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ISAPS NEWS

Official Newsletter of the International Society of Aesthetic Plastic Surgery

JOIN US IN GENEVA IN SEPTEMBER

The 21st Congress of ISAPS will have the largest faculty in our 42-year history, and activities surrounding this biennial event will span an entire week. Registration numbers already exceed our expectations with plastic surgeons coming from 76 countries – the largest delegation from Switzerland, as might be expected. Our hosts in Geneva have planned unique social events with a definite Swiss flavor, and day tours have been organized to show our guests the beautiful mountain villages, chocolate factories, and the surrounding area. Geneva is a truly international city, as befits our truly international organization.

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PRESIDENT'S MESSAGE

Jan Poëll, MD – Switzerland
ISAPS President

Dear Friends and Colleagues,

Time passes fast and soon my two years as President of this noble society will be over. It's been an interesting time that I wouldn't have wanted to miss. It will end with an unforgettable biennial Congress in Geneva in September. I had a lot of work, but interesting such that I recommend to every young colleague to try to become involved in the management of our society either through a committee or as a National Secretary. The latter are the closest to their country and best informed about local ethnic and cultural specialties.

ISAPS has grown a lot these last years and our future is very promising. We are the leader in international education of aesthetic plastic surgery. Being part of ISAPS, you are one of the leading aesthetic plastic surgeons in the world or will become so with all the education we offer in our ISAPS courses and other meetings. But being a leader is not only a pleasure. You have to act as such.

As President, you mainly change your title during two years, but the work is done by a team including our Board of Directors, our Executive Director and her team, and last but not least our National Secretaries - all together a fantastic team always ready to serve our society. As a member, you'll find colleagues all over the world, by now in 93 countries, with open doors always ready to accept you as a visitor.

We're one big happy family together with other societies with the same goals and also concerned about our specialty and patients' safety.

Our courses are improving every year and so is our biennial Congress. Therefore, the best is still to come! We have never had such a big international faculty before. The social program is superb and all is included in the registration fee. Don't miss it!

I'll see you in Geneva on September 4th until the 8th where you'll experience a great educational and relaxing program and meet a lot of new friends.

Vaud artist Bernard Völlmy whose landscape of the Lavaux vineyards, a UNESCO World Heritage site, and Lake Geneva, with the Alps in the background as viewed from above, is featured in the set of philately stamps issued by Swiss Post last year.

Jan Poëll, MD
ISAPS
President

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MESSAGE FROM THE EDITOR

J. Peter Rubin, MD – United States
ISAPS News Editor

Welcome to this issue of *ISAPS News*. I cannot wait for our ISAPS Congress in Geneva! We are all looking forward to this wonderful gathering of our colleagues from around the world at what is guaranteed to be an exceptional educational experience. It is also an excellent opportunity for camaraderie with our friends, both old and new. In this issue, we see an exciting preview of the events to come this September.

In addition to our regular columns, this issue features a global perspective on aesthetic breast surgery. It is so interesting to see the different approaches and philosophies our member surgeons employ in their practices. I am sure that you will enjoy this topic and the way that it is presented.

We also see in this issue a fantastic historical piece by our *ISAPS News* Historian, Riccardo Mazzola, on the history of injectables. I think that you will be surprised to see some of the origins of this technique!

I hope that you enjoy this issue of *ISAPS News*. I look forward to seeing you in Geneva!

Warm regards,

J. Peter Rubin
ISAPS News Editor

FIRST ISAPS STRATEGIC PLANNING MEETING

Renato Saltz, MD – United States
2nd Vice-President and Chair of Strategic Planning

As Chair of the Ad Hoc Strategic Planning Committee, I am pleased to report to the membership on the outstanding achievements of the first meeting held on May 2nd in Vancouver, British Columbia, Canada preceding the ASAPS Annual Meeting.

The participants included Jan Poëll (President), Carlos Uebel (President-Elect), Susumu Takayanagi (1st Vice-President), Nazim Cerkes (Education Council Chair), Lina Triana (National Secretaries Chair), Dirk Richter (Assistant Treasurer), Tom Davis (Parliamentarian), Hank Spinelli (*Aesthetic Plastic Surgery* Editor), Joao Sampaio Goes (Past President), Eric Auclair (member), Sami Saad (member), Grant Stevens (member), and Catherine Foss (Executive Director).

The main topics discussed during the meeting were selected by the participants and included: Marketing and Branding ISAPS; Increasing ISAPS Membership; Improving ISAPS' Educational Mission; Relationships with Other Societies and specialties; a New Board Structure; and Searching for New Leaders.

After an exhausting five hours that followed an intense agenda, the group determined a substantial list of excellent recommendations that were predominately approved by the Board of Directors during their board meeting two days later. Many of the changes will soon be implemented to benefit the membership, worldwide aesthetic plastic surgery, and ultimately, our patients.

Before coming to Vancouver, all the participants read *The Servant – A Simple Story About the True Essence of Leadership* by James Hunter, a very special book which has been a great inspiration to me for many years. I recommend it highly to colleagues who care about service, about ISAPS, and about our specialty worldwide.

Comments from some of the participants:

- "I want to take this opportunity to thank you for this perfectly prepared meeting. That it had big results is thanks to you. We must absolutely make this an institution." –Jan Poëll, Switzerland
- "It was an outstanding strategic planning meeting." –Carlos Uebel, Brazil
- "The meeting was very productive and I believe we can move ISAPS in a much better direction." –Susumu Takayanagi, Japan
- "As always it's a pleasure to work with you, Renato. This group was really very objective and productive. I am very confident about the future of our Society, warmest regards." –Joao Sampaio Goes, Brazil
- "It was indeed a great and fruitful meeting. Thank you for inviting me." –Sami Saad, Lebanon, ISAPS National Secretary
- "As a European surgeon, my observation was that this meeting was refreshing and encouraging. The group seemed focused on improving collaboration among national societies of plastic surgery in Europe and around the world. I am sure after this experience that ISAPS will help us in this approach." –Eric Auclair, France, ISAPS Member and President, SOFCEP

ISAPS COURSE IN GOA, INDIA – JANUARY

Hosted by the Association of Plastic Surgeons of India, the January ISAPS Course in Goa, India was held at the Grand Hyatt hotel. Dr. Lokesh Kumar, ISAPS National Secretary for India, was the organizing chairman and ISAPS Education Council Chair, Dr. Nazim Cerkes of Turkey and Dr. Vakis Kontoes of Greece were the Course Directors. Goa is a beautiful city located in western India near Mumbai, famous for its beaches and churches, and very popular with international tourists. This is a warm, welcoming place with a rich colonial culture.

The course faculty included a good balance of international as well as local members who delivered lectures on different topics and covered the entire spectrum of aesthetic surgery. Faculty members who participated in the meeting included:

Nazim Cerkes – Turkey	Chris Ladas – South Africa
Paraskevas Kontoes – Greece	Suhan Ayhan – Turkey
Akin Yucel – Turkey	Andreas Foustanos – Greece
Nuri Celik – Turkey	L. D. Dhami – Mumbai
Enrico Robotti – Italy	V. D. Singh – Chandigarh
Dirk F. Richter – Germany	Shahin Nooreyezdan – Delhi
Daniel A. Knutti – Switzerland	Kuldeep Singh – Delhi
Kulwant S. Bhangoo – USA	Rakesh Kalra – Dehradun
Gianluca Campiglio – Italy	Manoj Khanna – Kolkata
Patrick Tonnard – Belgium	Suresh C. Gupta – Delhi
Lina Triana – Colombia	Dinesh Bhargava – Delhi
Ari Arumugam – USA	Rajeev B. Ahuja – Delhi
Woffles Wu – Singapore	Ashok Gupta – Mumbai
Tunc Tiryaki – Turkey	Lokesh Kumar – Delhi
Michael Stampos – Greece	K. Ramachandran – Chennai

The first day of the meeting was dedicated to a pre-conference Rhinoplasty operative workshop which was held at Wockhardt Hospital Aesthetic Surgery Centre in South Goa about 40 miles from the hotel where the proceedings were transmitted live. The operative session was also made available by webcast. Three cases were operated by international faculty Dr. Cerkes and Dr. Enrico Robotti. In the evening, the faculty dinner in the hotel ballroom was very well attended as most of the faculty members had arrived.

The first day meeting commenced with an introduction and opening remarks by Program Chair, Dr. Cerkes followed by 24 lectures and video presentations on various topics covering periorbital and facial rejuvenation including minimally invasive surgery and fat grafting.

The Chief Secretary of the Government of Goa attended and Dr. Jindal, Dean of Goa Medical College was the Guest of Honor. Dr. Lokesh Kumar made a power point presentation about ISAPS and its role in disseminating knowledge to various parts of the world. He also highlighted the importance of aesthetic surgeons joining ISAPS. The inauguration was followed by a Gala Dinner on the Lawns of the Grand Hyatt.

The second day's scientific session included 31 lectures in sessions on laser, rhinoplasty and breast surgery. The evening was kept free and most people took this opportunity to visit Goa's famous Saturday night bazar.

The last day of the meeting was devoted to body contouring, hair transplant and miscellaneous sessions with a total of 16 lectures presented. The course was officially endorsed by the Medical Council of India providing CME credit hours.

The Association of Plastic Surgeons of India expresses their gratitude towards the ISAPS faculty who travelled long distances to be with us and contributed to the success of this meeting which benefitted the plastic surgery community in India and has spread lots of awareness about ISAPS. Many plastic surgeons have enquired about membership and some have already completed applications.

The content of the scientific program was rated excellent by most of the delegates and there was overwhelming demand from participants to organize another ISAPS Course soon in India.

ISAPS SYMPOSIUM: BORACAY ISLAND, THE PHILIPPINES

Susumu Takayanagi – Japan

ISAPS 1st Vice President

On March 12, 2012, the day before the 16th ASEAN Congress of Plastic Surgery chaired by Dr. Alexander G. De Leon, an ISAPS Symposium was held in Boracay Island, the Philippines. I served as a course director for this symposium held at Boracay Regency Beach Resort Hotel on a beautiful beach, attended by approximately 150 people. Most of the participants were from Asia, with some from Europe, the United States, Australia and South America.

The faculty included Drs. Florencio Lucero (Philippines), Akihiro Ichinose (Japan), Darryl Hodgkinson (Australia), David Daehwan Park (South Korea), Yu-Ray Chen (Chinese Taipei), Asko Salmi (Finland) and me, Susumu Takayanagi (Japan). I would like to express my heartfelt appreciation to all members of the faculty who came from around the world to give their excellent presentations.

We discussed various subjects including Facial Rejuvenation, Rhinoplasty, Breast and Eyelid. I sincerely thank Dr. Florencio Lucero who, despite very short notice, gave a perfect presentation replacing Dr. Bryan Mendelson who could not attend due to a sudden change in schedule.

A faculty dinner took place at another resort hotel on the island. Each member of the faculty enjoyed fine food and wine under palm trees, hearing the sound of waves, and looking up at the stars. It was a most memorable evening.

The gala dinner of the ASEAN Congress which immediately following the ISAPS Symposium was hosted on the beach of the Regency Hotel. Participants of the congress, who were grouped by nationality, enjoyed karaoke, performances and dances. Being blessed with good weather and the beauty of natural surroundings, both the faculty and the participants had lots of fun until late into the night.

