

ISAPS National Secretariat for Italy and Chair of National Secretaries

The use for research as well as for clinical purposes of human embryonic stem cells is specifically prohibited; however, manipulation of embryonic cell lines created and derived from other countries is not (Norme in materia di creazione assistita. DL 19.02.2004, pubbl GF n. 45 del 24.02.2004). Italian legislation gives specific limitations to the use of hematopoietic stem cells, including umbilical cord stem cells (Disposizioni in materia di conservazione di cellule staminali etc DM 18.11.2009), which can be processed and stored only in authorized public biobanks connected to public hospitals or otherwise approved. Storage is free of charge, but only dedicated to allogenic and not personal destination. Storage dedicated to the newborn or close relatives is allowed exclusively in cases of: (1) actual pathology diagnosed before donation for which benefit from umbilical blood stem cells can be expected or (2) families with documented high risk of procreation of children affected by genetic disorders that can benefit from stem cells. Hematopoietic stem cells can be imported or exported (including for storage) under individual authorization released by the Ministry of Health or authorized local authorities.

The use of stem cells of origin other than embryonic or hematopoietic (i.e. adipose tissue stem cells) is regulated in unspecific ways as follows: (1) only autologous cells can be directly used in a patient by the surgeon, while homologous tissues must be processed by authorized cell banks (D.lgs. 191/2007); (2) cells must be used intra-operatively and can be manipulated in single surgical time without exiting the OR or surgical office. Otherwise, they must be processed by authorized cell banks (D.lgs. 191/2007);

Stem Cells, continued from page 10

(3) cells can be minimally manipulated (i.e. centrifuged, filtered, separated), but not expanded, induced to proliferate, or genetically modified. Otherwise, they would fall under the category of “drug” and relative legislation (Europ. Reg. 1394/2007).

(4) cells can be used “homofuntionally” only with the same function for which they are naturally present in the body. Otherwise, they would fall under the category of “drug” and relative legislation (Europ. Reg. 1394/2007).

(4) cells can be obtained and used both in proper ORs or in outpatient clinics authorized for surgical interventions.

Active Stem Cells...
REPORT ON ISAPS COURSE – ATHENS

Another successful event for the ISAPS Education Council was held in Athens, Greece from 1st of November, with a half-day video session, until Saturday the 3rd of November, with full day lectures on both Friday and Saturday.

The success can only be attributed to the enthusiasm of the audience, eager participation by the world class faculty, and the organizers consisting of the Education Council Chair, Dr. Nazim Cerkes, the Course Director Dr. Vakis Kontoes, ISAPS National Secretary for Greece and Education Council Assistant Chair, and the Course Co-Director, Dr. Apostolos Mandrekas, President of the Hellenic Society of Plastic Surgery.

The scientific lectures and video presentations were of high quality as confirmed by an auditorium packed to capacity even during the late sessions. More than 160 participants registered for this Course from 25 countries. ISAPS generated 16 new membership applications during the three days which can only help in the future growth of the society.

Athens displayed all her charms with unseasonably hot weather which allowed the participants to visit many historic sites and enjoy the social events and night life. Interestingly, many visited the Parthenon and the Acropolis Museum for the first time which seems fitting given the Course title: Light of Beauty over the Parthenon.

LIMA-MACHU PICCHU COURSE
Carlos Oscar Uebel, MD, PhD – Brazil

The first ISAPS Course organized in my Presidential term was held in Lima, Peru in September and was an outstanding meeting promoted jointly by our ISAPS National Secretary for Peru, Julio Daniel Kirschbaum, and Wieslawa de Pawlikowsky, President of the Peruvian Plastic Surgery Society. An intensive scientific program was prepared involving more than 250 attendees from Peru and several foreign countries.

Starting with a surgical day, five patients previously selected from the Lima community were operated on by an extraordinary surgical team: Ruth Graf, from Brazil, demonstrated a sub fascial mammary inclusion; Nazim Cerkes, from Turkey, a rhytidoplasty; Oscar Ramirez, from USA, an endoscopic approach for mid facelift; Raul Gonzalez, from Brazil, a silicone buttock augmentation; and Enzo Citarella, from Colombia, a neck lift approach. These five surgeries where edited and presented to the audience by the surgeons the next day. It was a unique opportunity to share the difficulties and technical details with all participants. This is an idea to be introduced by our Education Council Chair, Nazim Cerkes, in many courses around the world giving opportunity for local patients of lesser financial means to be operated on by renowned plastic surgeons.

Along with this surgical program, more than 20 lectures and conferences were presented by high level faculty from around the world who agreed to come to this wonderful region of South America. During the meeting, Renato Saltz, our First Vice President, showed a power point presentation about the activities of our Society. More than 28 new applications for ISAPS membership resulted from this promotion.

In addition to the Scientific Program, an intensive Social Activity was developed by Wieslawa in Lima and an unforgettable trip to Machu Picchu was organized by Julio Kirschbaum. This was really a wonderful meeting to start with our slogan for 2012-2014 – Aesthetic Education Worldwide. In forthcoming editorials, I will bring you more information about our various committees’ activities and I am sure you will be proud to be a member of ISAPS.
The 49th Annual Meeting of the Sociedade Brasileira de Cirurgia Plástica (SBCP) was held in Porto Alegre, in the south of Brazil, on November 15-18 and included an official one-day ISAPS Symposium in conjunction with SBCP on the first day.

The Annual Meeting had 2,345 plastic surgeons registered and the Symposium had 1938 in attendance. Considerably more than 2,350 participants. The success of both meetings certainly can be attributed to a high quality Scientific Program organized by Niveo Steffen and by the superb local arrangements organized by Paulo Amaral. The Brazilian Society President, Jose Horacio Aboudib, encouraged all Brazilian plastic surgeons to come down to Porto Alegre and to spend five days with an excellent ISAPS faculty including Foad Nahai, Daniel Baker, Ivo Pitanguy, Ricardo Baroudi, Antonio Fuente del Campo, Renato Saltz, Nazim Cerkes, Ronaldo Pontes and so many others from abroad.

Our Executive Director, Catherine Foss, attended the meeting together with Alison Thornberry who provided instructions to many Brazilian plastic surgeons who want to apply for ISAPS membership – 71 applications were collected. We are proud to thank the entire team of the Scientific Program Committee. I have no doubt that we can expect a high scientific level as the main concern of our new President is aesthetic surgery education.

The 21st Congress seems to have kept all its promises, judging by the many comments and testimony received. Just as important, the Congress was a great time. The social program prepared by Kai and Anette Schlaudraff beautifully completed the evenings after very studious days.

I wish good luck to the new team in charge of the Congress in 2014 in Rio de Janeiro with Carlos Uebel as President and Jorge Herrera as Chair of the Scientific Program Committee. I have no doubt that we can expect a high scientific level as the main concern of our new President is aesthetic surgery education.

The 21st Congress seems to have kept all its promises, judging by the many comments and testimony received. Just as important, the Congress was a great time. The social program prepared by Kai and Anette Schlaudraff beautifully completed the evenings after very studious days.

I wish good luck to the new team in charge of the Congress in 2014 in Rio de Janeiro with Carlos Uebel as President and Jorge Herrera as Chair of the Scientific Program Committee. I have no doubt that we can expect a high scientific level as the main concern of our new President is aesthetic surgery education.
Greetings from the ISAPS journal editorial office here in New York City. As most of you know, the New York area recently suffered a devastating natural calamity—namely Hurricane Sandy. Many New Yorkers remain without electricity, water, and other basics. Many lives have been lost, many more have been irrevocably affected. This storm and its sequelae reminded me of our vulnerabilities and of the human compassion and commonalities we all share as members of this society.

