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# ISAPSNOWS

OFFICIAL NEWSLETTER OF THE INTERNATIONAL  
SOCIETY OF AESTHETIC PLASTIC SURGERY



DISCOVER HOW ISAPS IS DEVELOPING UNIVERSAL  
GUIDELINES FOR FACILITY ACCREDITATION



# MESSAGE FROM THE EDITOR

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[carlos@uebel.com.br](mailto:carlos@uebel.com.br)

### EXECUTIVE DIRECTOR

Catherine Foss  
Hanover, New Hampshire, US  
[isaps@isaps.org](mailto:isaps@isaps.org)

Welcome to this issue of *ISAPS News*! We are very proud of this issue as it is not only crafted with our new branding, but also reflective of the incredibly diverse and important activities of our Society's members.

On the cover, we highlight the Global Accreditation Committee's innovative work on establishing universal guidelines for facility accreditation. This sets a high bar for patient safety, exemplary of the highest standards of care embodied by our ISAPS members. You can read the informative piece by the Global Accreditation Committee Co-Chairs, Ozan Sozer, MD (United States) and Ivar Van Heijningen, MD (Belgium) on page 18 of this edition. This very important initiative of our international society is sure to have great impact.

Congratulations go out to our Education Council Chairs, Vakis Kontoes, MD, PhD (Greece) and Ozan Sozer, MD (United States) for spearheading an impressive range of global educational events. In this issue, we highlight successful educational events in China, Lebanon, the United Kingdom, and Russia. We also see a report of Dr. Joseph Hunstad's visit to the Czech Republic as the ISAPS Visiting Professor and Dr. Moustapha Hamdi's lectureship in Columbia, also as an ISAPS Visiting Professor.

Other interesting features include an update from our Journal Editor, Bahman Guyuron, MD (United States), and an informative article on practice branding from Julie Guest, ISAPS Chief Marketing Officer, with lessons from a familiar product. As in every issue of *ISAPS News*, we are proud to feature our Global Perspectives series that features new innovations, practice trends, and observations about a specific area of aesthetic surgery. The topic for this issue is rhinoplasty. You will see many perspectives and pearls that will be relevant to your own practice presented by our contributing members in the United States, France, Italy, Ukraine, Kiev, and Turkey. We also have a fascinating historical article on ancient methods of treating wound infections by Denys Montandon, MD (Switzerland). Also in our history section, you can see a chronicle of all of the ISAPS Presidents, back to the origins of the society in 1970, presented by Thomas S. Davis, MD (United States), ISAPS Historian.

You will see these exciting articles and much, much more in this issue of *ISAPS News*. Of course, mark your calendars and start making plans for our 24th Congress October 31 – November 4, 2018 in beautiful Miami Beach, Florida.

Warm regards,  
J. Peter Rubin, MD, FACS  
Editor-in-Chief

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# MESSAGE FROM THE PRESIDENT

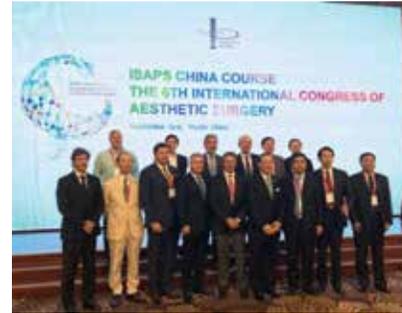
Dear Members and Colleagues,

It is hard to believe that we are already at the end of another year. 2017 seems to have flown by at an even faster pace than previous years. It's been a very busy period for our society as we continue our global expansion. We have accomplished many great "firsts" for ISAPS.