I am deeply grateful to Dr. Jose Joven Cruz who played a leading role as a local organizer in planning and preparing for the symposium. Thanks to his hard work, the entire Symposium went very smoothly.

I would also extend my cordial gratitude to Dr. Nazim Cerkes (Chairman of the ISAPS Education Council), Dr. Jan Poëll (President of ISAPS) and Ms. Catherine Foss, who supported us to conduct the symposium successfully. I thank our splendid team!

Dr. James Grotting (USA), Dr. Darryl Hodgkinson (Australia), Dr. Susumu Takayanagi (Japan)

Dr. Florencio Lucero and his wife, Dr. Susumu Takayanagi and his wife, Dr. DaeHwan Park, Dr.Rene Valerio and his wife

TRAINING PLASTIC SURGEONS IN AESTHETIC SURGERY

Professor James D. Frame — United Kingdom
Jacques van der Meulen, MD — The Netherlands

In the UK, Holland and, we suspect, in most other ISAPS member countries, Cosmetic/Aesthetic Surgery (as opposed to Plastic/Aesthetic Surgery) is learned by attending lectures and meetings and by witnessing or possibly assisting at some surgeries. Seldom do residents get involved in the total care of aesthetic patients and review of outcomes. In the 21st century, and with an increasingly litigious population, this hardly seems the right way to train plastic surgeons.

For too long, we have accepted, although reluctantly, that other specialties have crept into this lucrative industry, mainly because we have failed internationally to accept that Cosmetic/Aesthetic Surgery should be recognized as a "Super-Specialty" that requires additional and acceptable qualifications of competency.

Until now, ISAPS has supported Aesthetic Surgery education by producing and endorsing a variety of conferences where knowledge is passed on in a classic, one-directional way. The board has been reluctant to support a more productive, two-directional concept of education by means of hands-on teaching. We and probably others feel that it is our responsibility to provide "hands-on" training for plastic surgeons in Aesthetic Surgery to a recognized level of competency that the public and media will accept as evidence of training in this field. Clearly patient safety is the primary issue being addressed, closely followed by quality of care.

How each country chooses to organize and recognize such training will vary, but as a society we should be proactive and seek to resolve this in a professional way. This may, for example, simply involve "Certification" from an ISAPS "Certified" Unit. In both Holland and the UK, chairs in Aesthetic Plastic Surgery have been installed in an attempt to structurally incorporate this field into the Plastic Surgery training curriculum. For example, Anglia Ruskin University has spent the past two years developing a degree that recognizes training in Aesthetic Plastic Surgery (http://www.anglia.ac.uk/ruskin/en/home/prospectus/pg/aesplast.html). This qualification will be visible on a website where the majority of UK patients can find a surgeon. In Holland, there are not enough "Aesthetic training posts" to accommodate the demand from trainees which is the reason why an international fellowship was introduced (http://www.dafprs.nl).

We think structural hands-on education in Aesthetic Surgery is essential for the acknowledgement and evolution of Aesthetic Plastic Surgery and feel it is important that ISAPS supports this viewpoint. If any individual member or National Secretary feels as we do, please contact us and we will lobby the ISAPS Board to reconsider their stance. j.frame@btinternet.com and j.vandermeulen@erasmusmc.nl

BREAST IMPLANTS AND PATIENT CONFIDENCE

Alison Thornberry — UK

Managing Director, Sure Insurance

ISAPS members not only state that they believe in patient safety, but are also supporting discussions on how to gain patient confidence following the PIP fiasco.

ISAPS insurance partners have been working with governments, implant manufacturers, surgeons and hospitals in putting together an insurance solution with a data collection programme.

A solution of this nature and scope must be available and supported on a global level if it is to gain consumer confidence.

The insurance cover would provide removal and replacement surgery should the implants be declared not fit for purpose. The cover would still be valid even if the implant manufacturer had been declared insolvent. There would be no additional costs to the patient for their removal and replacement surgery.

These new developments will be discussed during the Global Summit on Patient Safety on the opening day for the ISAPS Congress in Geneva in September.

THE LSNA-BCRF-ISAPS AWARD

Gregory Hetter, MD — United States

BCRF Treasurer

The *Lipoplasty Society of North America* (LSNA) was started in 1982 as an educational organization with a primary goal of teaching North American plastic surgeons the technique of lipo-extraction of fat developed by Yves Gerard Illouz of Paris, France. Between 1982 and 1988, twenty hands-on teaching courses were held around the USA, Mexico and Canada to teach this revolutionary technique.

During this time, Doctors Yves Gerard Illouz, Richard Mladick, Carson Lewis and I built the society into a 1,000 member organization. To fund research, both clinical and basic, LSNA founded and funded the *Body Contouring Research Foundation* (BCRF). These two organizations have worked with ISAPS over the years to promote safe lipo-suction surgery.

Assets in excess of $250,000 belonging to LSNA-BCRF were transferred to ISAPS several years ago to fund clinical and basic research by younger plastic surgeons in the fields of lipo-suction, body contouring and basic science, specifically in the areas of fat and stem cell research. The income derived from this capital is used to fund two prizes at each biennial ISAPS Congress. In order to stimulate interest in this area of plastic surgery, the age criteria stipulate that the authors of the papers should be younger plastic surgeons under the age of forty-five.

Clinical Prize: The award is US$3,000 for the best clinical paper by a younger plastic surgeon.

Research Prize: The award is US$6,000 for the best research paper within the field of fat cells, fat stem cells and fat metabolism.

We encourage those with accepted papers who meet the criteria listed above to notify the Executive Office that they wish their paper to be considered for these awards. The BCRF Awards Committee will make their decision during the Congress in Geneva and the winners will be officially recognized there.

We want the younger members of ISAPS to be aware of these awards as they begin their careers in plastic surgery and to know that these prizes are available to them in competition with others.

We hope these prizes will encourage younger surgeons embarking on their careers to add to our specialty's body of knowledge of lipoplasty and body contouring through an increased interest in clinical and basic research.

ISAPS is collecting data for the Third Global Study of Aesthetic Plastic Surgery Procedures to establish global statistics for 2011.

This professionally designed and analyzed survey is completely anonymous.
The information we collect is important to all plastic surgeons, the media, industry and the public. **We need your help.**

If you have previously contributed data, we thank you.

If not, **please answer the short questionnaire.**

To include your procedures in this international study, please go to this website.
https://www.iisecure.com/ISAPS/survey.asp

Thank you for your participation.

Joao C. Sampaio Goes, MD, PhD — Brazil

Chair,
ISAPS Communications Committee

PERSPECTIVES ON CURRENT AND FUTURE TRENDS IN BREAST SURGERY IN SOUTH AMERICA

Ruth Graf, MD, PhD – Brazil

We are all aware that the concept of beauty varies with time and environment, and with social and cultural patterns. St. Thomas Aquinas described beauty as "that which when beheld provokes pleasure," and can be further defined as an emotion evoked by something aesthetic and essentially based on a symmetry and proportionality. In South America as in the world, what constitutes this symmetry and proportionality, or "beauty," has been repeatedly revisited and redefined up through the present with each social and cultural change and trend. Plastic surgery has mirrored, accompanied and even advanced these trends, integrating the changing views of the human form and the beautiful, innovating and adapting itself to this intrinsically linked duet of variables.

Although plastic surgery has been considered its own specialty for about 100 years, aesthetic plastic surgery only began to achieve significance in Brazil and the rest of Latin America with the creation of the Brazilian Society of Plastic Surgery (1949) and the Latin American Society of Plastic Surgery (1941). The arrival of the great Prof. Dr. Ivo Pitanguy on the scene in the 1960s was the next major boost for the specialty, and his own words perfectly reflect the relationship between plastic surgery, human self-image, and beauty: (The pursuit of plastic surgery) "is the attempt to harmonize the body and spirit, emotion with reason, to establish a balance that allows the individual to feel in harmony with his own image and the universe around him." An aesthetic relativist, Pitanguy puts primary focus on what the patient wants and feels, and in a country and continent where many patients have mixed African, indigenous and European ancestry, he observes that aesthetic ideals vary by epoch and ethnicity. Dr. Pitanguy's seminal work in aesthetic breast surgery and his influence on what constitutes a beautiful breast, and how to achieve that goal, must be considered the starting point for discussing current Latin American and Brazilian trends vis-à-vis breast surgery.

Brazil now ranks second in the world for the amount of aesthetic plastic surgery performed, with breast augmentation and liposuction being the most popular procedures. Breast surgery offers an excellent prism for observing, if you will, the plasticity of beauty concepts and trends over time. As an interesting side-note, recent beauty trends in Brazil itself and Latin America in general reveal two important cross-trends: the Latin American adoption of North American standards for beauty relative to breasts, and North American adoption of Latin American standards for beauty relative to the buttocks.

Up to and through the mid-1990s, Brazilian women in particular desired a body contour that featured a slim but curvaceous body, with relatively small breasts. In Brazil, this was accompanied by a strong focus on a high, rounded "bum-bum," or buttocks, with the buttocks being culturally more essential to female appeal than breasts. Given this trend, the most common aesthetic breast procedures were reduction mammoplasty/mastopexy. Breast augmentation/implants were mostly used in cases of marked asymmetry, hypomastia, and disproportionately small breasts, with an average implant size of about 175cc. As the '90s progressed, and with the explosion and ubiquity of world access to North American media and a "globalization" of beauty standards, breast implants became increasingly popular in Latin America, accompanied by the emergence of buttocks contouring and augmentation, but using relatively small breast implant volumes compared to North American aesthetic trends, which favored large breasts and boyishly slim hips.

As the Brazilian "bum-bum," also known as the "J-Lo Shelf," entered the American beauty scene, so did the idea of larger and larger breasts become part of the Latin American idea of beauty. By the early 2000s, it became common in Latin America to use implants 300cc and larger. In contrast to naturally rounded upper pole that was the mark of a lovely

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GLOBAL PERSPECTIVES: AESTHETIC BREAST SURGERY

PERSPECTIVE FROM RUSSIA

Alexey Borovikov, MD – Russia

The fall of the Iron Curtain was a milestone for Russians, breast surgery being no exemption. Before 1990, there were no private practices and just two or three small institutions that provided so called "cosmetic services." A doctor would do hundreds of dermaplanings or tattoos for every breast reduction/pexy per year for a fixed, negligible salary, no matter what he or she did. It could be just an old-fashioned Biesenberger pedicle with inverted T scar with a high rate of nipple slough. In augmentation, our predecessors attempted home-made, bizarre devices like solid rubber or two plastic hemispheres put separately inside the pocket and then joined, at first stage, and removed a month later filling the capsule with organic oil at the second stage. Academician Viktors Kalnbërzs (born in 1928 and still active) from Latvia used autologous fat chunks or even cadaver or large porcine pieces.