Personally, the storm forced me to be grounded when I was supposed to be speaking at the ASPS meeting in another storm damaged city, New Orleans. My airline cancelled all flights out of New York and precluding me from attending and speaking at the 34th National Congress of the Turkish Society of Plastic Reconstructive and Aesthetic Surgery in Antalya, Turkey. I had prepared what I thought were stimulating presentations for New Orleans and Antalya, yet I was powerless, frustrated and even annoyed.

But all these feelings were mitigated and even some degree of guilt emerged as I gained intimate knowledge of what my colleagues, friends and family members were enduring. Soon after Sandy left New York, New Jersey and the rest of the north-eastern United States to wreak havoc in more northwestern regions, I had an epiphany; one which admirably is emblematic. I realized that it took this national disaster to make all of us realize how interdependent we are in ways I never thought imaginable.

One sees earthquakes, floods and famine in faraway places; even Hurricane Katrina in New Orleans was always a distant tragic event: moving, but removed from my daily life. Now I realize it. My own parents, who are in their mid-80s, strug-gled to stay warm and dry and had to be rescued from water and impending hypothermia as the temperatures plummeted in Sandy’s aftermath.

Now you may be asking yourself what is the editor-in-chief of Aesthetic Plastic Surgery, our official scientific journal, writing about? In order for me to answer my own rhetorical questions, I need only tell you that before, during and after Hurricane Sandy struck my home and affected my loved ones, I received countless telephone calls, emails, and correspondence from all over the world. These were from my friends and colleagues in ISAPS: men and women whom I have come to know and in some instances even love.

A storm as big as this paled in comparison to other natural disasters which have struck our member countries in my own lifetime. Yet we received an outpouring of love and concern from around the world. In my own beloved America, volunteers from Texas, California, Oklahoma and Wisconsin (to name a few) came to my region of the country to assist and to provide water, electricity and other necessities to people they had never met. Even now volunteers from around the country and in NY are providing food, comfort, support and assistance in the rebuilding process. People of little or no financial means giving of themselves in any meaningful way they can. This is truly inspirational and comforting.

I for one have a new perspective. Serving as editor at APS has allowed me to meet so many warm, loving, thoughtful and caring individuals from throughout the world. These people are what makes our society so unique, important and potentially unlimited in what can be achieved. So I urge all of you to give of yourself in any meaningful way they can. This is truly inspirational and comforting.

Comment – Our goal is to provide an interactive and informative on-line resource for the surgical teams. This phase has already begun with several pages on the LEAP website www.leap-foundation.org/disaster-relief. A secure, password-protected page, rich with resources, is available for registered SRT surgeons. In early October, we were an invited participant in a global conference to learn about and help develop collaborative software for NGOs to share information. Our goal is for the SRT to connect surgical teams to the areas and organizations that need them most, and we believe being on the forefront of software and online resources will enable that connection.

Train – Our partnership with Relief International opens the opportunity for the SRT to customize and organize training sessions throughout the world. We are also pursuing opportunities with other training organizations. Our first ISAPS member-volunteers attended a training course in Portland, Oregon in the Pacific Northwest of the United States in mid-October and we hope to have a mobile training course at several ISAPS meetings throughout the year.

The launch of the ISAPS-LEAP Surgical Relief Teams® program at the 21st Biennial Congress of the International Society of Aesthetic Plastic Surgery (ISAPS) in Geneva was received with great enthusiasm. Over 70 plastic surgeons from 15 nations registered to receive more information as the program develops. During a general information session held during the Congress, discussion of the scope and importance of this new initiative led to a change in the proposed name from ISAPS-LEAP Surgical Strike Force to ISAPS-LEAP Surgical Relief Teams® (SRT).

Over the past year, since ISAPS and LEAP agreed to collaborate to prepare ISAPS member volunteers for global rapid response, we have sought to develop strong partnerships to strengthen the platform for shared logistical preparedness. Co-founder, Dr. Tunc Tiryaki (Turkey) and I briefed the national secretaries and corresponded to their questions during their day-long meeting held prior to the Congress. Our first open session in Geneva brought together surgeons from Turkey, Georgia, Switzerland and the US as well as representatives from Relief International, Médecins Sans Frontières and the World Health Organization. All of these large humanitarian and medically-focused organizations continued to express what we experienced in Haiti: autonomous plastic surgical teams are crucial in the first week following a major casualty incident. As we move the program forward, we are putting in place the resources to connect, train, equip and deploy ISAPS plastic surgeons throughout the world in times of crisis.

Connect – A unique opportunity presented itself at the Congress for vendors and suppliers to become founding sponsors of this sought-after initiative. Within the next year we hope to have several “Surgical Go Kits” throughout the world ready for the teams when they need them. As we experienced in Haiti, a surgeon without equipment cannot be fully effective. Deploy – As we develop the network of ISAPS member volunteers and other supporting organizations, we will develop a clear avenue for deployment. The equipment, training, and connection pieces are key to smooth activation in times of crisis.

We have made great strides, but need continued support from ISAPS members, sponsors, and suppliers as we develop this global program. Progress reports will be a regular feature in ISAPS News. Members who wish to be considered for team involvement can contact the ISAPS Executive Office for more information.
REVISIONS IN THE ISAPS INSURANCE PROGRAM

Alison Thornberry – UK
Managing Director, Sure Insurance

O nly ISAPS members are entitled to enrol in and benefit from the exclusive new ISAPS Insurance Program 100% supported by underwrit- ers at Lloyd’s of London.

Of course no surgeon or patient likes to think that a correction will be neces- sary or a complication will occur, but it does happen on occasion through no fault of the surgeon. It is reassuring that ‘No Blame’ insurance cover is avail- able allowing the patient to have reme- dial treatment as soon as possible. Such immediate action decreases the number of patient complaints.

At the 21st Congress of ISAPS held in Geneva in September, the ISAPS Insur- ance Program announced improvements to the policy benefits together with a sim- pler pricing structure. In addition to the existing benefits, ISAPS surgeons are now able to offer all of their patients this personal guarantee: Should a revision pro- cedure be necessary due to a needed correc- tion or a complication, the patient will receive remedial treatment or surgery.

A patient guaranteed by an ISAPS surgeon to their patient is valid for one year from the date of the procedure. The guarantee can be provided in a lan- guage of the surgeon’s choice and will also confirm to the patient that the surgeon has been accepted for ISAPS Insurance. This highlights ISAPS’s strict membership requirements and ensures that surgeons accepted into the insurance program adhere to the highest standards of train- ing, experience and professional ethics.

The surgeons may do up to three pro- cedures per patient and the premium for the cover is 6% of the surgery costs. When a claim is submitted, the reim- bursement can be up to the original sur- gery costs. For example, if the original surgery costs were 5,000 and a premium of 300 (6% of total) was paid, the maxi- mum payout will be 5,000. The cover and premium can be in dollars, euros or sterling.

Surgeons participating in the insur- ance program are included in a public on-line directory that informs patients if a revision or complication guarantee is available for their surgeon. See www.isapsinsurance.com/directory

Procedures covered and the diag- nosed conditions included are:

- Brachioplasty/Thigh Reduction: Haemato- ma, Infection, Skin Necrosis.
- Blepharoplasty: Excess Bone/Cartilage Removal, Infection, Misshape.
- Rhinoplasty: Bleeding, Haematoma, Cartilage Necrosis, Recurrence, Infec- tion, Misshape.

For queries or personal quotes please email team@isapsinsurance.com or telephone number: 00 44 (0) 207 374 4022.