Some of the year's biggest accomplishments include the following:

- On July 1st we rolled out the "new ISAPS" – a new logo and new branding for our great organization to bring us into the modern era and properly convey what a truly remarkable global organization of plastic surgeons we are. Our new logo and branding has been extremely popular with our members, our industry partners and with the media and we have increased our global brand exposure exponentially. In the last quarter, ISAPS has been quoted in the media more than any other plastic surgery society.
- We had the largest ever response to the ISAPS International Study of Cosmetic Procedures (thank you to all who participated), with a record 19 countries having enough responses to list their results individually. The international media have given us enormous coverage as a result and we have been featured in over 5,000 articles, news mentions and editorial pieces with an estimated audience of over 1 billion in just the last 5 months. ISAPS has been regularly featured in premium publications including the New York Times, BBC, CNN, Harpers Bazaar (UK and Japanese editions), Times of London, Wall Street Journal, Glamor Italy, Le Figaro, Sydney Morning Herald and many, many others.
- Our social media following on Facebook has grown dramatically. We recently surpassed over 70,000 Facebook followers giving us the largest following of any plastic surgery society.
- A new amazing ISAPS website with expanded member benefits and easy access that is currently in development is scheduled for launch by the end of this year.
- We accomplished many "educational firsts" bringing ISAPS Courses and Symposia to China, Canada, Vietnam, and the United Kingdom.
- We have expanded the ISAPS Global Alliance to 49 confirmed National Societies with another ten pending. This allows me to have direct communication with their Presidents and for all of them to readily communicate with each other on important matters, all of which advances our missions of education and patient safety.
- ISAPS membership now exceeds 3540 in 105 countries.

## A MORE IN-DEPTH LOOK AT AN ISAPS "FIRST" - IN TIANJIN, CHINA



ISAPS Faculty with local hosts.

As I briefly mentioned above, we celebrated another ISAPS first by hosting an ISAPS Course in China combined with the Chinese Society of Plastic Surgery (CSPS) - the largest and only exclusive society of Plastic Surgeons in China. We brought a stellar faculty with us.

The CSPS President, Professor Shuzhong Guo, and I first met over twenty years ago during his visit to Salt Lake City when he observed me doing endoscopy cases. We spent Christmas holidays together at my home and created many wonderful memories. Little did I realize then that in twenty years' time, as Presidents, we would be joining our two great societies to provide an exceptional aesthetic plastic surgery learning opportunity for our respective members.



Dr. Saltz with Professor Guo.

On the Saturday morning after the course, ISAPS was also honored during the opening panel at the 6th National Chinese Society of Plastic Surgeons Meeting attended by more than 2,000 plastic surgeons in the beautiful and modern Tianjin Convention Center. My ISAPS presentation followed the meeting's opening ceremony and a Patient Safety presentation by Professor Guo. The ISAPS Panel followed that and was the most attended part of the meeting.



Dr. Saltz addresses the audience following the opening ceremony.

My sincere thanks to the twelve ISAPS faculty who paid their own way to travel to China; to Lee Pu (EC Regional Chair for China) and to Li Yu, ISAPS National Secretary for China, for making this course happen. I am also delighted to announce that while we were there, the CSPS signed the ISAPS Global Alliance Agreement to join this important group of society leaders.

In other news, I also wanted to acknowledge the hard work and achievements of some of our members who recently facilitated ISAPS Courses and Symposia.

**EASAPS MEETING - BUCHAREST, ROMANIA** – Thank you Toma Mugea for a great meeting in a wonderful city. The leadership of EASAPS and ISAPS met to discuss a new agreement with possible joint meetings every other year. Congratulations to Ivar van Heijningen, the new President of EASAPS, and to Gianluca Campiglio, ISAPS Secretary, for their role in advancing this discussion.



Faculty Dinner in Bucharest.



Dr. Mugea and Dr. Saltz

During the meeting I was presented with a plaque as a distinguished Honorary Membership at the Romanian Academy of Medical Sciences - a great honor that I appreciate very much!

**ISAPS COURSE - LONDON, UK** – Another successful first ISAPS Course was held in the United Kingdom on October 7. Congratulations to Paul Harris, our National Secretary for the UK and President-Elect of the British Association of Aesthetic Plastic Surgeons (BAAPS). Paul and his team did an outstanding job to generate great interest in this Course that was held in the spectacular Royal College of Chemistry in Burlington House in the heart of London.

**ISAPS COURSE - TORONTO, CANADA** – The first ISAPS Symposium in Canada was held just prior to the meeting of the Canadian Society for Aesthetic Plastic Surgery. This was very well attended and well organized by Dr. Eric Bensimon, President of CSAPS, and Dr. Wayne Perron, ISAPS National Secretary for Canada. My sincere thanks to him and his team.