After the anticommunist revolution of 1991, rapid and chaotic spread of cosmetic surgery took place. Breast implants were bootlegged from abroad, mainly Mentor saline because of the silicone scandal of 1992 and because volume adjustment seemed an advantage for a novice. Then domestic manufacturers emerged with silicone implants of extremely poor quality, which remained on the market for about ten years due to their low price. Eventually, they were totally replaced by western companies. Mentor and Allergan dominate now, followed actually by all "CE" mark holders. It testifies to our market capacity though there is no sales data for exact estimation. Such a thing as a National Breast Implant Registry is unimaginable in Russia. Both distributors and surgeons would never report actual figures officially, for taxation reasons, or to the public where they advertise implants as "most demanded." Of course, nobody ever reports complication rates. That is why the FDA Core Studies data are so important for us as, presumably, for the rest of the world.

Virtually all the breast augmentation controversies are present in Russia. Teardrop devices are popular among a large number of younger surgeons with limited experience. They take for granted the notorious slogans like "form stable," "efficient texture," "dual gel" (ironically always coming along with futile "dual plane") at numerous educational meetings where sensible validations are never provided. Surgeons with substantial personal experience prefer round implants with low texture or smooth because they have learned that it is the implant volume/tissue quality ratio that matters most of the time.

Poliacrylamid gel (PAAG) injections fiercely competed with silicone implants in the mid to late nineties. One could see ads like: "Flying to the beach? Why not enhance your breasts right now, right here, painlessly and bloodlessly?" As popularity of Phormacryl and Interphall (originally meant for phallus enlargement) versions of PAAG grew, so did the visibility of complications, and eventually it was banned by professionals (not by medical authorities). We are dealing with dozens of unlucky patients each year, but again, having no statistics, we cannot grade the complication rate. As the injections were widespread for a decade, there may be dozens of thousands of women still happy. I personally cannot blame PAAG as indisputably as I did earlier because of dealing more and more with the silicone implant problems.

The second wave of injectables – Macrolane – rose and fell within just three or four recent years. The product appeared to be too expensive to compete with silicone implants and too quick to cause problems in Europe. I cannot help but refer to the recent issue of this Newsletter (vol. 6, #1), where Dirk Richter talking about the PIP scandal, has said: "One is tempted to believe that Europeans are being used as guinea pigs for Americans." Well-known Russian sluggishness happened to make us closer to Americans.

The third wave, still rising currently, is, of course, breast lipofilling. Roger Khouri is a frequent speaker in our country and we had a national meeting on the subject this past April

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NEW TRENDS IN AESTHETIC BREAST AUGMENTATION FROM FRANCE

Eric Auclair, MD – France

President, French Society of Aesthetic Plastic Surgeons (SOFCEP)

The introduction of Lipo-filling in the breast by Delay[1] in 2006 completely changed patients' vision of breast augmentation, as it created the opportunity to consider very natural results. The improvement in the quality of the implants with the introduction of cohesive gel and a multilayer shell is the other important point to take into consideration when we try to put the future of breast augmentation into perspective.

Now surgeons had to adapt their mental approach and surgical techniques to these new elements with the development of:

- Pre-muscular approach to avoid bottoming out and animation;
- Use of shape implants in thin patients to obtain a more natural contour of the reconstructed breast;
- Auxiliary approach and endoscopic control of dissection and hemostasis to have better control over the limits of the pocket to avoid rotation of shaped implants and to lower the percentage of capsular contraction by controlling bleeding;
- Better control of the aseptia with the use of a funnel to introduce the implant for instance.

These different aspects can be summarized by the formula:

NO BLEED / NO BLOOD / NO BACTERIA

Future trends in Aesthetic Breast Augmentation will probably be a combination of the following:

- Lipomodelage advocated by Delay[1], Khouri[2] is the ideal solution, but bears numerous limitations such as the volume of disposable fat, the lack of projection, the insufficient recipient site even with Brava and the fact that it cannot be used in every case;
- Augmentation with implants remains the most popular procedure and allows one to obtain significant gains in the quality of the results, after the important work of Tebbets[3] to improve the coverage of the prosthesis, and the efforts of manufacturers and surgeons to diminish the rate of capsular contracture;
- Composite Breast Augmentation published in 2009 (Auclair[4]) combines the advantages of both, the core volume of the implant and the natural aspect of fat injections, and represents a reliable alternative to lipomodelage and implants, particularly in thin patients.

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GLOBAL PERSPECTIVES: AESTHETIC BREAST SURGERY

PERSPECTIVE FROM JAPAN

Susumu Takayanagi, MD – Japan

ISAPS 1st Vice President

Breast surgery, as one aspect of plastic surgery, incorporates a variety of surgical techniques including breast reconstruction, augmentation mammaplasty, reduction mammaplasty, and mastopexy.

In the past, there were not many breast cancer patients in Japan. However, over the last 10 years, the number of breast cancer cases has shown rapid increase, particularly in large cities. I am inclined to believe that this change is linked to a preference for calorie-rich foods, changes in eating habits, and an increase in the number of women who do not give birth, particularly in urban areas. Due to the rapid growth in the number of breast cancer cases, the number of breast reconstructions has been increasing accordingly.

With regard to surgical techniques for breast cancer, total mastectomy, partial mastectomy with radiation, and nipple sparing mastectomy are popularly practiced. For the time being, lumpectomy with radiation is not very popular in Japan.

There have been growing numbers of breast reconstruction cases after radiation treatment. These are more susceptible to complications because the skin has less extensibility and poorer blood flow than the skin of patients who have had no radiation treatment. Because partial mastectomy has a weak point in that breast deformation is highly visible and because there are many cases of complications in breast reconstructions resulting from the effect of radiation, I think that lumpectomy with radiation and/or total mastectomy will become more popular.

Breast reconstruction employs various techniques such as surgery using an implant, Latissimus Dorsi flap, TRAM flap, VRAM flap, and DIEP flap among others.

In the past, during reconstruction of one breast, augmentation mammaplasty, reduction mammaplasty, or mastopexy of another breast was popularly practiced. Nowadays, fewer patients wish to have such surgeries done on another breast, perhaps for economic reasons. Therefore, I am afraid that there is a considerable number of patients who keep their breasts unsymmetrical.

Reduction mammaplasty for cosmetic purposes has not been popular because firstly there are not many Japanese women who have very large breasts, and secondly long scars on breasts tend to be visible on Asians' skin and sometimes they become hypertrophic scars. Reduction mammaplasty is not expected to be popular in future either.

Mastopexy to modify ptosis of breasts is popular. As Asians' skin tends to scar more easily, techniques that leave the smallest possible scars, such as periareolar incision, are preferred. However, in cases with high degree of ptosis, there is no way out of long scars on breasts. Most patients are very sensitive about visible scars and if long scars cannot be avoided to make satisfactory modifications of ptosis, they often give up the idea of undergoing surgery.

Augmentation mammaplasty is the most popular type of breast surgery in Japan. Hyaluronic acid injection, fat injection and augmentation mammaplasty with implant are all practiced. In the past, augmentation mammaplasty with implant was very popular in Japan. Recently the number of cases has been significantly decreasing. The cause could be attributed to the slow economy in Japan and the increase in cases of fat injection and hyaluronic acid injection. The problem is that non-plastic surgeons consider fat injection and hyaluronic acid injection easier than augmentation mammaplasty with implant and they are flooding the market with advertisements for these procedures, in spite of many cases of complications caused by their injections. In either fat injection or hyaluronic acid injection, proper procedures are vital for a good result. I fear that because injection seems an easy technique to non-plastic surgeons, they are performing injections without proper consideration that are resulting

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PERSPECTIVES FROM BELGIUM: MODERN SHORT-SCAR MAMMAPLASTY

Moustapha Hamdi, MD, PhD – Belgium

I was lucky enough to be trained in Brussels when it was the prominent center for practicing the vertical scar mammaplasty. In the early 1990s, I watched the technique, which is based on a superior pedicle evolve first through the dedication and efforts of Dr. Lejour and later by her followers at the Free University of Brussels.

During that time, I had been taught to perform vertical scar mammaplasty, or so called "Lejour's Technique" as the "premier" and the "only" technique in breast reduction and mastopexy. As a trainee, I experienced both triumphs and defeats, successfully achieving large reductions, but then suffering through unexpected complications. With careful analysis of the technique, I found many surgical details that I used to perform without hesitation or questioning. I learned to manage the unexpected and seize every opportunity to optimize the outcome for the benefit of my patients. Modifications to already existing techniques or even developing different techniques were among my armamentarium in breast surgery during my years in practice.

Similar experiences happened to many of us and vertical scar mammaplasty has been a valuable technique of breast surgery for several indications. On the other hand, many others experienced different pathways. Surgeons who had mainly major complications, high revision surgical procedures, or unacceptable aesthetic results abandoned the technique quickly. Even in the hands of many of Lejour's followers/trainees, the technique was highly criticized and only few of them are still faithful to the original technique described by the "chef." At the same time, several articles and international presentations have shown the difficulty of achieving reproducible outcomes using "Lejour's Technique." Personally, I find it unfair to criticize a technique *per se* as the only factor responsible for the outcome. If Lejour's technique didn't work, we wouldn't have used it for so many years. Moreover, not every vertical scar technique is an absolute synonym to "Lejour's technique." Many described techniques that used vertical scar to close the breast are still called "Lejour's technique." Therefore, it is much better to describe the mammaplasty technique based on the pedicle used rather than giving a proper name – such as the surgeon's name.

Vertical scar technique is not a technique of mammoplasty. It is just a way to close the breast using a vertical incision together with the periareolar one. A mammaplasty is a technique of breast reduction/pexy, which is based on a transposition or rotation pedicle of the nipple-areola complex.

I'm still convinced there is no "best" technique that can be applied to all breast reductions; rather, there are masters of some techniques based on enormous experience that can apply a particular technique to most cases, and then there are other cases that require different, more tailored techniques. Therefore, modern plastic surgery should adopt a new strategy of technique selection depending on patient characteristics rather than attempting to fit one technique to all kind of patients/indications.

With better knowledge of breast anatomy and vascular supply, one can base the pedicle on two blood sources, the superficial (based on dermal or subdermal plexus) and the deep (based on intercostal perforators) resulting in a safer technique and a better blood supply to NAC. Modern techniques use dual-pedicle mammaplasty such as: superior-medial, superior-lateral, inferior-central, or based on Wuringer's septum. For mastopexy, surgeons tend to create two-separated pedicles: one to carry the NAC and one to enhance the breast projection.

Simultaneously, the concept of reduced scar breast surgery has now been accepted and is here to stay. However, reducing scar should not compromise the aesthetic outcome. It is clear that reducing scar resulted from reduction or pexy breast procedure is a "boon" for the patients especially in

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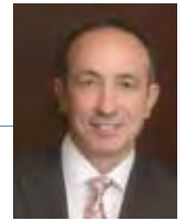
PERSPECTIVE FROM CANADA



Frank Lista, MD – Canada

The field of aesthetic breast surgery has seen many advances in the last few years. After many years of little change, new techniques and devices have altered the possibilities available for plastic surgeons to provide improved results to our patients.

It wasn't very long ago that the vast majority of breast reduction and mastopexy surgery meant giving the patient an anchor type scar. This was the universally accepted gold standard for these procedures. Wise pattern techniques meant leaving our patients with a fairly extensive scar burden and a typical appearance associated with anchor incisions, namely the wide looking breast with little breast projection. One of the most commonly heard comments at meetings was always, "I am not very pleased with the scars, but the patient was happy." Such statements were an attempt to justify the use of less than optimal techniques which we, as aesthetic plastic surgeons, were less than pleased with. As plastic surgeons we are well aware that shape is more important than scars, but quite frequently, anchor incisions were associated with results which provided neither an optimal shape nor pleasant scars. A significant problem is that the horizontal scar is often the least favourable of scars on the breast.