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BIOGRAPHY

Gregory Hetter, MD – United States
BCRF/ISAPS Awards Committee Chairman

I t was a great pleasure to be present in Geneva this past September and to be part of the committee that judged the free papers for the Body Contouring Research Foundation (BCRF) with the charge to fund awards in clinical and basic research on skin and fat. The awards committee this year was composed of Luiz Toledo (UAE), Renato Salz (US), and me. We had assistance from Gunnar Kvalheim (Norway) in judging the cellular biology papers.

There were two surprises for me after being away from the ISAPS Congress over the past several years. Firstly, there were so many very good clinical papers that the difference between first, second and third place made judging difficult. Secondly, the research papers were at such a high level that the awards committee asked for help by an expert in the field of cell biology. And, once again, the difference between first, second and third made judging difficult. This is a very strong sign for the future of our specialty. Congratulations to all six young plastic surgeons who have achieved recognition.

Some history is in order. The Body Contouring Research Foundation biennial awards given by ISAPS are funded by monies that were originally acquired through annual dues and teaching courses sponsored by the Lipoplasty Society of North America (LSNA) founded in 1983. LSNA was funded by Yves Gerard Illouz, myself and Frank Herhahn following our return from Paris after watching Dr. Illouz perform “Lipoplasty” or closed suction lipectomy.

Shortly thereafter, in 1983, Richard Mladick and Carson Lewis became driving forces at LSNA. It is thanks to these and many other non-specialists who sought, without credentials, to make this new procedure their own that LSNA had fulfilled its mission, funds were transferred to the Body Contouring Research Foundation (BCRF) with the charge to fund awards in clini- cal and basic research in the field. LSNA had worked closely with ISAPS over many years. When the decision was made to dissolve BCRF, it was natural that the BCRF Board of Direc- tors decided to donate the existing capital; amounting to about US$100,000, to ISAPS. The interest from this capital funds the two biennial awards. There were, of course, pressures from other North American based plastic surgery organizations that lobbied for the capital. However, LSNA had always been open globally as knowledge should transcend all boundaries.

The awards committee this year was composed of Luiz Toledo (UAE), Renato Salz (US), and me. We had assistance from Gunnar Kvalheim (Norway) in judging the cellular biology papers.

Listed below are the outstanding winners for the BCRF/ ISAPS, Geneva 2012, awards. They come from three continents and speak four native languages: two speak Portuguese, two English and one each Italian and German.

Awards for Clinical Papers:
• First Place, $5,000 award and Certificate: Antonio Costa Ferreira (Portugal), 1969, “Scarpa Fascia Preservation during Abdominoplasty: Randomized Clinical Study of Results and Complications”
• Second Place, Certificate: Yves Harder (Germany), 1968, “Treatment of Asymmetries and Contour Deformities after Breast Conserving Therapy and Microvascular Breast Reconstruction using Autologous Fat Grafting”
• Third Place, Certificate: Natale Gunzio de Amorim (Brazil), 1969, “Facial Surgery and the Use of Fat and Adipose-Derived Stem Cells”

Awards for Research Papers:
• First Place, $10,000 award and Certificate: Gabrielle Davis (USA), 1979, “Adipose Derived Stem Cell Therapy Rescues Delayed Wound Healing in Radiation Wounds”
• Second Place, Certificate: Angelo Leto Barone (Italy), 1982, “Non-Adherent Precursors from Adipose Derived Stem Cells (NAPADSC5): Seeing ADSCS from a Different Angle”
• Third Place, Certificate: Alexandra Conde-Green (USA), 1974, “Fat Grafting vs. Adipose Extracellular Matrix as a Potential Filler for Soft Tissue Defects”

It was a pleasure for the committee judges and especially for me as former treasurer of BCRF to see such fine work being done by our plastic surgeons under forty-five years of age in both clinical and basic research and to see the BCRF funds come to such good use for our specialty. We hope the recognition that surrounds these awards will encourage many more young surgeons to seek out these awards in 2014.

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BODY CONTOURING RESEARCH FOUNDATION AWARDS

Gregory Hetter, MD – United States
BCRF/ISAPS Awards Committee Chairman

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ETHICS FOCUS GROUP HELD DURING NATIONAL SECRETARIES MEETING IN GENEVA

Lokesh Kumar, MD — India
ISAPS National Secretary for India

This year’s National Secretaries’ meeting in Geneva witnessed something unprecedented in the form of focus group discussions. In all, five focus groups pondered problems that were pre-determined by a survey among the National Secretaries with resulting very useful suggestions. The topic of one such focus group was Ethics: Guidelines for member advertising, control and prohibition of videos and photos in ISAPS meetings, commercial involvement by members/applicants. I was part of this group by design rather than by accident as one of the agenda items, advertising, caught my eye.

The group had a fruitful discussion under the coordination of Dana Jamiu, our National Secretary for Romania. I was pleasantly surprised to see many members in the same boat as me on the issue of advertising by doctors. Even though many countries have taken steps to change the rules governing this group, a very clear ISAPS policy on the issue was suggested, which can then be used to convince officials to bring about a change in these laws in respective countries.

The other important point of discussion was the use of the cameras and other recording devices by delegates during meetings. A very welcome suggestion was to keep presentations (excluding clinical photographs) on the ISAPS website for a period of one month, available only to the registered delegates of the particular meeting. If approved, this will go a long way in preventing the delegates from making good use of their cameras during ISAPS courses.

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INTERNATIONAL STUDY ON AESTHETIC/COSMETIC PROCEDURES PERFORMED IN 2011

Scott A. Hackworth, CPA
Senior Vice President, Industry Insights, Inc.

At the time of publication of ISAPS News, results are in the analysis phase for ISAPS’ 3rd Annual Procedural Statistics Survey. Complete findings will be available on ISAPS’ website by mid-December.

The survey committee is excited to relay to readers that this year’s dataset has far surpassed the response levels of prior surveys. This is attributable to the study’s increasing popularity and the generous support of the American Society for Aesthetic Plastic Surgery (ASAPS) and the Brazilian Society, Sociedade Brasileira de Cirurgia Plástica, both of whom contributed their collected data to be integrated into the ISAPS report.

This annual study’s results provide detailed findings about the estimated number of cosmetic procedures worldwide, which countries are performing the most procedures overall, which countries perform the largest number of certain procedures, which procedures are most frequently performed overall, and which countries employ the most plastic surgeons. In addition, the findings relay the average surgeon fees charged for various procedures overall and by country. To our knowledge, ISAPS is the only reputable source for this type of information.

The 2012 study of procedures performed in 2011 will undoubtedly provide the most reliable worldwide statistics ever produced. Our responding sample includes more than 1,000 plastic surgeons from around the world, and the study’s methodology has been further refined to improve the overall accuracy of the results.

In addition to these single-year statistics being more accurate, the year-to-year comparisons and trends should also be more reliable. Based on the success of the initial survey that was fielded in 2010, a large number of the National Societies updated the study’s estimated plastic surgeon counts for their country, prior to the 2011 study (of 2010 procedures). Consequently, the changes to this year’s surgeon counts have been minimal, which is expected to result in more comparable year-to-year statistics.

Though this year’s results will be the most reliable information ever produced on the topic, the study would not be possible without the generous participation of worldwide plastic surgeons and additional support from some of the most recognizable national societies. To that end, we extend our sincere gratitude to the 1,000+ participating surgeons and also to ASAPS and the Brazilian Society for their generous contributions.