**Get Ready For the Most Spectacular Aesthetic Congress Yet – ISAPS South Beach Miami 2018!**

ISAPS had a strong presence at the Global Aesthetic Conference in Miami with our staff and many of our board members in attendance. Our amazing new 10x20 exhibit booth featuring the new branding and logo were on full display for all to see along with our new course programs, membership brochures and of course promotional materials for our upcoming ISAPS Congress in Miami next year. #AreYouComing?



Dr. Saltz, Catherine Foss and the MBCC Team. Dr. Saltz outside the Convention Center.



Catherine Foss and I visited the site of next year's Congress, the Miami Beach Convention Center, to see the progress of the massive renovations currently underway. It is going to be a truly spectacular location. We also scouted some exciting, high-profile locations for the possible venue of the gala beach party which we promise will be a spectacular surprise!

I am also pleased to announce that the clinical sessions of the Scientific Program, with 357 confirmed international faculty, are now complete, a year ahead of the Congress. Up-to-the-minute information and a full congress program can be downloaded from our Congress website [www.ISAPSmiami2018.com](http://www.ISAPSmiami2018.com) If you haven't registered yet, you still have time to take advantage of the biggest savings before the fees go up. Just visit our website and click on the register now button which will take you to our secure server.

There is also still an opportunity for you to participate in what will be the Greatest Aesthetic Event of 2018 by submitting an abstract for the Free Paper Sessions starting in early January. We will send notices when the on-line abstract submission system is ready.

As always, I thank our hard-working Board of Directors, Committees, National Secretaries and Staff for the hard work they do year-round to maintain this society and continually look for ways to improve. Your comments and suggestions are welcome at any time! Thank you for your great support of ISAPS.



Renato Saltz, MD, FACS  
ISAPS President

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# EASAPS – ISAPS, TWO OF A KIND



## IVAR VAN HEIJNINGEN, MD

Belgium

President, European Association of Societies of Aesthetic Plastic Surgery Societies; ISAPS National Secretary for Belgium; Chair, ISAPS Membership Committee

In October 2017, the 10th anniversary of EASAPS was celebrated in Bucharest, Romania. The strong bond between ISAPS and EASAPS was once more acknowledged by a very successful ISAPS Symposium and a joint EASAPS – ISAPS session at the EASAPS Congress organized by EASAPS 2015-2017 President, Toma Mugea. ISAPS President Renato Saltz, Vice-President Nazim Cerkes, Secretary Gianluca Campiglio, Education Council Chair Vakis Kontoes and Executive Director Catherine Foss were there for this event with many other notable ISAPS members. The Symposium was very well attended - by 189 attendants from 29 countries. The main topics were peri-orbital rejuvenation and aesthetic breast surgery.

The first day of the EASAPS Congress focused on Patient Safety in the morning session and a hot topics debate on breast in the afternoon. The latter was well appreciated by the audience with experts defending opposite positions and the audience judging. The difficult cases session on breast with a forum presenting cases and two teams of experts discussing different topics was very interesting. This type of session was repeated on facial procedures in the afternoon on the last day with the Voice of Europe presentations and some interesting keynote lectures in the morning.

Europe is historically well represented in ISAPS with 34% of its members originating from this continent and EASAPS was among the first societies to sign the ISAPS Global Alliance agreement. Although ISAPS is well represented in EASAPS, as the new president, I have made it clear that EASAPS will focus on European plastic surgeons first, but I believe that there is no contradiction in the views of ISAPS and EASAPS both being servant societies doing what is best for their members. The leadership team will work for all European Societies of Aesthetic Plastic Surgery - member or not.

The first decision was a By-Laws change that was unanimously approved by the general assembly. An Advisory Board consisting of all presidents of European plastic surgery societies and all European ISAPS National Secretaries was formed to advise the Executive Committee (EXCO) on the course for the coming years.

The second By-Laws change was reform of the existing committees.

- The Finance, Business and Legal Committee is chaired by Magnus Noah (Germany).
- The Scientific and Education Committee is chaired by Birgit Stark (Sweden).
- The Patient Safety and Guidelines Committee is chaired by Violeta Skorobac (Serbia).