In response to the shortcomings associated with anchor incisions, vertical orientated procedures have improved not only the scarring, but also the shape of breasts in reduction and mastopexy procedures. Despite the fact that early proponents of these techniques had been advocating their benefits for many years, the widespread use of vertical techniques have been slow to gain popularity, especially in North America. Surgeons appear to be reluctant to abandon a technique which they have become accustomed to using. Despite these challenges, vertical scar reductions and mastopexy are gaining popularity, to the great benefit of our patients. Surgeons who have adopted these techniques are rewarded with not only a breast with less scarring, but usually a breast with more projection. This is due to the central incorporation of medial and lateral tissue, which we previously discarded in anchor techniques.

Breast reduction and mastopexy are not the only breast surgeries subject to advancement and controversy. After a long hiatus of using saline implants alone, American plastic surgeons are now able to offer their patients silicone cohesive gel implants. The latest approvals have now been granted to add textured and form stable anatomic implants to their armamentarium. Many studies give support to the observation that textured implants decrease the risk of capsular contracture in the subglandular position. The benefits of texturization in the subpectoral position have yet to be confirmed. While texturization has demonstrated distinct benefits in the reduction of rates of capsular contracture in some patients, the role of these implants in the development of late seromas, double capsule formation and the remote risk of ALCL has yet to be clearly determined.

Finally the recent controversy surrounding the manufacture of PIP implants demonstrates the need for plastic surgeons to be ever attentive to the observation of our results. In this day and age of paid consultancy, it behooves us to remember that our ultimate responsibility is to the patients who entrust us with their appearance, wellbeing and ultimately their lives.

Perspective Belgium, *continued from page 14*

those who have high risk of bad scaring. In addition, a vertical-directed pexy of the breast tissue adds more projection and consequently better breast shape. On the other hand, a breast reduction done using a vertical scar closure, but resulting in unsatisfactory aesthetic shape either due to inadequate gland resection, skin dog-ear or highly repositioned-nipple, might make revision procedures more difficult to perform. The outcome would be often considered as the result of vertical scar technique and a "curse" for the patient.

The vertical scar is often modified into small-inverted T, L or J shape scar to avoid secondary revision procedures and to better fit patients with large breasts. Once again, it is much better to use the term "Short-Scar Mammaplasty," which amplifies the concept of reduced scar technique rather than use only "Vertical-Scar Mammaplasty."

Plastic surgeons are well positioned to provide patients seeking breast reduction/pexy surgery the entire spectrum of options. Many techniques are available nowadays and the surgeon must use the technique that he/she masters the most but which also answers the patients criteria.

I always say: *there is no bad technique, there is only a bad technician!*

Perspective Japan, *continued from page 13*

in many cases of complications.

In France, augmentation mammaplasty with filler is prohibited. In Japan, hyaluronic acid distributors are not permitted to sell their products to be used in augmentation mammaplasty. Nevertheless, augmentation mammaplasty by hyaluronic acid injection is still popularly practiced.
Hyaluronic acid is absorbable. Therefore it costs more to keep breasts enlarged by hyaluronic acid injection. With regard to fat injection with negative pressure provided to breasts, as Asians' skin is firm and less extensible, the negative pressure doesn't cause their skin to stretch much and there is no major change in the size of breasts in many cases. It is difficult for many Asians to get as satisfactory a result from a single fat injection as Caucasians do; therefore, multiple injections are often needed. Furthermore, as this technique often develops pigmentation in Asian patients, I find difficulty in adapting it to Asians. In addition, the device is not adapted to many Asians' breast size. Therefore, a negative pressure device is seldom used in Japan. In spite of all these problems, for the time being I think this technique can become popular depending on future improvement.
If augmentation mammaplasty with filler and fat injection remain without any substantial improvements, augmentation mammaplasty with implant might be preferred as a reliable method to have breasts enlarged and procedures will increase in numbers to become mainstream again.

Perspective Russia, *continued from page 11*

in St. Petersburg. It is not quite relevant to this report to discuss controversies of lipofilling, like rate of take, role of stem cells, or technical innovations. What is pertinent, to my mind, is the prediction that the more costly the proposed technique, the less likely it may be competitive with the syringe. Another prediction: look at the first and second waves.

Since the nineties, a lot of Russian surgeons now travel abroad. They have picked up as large a variety of techniques as the geography of their educational pilgrimages. In terms of breast reduction/pexy, M. Lejour's vertical mammaplasty was initially most fashionable. As obedient apprentices, we strictly followed instructions and whole-heartedly trusted in allegedly long-term "upper pole fullness" and "increased projection." Long-term observations eventually came with high rates of revisions. The spells of "revolutionary new principles of the vertical approach" kept falling on our heads and thus we looked for magic wands able to stabilize the upper pole fullness. There was plenty in the western literature in the last decade. The most eagerly accepted in Russia was the chest wall based glandular flap, first shown to us by Tom Biggs in 2000, and then by the "inventor" – Ruth Graf. Having studied the literature, we now label this technique as the Ribeiro-Bozzola-Botti-Daniel flap. The good news from the innovator's point of view is their logic in substantiating the obvious merits of their techniques. The bad news is that later results of their admirers may not confirm the originally stated merits. As J. Walden states: "no matter what you do, eventually they look the same." We still are looking at you, guys. The rising concern is that you talk of what is fashionable at the moment only. Do not betray us, our mentors whom we are used to trusting so much.

THE HISTORY OF INJECTABLES

Riccardo F. Mazzola, MD – Italy

ISAPS Historian

Correction of contour irregularities, depressions and asymmetries by injecting substitutes of living tissues has been the ideal goal of every cosmetic surgeon.

The history of injectables, often disseminated by disastrous and sometimes tragic results, is very instructive.

PARAFFIN

Paraffin wax, discovered in 1830 by Baron Carl von Reichenbach (1788-1869), a notable German chemist and a member of the prestigious Prussian Academy of Sciences, was the first injectable material ever used in modern times.

J. Leonard Corning (1855-1923), a New York City neurologist, the discoverer of spinal anaesthesia and the Viennese physician Robert Gersuny (1844-1924) began to experiment with paraffin in the late nineteenth century apparently simultaneously and independently. Leonard Corning used paraffin to prevent reunion of nerves after subcutaneous neurotomy and to enhance the antalgic effect of cocaine on some nerves of the sensibility, whereas Gersuny to solve featural imperfections, urinary incontinence, velo-pharyngeal incompetence, Romberg disease, and others.[1]

But one of the most common indications was correction of saddle nose deformity due to cartilage reabsorption, a very frequent problem for the diffusion of syphilis. In the late nineteenth century, syphilis was popularly viewed as the new plague, and Americans soon realised that one of the most typical stigmata of syphilis was the depressed nose. Its improvement was particularly difficult to manage. Attempts to build up noses using internal prostheses or bone and cartilage grafts were numerous, but these techniques were challenging, time-consuming, and often unsuccessful. Paraffin, in contrast, seemed the ideal solution. With a melting point between 46 and 68 °C (115 and 154 °F), paraffin could be introduced without incisions either alone or, at different times according to Gersuny, in combination with Vaseline, or Vaseline alone, or Vaseline with olive oil. Apparently the resulting material was inert.[1]

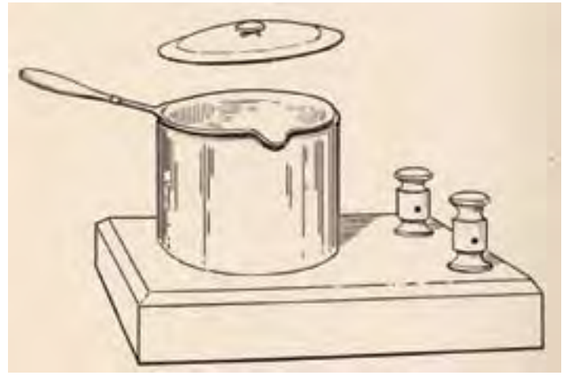


Fig. 1 – The paraffin heater (from: Kolle F.S., 1911)

Fig. 2 – Injection of paraffin into the nose (from: Stein A.E., 1904)

The armamentarium was easy obtainable: the paraffin in pearls or in cubes, a pot for melting the wax (fig. 1), and a syringe (fig. 2).[1,2]

With the diffusion of the procedure and the immediate favorable results obtained, an order of charlatans climbed on the paraffin success bandwagon. They began to advertise in newspapers, yellow pages, and to give demonstrations in beauty salons and drugstores. Paraffin represented the panacea for a variety of cosmetic and functional applications

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History *continued from page 17*

Fig. 3 – Example of publicity appeared in yellow pages at the turn of the century (from: Stein A.E., 1904)

Fig. 4 – Paraffinomas of the face with attempt of removal (from: Loeb H.W. *Operative Surgery of the Nose, Throat and Ear.* St. Louis, Mosby, 1914)

without the need for the surgical knife. News of this apparently ideal substance began to spread through the medical community. The demand for removing the typical characteristic of saddle nose deformity was great and the immediate outcome particularly favorable (fig. 3).

Complications appeared soon. The new miracle begun to fade. Formation of granulomas by foreign body reaction, specifically named "paraffinomas," due to wax, oil and Vaseline penetrated within the tissues was the most common event almost impossible to solve (fig. 4). In fact, removing paraffin proved to be more difficult than injecting it.

Kolle in his book on cosmetic surgery, published in 1911,[2] report a series of side effects ranging from inflammatory reactions, to tissue necrosis and embolism. Despite this, paraffin continued to be injected mainly into the nose, face and breast until the '60s. Goldwyn, in his paper on the paraffin story,[3] described the drama of one celebrated victim of paraffin, the Duchess of Marlborough, who, in 1935, had paraffin and wax introduced into her face and forehead, causing an incredible number of bumps and swellings. She was completely disfigured, becoming a recluse for the rest of her life and saw only close friends, despite that she was considered one of the most beautiful women on the planet before the event occurred. She died in 1977 completely forgotten.

FAT

To contrast paraffin complications, fat injection as a more natural filler was proposed in 1909. The story of fat grafting, originally developed by the German surgeon Eugene Holländer (1867-1932), and more recently by Sydney Coleman, has been the object of a publication in the January issue of *ISAPS News.*[4]

OTHER FILLERS

Charles C. Miller (1880-1950) from Chicago, one of the first cosmetic surgeons, called either "the father of modern cosmetic surgery" or "an unabashed quack," published in 1926 "*Cannula implants,*" a book on fillers to modify featural imperfections.[5] He proposed the use of gutta-percha, celluloid or rubber sponges ground in a mill and heated before injecting them to correct depressions, crows feet, naso-labial grooves and saddle noses. He asserted that these materials were inert, well tolerated and particularly effective. He used a special syringe with barrel to introduce the material subcutaneously.

SILICONE

James Franklin Hyde (1903–1999), an American chemist, is credited with the launch of the silicone industry in the 1930s. For this he was called the "Father of Silicones." His work led to the formation in 1943 of Dow Corning Corporation created to pioneer the development of silicone products as a result from the alliance between Corning Glass Works and the Dow Chemical.