SOME REFLECTIONS ABOUT ISAPS’ FUTURE

Miodrag Colić, MD — Serbia
ISAPS Second Vice-President

The future of our precious Society is obviously in our hands only. We are those responsible for what is happening and what will happen. The increasing number of other aesthetic societies in the reality which cannot be denied, cannot be fought against, but on the other hand, growing demands for aesthetic knowledge worldwide gives us the advantage that we have to use right now. We have knowledge and power that we proved during the last Congress in Geneva, we are those who make the rules and do not take them from the others, as recently stated by ISAPS Past President Jan Poell. Using this authority we should unite those relevant core specialists from which we can learn some specific operative techniques, but who can also benefit a lot from our knowledge. Oculoplastic, craniofacial, ENT and dermatologic surgeons can improve our approach in aesthetic facial surgery and we can certainly invite them to participate in our meetings, as they will keep on inviting our experts. Aestheticians and beauticians and very often gynaecologists and general practitioners are excluded from that group. In fact all those seeking fast courses during which they can take home some of our knowledge, but insufficient for quality work, are those to whom we should refuse to transfer our knowledge, acquired hardly through years of tough learning process. So, before accepting invitation, we should inquire who is our colleague and whether or not he/she is responsible for what is happening and what will happen.
A LOOK AT THE CORRESPONDENCE BETWEEN DR. COELST AND HIS FRIEND DR. ESSER:
TWO RESOLUTE SUPPORTERS OF RECONSTRUCTIVE SURGERY

Paul Wyloch, MD – Belgium

Former Head of the Department of Plastic, Reconstructive and Aesthetic Surgery University Hospital – Brussels

His magnum opus is his book Biologico
cal or Artery flaps of the Face with 420 plates
and a List of the Author’s Publications, which
appeared in 1935.

After WWI, Esser travelled a great deal. He
lived originally in Berlin, from 1925 in Stras-
burg, later in Paris and finally in Monaco. He
put together the idea of founding an interna-
tional Institute of Structural Surgery for plas-
tic surgery on a neutral island in the Medi-
terranean.

This period can be reconstructed clearly
from the correspondence between Esser and
Coelst, who had become friends. These letters
are preserved in the archives of the Dutch
Association for Plastic Surgery. The corre-
respondence began in 1933 and ended in 1937.
The letters clearly show the various steps
that Esser took to develop his Institute, complete with his visits
to various government ministries in Rome, Paris, Madrid, and
Athens. He became known as the Apostle of Plastic Surgery and
travelled throughout Europe to garner support for his project.

He went first to Holland, his native country, where he visited
the various universities, giving lectures documented by photo-
graphs of patients who had been operated on. Almost everyone
signed his “Membership List,” with just a few exceptions, such as
Prof. Laméris, head of the department of surgery in Utrecht,
who had had a hard-line Prussian upbringing and who refused
to cooperate.

He also visited Belgium, where he received the full support
of Maurice Coelst. On 6th January 1934, Esser wrote to Coelst:
I also wish you a good 1934 and hope that our friendship, which
has now begun, will develop further in the coming year, and that co-
operation for the Institute and your journal will bring us together
more and more . . .

As promised, I will let you have regularly articles in the future,
even for every issue if we can agree on converting your journal as
the official organ of our Institute. I have no doubt that this will be
the case and bring it with benefits for both parties.

In 1935, the title Revue de chirurgie
plastique at the prompting of J. Esser
was changed to Revue de chirurgie
structive at the prompting of J. Esser
who was of the opinion that the term
“plastic” was incorrect and did not define
the specialty clearly enough, while the
term “structive,” from the Latin “structo”
(I build), was a better name for the pub-
lication. The articles were published in
French, English and German, as well as
being summarised in those languages.

It is of interest to note that the Ameri-
can Journal of Plastic and Reconstructive
Surgery and the British Journal of Plastic
Surgery did not appear until after WWI,
being first published in 1950 and 1947
respectively.

In a letter dated 4th June 1935, Coelst
wrote,
. . . I am monitoring your efforts with
great interest and favour the creation of
your Institute, which I wish every success
. . . You will note that I have changed the
title of the Journal, which is now called the
Revue de Chirurgie Structive.

On 26th July 1935, Coelst wrote to
Esser “I have founded a small centre
for reconstructive surgery in Brussels.”

The first European Congress of
Reconstructive Surgery

Their correspondence in 1936 dealt
mainly with preparations for the first
European Congress of Plastic Surgery,
which was to be held on 2nd and 3rd
October in Brussels.

The officers of this Congress
were: F.S. Esser (President),
H. Gillies (Vice-President), M.
Coelst, T.P. Kilner and G. San-
venero-Rosselli (Fig. 2).

This meeting met with a
very sympathetic reception and
could count on international
participation, 44 papers being
delivered. At this Congress
were laid down the principles
of a tribunal for common inves-
tigations and for a stronger confab
among those who were pursuing the
same ideal. Also finding a venue for this
historical congress was not straightfor-
ward, with the choice finally being The
Marble Hall at the Palace of the Acade-
 mies in Brussels, near the Royal Palace
(Fig. 3).

In his letter of 10th February 1936,
Coelst asked Esser whether he would
accept to become honorary president of
the congress. Esser replied that Coelst
himself would be better suited because
he did not have such a good command
of French as Coelst.

I would gladly accept this Presidency pro-
vided I do not have to speak at the opening
because I do not speak French as well as
you to be able to direct the discussions and
handle the administrative part . . .

On 17th September 1936, Coelst wrote:
“Mayor Max has agreed to a reception
at the Town Hall on Sunday at 12 noon.
He will give a little welcome speech to which
you should reply.”

In September 1939, WWII broke out.

He wanted to offer his services to
the French military government, but as
he had worked in the German-Austrian
camp during WWI, he was not welcome.
Esser left for the United States with his
son and never returned to Europe. He
died in Chicago in 1946 and was buried
in a pauper’s grave.

In 1955, Maurice Coelst became a
co-founder of the Belgian Society of
Plastic Surgery, in conjunction with André
Far-
dee, Jacques Polus, Albert de Coninck
and Charles Steenebrugge. The society
was entirely French speaking. He was the

Dr. Johannes Esser was a colourful individualist between the
two world wars. He was born in Brussels on 6th June 1894. His
father, Jules Coelst (born in Tienen in 1879, died in Brussels in 1946),
was a pharmacist and per-
fectly bilingual. He was initially an alderman of public works,
later becoming finance alderman for the city of Brussels. He was mayor during the
Occupation, fell out with the German authorities
and was transported to a concentration camp in
Germany on 1st September 1944. He returned, a
sick man after the war and died in 1946.

Maurice Coelst graduated as an ENT surgeon
in 1922 from the Université Libre de Bruxelles. In
1925, he worked as an assistant to Prof. P. Sébi-
leau (1860-1953) at the Hôpital Lariboisière in
Paris. He also visited Prof. J. Joseph (1861-1935)
in Berlin in 1926. According to his son, Philippe,
he also visited Dr. Charles Clauzé and Dr. Léon Dufourmantel
in Paris and Dr. Harold Gilleys in the UK.

He mainly operated at home, where he had built a private
clinic. He realised that the efforts and accomplishments of
so many pioneers in plastic surgery would be lost unless they
could be collected into a scientific journal intended solely for
plastic surgeons. This led him, on his own initiative, to publish
an international periodical for our specialist field featuring
a series of outstanding articles.

The first issue of the Revue de Chirurgie Plastique appeared
in 1931. Maurice Coelst, who had no university or hospital con-
nections, edited it. This was because, in general, those circles
believed that there was no need for this type of surgery.