Two *Ad Hoc* committees were proposed and accepted:

- The External Relations Committee is chaired by Nigel Mercer (UK)
- The Residents Committee is chaired by Iris Brito (Portugal)

Lastly, the new EXCO team was presented and unanimously accepted. Each member was assigned responsibilities on the above-mentioned committees.

Members of the new EASAPS team 2017-2019 are:

- Ivar van Heijningen, Belgium – President
- Carlos Parreira, Portugal – President-Elect
- Timo Pakkanen, Finland – Secretary General
- Karen Rogerson, Italy – Executive Secretary
- Toma Mugea, Romania – Past-President
- Magnus Noah, Germany – Treasurer
- Birgit Stark, Sweden – Education and Scientific Chair
- Panos Mantalos, Greece – Parliamentarian
- Gianluca Campiglio, Italy – EXCO Member
- Michael Cadier, UK – EXCO Member
- Michel Rouif, France – EXCO Member
- Violeta Skorobac, Serbia – Committee Chair
- Nigel Mercer, UK – Committee Chair
- Iris Brito, Portugal – Committee Chair

EASAPS is preparing a strategic planning meeting on February 3 in Paris to generate the input of all European Societies as to where they feel that our priorities lie. We look forward to serving European Societies and ISAPS members alike, starting with our presence at the Biennial Congress in Miami where we will present our accomplishments and plans. In 2019, we intend to organize our 11th Congress in Brugge, Belgium in close cooperation with ISAPS.

# ISAPS GLOBAL ALLIANCE - RASS



**CARMEN GIUGLEA, MD, PHD**  
Romania  
RASS President



**DANA JIANU, MD, PHD**  
Romania  
RASS Past President  
ISAPS National Secretary for Romania



**ROMANIAN AESTHETIC SURGERY SOCIETY**

The Romanian Aesthetic Surgery Society (RASS) was founded in 1994, five years after the anti-communist revolution, to respond to the professional needs of local plastic surgeons, specifically those focused on aesthetic surgery. To appreciate the historic context, we must understand that in communist times, aesthetic surgery was banned as it was considered bourgeois. Since the beginning, RASS was pioneering in aesthetic surgery, but it was also a voice of liberalism, applying democratic principles. The most progressive aesthetic plastic surgeons in Romania became members. The route was not easy with RASS' activity being obstructed many times by conservative forces.

The aims of the Romania Aesthetic Surgery Society remain strong after 23 years. To reinforce its position in the community of plastic surgeons, the medical core and the society contribute to:

- raising the professional scientific level of aesthetic surgery and specialized surgeons by organizing meetings, conferences, training courses, congresses and exhibitions related to the specialty
- to identify and solve current problems of the specialty
- to develop bonds with other medical specialties
- to identify strong international bodies in the same field sharing the same principles and ethics to form a common battle front for the benefit of surgeons and patients.

One of the most important educational aesthetic surgery issues is that aesthetic surgery practical training for residents is problematic because aesthetic surgery is restricted in public hospitals, is not covered by the national insurance system, and private clinics are not integrated into the national education system.

The Alliance between RASS and ISAPS started in 2015 and is a great achievement. For the first time, it seems that the most appropriate RASS ally was found: one that appreciates RASS for its efforts, thus reinforcing its position internationally and nationally. In this Alliance, RASS is an active member, being present at the most important ISAPS events, involved in international ISAPS Course organizing efforts, participating on the editorial board of *Aesthetic Plastic Surgery*, increasing ISAPS membership and always promoting the Alliance. The expectations of RASS, as the national homologous Society of ISAPS, is to be valued accordingly in a consistent manner.

Currently, over 100 plastic surgeons are members of the Romanian Aesthetic Surgery Society and are considered the most prestigious and highly trained in the aesthetic surgery field in Romania, many of them with great experience and remarkable professional ethics. Also, fifty renowned international surgeons are honorary members.