Because of their low toxicity, pure silicones presented a small risk of unfavorable biological reactions and had obtained widespread recognition and popularity in medical circles. In the '60s, a new miraculous filler appeared on the market: liquid silicone, an amazing chemical product – manufacturers advertised – that could turn old faces

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History *continued from page 18*

into young, erase wrinkles and change hypoplastic breasts into a C-cup, with minimal problems. Its story curiously recalls the paraffin affair.

While augmentation surgery for breasts using foams or other materials evolved significantly between the '50s and '60s, the unofficial practice of silicone injections gained popularity.[6] Considered an inert material that could be easily sterilized, the liquid was injected directly into women's breasts particularly in Japan – and the "procedure" spread so rapidly that silicone available for implantation was difficult to find.

However, after an initial honeymoon period, dramatic complications such as discoloration, infections, migration, granulomas formation, the so-called "siliconomas," hardening of tissues, were soon being documented.

Liquid silicone has been used for soft tissue increase for over 30 years. Numerous authors have reported on facial treatments, particularly lips, breast, buttocks augmentation. Due to the adverse side effects, employing silicone for cosmetic purposes ceased in January 1992, when the US Food and Drug Administration (FDA) declared a moratorium on the use of this device.

CONCLUSIONS

In recent years, demand for rejuvenation using fillers has dramatically increased. Patients are seeking more and more quick recovery and minimally invasive non-surgical procedures. This is the reason why filler selection has considerably expanded ranging from collagen to poly-l-lactic acid, hydroxylapatite, hyaluronic acid (HA), among others.

Fillers represent one of the most popular cosmetic procedures. A huge business is behind them. Nowadays, fillers can achieve spectacular results, but may give rise to numerous dramatic complications (e.g. formacryl). Their story is fascinating and at the same time instructive.

The lesson drawn from their use, often uncontrolled, indicates that physicians must always carefully develop a clinical performance measure before injecting products not sufficiently tested or whose side effects are not clearly documented.

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2. Kolle F.S. *Plastic and Cosmetic Surgery.* New York, Appleton, 1911 p. 209
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4. Mazzola R.F. The intriguing story of Fat grafting: from ram fat to stem cells. *ISAPS News* 2012; 6: 10-12
5. Miller C.C. Cannula *Implants and Review of Implantation Technics in Esthetic Surgery.* Chicago, Oak Press, 1926
6. Haiken E. *Venus Envy A History of Cosmetic Surgery.* Baltimore, The Johns Hopkins University Press, 1997

Perspective Brazil, *continued from page 10*

breast for decades, the high, artificially round upper pole is today's in-demand look, and is seen in everyone from cocktail waitresses to professional women to top models. Brazilian women who previously underwent breast reductions a decade or two ago are back in the plastic surgeon's office seeking augmentation, and are looking for a natural result. Women who had small implants inserted a few years ago are often requesting larger implants when it is time to replace them, but not too large as in some other countries.

With the proliferation of breast augmentation, there has also been a trend toward ever-younger women requesting the procedure, to the point that one of the frequently seen topics at congresses is whether or not breast augmentation should be performed on girls under the age of eighteen.

Looking forward, the globalization of beauty standards has also been accompanied by a universal demand for ever-more discreet surgical scars and it will be our continuing challenge to keep up with this demand. The trend of more and more women having implants also challenges us to think about how, over time and with multiple implant replacements, we can offer the desired look with the least possible complications and scarring. We must also watch how the trend for larger and larger breasts in other countries is progressing. Are women eventually looking to reduce their breasts with age and progressive replacements? Is the pendulum swinging back to a more natural look? If this is the case, Latin American plastic surgeons will be wise to "stay ahead of the curve" and give wise counsel to their patients to seek a proportional, natural look over the exaggerated look of an expiring trend.

Silhouette Lift Seminar
Wednesday, September 5th
1:00 - 2:00 pm
Lower Level - Room 18

Dr.Javier de Benito will present his views on the significant change that has taken place in our specialty as a result of factors including the worldwide economic crisis, the elimination of aggressive techniques for facial rejuvenation and their replacement with less aggressive techniques – minimally invasive or non-invasive procedures. It will be an opportunity to share his experience about Silhouette Lift Mid-face Suspension Sutures, as a mini invasive mid-face technique. The new cosmetic treatment, Silhouette Soft, will be introduced. This is a new bidirectional resorbable suture without incision for face rejuvenation complementary to cosmetic treatments such as fillers, fat injections, and botulinum toxin.

Silimed Seminar
Wednesday, September 5th
1:00 - 2:00 pm
Level 2 - Room 14

Speaker: James D. Frame, MD
Why I Switched to Polyurethane Breast Implants

Silimed Breast Implants are used throughout the world and have just gained FDA approval for usage in the USA. Mentor and McGhan implant performance data is now available through the FDA 2011 report and there is room for significant improvement. Polyurethane covered Silicone Gel implants have been used in many countries for many years and data supports clear advantages over conventional Gel implants. They have only recently regained popularity with Plastic Surgeons in the UK . Professor James Frame, President of UKAAPS, will present 27 years of unbiased experience using a variety of breast implants and giving his reasons why Polyurethane Cone Shaped implants should be considered the implant of choice for most women having Primary and Secondary Breast Augmentation and Reconstructive Plastic Surgery of the Breast.

Solta Medical Seminar
Wednesday, September 5th
1:00 - 2:00 pm
Level 2 - Rooms 7 & 8

This workshop will introduce Liposonix®, a non-invasive high-intensity focused ultrasound (HIFU) system designed to permanently destroy subcutaneous fat in the abdomen, love handles, hips, thighs, and buttocks. The workshop will cover the basics of HIFU technology, a review of current published peer-reviewed clinical data, appropriate patient selection criteria, and various tips and techniques to maximize the Custom Contouring™ capabilities of the Liposonix system. In addition, there will be a live demonstration of the Liposonix system and a review of typical before and after results. See how the Liposonix HIFU system fits both your patients and your practice by delivering a one-pant-size reduction after a single one hour treatment.

Baxter Seminar
Thursday, September 6th
1:00 - 2:00 pm
Lower Level - Room 18

The Benefits of Full Surface Adherence for Improving Plane Approximation
Dr. Ludwik Branski: ARTISS in Burn Surgery, My Experience
Prof. Stefano Bruschi: Tissue Adhesives in Face Lift and Body Contouring Surgery, Benefits to Post-Operative Care

Baxter's panelists will discuss the benefits of a slow setting fibrin sealant in real world applications. Dr. Branski will discuss his experience in treating pediatric and adult burns in the US and Germany. Professor Bruschi will present his experience in facial plastic surgery and body contouring surgery. Please join us for this interactive panel.

Cynosure Seminar
Thursday, September 6th
1:00 - 2:00 pm
Level 3 - Rooms 5 & 6

Cellulaze: A Revolutionary New Device in the Treatment of Cellulite: FDA Study Results and Clinical Experiences

Join Drs. Grant Stevens and Barry DiBernardo as they discuss their most recent, clinically researched techniques with Cellulaze, a breakthrough in the treatment of cellulite. Cellulaze is a minimally invasive surgical laser procedure that attacks the very structure of cellulite for long lasting results after just one treatment. Learn how Cellulaze makes it feasible and practical for you to focus your surgical skill on the treatment of cellulite. Don't miss this ISAPS lunchtime seminar offered by Cynosure.

ISAPS-LEAP *Strike Force*
Thursday, September 6th
1:00 - 2:00 pm
Level 2 - Rooms 7 & 8

Drs. Tunc Tiryaki and Craig Hobar will present the new joint disaster relief program – a combined effort between ISAPS members and the LEAP Foundation with the goal of providing reconstructive plastic surgical services in a rapid response fashion in any country affected by a disaster. Dr. Tiryaki will discuss his experience in multiple Turkish earthquake relief efforts and Dr. Hobar will recount the LEAP Foundations experience in the Haitian earthquake. Together they will describe the founding principles of this new joint strike force program.

Mentor Seminar
Thursday, September 6th
1:00 - 2:00 pm
Main Meeting Room

Improved Patient Outcomes: science and quality as a basis for implant selection and optimal aesthetic results

In light of recent events, the quality of silicone breast implants has commanded increased importance. Aesthetic procedures aim to achieve optimal patient outcomes by utilizing safe silicone breast implants while minimizing the risk of complications. Please join us for a panel discussion with international experts over lunch. The panel will aim to provide an update on the scientific evidence, tips for managing risk and important quality/safety considerations for appropriate implant selection.

SFR - Clinic Accreditation Seminar
Thursday, September 6th
1:00 - 2:00 pm
Level 2 - Room 14

An introduction to the AAAASF international accreditation process and the relationship between accreditation and patient safety will be presented by Dr. Ronald Iverson, SFR/AAAASFI Chairman of the Board.

myoscience Seminar
Friday, September 7th
1:00 - 2:00 pm
Main Meeting Room

Focused Cold Treatment – A new era in medical aesthetics
Representing an exciting advance in aesthetic medicine, myoscience introduces its innovative technology at ISAPS. Dr. Kai-Uwe Schlaudraff and Professor Daniel Cassuto discuss how myoscience has taken the well-established medical principles of cold into facial aesthetics. The myoscience advanced smart-tip technology delivers Focused Cold Therapy, precision controlled delivery of cold, targeting nerves to smooth the appearance of dynamic forehead lines. It provides immediate results whilst leaving nothing behind in the skin; meeting the needs of an entirely new patient group who seek toxin free treatment.

Ulthera Seminar
Friday, September 7th
1:00 - 2:00 pm
Lower Level - Room 18

Ultherapy®, the non-invasive "lunch time" procedure, has gained widespread attention throughout the world, including notice in Vogue Magazine, Harper's Bazaar, and the New York Times. Experienced Ultherapy users will introduce the science and use of Ultherapy's micro-focused ultrasound for lifting skin and demonstrate how it is unique from other energy-based devices. The discussion will show how Ultherapy is complementary to other cosmetic procedures and how this innovative technology fits into an aesthetic practice. The Ultherа® System is the first-ever energy-based device to receive a skin lifting indication from the FDA. Procedures can be performed in 60 minutes with no patient downtime and yield consistent results that last one year or more.

ZELTIQ Aesthetics Seminar
Friday, September 7th
1:00 - 2:00 pm
Level 2 - Rooms 7 & 8

CoolSculpting® by ZELTIQ: New Advances in Cryolipolysis and the Non-Invasive Treatment of Fat
CoolSculpting is today's most popular and effective non-invasive treatment for the removal of stubborn fat. Based on groundbreaking Cryolipolysis technology, it is the only treatment that selectively targets and eliminates adipocytes, and has more than 300,00 CoolSculpting procedures worldwide and over 20 peer-reviewed publications and abstracts.