Dr. Johannes Esser was a colourful individualist between the
two world wars. He was a Dutchman, but had operated as a vol-
unteer during WWI in Brno, Vienna and Budapest on assign-
ment of the Austrian army. He wrote many articles and became
famous for the rotation flap used to repair facial defects and the
arterial island flap, which he called the “biological flap.” He also
made a major contribution to the “epithelial inlay technique.”

For a long time, Maurice Coelst (Fig. 1) was
the only plastic surgeon in Belgium. He
was born in Brussels on 6th June 1894. His
father, Jules Coelst (born in Tienen in 1879, died
in Brussels in 1946), was a pharmacist and per-
fectly bilingual. He was initially an alderman of public works, later becoming finance alderman
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society’s first president from 1935 to 1961, subsequently becoming Honorary President.

Maurice Coelst died on 2 and April 1963. The history of our profession in Belgium during the years between the wars is unspeakably associated with the name of Maurice Coelst.

CONCLUSION
The saying “History always repeats itself” can be applied very well to this historical study of the beginnings of plastic surgery in Belgium. Our profession has, from the very beginning, had to contend with negative influences stemming from the attitude of the major department heads who have always found it difficult to acknowledge this specialist field as a fully-fledged profession. There has also been the term “cosmetic surgery,” which even in the nineteenth thirties suffled the art of plastic surgery in many eyes.

Even the work of Coelst was looked upon with some disdain by many of his general surgery colleagues at the time; in particular, he never managed to gain a foothold in a university hospital.

Maurice Coelst published the first periodical to be devoted entirely to plastic surgery using his own funds. All of the well-known plastic surgeons of the period, from both Europe and the United States, worked with him. He changed the title of his Revue de Chirurgie Plastique to Revue de Chirurgie Structive at the prompting of Esser, but ultimately the word “plastic” has remained, while “structive” has evolved to “reconstructive.”

In this study, I have delved more deeply into the friendship between Coelst and Esser, and from their correspondence I have been able to filter out the growing problems in relation to the concept of an international institute for plastic surgery that was so dear to Esser’s heart. When the Institute was established at the prompting of Esser, but ultimately the word “plastic” has remained, while “structive” has evolved to “reconstructive.”

I would like to thank Barend Haeseker for allowing me to peruse the original correspondence between Coelst and Esser. It is a unique set of documents. I must also thank Philippe Coelst, Dr. Maurice Coelst’s youngest son, for his enthusiastic co-operation on this historical study and for providing me with a number of unique documents. Also, a word of thanks for Riccardo Mazzola, who provided me with yet more unique documents from his world-famous library.

ACKNOWLEDGEMENTS
We see the first attempt by the French surgeon, Charles Dujarier, to remove fat by suction using at the beginning a fine tube made of natural bamboo. The first liposuction was performed in 1921 and for the next few years, several patients willing to remove localized fat underwent this type of operation. In time, Dr. Dujarier replaced the fine bamboo tubes with gynecologic curettage cannulas thus evolving his technique. One problem he faced was the weak vacuum he was able to achieve with technology available at the time making the procedure very traumatic.

Unfortunately, in 1924 a famous model working in Paris underwent this operation, but due to a lack of proper sterile protocol, trauma at the femoral artery, excess bleeding, infection, and local gangrene, finally amputation of the lady’s leg resulted. The patient died several weeks after the operation. As a result, the technique was abandoned as Dr. Dujarier was convicted and his license suspended because he “was performing an experimental operation on human beings, with- out the proper and necessary knowledge and experience.” We have no evidence of what happened in the years following, but the incident and the technique were all but forgotten.

In the mid ‘60s, gynecologists in Europe, including Josef Schrudder in Cologne, Germany, using abortion cannulas, started to create fat and to extract it away by applying external pressure and some suction through the insertion operations. Many complications, very discouraging results, and extremely long recovery periods were the usual outcome of these procedures.

Arpad Fisher, a well-known Italian gynecologist who believed in the value and future of this technique, tried to improve and introduce it to the rest of the gynecology community, claiming that this was a purely gynecological procedure and no other specialty should be using it. “The operation is addressed to women and we are using gynecological instruments and our experience in suck- ing away useless tissues.” He was teaching his method to his son Giorgio Fisher, also a gynecologist, and gave him the honor and privilege of being the first to publish in an Italian gynecological journal in 1976. That year he also presented his “modern technique of fat removal by curettage and suction” at an Italian congress, thus putting himself in the Doctors Hall of Fame as the most famous liposuction pioneer.

Aesthetic surgery was then in its infancy as plastic surgery was considered mainly reconstructive.

The first plastic surgeon to modify and start using this method was Yves Gerard Illouz (Fig. 1) in France. From the beginning, this genius understood that a blunt tipped cannula and higher suction force would be moreatraumatic, giving better cosmetic results.

At this time, Brazilian plastic surgeon Ivo Pitanguy was also introducing his method of dermolipectomy and controlled open fat removal with excellent results and started spreading this modern technique of body reshaping worldwide.

Other plastic surgeons were still using uterine curettes to remove fat with many complications, cosmetic deformities and some unfortunate fatalities, a fate that followed liposuction for many years as doctors and patients could not distinguish among the various techniques.

Illouz was the first to introduce the “Wet Technique” and cannulating, but most importantly, the first to study the medi- cal background and theory of fat removal and biological behavior of adipose tissue. His work began to be known in 1978; hence, he is considered as the plastic surgeon father of liposuction.

Another French plastic surgeon, a co-worker of Illouz, was Pierre Fournier who developed the first mass produced
The first English practitioner was Bryan Mayou who started using the technique in 1980, applying this technique privately after long training with Illouz. Together with the author of this article, they were presented in 1985 at a BAAPS instructional course as a super “Wet Technique” using a solution, quite the same by composition and volume as the one used by the California dermatologist Jeffrey Klein who introduced it as a tumescent (expansion) technique in 1985. Maybe Jeffrey Klein was the last non-plastic surgeon to produce an evolution in the method. Since then, many plastic surgeons around the world have adapted this technique and put it in their armory to produce excellent results.

In 1987, the Italian plastic surgeon, Michele Zochi, introduced Ultrasound-Assisted Liposuction, a method that is still used by many.

Power-Assisted Liposuction (PAL) is another technique that uses a high-speed linear reciprocating suction cannula, so the plastic surgeon uses his surgical art and the machinery does the physical effort.

Credit is also given to the Colombian plastic surgeon, Rodrigo Neira, for introducing Laser-Assisted Liposuction. Liposuction has been the initiative to promote knowledge of lipolipid, of fat derived stem cells, of plastic surgery bioengineering and of regeneration as well as the use of biological factors.

After a 50-year lifespan, this unique plastic surgery technique is now the most performed worldwide and all the plastic surgeons who invented and perfected it are still alive and eager to contribute to its further evolution.

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**REPORT OF THE CHAIR OF NATIONAL SECRETARIES**

**Gianluca Campiglio, MD, PhD – Italy**

Chair, ISAPS National Secretaries, ISAPS National Secretary for Italy

During the last ISAPS Congress in Geneva, I was elected Chair of the 73 ISAPS National Secretaries (NSs) for the two-year period 2012-2014.

First of all, I want to thank all the NSs who trusted me with their vote and reassure them that I will do my best to meet their expectations. Secondly, I want to thank Dr. Lina Tirana, past Chair of the NSs, who did outstanding work for the growth of ISAPS worldwide. It will be a great challenge for me to accomplish my mandate at the same standards of quality.