Important achievements of the RASS-ISAPS Alliance 2015-2017:

- ISAPS Symposium connected to annual meeting - 2016
- Displaying logos reciprocally to promote the ISAPS-RASS Alliance
- Affiliation with *Aesthetic Plastic Surgery* (APS), the official ISAPS journal
- Dedicated columns in *ISAPS News* for RASS annual meetings 2016-2017 reporting on these ISAPS Symposia and Courses
- Fast track admission of RASS members joining ISAPS
- Acknowledgement of the ISAPS-RASS Alliance on the ISAPS and RASS websites
- Attendance at the Forum of Alliance Partners during the ISAPS Congress - 2016 Kyoto

One of the greatest, latest achievements of RASS-ISAPS Global Alliance took place in Poiana Brasov on June 23-24, 2017: an ISAPS Course dedicated to plastic and aesthetic surgery, gathering many prominent surgeons including Drs. Foad Nahai, Ruth Graf, Violeta Skorobac Asanin, Giovanni Botti, Vakis Kontoes, Apostolos Mandrekas, Carlos Roxo, Jamal Jomah, Bryant Toth, Patricio Centurion, Michael Sheflan, Ivar van Heijningen, Gaith Shubailat, and Gianluca Campiglio. All participants benefitted from the master classes, lectures, and the high-profile program both scientifically and socially.

In 2018, under the new presidency, we will continue to build in the education and patient safety fields with an Aesthetic Plastic Surgery Course for residents and advanced surgeons with a special guest speaker, Dr. Susumu Takayanagi, Immediate Past-President of ISAPS, to be held in Constanta on June 8-9 under the auspices of the Faculty of Medicine Ovidius. RASS hopes that this event will be included in our Global Alliance agenda and will also incorporate a Visiting Professor Program.

To conclude, the strength and long life of any alliance is based on mutual contributions and respect of both partners carefully and constantly preserved. As demonstrated, our RASS-ISAPS Alliance is strong and promises an even greater future ahead.