Join ZELTIQ for a presentation and live demo on CoolSculpting, the proven leader in non-invasive fat reduction.
- Gain insight into the latest clinical research
- Learn new techniques to optimize results
- Discover ways to maximize your CoolSculpting ROI
- Learn how to incorporate best practices to enhance results

21st Congress of ISAPS - Geneva 2012		
Tuesday, September 4		**Current as of July 1**
8:00 am - 5:00pm	Registration - CICG Main Lobby	
9:00 - 8:00 pm	Exhibit Hall Opens	
12:00 - 12:15	**Welcome + Opening Remarks**	
12:15 - 6:00	**Session 1: GLOBAL SUMMIT ON PATIENT SAFETY**	
6:00 - 8:00	**OPENING CEREMONY & WELCOME RECEPTION**	
Wednesday, September 5		
7:00 - 8:00 am	Master Classes	**Meetings in this Column will be held in**
8:00 - 10:00	**Session 2: RHINOPLASTY I**	**Room B - CICG 5&6 - Level 3**
10:00 - 10:30	**Coffee Break - Exhibit Hall**	
10:30 - 12:30 pm	**Session 3: RHINOPLASTY II**	
11:50 - 12:30	**Free Papers 1: Rhinoplasty**	**Free Papers 2: Rhinoplasty (10:30-12:30)**
12:30 - 2:30	**Lunch & Special Meetings and Seminars**	
2:30 - 4:30	**Session 4: PERIOCULAR REJUVENATION I**	
4:30 - 5:00	**Coffee Break - Exhibit Hall**	
5:00 - 7:00	**Session 5: PERIOCULAR REJUVENATION II**	
6:20 - 7:00	**Free Papers 3: Periocular Surgery**	**Free Papers 4: Periocular Surgery (5:00-7:00)**
7:30 - 12:00	**FACULTY DINNER**	
Thursday, September 6		
7:00 - 8:00 am	Master Classes	
8:00 - 10:00	**Session 6: FACE AND NECK REJUVENATION I**	
10:00 - 10:30	**Coffee Break - Exhibit Hall**	
10:30 - 11:50	**Session 7: FACE AND NECK REJUVENATION II**	**Free Papers 5: Face & Neck Rejuvenation (10:30-11:50)**
11:50 - 12:30 pm	OHMORI Lecture	
12:30 - 2:30	**Lunch & Special Meetings and Seminars**	
2:30 - 4:30	**Session 8: PRACTICE MANAGEMENT**	**Free Papers 6: Cosmetic Medicine & Patient Safety (2:30 - 4:40)**
6:00 - 11:00	**EVENING AT THE CIRCUS**	
Friday, September 7		
7:00 - 8:00 am	Master Classes	
8:00 - 10:00	**Session 9: ABDOMINOPLASTY & BODY CONTOURING I**	
10:00 - 10:30	**Coffee Break - Exhibit Hall**	
10:30 - 12:30 pm	**Session 10: ABDOMINOPLASTY & BODY CONTOURING II**	
11:50 - 12:30	**Free Papers 7: Abdominoplasty, Body Contouring**	**Free Papers 8: Abdominoplasty & Body Contouring (10:30-12:30)**
12:30 - 2:30	**Lunch & Special Meetings and Seminars**	
2:30 - 4:30	**Session 11: FAT HARVESTING & CELL THERAPY I**	
4:30 - 5:00	**Coffee Break - Exhibit Hall**	
5:00 - 7:00	**Exhibitors Depart**	
5:00 - 7:00	**Session 12: FAT HARVESTING & CELL THERAPY II**	
6:20 - 7:00	**Free Papers 9: Fat Harvesting, Cell Therapy**	**Free Papers 10: Fat Harvesting, Cell Therapy (5:00 - 7:00)**
	FREE EVENING IN GENEVA	
Saturday, September 8		
7:00 - 8:00 am	Master Classes	
8:00 - 10:00	**Session 13: AESTHETIC BREAST SURGERY I**	
10:00 - 10:30	**Coffee Break**	
10:30 - 11:50	**Session 14: AESTHETIC BREAST SURGERY II**	
11:50 - 12:30	**Free Papers 11: Aesthetic Breast Surgery & Breast Reconstruction**	**Free Papers 12: Aesthetic Breast Surgery & Breast Reconstruction (10:30 - 12:30)**
12:30 - 2:00	**Lunch**	
2:00 - 4:30	**Session 15: COSMETIC MEDICINE**	
4:30	**Closing Remarks**	

ARGENTINA Jorge HERRERA, MD; Antonio Aldo MOTTURA, MD, PhD; Juan Carlos SEILER Sr., MD
AUSTRALIA Darryl J. HODGKINSON, MD; Bryan C. MENDELSON, MD
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"EVERYTHING ABOUT CIRCUS KNIE IS MAGICAL!"

So says Romero Britto, the Brazilian-born pop art phenomenon who designed the current season's posters. Now a world-famous painter and sculptor, Romero was born in a poor district of Recife, won a scholarship to study art, and eventually designed the 1989 advertising campaign for Absolut Vodka. Now his work hangs in the Louvre in Paris.

Like the circus he has represented in his images this year, Romero is inspired by the gaiety and joie de vivre that is typical of the oldest family-owned circus in Europe. An evening with this award winning troupe – that happens to be in residence in Geneva during our Congress – is a magical and yet elegant and certainly memorable event you simply cannot miss.

ISAPS has bought the entire circus for our gala evening in September. A reception and dinner will be served in a special catering tent, and the performance will provide all our guests, young and old and in-between, with a very unique and entertaining evening. Don't make other plans on Thursday, September 6th. You will want to be a part of this special event that everyone will be talking about the next day! ISAPS

ISAPS Exhibit Hall - 20th Congress San Francisco 2010

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QUIET PILLARS OF ISAPS

Lina Triana, MD — Colombia

Chair of National Secretaries

Thank you to all who believed in me and allowed me the honor of representing our National Secretaries and being part of this Board.

We National Secretaries are the quiet pillars of ISAPS and our hard work sometimes goes unnoticed. Our Board understands our position in this society; they know that we really are there for the organization; and they have seen that when our input is really needed, we are there for ISAPS. We have shown how our actions have a positive result. For example, how with our encouraging communications we actively helped improve registration for our Geneva meeting. Thanks to all of you for this.

It is true that we are an expanding society, but we must continue to pursue quality members. Our patient safety strategy continues to serve not only our patients, but also has strengthened our commitment so that patients come first worldwide.

National Secretaries have promoted ISAPS educational courses, symposia and endorsement of national meetings in our countries. Thank you to all of our members who have worked hard on this task and have shared with their colleagues that our continuing educational efforts are so important.

Most National Secretaries have positions of leadership within their own countries' plastic surgery societies and from that platform they promote ISAPS among their colleagues highlighting ISAPS goals and objectives. Many of us bring to ISAPS new ideas that are brewing in their countries so that we may all learn and incorporate these ideas into ISAPS' strategies for the benefit of all members worldwide. Some of us actively participate in the development of ISAPS' worldwide strategy which includes promoting patient safety and education for the general public.

We surely have grown as an important worldwide society. Efforts such as our ISAPS global statistics survey have served not only to concentrate data on aesthetic plastic surgery all over the world, but also to improve ISAPS visibility worldwide.

Today we know that medical intrusion (meaning non-core health professionals doing aesthetic plastic surgery procedures) is a common problem worldwide. We have seen in past newsletters how many countries are escalating their efforts to legally protect plastic surgery practice.

We strongly believe that we need to be well known to the public – to show that we are here for our patients. Along the way, we implemented the patient safety program, improved contributions to the global statics survey, and now we are focusing on having better internet exposure.

Our patients and their wellbeing are the reason we work so hard every day and they are also the reason ISAPS has to be strong and grow. ISAPS' mission to promote education of aesthetic plastic surgeons means better safety standards and improved final results. ISAPS goals are being achieved thanks to the hard work of the National Secretaries. I thank you all for your hard work and for making sure aesthetic plastic surgery is respected worldwide.

Our ISAPS brand is growing worldwide in name and exposure every day. When we hear about aesthetic plastic surgery, not only plastic surgeons but the public are beginning to think of us: ISAPS. We have achieved what we once wanted to be: the best reference to the world about aesthetic plastic surgery. It is nice to see this happening even in a world where non-core doctors or even non-doctors want to offer aesthetic procedures to the public. It is our responsibility to show the world what their best choice is when they think about aesthetic plastic surgery.

I never get tired of saying that we National Secretaries are important roots of the ISAPS tree. Without our active participation, ISAPS could not be where it is now. I have worked with passion in this job and followed my beliefs for constructing every day a better ISAPS. At the beginning of this voyage, we had some turbulent waters. The board wanted more active National Secretaries and I surely worked on a strategy to make it happen. We certainly had to make some

continued on page 35

ISAPS has 71 National Secretaries in our 93 member countries. Any country with at least three members is eligible to elect a National Secretary to represent them in the leadership of ISAPS. One new country now qualifies for a National Secretary and is highlighted in bold. Recently elected National Secretaries are also highlighted in bold text.

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‡ Term ending

SFR/AAAASF INTERNATIONAL ACCREDITATION UPDATE

Jeff Pearcy

AAAASF Marketing/Executive Vice-President

Ronald Iverson, MD, Chairman of the Board and I, Jeff Pearcy, Executive Vice-President have been rigorously expanding the marketplace for the global accreditation of ambulatory surgery clinics. SFR has become synonymous with AAAASF International (AAAASFI) which continues to make progress accrediting facilities in Latin America. Relationship building around the world has proven successful and eventually results in accredited facilities. There are 46 accredited clinics worldwide, with many in the process.

In January 2012 AAAASFI was invited to meet a cluster of dental clinics in Medellin, Colombia. Oscar Molina (Latin America representative) and I went to Medellin and made a formal presentation to twelve clinic representatives. The afternoon was spent answering questions followed by tours of two dental clinics. The host on this visit was the former Minister of Health. The primary source of patients who travel to Colombia for medical/dental services come from either Spain or they are former residents of Colombia who return for services. Seven clinics have been accredited in Colombia so far with over twenty surgical and dental clinics in Costa Rica.

Recently, AAAASFI had completed a successful inspection of a surgery clinic in Beirut, Lebanon. Accreditation was awarded to the Beirut Beauty Clinic which is directed by Roger Elkhoury, MD. The Beirut Beauty Clinic's mission is to provide the most advanced and innovative techniques in plastic surgery. In this state-of-the-art facility, patients enjoy a private and secure setting with a warm and serene atmosphere, unlike the experience of the hospital environment.

The common denominator in accrediting clinics, regardless of size of facility, specialty, or location, is our goal of patient safety. We are especially pleased to be able to unequivocally assure facilities, regulatory agencies, and the general public that it is this goal which has guided the development of AAAASF and AAAASFI through past and current leadership and certainly help future leaders succeed.

AAAASFI accreditation sets you and your clinic apart from competition, giving you a much stronger market advantage by providing resources to surgery centers worldwide to enhance patient safety and surgery facility efficiency.

In two large studies, representing 2,445,249 procedures, there was one only one death that occurred on the same day the surgery was performed, indicating safe patient routing through office based facilities. Surgery performed in AAAASF and AAAASFI accredited facilities is associated with a low incidence of unanticipated sequelae.

AAAASFI accreditation program is peer based. Inspections are performed by surgeons and dentists who also understand local customs and culture. There is a peer-based Global Standards Advisory Committee ready to review subtle nuances, along with vast differences in AAAASFI Standards appropriate for each country.

A complete list of Globally accredited clinics can be found on our newly re-designed web site www.aaaasfi.org.