For those who do not know me personally, I am 48 years old and have been affiliated with ISAPS since 2004. In 2010, I was elected National Secretary for Italy and in the following 24 months I almost doubled the number of Italian members (from 48 to 83). I have been involved as a faculty member in various ISAPS Courses, have personally co-chaired the one recently held on Lake Como, and will co-chair the Roman Course in December, where all of you are invited. I am also an advisory board member and section editor of the ISAPS Journal, Aesthetic Plastic Surgery.

The key points of my program are in part reactive and in part proactive. Reactive because I will commit myself to the defense of our specialty from non-physicians (such as dentists and nurses) and non-board certified surgeons. At the same time, I believe we must increase scientific exchanges with closely related specialists such as dermatologists, oculoplastic and ENT surgeons. Proactive strategy includes encouraging new memberships and maintaining the old ones through a solid collaboration with the Education Council and a greater involvement of all NSs in our educational events. I believe that each national society should host a one-day ISAPS symposium at its beginning or conclusion of their annual meeting, and I shall work hard to pursue this goal.

To be the Chair of the NSs is like being captain of a soccer team: it does not matter how well you play if the rest of the team does not support you. The success of my mandate will largely depend on the support and cooperation of all NSs, just as my recent election. I will constantly rely on your help to achieve my proposals.

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**REPORT FROM THE GOVERNMENT RELATIONS COMMITTEE**

**Igor Niechajev, MD, PhD – Sweden**

Committee Chair

At the 21st Congress of ISAPS in Geneva, I was entrusted to lead the Government Relations Committee. The principal function of this committee is to monitor, collect and preserve data concerning regulations related to the practice of the aesthetic plastic surgery in our member countries. The second goal is to assist ISAPS representatives in their respective countries with such information to use during their contacts with the healthcare authorities, journalists, lobbyists, legislators and politicians.

Before the start of my term, this committee was run by our German member Constance Neuhaus-Lorenz and she was diligent in gathering information from the national secretaries and compiling the report on the news and changes in the state of plastic and aesthetic surgery regulations in August 2012. The cohort of twenty countries from four continents could be polled. Plastic surgery encounters similar, but also varying problems around the world. In only a few countries the legislation says clearly that plastic surgery should be performed by plastic surgeons, or at least by surgeons with training in the specific regions, like ear, nose and throat and ophthalmology. At this time, only France, Denmark, Austria and soon also Sweden belong in this category. Some of the news is heart-warming. Swedish legislators propose a six month jail penalty for performing aesthetic surgery without authorisation by the Ministry of Health. Another worry is the trend among some fiscal authorities to introduce the practice of charging Value Added Tax (VAT) on aesthetic surgery and to require surgeons to charge the patients,
When someone very special leaves us, someone who has had such a profound influence on so many students and colleagues around the world, one thinks of words and phrases that describe the impact of this special personality. Mexican – Pioneer – Elegant – Seductive – Passionate – Tireless – Outstanding – Relentless – Exceptional Orator – Explorer – Genuinely Knowledgeable Teacher – Cultivated – Unbreakable – Proud – Mortal as a man – Immortal as an artist – World class personality: Without a Doubt, the Greatest Plastic Surgeon in Mexico. Dr. Fernando Ortiz Monasterio was one of the super nova stars of universal plastic and reconstructive surgery. He was very restless because he was always trying to change well established paradigms. Following general surgery training at the Hospital General de Mexico, he studied with Dr. Thrumen Blieker in Austin, Texas, and was subsequently Chief and Founder of the plastic surgery unit at the Hospital General de Mexico from 1957 to 1977.

He was an excellent professor known well around the world, tirelessly traveling across the five continents to share his knowledge. Dr. Burt Benz included him in his book with the painting of the best plastic surgeons because of his commitment, his capacity to analyze and his ability to intelligently discuss the facts, not just surgical facts, but in matters of life, sports, culture, and a way of living with passion. He made very interesting new contributions to the care of burn patients, in hand surgery, cleft lip and palate, and teaching, makes it hard or even impossible to try to go back. I’m saying this, with the unbreakable conviction that the marvelous intellectual adventure of life should be lived as a whole, that both, challenges and responsibility should be taken as one. That’s why . . . this task should be kept till the end, we are forced to stay on this path. Cross it proudly, and teaching, makes it hard or even impossible to try to go back. I’m saying this, with the unbreakable conviction that the marvelous intellectual adventure of life should be lived as a whole, that both, challenges and responsibility should be taken as one. That’s why . . . this task should be kept till the end, we are forced to stay on this path. Cross it proudly, and

One of his many reflections is included here: "Once we start the path seeking the truth, in which we have experimented the pleasure of learning, communicating and teaching, makes it hard or even impossible to try to go back. I’m saying this, with the unbreakable conviction that the marvelous intellectual adventure of life should be lived as a whole, that both, challenges and responsibility should be taken as one. That’s why . . . this task should be kept till the end, we are forced to stay on this path. Cross it proudly, and

The world of plastic surgery lost one of its giants and mankind a true humanitarian and a great man with the death of Daniel Marchac on October 13th following a brief illness. Daniel was a major figure on the international stage of plastic surgery whose contributions are legendary in both the aesthetic as well as the craniofacial world.

Daniel Marchac was born in Paris shortly before World War II to a family of Russian ancestry. His maternal great-grandfather was a nobleman in Russia and was an ENT doctor to the Czar. His paternal great-grandfather, a prominent jeweler, emigrated from Kiev at the time of the Bolshevik revolution. One of his paternal uncles became a renowned general surgeon in Paris, as did his son after him. Daniel studied medicine in Paris and passed his board examination, internat des hôpitaux de Paris, followed by military service in the navy. He was then a resident in general surgery and plastic surgery in the units of Professeurs Claude Dufourmantel and Daniel Morel-Fatio. In 1968, he spent an entire year in the United States as the first Millard Fellow with Dr. Ralph Millard in Miami and then in New York with John Converse and in Houston with Tom Cronin. Upon returning to Paris, he was the chief resident at Hôpital St-Louis for two years.

In 1962, Daniel met Paul Tessier while at Hôpital Foch and this exposure forever changed his professional life. In 1976, with craniofacial surgery in its infancy, he founded the first unit of pediatric craniofacial surgery at Hôpital Necker-Enfants Malade with Dominique Renier, a neurosurgeon. They pioneered the subspecialty of Infant Craniofacial Surgery and together they began operating on children with craniosynostosis within the first six months of life. As head of the unit for over 25 years, Daniel was a prolific surgeon and scientific contributor. During this time Daniel was also building a private practice that focused on facial aesthetic, breast, and skin cancer surgery. His aesthetic practice became one of the busiest and most widely respected in Paris. Daniel published more than 160 scientific articles focusing on refinements in facelift surgery, rhinoplasty, surgery of the breast (short scar mammoplasty), as well as craniofacial surgery. He edited or wrote five books and 23 book chapters.


In addition, Daniel had important teaching activities within France and was appointed Professor au Collège de Médecine des Hôpitaux de Paris in 1991. In 2001, he was a member of the French Légion d’Honneur, the highest award given by the French Government. He received his honor from the Minister of Health, Bernard Kouchner, MD.

For over 30 years, Daniel received many international plastic surgeons as fellows who were thus exposed to surgery, Daniel, and France as a whole. We both had the great privilege to be fellows of Daniel Marchac, which led to becoming long lasting, trusted friends. A fellowship with Daniel was a life changing experience – not only were we exposed to pioneering craniofacial surgery and innovative aesthetic surgery, we were exposed both culturally and gastronomically to the best that Paris had to offer. Daniel felt that it was important that we became well-rounded surgeons. It was not uncommon to start the day with an intracranial procedure followed by lunch in a Michelin 3-star restaurant and ending the workday with a facelift lasting into the early evening. If there was a break in the surgical schedule, Daniel would often pick us up and whisk us off to the newest cultural event or museum exhibit that had recently arrived in Paris. The farewell dinner at the end of the fellowship was always at Taillevent, a Michelin 3-star restaurant of long standing and owned by his school classmate, Jean Claude Vrinat. Daniel was not only an adept and skillful surgeon, but a great person in the tradition of honnête homme as described by Montaigne during the 16th century. He represented that rare combination of professional quality, humanity, culture and intellectual curiosity. He was a true mentor to many of us and we fashioned our life to the best of our ability in his image.