# ISAPS GLOBAL ALLIANCE PARTICIPATING SOCIETIES

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1. ARGENTINA - Sociedad Argentina de Cirugia Plastica Estetica y Reparadora (SACPER)
2. AUSTRALIA - Australasian Society of Aesthetic Plastic Surgery (ASAPS)
3. AUSTRIA - Österreichische Gesellschaft für Plastische, Ästhetische und Rekonstruktive Chirurgie (ÖGPÄRC)
4. AZERBAIJAN - Society of Plastic Surgery Azerbaijan (SPSA)
5. BELGIUM - Royal Belgian Society for Plastic Surgery (RBSPS)
6. BOLIVIA - Sociedad Boliviana de Cirugia Plastica Estetica y Reparadora (SBCPER)
7. CANADA - Canadian Society for Aesthetic Plastic Surgery (CSAPS)
8. CHILE - Sociedad Chilena de Cirugía Plástica, Reconstructiva y Estética (SCCPRE)
9. COLOMBIA - Sociedad Colombiana de Cirugía Plástica, Estética y Reconstructiva (SCCP)
10. CZECH REPUBLIC - Czech Society Of Aesthetic Surgery (CSAS)
11. CZECH REPUBLIC - Czech Society of Plastic Surgery (CSPS)
12. DENMARK - Dansk Selskab for Kosmetisk Plastikkirurgi (DSKP)
13. DOMINICAN REPUBLIC - Sociedad Dominicana de Cirugía Plastica Reconstructiva y Estética (SODOCIPRE)
14. EASAPS - European Association of Societies of Aesthetic Plastic Surgery (EASAPS)
15. EGYPT - Egyptian Society of Plastic and Reconstructive Surgeons (ESPRS)
16. FINLAND - Suomen Esteettiset Plastiikkakirurgit ry. (SEP)
17. FRANCE - Société Française des Chirurgiens Esthétiques Plasticiens (SOFCEP)
18. GERMANY - Vereinigung der Deutschen Aesthetisch Plastischen Chirurgen (VDAPC)
19. GREECE - Hellenic Society of Plastic, Reconstructive and Aesthetic Surgery (HESPRAS)
20. INDIA - Indian Association of Aesthetic Plastic Surgeons (IAAPS)
21. IRAN - Iranian Society of Plastic and Aesthetic Surgeons (ISPAS)
22. ISAPS - International Society of Aesthetic Plastic Surgery (ISAPS)
23. ITALY - Associazione Italiana di Chirurgia Plastica Estetica (AICPE)
24. ITALY - Società Italiana di Chirurgia Plastica Ricostruttiva ed Estetica (SICPRE)
25. JAPAN - Japan Society of Aesthetic Plastic Surgery (JSAPS)
26. LEBANON - Lebanese Society of Plastic, Reconstructive, and Aesthetic Surgery (LSPRAS)
27. NORWAY - Norwegian Society of Aesthetic Plastic Surgery (NSAP)
28. OSAPS - Oriental Society of Aesthetic Plastic Surgery (OSAPS)
29. PANAMA - Asociacion Panameña de Cirugia Plastica, Estetica y Reconstructiva (APCPER)
30. PERU - Sociedad Peruana de Cirugía Plástica (SPCP)
31. PHILIPPINES - Philippine Association of Plastic, Reconstructive and Aesthetic Surgeons (PAPRAS)
32. PORTUGAL - Sociedade Portuguesa de Cirurgia Plástica Reconstructiva e Estética (SPCPRE)
33. ROMANIA - Romanian Aesthetic Surgery Society (RASS)
34. RUSSIA - Northeastern Society of Plastic and Reconstructive Surgeons (NESPRS)
35. SERBIA - Serbian Society of Aesthetic Surgeons (SRBSAS)
36. SERBIA - Serbian Society of Plastic, Reconstructive, and Aesthetic Surgery (SRBPRAS)
37. SINGAPORE - Singapore Association of Plastic Surgeons (SAPS)
38. SOUTH AFRICA - Association of Plastic, Reconstructive and Aesthetic Surgeons of Southern Africa (APRASSA)
39. SOUTH KOREA - Korean Society of Aesthetic Plastic Surgery (KSAPS)
40. SPAIN - Asociación Española de Cirugía Estética Plástica (AECEP)
41. SPAIN - Sociedad Española de Cirugía Plástica Reparadora y Estética
42. SWEDEN - Svensk Förening för Estetisk Plastikkirurgi (SFEP)
43. SWITZERLAND - Schweizerische Gesellschaft für Aesthetische Chirurgie (SGAC)
44. THAILAND - Society of Aesthetic Plastic Surgeons of Thailand (THSAPS)
45. TURKEY - Turkish Society of Aesthetic Plastic Surgery (TSAPS)
46. UNITED KINGDOM - British Association of Aesthetic Plastic Surgeons (BAAPS)
47. UNITED KINGDOM - United Kingdom Association of Aesthetic Plastic Surgeons (UKAAPS)
48. UNITED STATES - American Society for Aesthetic Plastic Surgery, Inc. (ASAPS)
49. VENEZUELA - Sociedad Venezolana de Cirugía Plástica, Reconstructiva, Estética y Maxilofacial (SVCPREM)

# WHAT WOULD YOU DO IF YOUR PRACTICE INCOME WERE CUT BY 30-50% OVERNIGHT?



**ASKO SALMI, MD**  
Finland/Spain/Estonia  
Former ISAPS National Secretary for Finland

That's what happened in Finland almost four years ago. The reason being that VAT (24%) now had to be added to aesthetic surgery prices. The European Union court had a verdict (March 21, 2013) stating that plastic surgery treatments by qualified doctors were not subject to VAT, including reconstructive and restorative surgery. However, in our country ALL aesthetic surgery was considered taxable. To make sure that everything went wrong, the national media, including all major newspapers, started a press campaign half a year earlier to inform everyone about the coming VAT for aesthetic surgery. Would you buy something if the prices went up by 24% over night?

It did not matter that tax rules and regulations were changed according to the EU verdict a year later. The media was silent about these important changes. Everyone was brainwashed and the damage was done.

Our business was going downhill like a landslide. What would you do? First, you cut down all expenses that you can imagine and at the same time devise Plan B to make sure you'll survive – if not in your home country then somewhere else.

Plastic surgery is universal. Your skills are needed all over the globe. However, aesthetic surgery is bound in many respects to your history and especially to your culture. It is much easier to deal with your own tribe (or countrymen) who have the same concept of beauty than with total strangers. And, if you start in a foreign country from scratch, it's most likely going to be a long and desperate journey. So, what do you do?