SFR Board members include: Robert Singer, MD, Ronald E. Iverson, MD, James A. Yates, MD, Michael F. McGuire, MD, Alan Gold, MD, Joao Carlos Sampaio Goes, MD, Foad Nahai, MD, Lawrence S. Reed, MD, Ivar Van Heijningen, MD, Alberto Arguello, MD (to be seated in the fall 2012), and Harlan Pollock, MD.

Geneva, *continued from page 1*

The most valued aspect of our Congress is our dedication to excellence in aesthetic plastic surgery education. The program committee had a wealth of talent from which to draw in our 94 member nations. The sharing of knowledge among the many cultures represented, among younger and older surgeons, and between established and emerging centers of aesthetic plastic surgery around the world is what makes this United Nations of Plastic Surgery such a unique and special event. Our Congresses tend to surpass those that came before, and the 21st Congress of ISAPS will be no exception.

This Congress will feature sixteen early morning Master Classes, general sessions in all aspects of aesthetic surgery employing our successful combination of video presentation, panels, and free papers, lunch-time seminars sponsored by our corporate colleagues, and electronic papers and procedural videos you can view as often as you like.

As Geneva is a small town, our guests will occupy more than 30 different hotels. The Opening Ceremony and the Welcome Reception that immediately follows will be held in the CICG conference center to make it convenient for everyone. For our traditional gala evening, we will take you to the fabulous Circus Knie for a private show just for ISAPS. An adjoining tent will host our exclusive reception and dinner and you will enjoy the oldest family-owned, most award winning circus performance you have ever seen. If you have not been to the circus since you were a child, it's not what you remember. If you have never been to the circus, we have a wonderful surprise in store for you.

We applaud the support of all our exhibiting companies, chief among them our Master Sponsors, Allergan and Cynosure. Each of our exhibitors is making a special effort to both display their products and services and to educate our audience about the latest trends and advances in the industry that supports your efforts as surgeons. We encourage you to visit with them and appreciate that their contribution supports this magnificent congress.

No meeting of this magnitude happens without a small army of dedicated individuals who have been working on every detail for nearly three years. From the social events to the exhibits; from the innovative scientific program development to the website design; from the food selection to the contents of the congress bags; from the invitation, confirmation, and coordination of more than 300 faculty and presenters to the publicity planning and implementation; from the hotel accommodations down to the name badges – nothing has been left to chance. It is impossible to include the list of all the details involved.

Your attendance at this Congress will make all our work worthwhile and you will not be disappointed. Old friends will be welcome, and new ones will be encouraged to join us. If you have visited Geneva in the past, you know what a beautiful and truly international place it is. If you have not, you will not regret your visit in September.

We look forward to welcoming you to Switzerland!

REALSELF HITS A MILESTONE: 2.5 MILLION AESTHETIC CONSUMERS

In May 2012, over 2.5 million consumers visited *RealSelf.com* (www.realself.com), an ISAPS partner. With this milestone, *RealSelf* claims to be the most visited website devoted to educating and informing global consumers about plastic surgery and cosmetic medicine.

"We're excited to see consumer visits grow over 100 percent annually," states Tom Seery, CEO and Founder of *RealSelf*. "A critical driver for our growth has been the continuous support of thousands of plastic surgeons, who have devoted significant hours away from their practice to answering questions posted by consumers, encouraging patients to share their experiences on *RealSelf*, and posting photos of their surgical before and afters," adds Seery.

For those not familiar, *RealSelf* is designed to support a consumer's desire to learn from peers and medical experts on whether a cosmetic procedure is right for them. The center point of the robust conversation on *RealSelf* is doctor Questions and Answers (Q&A).

500,000 Posts by Doctors

Doctors — plastic surgeons and "core" aesthetic medical providers — respond to consumer questions about cosmetic procedures and post images of before and afters where proper patient consents are in-place. *RealSelf* reports that doctors made a half-million posts to the site in the past three years.

Most doctors respond to a list of questions that are emailed each day or week to their personal address. A surgeon may choose to be sent questions that are only relevant to a topic like breast augmentation, such as "Can I get breast augmentation surgery before becoming pregnant?" The online answer to this question generates visibility for the responding doctor within the *RealSelf* community, and can be automatically posted to the doctor's own social media profiles, as well as the doctor's own website.

3 Key Benefits from Sharing Your Expertise

The idea behind Q&A is to make it easy to attract new patients with engaging content that reflects your voice and your expertise. *RealSelf* states that Q&A can:

1. **Differentiate your practice**: Advertising isn't enough to get noticed. *RealSelf* helps you create a social presence based on your expert answers to questions about cosmetic surgery;
2. **Update social media sites with one-click**: Enjoy the efficiency of creating content that gets automatically sent to Twitter, Facebook, LinkedIn, and *RealSelf*;
3. **Generate word-of-mouth**: Consumers prefer to share, "Like," and link to doctor answers. This helps drive awareness beyond your own website and blog.

While *RealSelf* is an English language-dominated site, traffic to the site comes from over 100 countries, and both London and Sydney are in the top 10 cities for location of site visitors. Dozens of ISAPS members have already set up accounts and post content in order to raise visibility and help consumers get properly informed.

ISAPS members are invited to join *RealSelf*, establish a free profile, and see for themselves whether Q&A and other *RealSelf* services are right for their online marketing strategy.

Visit http://www.realself.com/doctor to learn more and to apply to join.

ISAPS Executive Office

EXECUTIVE DIRECTOR
Catherine Foss
catherine@conmx.net

DIRECTOR OF MARKETING
Jodie Ambrose
jodie@conmx.net

DIRECTOR OF ACCOUNTING
Edward Tracey
ed@conmx.net

MEMBERSHIP SERVICES MANAGER
Jordan Carney
ISAPSmembership@conmx.net

SPECIAL PROJECT MANAGERS
Gael DeBeaumont
gael@conmx.net

Michele Nilsson
michele@conmx.net

ISAPS EXECUTIVE OFFICE

45 Lyme Road, Suite 304
Hanover, NH, USA 03755

Phone: 1-603-643-2325
Fax: 1-603-643-1444
Email: isaps@conmx.net

Website: www.isaps.org

ISAPS NEWS Management

Editor-in-Chief
J. Peter Rubin, MD (United States)

Chair, Communications Committee
João Carlos Sampaio Góes, MD, PhD (Brazil)

Managing Editor
Catherine B. Foss (United States)

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National Secretaries *continued from page 28*

changes while we were sailing this boat, but today we can say that we have a good team. Many new challenges will be faced by our next National Secretaries Chair. Let us never forget that when we wear the ISAPS T-Shirt, there is nothing that will let us down.

I want to leave my ISAPS team members with these nice words:

The Carpenter and His Tools

There was once a meeting when the carpenter's tools discussed their differences. The hammer wanted to be the chief, but the rest of the tools said he made too much noise. The hammer accepted this fault, but said the screwdriver must be expelled because he made too many turns to achieve anything. The screwdriver accepted the argument, but said the sandpaper had a rough manner with others. The sandpaper acknowledged this, but said the measuring tape always measured the others like he was the only perfect one. At this moment the carpenter arrived, put the tools together, and started his work using the hammer, the sandpaper, the measuring tape and the screwdriver. A plain piece of wood was converted into a beautiful piece of furniture. When the carpenter left, the tools continued their discussion. The hammer said: "It has been demonstrated that we all have defects, but the carpenter works with our qualities, highlighting our valuable points, and that is why instead of looking at our weaknesses we must concentrate on our strengths". And they all understood that the hammer is strong, the screwdriver unites and gives strength, the sandpaper is special to iron out uneven parts and level all surfaces for good contact, and the measuring tape is precise and exact. They knew they were a team capable of producing quality furniture and a great joy surrounded them once they realized how lucky they were to work together. When we seek the strong points in each other, the best human tendencies come to the surface. It is easy to find defects. To find qualities is the province of the wise.

July 2012

DATE: 20 JULY 2012 - 22 JULY 2012
Meeting: Aesthetic Plastic Surgery/ Anti-Aging Medicine: The NEXT Generation
Location: New York, New York
Venue: Conrad New York
Contact: Barbara Williams
Email: info@nextgenmtg.org
Tel: 1-212-717-2855
Fax: 1-866-477-1258
Website: http://www.nextgenmtg.org/

August 2012

DATE: 01 AUGUST 2012 - 04 AUGUST 2012
Meeting: 31st Jornada Carioca de Cirurgia Plastica
Location: Rio de Janeiro
Venue: Hotel Sofitel
Contact: Paulo Leal
Email: pral@rio.com.br
Tel: 55-21-2286-7527
Fax: 55-21-2286-7527

DATE: 23 AUGUST 2012 - 26 AUGUST 2012
Meeting: 4th European Plastic Surgery Research Council (EPSRC)
Location: Hamburg Harbor, Germany
Venue: Freighter MS Cap San Diego
Contact: Kelli Gatewood
Email: info@epsrc.eu; kelli.gatewood@conventus.de
Tel: +49 3641 311 63 20
Fax: +49 234 325 20 80
Website: http://www.epsrc.eu

September 2012

DATE: 04 SEPTEMBER 2012 - 08 SEPTEMBER 2012
Meeting: 21st Congress of ISAPS
Location: Geneva, Switzerland
Venue: Centre International de Conferences Geneve
Contact: Catherine Foss
Email: isaps@conmx.net
Tel: 1-603-643-2325
Fax: 1-603-643-1444
Website: http://www.isapscongress2012.org

DATE: 12 SEPTEMBER 2012 - 15 SEPTEMBER 2012
Meeting: Laser Innsbruck 2012: Advances and Controversies in Laser and Aesthetic Surgery
Location: Innsbruck, Austria
Venue: Faculty of Catholic Theology of the University of Innsbruck
Contact: Katharina Russe-Wilflingseder, MD
Email: office@laserinnsbruck.com
Tel: 43-512-25-2012
Fax: 43-512-25-2737
Website: http://laserinnsbruck.com

DATE: 26 SEPTEMBER 2012 - 28 SEPTEMBER 2012
Meeting: XVIII International Course on Plastic & Aesthetic Surgery
Location: Barcelona, Spain
Venue: Clinical Planas
Contact: Course Secretariat
Email: cursos@clinica-planas.com
Tel: 34-93-203-2812
Fax: 34-93-206-9989

DATE: 27 SEPTEMBER 2012 - 30 SEPTEMBER 2012
Meeting: ISAPS Course - Lima & Machu Picchu
Location: Lima & Machu Picchu, Peru
Contact: Julio Kirschbaum and Carlos Uebel
Email: consultas@kirschbaumplasticsurgery.com
Tel: 511-715-0808
Fax: 511-718-8849
Website: http://www.sociedadperuanadecirugiaplastica.com.pe/

DATE: 29 SEPTEMBER 2012 - 29 SEPTEMBER 2012
Meeting: MACS-Lift Course: Minimal Access Cranial Suspension
Location: Ghent, Belgium
Venue: Ghent Marriott Hotel
Contact: Elien Van Loocke
Email: info@coupurecentrum.be
Tel: +32 9 269 94 94
Fax: +32 9 269 94 95
Website: http://www.coupureseminars.com