Daniel Marchac will be sorely missed not only by those of us who knew him well and loved him, but by the entire plastic surgery world.
Government Relations Committee, continued from page 29

sometimes even retroactively as in Germany. In many European countries, VAT is 20-25% and the corresponding increase in price of the procedure may significantly diminish the number of patients who can afford it.

The general impression is that many countries are slowly tightening their regulations determining who should do plastic surgery and the standards of the facilities where such surgery is done. This process is accelerated by an increasing number of severe, sometimes fatal incidents.2,3 Their number shows parallel increase with the growing public demand for aesthetic procedures and treatments, and the growing number of unauthorized performers of aesthetic surgery.

Plastic surgery societies in many countries, for example in the USA, Argentina, Brazil, Mexico, Italy and others encoun-
ter serious problems with a rise of the bogus societies formed by doctors from other specialties who now sail under a false flag. By adopting names like Aesthetic Medicine Society, Cosmetic Acade-
my and others, the goal is to mislead the public and authorities by making them believe that they are dealing with highly skilled professionals. Our committee will monitor these pseudo-professional soci-
esties, so we can keep track of them and have a more global overview for this phe-
nomenon. ISAPS members are urged to notify this committee about the presence of such organisations in their countries.

Our plan is to bring up the aforemen-
tioned name problems for discussion and to establish a prompt action togeth-
er with the national societies against this incredible dissemination of societies that are competing with our proper plastic and aesthetic surgery societies. Many col-
leagues from around the world are seek-
ing such support.

Health care legislation which keeps pace with the changes in our societies is important for patient safety and for the future of plastic surgery. It was therefore felt to be appropriate to enlarge this committee by adding members from different geographic regions who will work with our committee towards these goals.

References
1. Dons A M, Murphy A (2011) Regulations toward patient safety – a Danish perspec-
tive. ISAPS News, Vol. 5, No.3, p.15
STAFF SPOTLIGHT

Catherine Foss
ISAPS Executive Director

Working in what we affectionately call our London office is Alison Thornberry, Managing Director of Sure Insurance, who is developing the ISAPS insurance product to offer correction and complication cover for patients. Alison often travels to European and other ISAPS course destinations representing the organization, encouraging membership, and explaining in person the details of this new member benefit.

Gael Debeaumont

Management of our Congress abstract submission program, an on-line system that facilitates collection, scoring, and formatting of the published abstracts you see in our Congress program, and ISAPS App is also Jodie’s responsibility.

Management of our complex membership application process takes sincere attention to detail and a great deal of patience. Jordan Carney is a natural in this area and works closely with our National Secretaries, applicants, and members of the board charged with controlling admission of new ISAPS members.

Assisting our Education Council with elements of our many diverse programs, including a new website design for each course, development and collection of course evaluations, and data tracking, not to mention familiarity with our multi-faceted dues and registration software is Michele Nilsson. Her years of experience in the continuing medical education field are a true asset to our main purpose – aesthetic education worldwide.

Controlling and monitoring up to six accounts in two countries at any given time is our Accounting Manager, Ed Tracey. Relatively new to the staff, he has taken over and streamlined various financial systems to manage this critical aspect of our work on a new level.

National Secretaries in 73 countries • An education program that spans the globe

Members numbering more than 2300 in 93 countries and growing steadily • Two regularly scheduled publications - Patient and member advocacy • An expanding internet presence • A unique humanitarian program in development

An innovative new insurance product • A 15-member board and 16 committees with 91 members

Printed matter including letterhead, dues invoices, membership certificates, patient safety brochures and more complicated products such as Congress exhibitor and publicity materials, the Congress program book, exhibit booth design elements, and anything else that needs to be accurate, stylish and enhancing ISAPS’ image and brand is in the hands of Jodie Ambrose. Management of our Congress abstract submission program, an on-line system that facilitates collection, scoring, and formatting of the published abstracts you see in our Congress program and ISAPS App is also Jodie’s responsibility.

In short, everyone in the Executive Office is here to help our many members and to keep ISAPS moving in the right direction. As their supervisor, I can tell you that ISAPS could not be in more capable, dedicated, capable, creative or hard-working hands than we have with these teams. 

Executive Office:

December 2012

DATE: 07 DECEMBER 2012 - 08 DECEMBER 2012
Meeting: 6th International Live Surgery and Congress on Aesthetic Plastic Surgery
Location: Amsterdam, The Netherlands
Venue: St. Lucas Andreas Hospital & Hilton Hotel
Contact: Ren Nico
Email: r.nico@yahoo.com
Tel: +31-20-5108670
Fax: +31-20-5108704
Website: http://www.NVEPC-livesurgerycongress.nl

DATE: 15 DECEMBER 2012 - 13 DECEMBER 2012
Meeting: Aesthetic Surgery: Not Only the Knife
Location: Rome, Italy
Venue: Eurostars Roma Aeterna Hotel
Contact: Gianluca Campiglio
Email: info@gianluccacampiglio.it
Tel: +39-31-5835104
Website: http://www.regenerativesurgery.it

January 2013

DATE: 10 JANUARY 2013
Meeting: 6th Annual Oculoplastic Symposium
Location: Atlanta, Georgia, USA
Venue: Intercontinental Hotel
Contact: Susan Russell
Email: srussell@gunnerlive.com
Tel: +1-703-214-4067
Fax: +1-703-415-4190
Website: http://www.sesprs.org/

DATE: 11 JANUARY 2013 - 13 JANUARY 2013
Meeting: 29th Annual Atlanta Breast Surgery Symposium
Location: Atlanta, Georgia, USA
Venue: Intercontinental Hotel
Contact: Susan Russell
Email: srussell@gunnerlive.com
Tel: +1-703-214-4067
Fax: +1-703-415-4190
Website: http://www.sesprs.org/

February 2013

DATE: 14 FEBRUARY 2013 - 16 FEBRUARY 2013
Meeting: Baker Gordon Educational Symposium
Location: Miami, Florida, USA
Venue: Hyatt Regency Hotel
Contact: Mary Felpetto
Email: maryfelpetto@bellsouth.net
Tel: +1-305-854-8828
Fax: +1-503-543-423
Website: http://www.bakergordonsymposium.com/home.php

DATE: 15 MARCH 2013 - 16 MARCH 2013
Meeting: ISAPS Course - Israel
Location: Eliat, Israel
Venue: Royal Beach Eliat Hotel
Contact: Marcos Harel
Email: marcosclinical@gmail.com
Tel: +972-53-802-506
Fax: +972-3-643-8058
Website: http://www.redseaplastics2013.com

DATE: 15 MARCH 2013 - 17 MARCH 2013
Meeting: XIV Simposio Internacional de Cirurgia Plastica
Location: Sao Paulo, Brazil
Venue: Sheraton WTC Hotel
Contact: Medical Relations
Email: contato@simposiointernacional.com.br
Tel: +55-11-5343-4142