October 2012

DATE: 05 OCTOBER 2012 - 07 OCTOBER 2012
Meeting: IFATS 10th Annual Meeting
Location: Quebec City, Canada
Contact: Jordan Carney
Email: ifats@conmx.net
Tel: 1-603-643-2325
Fax: 1-603-643-1444
Website: http://www.ifats.org

DATE: 05 OCTOBER 2012 - 07 OCTOBER 2012
Meeting: OSAPS 2012
Location: Seoul, South Korea
Venue: Asan Medical Center
Contact: Ms. Jessy Lee
Email: info@osaps2012.org
Tel: 82-23452-1855
Fax: 82-2192-3955
Website: http://www.osaps2012.org/

DATE: 10 OCTOBER 2012 - 13 OCTOBER 2012
Meeting: 2nd World Congress of Plastic Surgeons of Lebanese Descent
Location: Cancun, Mexico
Contact: Jose Luis Haddad Tame
Email: hatame55@gmail.com
Tel: 52-55-5615-3191
Fax: 52-55-5615-3191
Website: http://www.congressmexico.com/lspras2012

DATE: 12 OCTOBER 2012 - 14 OCTOBER 2012
Meeting: Third World Congress for Plastic Surgeons of Chinese Descent
Location: Xian, China
Contact: Dr. Wei Xia
Email: drxiawei@gmail.com
Tel: 86-29-84775512
Fax: 86-29-84775301
Website: http://www.2012wapscd.org

DATE: 26 OCTOBER 2012 - 30 OCTOBER 2012
Meeting: Plastic Surgery 2012
Location: New Orleans, LA, USA
Venue: New Orleans Convention Center
Contact: American Society of Plastic Surgeons
Email: registration@plasticsurgery.org
Tel: 1-847-228-9900
Fax: 1-847-228-9131
Website: http://www.plasticsurgery.org/

November 2012

DATE: 01 NOVEMBER 2012 - 03 NOVEMBER 2012
Meeting: ISAPS Course - Athens
Location: Athens, Greece
Contact: Vakis Kontoes
Email: myvakis@hotmail.com
Tel: +30-210-6985966
Fax: +30-210-6998731
Website: http://www.isaps2012athens.com

DATE: 29 NOVEMBER 2012 - 01 DECEMBER 2012
Meeting: The Cutting Edge Aesthetic Surgery Symposium 2012 Advanced Sculpting of the Nose
Location: New York, NY
Venue: Waldorf Astoria Hotel
Contact: Bernadette McGoldrick
Email: bernadettemcgoldrick@astonbakersymposium.com
Tel: 1-212-249-6000
Fax: 1-212-249-6002
Website: http://www.aestheticsurgeryny.com

DATE: 30 NOVEMBER 2012 - 01 DECEMBER 2012
Meeting: Facial Rejuvenation - Surgical & Nonsurgical Procedures
Location: Munich, Germany
Venue: Hilton Munich Park Hotel
Email: congress@bb-mc.com

February 2013

DATE: 15 FEBRUARY 2013 - 18 FEBRUARY 2013
Meeting: 5th American-Brazilian Aesthetic Meeting
Location: Park City, UT
Venue: Park City Marriott
Contact: Susan Russell
Email: srussell@gunnerlive.com
Tel: 1-801-274-9500
Website: http://www.americanbrazilianaestheticmeeting.com

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

May 2013

DATE: 02 MAY 2013 - 04 MAY 2013
Meeting: 58th Annual Meeting of the Plastic Surgery Research Council
Location: Santa Monica, California
Contact: Catherine Foss
Email: psrc@conmx.net
Tel: 1-603-643-2325
Fax: 1-603-643-1444
Website: http://www.ps-rc.org

DATE: 29 MAY 2013 - 31 MAY 2013
Meeting: Beauty Through Science
Location: Stockholm, Sweden
Venue: Stockholm Waterfront Congress Centre
Contact: Anna Eliasson
Email: bts@ak.se
Tel: + 46 8 614 54 00
Fax: +46 8 6145420
Website: http://www.beautythroughscience.com

September 2013

DATE: 10 SEPTEMBER 2013 - 14 SEPTEMBER 2013
Meeting: 15th International Society of Craniofacial Surgery Biennial Congress
Location: Jackson Hole, Wyoming, USA
Venue: Teton Village
Contact: Catherine Foss
Email: ISCFS2013@conmx.net
Tel: 1-603-643-2325
Fax: 1-603-643-1444
Website: http://www.iscfs2013.org

Admitted in June 2012 * Associate Member

Argentina
Gustavo Gulberto ABRILE, MD
Raul BANEGAS, MD
Juan Jose GALLI, MD
Juan Carlos PAILLET, MD
Pablo Ruben PAOLUCCI, MD
Gabriel C. ZANETTA, MD

Australia
Janet HUANG, MBBS, FRACS*
Mark Andrew LEE, MBBS, FRACS
Mark McGOVERN, MBBS, FRACS

Belgium
Carole AZZAM, MD
Jozef Peter I.A. DOORNAERT, MD

Brazil
Barbara Helena BARCARO MACHADO, MD
Tiago BODANESE, MD*
Augusto S. CAMARA VALENTE, MD
Luiz V. de Fortuna CARNEIRO JR., MD
Francisco CARVALHO, MD
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Renato PERALI, MD*
Graziela SCHMITZ BONIN, MD*
Vasco SENNA-FERNANDES, MD
Alexandre SENRA, MD*
Gustavo STEFFEN ALVAREZ, MD*

Canada
Gloria M. ROCKWELL, MD, FRCS(plast)

China
Shengkang LUO, MD, PhD

Colombia
Celso BOHORQUEZ E., MD
Ricardo H. BONILLA BONILLA, MD
Hugo H. CORTES OCHOA, MD
Maria Mercedes CRISTANCHO, MD*
Luis H. GONZALEZ CAICEDO, MD
Alfredo HOYOS, MD
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Juan Esteban SIERRA MEJIA, MD

Czech Republic
Libor KMENT, MD
David STEPAN, MD

Dominican Republic
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Egypt
Mohamed ABDEL MAGEED HASSAN, MD

Finland
Eeva SIITARI, MD
Anna-Liisa VESALA, MD

France
Emad Ed DANNAN, MD, FeEBOPRAS*
Guillaume DROSSARD, MD
Eric PLOT, MD

Georgia
Alexander KUZANOV, MD, PhD
Iva KUZANOV, MD, PhD
Iagor (Guga) KUZANOV, MD, PhD
George SULAMANIDZE, MD

Germany
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Dan Mon O'DEY, MD, PhD
Alexander SCHOENBORN, MD
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Reinhard TITEL, MD
Marc WEIHRAUCH, MD, PhD

India
Milan DOSHI, MBBS, MS, MCh
Ravi Kumar MAHAJAN, MS, MCh
Ramasamy MURUGESAN
Ram B.R. PONUGOTI, MD, MCh
V. SUDHAKAR PRASAD, MD, MCh

Iran
Hossein ABDALI, MD
Mohammad Reza AKHOONDINASAB, MD
Peiman GOHARSHENASAN, MD*
Jamshid KHAK, MD

Iraq
Zakaria ARAJY, MB ChB, FRCS
Kadhum SHABAA, MB ChB, FICMS

Israel
Ron AZARIA, MD
Sarit COHEN, MD
Yitzchak RAMON, MD

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Massimo SIGNORINI, MD
Fabrizio TOMASSETTI, MD

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Firas HAMDAN, MD, FACS
Shady HAYEK, MD
Boutros SAYEGH, MD

Luxembourg
Serge SCHMITZ, MD

Mexico
Carlos CASTANEDA, MD*
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Ary PAPADOPULOS, MD
Roberto SEGOVIA-BLUMENKRON, MD
Bertha TORRES GOMEZ, MD

New Zealand
Stanley LOO, BHB, MBCHB, FRACS (Plas)
Jonathan WHEELER, MB ChB, FRACS*

Philippines
Gerald SY, MD, MBA

Poland
Janusz SIREK, MD, PhD
Jaroslaw STANCZYK, MD, PhD

Portugal
Mario Jorge FREIRE-SANTOS, MD
Luísa MAGALHÃES RAMOS, MD*

Romania
Constantin STAN, MD, PhD

Russia
Georgy SARUKHANOV, MD
Valeriy YAKIMETS, MD, PhD

Saudi Arabia
Ayman HELMI, MD, FRCS(Plast)

Serbia
Goran JOVANOVIC, MD, PhD
Stevo MARTIC, MD

Slovak Republic
Marianna ZÁBAVNÍKOVÁ, MD, PhD
Peter ZIAK, MD

South Africa
Johan VAN HEERDEN, MBChB, FC Plast (SA), MMed (SA)*

South Korea
Min-Hee RYU, MD
Yoon SEOK, MD

Spain
Kai Oliver KAYE, MD, PhD
Marisa MANZANO SURROCA, MD
Jose R. MARTINEZ-MENDEZ, MD, PhD
Andres NEMSEFF, MD
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Sandra BALDI BALMELLI, MD
Konstantina BELOULI JOBIN, MD
Marc FURRER, MD
Bernd HENNECKE, MD, FEBOPRAS*
Christian HORT, MD
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Sophie MARTELLA FAVRE, MD
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Claude OPPIKOFER, MD
Simone PINTUS-STOSS, MD
Dominik SCHMID, MD
Xavier TENORIO, MD
Jacques Alexandre ZUFFEREY, MD

Tunisia
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Turkey
Emrah ARSLAN, MD
Leyla ARVAS, MD, PhD
Ercan CIHANDIDE, MD
Hasan FINDIK, MD
Ozlem GUNDESLIOGLU, MD
Fatih SIRIN, MD

Ukraine
Alexander KORNIENKO, MD
Sergiy KYYLO, MD

United Arab Emirates
Khalid ALAWADI, MD*
Ioannis Michail SALIVARAS, MD

United Kingdom
Richard KAROO, MBChB MRCS(Eng), MPhil FRCS(Plast)
Marc PACIFICO, BSc(Hons), MBBS MD, FRCS(Plast)

Uruguay
Jesus Ricardo MANZANI BALDI, MD
Hugo MERCATINI, MD
Daisy PERI VIDAL, MD

USA
Boris ACKERMAN, MD
Joel B. BECK, MD, FACS
Jay CALVERT, MD, FACS
Marek DOBKE, MD
Jennifer EMMETT, MD*
Robert Harold GOTKIN, MD, FACS
Robert S. HAMAS, MD
Raffi HOVSEPIAN, MD, FACS
Glenn W. JELKS, MD, FACS
Nolan KARP, MD
Maria Helena LIMA, MD*
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- ISO 14607 "Non-active surgical implants – Mammary Implants – Particular requirements" [3]
- ISO 13485, "Medical devices – Quality management systems – Requirements for regulatory purposes" [4]
- 93/42/EEC Medical Device Directive [5]

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1 The MENTOR® Breast Implant products approved by the FDA are the MENTOR® MemoryGel™ Round Profile Cohesive I™ Breast Implants and the MENTOR® Saline-Filled Breast Implants. / 2 International Organization for Standardization, Geneva, Switzerland. / 3 Ibid / 4 Ibid / 5 Council Directive 93/42/EEC of 14 June 1993 concerning medical devices, updated 2007