DATE: 22 MARCH 2013 - 24 MARCH 2013
Meeting: Indian Association of Aesthetic Plastic Surgeons
Annual Conference 2013
Location: Chennai, South India
Contact: Dr. R. Murugesan
Email: drmurugesan@yahoo.com
Tel: +91-944-402-4839
Fax: +91-44-2829-4420
Website: http://isaps.org

DATE: 19 FEBRUARY 2013 - 18 FEBRUARY 2013
Meeting: 5th American-Brazilian Aesthetic Meeting
Location: Park City, Utah, USA
Venue: Park City Marriott
Contact: Susan Russell
Email: srussell@gunnerlive.com
Tel: +1-801-274-9500
Website: http://www.americanbrazilianestheticmeeting.com

DATE: 22 FEBRUARY 2013 - 23 FEBRUARY 2013
Meeting: ISAPS Course - SOS (Secondary Optimizing Surgery)
Location: Cologne, Germany
Venue: Pullman Cologne Hotel
Email: congress@bb-mc.com

March 2013

DATE: 15 MARCH 2013 - 16 MARCH 2013
Meeting: ISAPS Course - Israel
Location: Eliat, Israel
Venue: Royal Beach Eliat Hotel
Contact: Marcos Harel
Email: marcosclinical@gmail.com
Tel: +972-53-802-506
Fax: +972-3-643-8058
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March 2013

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Venue: Royal Beach Eliat Hotel
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Venue: Sheraton WTC Hotel
Contact: Medical Relations
Email: contato@simposiointernacional.com.br
Tel: +55-11-5343-4142

DATE: 22 MARCH 2013 - 24 MARCH 2013
Meeting: Indian Association of Aesthetic Plastic Surgeons
Annual Conference 2013
Location: Chennai, South India
Contact: Dr. R. Murugesan
Email: drmurugesan@yahoo.com
Tel: +91-944-402-4839
Fax: +91-44-2829-4420
Website: http://isaps.org
DATE: 19 JUNE 2013 - 21 JUNE 2013  
Meeting: ISAPS Course - 5th Eurasian International Aesthetic Surgery Course  
Location: Istanbul, Turkey  
Contact: Nazim Cerkes  
Email: ncrerkes@hotmail.com  
Tel: +90 212-287-9318  
Fax: +90-212-283-2445  
Website: http://www.eurasian2013.org

DATE: 16 AUGUST 2013 - 17 AUGUST 2013  
Meeting: ISAPS Course - Brazil  
Location: Fortaleza, Brazil  
Contact: Joao Efron A. Ramos  
Email: efron@artclinic.com.br  
Tel: +55 85-3216-3333  
Fax: +55-85-3216-3333

DATE: 22 AUGUST 2013 - 25 AUGUST 2013  
Meeting: 5th European Plastic Surgery Research Council  
Location: Hamburg, Germany  
Venue: MS Cap San Diego  
Contact: Isabelle Laerz  
Email: isabelle.laerz@conventus.de  
Tel: +49-3641-311-6320  
Fax: +49-3641-311-6434  
Website: http://www.epsrc.eu

DATE: 10 SEPTEMBER 2013 - 14 SEPTEMBER 2013  
Meeting: 7th International Society of Craniofacial Surgery Biennial Congress  
Location: Jackson Hole, Wyoming, USA  
Venue: Teton Village  
Contact: Catherine Foss  
Email: iscfs2013@conmix.net  
Tel: +1-603-643-2255  
Fax: +1-603-643-1444  
Website: http://www.iscfs2013.org

DATE: 11 OCTOBER 2013 - 15 OCTOBER 2013  
Meeting: ISAPS Course - Poland  
Location: Kazimierz Dolny, Poland  
Contact: Maciej Kuczyński  
Email: kuczyinski@iRen.pl  
Tel: +48-81-718-4479  
Fax: +48-81-718-4355

DATE: 21 SEPTEMBER 2013 - 22 SEPTEMBER 2013  
Meeting: ISAPS Course - Brazil  
Location: Fortaleza, Brazil  
Contact: Joao Efron A. Ramos  
Email: efron@artclinic.com.br  
Tel: +55 85-3216-3333  
Fax: +55-85-3216-3333

DATE: 07 NOVEMBER 2013 - 09 NOVEMBER 2013  
Meeting: ISAPS Course - Cyprus  
Location: Limassol, Cyprus  
Contact: Christos Merezas  
Email: merezas@spidernet.com.cy  
Tel: +357-22-51-59-01  
Fax: +357-22-51-59-04

DATE: 15 OCTOBER 2013 - 18 OCTOBER 2013  
Meeting: ISAPS Course - Ecuador  
Location: Quito, Ecuador  
Contact: Aldo Murriagui  
Email: draldom56@gmail.com  
Tel: +593-980-1916  
Fax: +593-980-1916

DATE: 24 OCTOBER 2013 - 25 OCTOBER 2013  
Meeting: ISAPS Course - Argentina  
Location: Buenos Aires, Argentina  
Contact: Maria Cristina Picon  
Email: mariacristinaisaps@hotmail.com  
Tel: +54-11-4803-2843  
Fax: +54-11-4803-2848

Plastic and aesthetic education in Russia, as well as in many former Soviet republics, now independent countries, but still dependent on Russian regulations in medicine. Our Education Council is intensively working on that with our distinguished Russian colleagues.
Admitted in October 2012

ARGENTINA
Eduardo GOMEZ VARA, MD
German GONZALEZ VICUNA, MD
Daniel Ernesto MATTDO, MD

BAHRAIN
Nimish MAKWANA, MBBS, MS, MCh

BELGARI
Dimitry BATSUKO, MD, PhD

BELGIUM
Daniel MEUREN, MD

BRAZIL
Maurício BEKOWSKI BASCH, MD
Claudia FRANCISCO DE MELO OLIVEIRA, MD
Andre CORSKI, MD
Rodrigo LANNA CHAVES, MD, PhD

Wagner LEAL, MD
Antonio De Araújo LOPES RAMALHO, MD
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Pierre Banetaz remembered, continued from page 30

Upon his return from Algeria, he began his surgical training in fellowship of the Paris hospitals. At this time, surgical specialties did not exist, and the training was in general surgery. He had previously spent four years of internship in various services: his father Prof. Paul Banetaz, Prof. Roger Couvelaire the surgeon of Charles de Gaulle, Prof. François de Gaudart D’Alaines, a pioneer in cardiac surgery, Dr. Robert Merle D’Aubigné, a famous orthopedic surgeon.

In 1961, he became the first assistant of Prof. Claude Dufoeur with Roger Mously to create the first plastic surgery department in France at Saint-Louis Hospital. As Assistant Professor, he created in 1972 the microsurgical laboratory and the first unit to support transsexualism surgery. He was head of the department for 15 years at the Hospital St. Louis, and trained more than 150 residents and 21 chief residents. In addition to his surgical activity, he took over an important part of the French Society of Plastic, Reconstructive and Aesthetic Surgery (SFCPRES) development where he was the General Secretary from 1973 to 1988 and the President in 1999.

The life of Pierre Banetaz merges largely with the history of the plastic surgery unit at Hospital Saint-Louis, with that of the SFCPRES and ultimately with the whole of the specialty to be recognized by the French Official University Authorities.

He personally had the privilege of having been one of Monsieur Banetaz’ residents and can testify to the high degree of humanity, of decency of surgical knowledge which he provided, as well as the courtesy and kindness he always extended to his élèves. The French and the international plastic surgery community have lost one of its most noble representatives.

I would like to thank Professor Marc Revol, one of the closest collaborators of Mr Banetaz who is now the Head Professor of Saint-Louis unit, and Julian Glicenstein for their valuable contributions.

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