There are some 30,000 Finns spending winter time in the sun of Spain. Increasing wealth and cold, rainy weather aggravated by global warming drive more and more Finns and other Scandinavian people to the sun of Spain. What an ideal place to start doing aesthetic surgery!

However! First you must do some homework starting with validating your license with the local authorities. This can take a few months. Then you must find a place where you can work. You can try to find a local hospital, or a private practice, or you can establish your own clinic which means more paperwork. There is a lot to do before you can open your door for your first appointment. But you keep going.

So far so good. Your Plan B is progressing. You got your license and your office. Now what? You sit and wait for patients in a foreign country. No one is coming to see you because no one knows you are there. Never heard of you. You are Dr. Nobody in Nowhere Land. You have no referral system. To fix the problem, you need publicity and advertising. Local friends are of some help, but you also need money and most of all – patience. Maybe your Plan B was not built on a solid base after all?

Starting a new practice in a foreign country is an adventure. You are going to need nerves of steel. You have to be curious and ready for surprises. You are going to meet new people and see new places. I remember going to see Hospital Dr. Pascual in Malaga to determine if it might be a good place for me. The operating rooms were huge and covered with grey marble from

floor to ceiling. The question was: "Is this good enough for you?" My answer: "Certainly! At home, ORs are only 20 square meters and walls are painted with white paint. Floors are plastic." It certainly was good for me! Maybe your home country is not the best place on earth after all.

It took over two and a half years in Finland before aesthetic surgery began to recover from the VAT depression. In fact, only about 10% of all our operations required VAT, but no one knew it. However, without this episode in my life, I would have missed all the fun and sun, all the new friends, all the obstacles that could be won – and so much more.

Change can enrich your life in many ways that you could not have imagined before. Nowadays, I am running my practices in Spain and Estonia as well as in Finland. However, what started as a rescue operation has shifted to a retirement plan – in the sun. Small things can have remarkable consequences.

Excerpt from a review by Dr. Salmi and Esa Saarinen, PhD, Professor of Philosophy at the University of Helsinki, recently published in *Duodecim* 2017;133(22):2137-44. The article attempts to define aesthetic surgery based on medicine, psychology and philosophy.

## WHAT IS COSMETIC SURGERY?

Esthetic or cosmetic surgery is a sector of plastic surgery designed to improve a person's external appearance by surgical means. Esthetic surgery aims to increase mental and social well-being through surgical measures on the body. Typically, surgery attempts to correct some visible physical feature. The starting point is the need experienced by the patient, often without an actual medical indication. Esthetic surgery can have positive effects, for instance relating to anxiety, social phobias, depression, quality of life, mental and physical health, self-efficacy and self-esteem. Prejudices and fears make it difficult for patients to seek treatment. Approximately 8.5 million esthetic operations are performed annually in the world, and the sector is growing. As attitudes change, esthetic surgery can be predicted to become commonplace in the future.

# MESSAGE FROM THE EDUCATION COUNCIL CHAIRS



**VAKIS KONTOES, MD, PHD**  
Greece  
Chair, ISAPS Education Council

The ISAPS Education Council (EC) has been working hard in cooperation with our National Secretaries (NSs) and local organizers to provide educational events worldwide. This great cooperation has resulted in high scientific standard events and excellent feedback from the participants.

In September, with the organizational support of Drs. Li YU (China) and Lee PU (US), a very successful ISAPS Course was held in **Tianjin, China**, preceding the National Plastic Surgery Congress in cooperation with the Chinese Society of Plastic Surgery. Several articles in this issue provide details about this event. The Course attendance reached 1,000 plastic surgeons from all over China. A Course for 2018 has already been approved by the EC to take place in Jinan, China. The Chinese Society of Plastic Surgeons signed the ISAPS Global Alliance Agreement and welcomed the ISAPS delegation with superb hospitality. ISAPS had great exposure among our Chinese colleagues with a very strong presence at the national meeting, specifically at the opening panel of the Chinese Society of Plastic Surgery – the largest of China. This meeting was attended by more than 2,000 plastic surgeons.

At the end of September, another very successful event took place in **Lisbon, Portugal**. The ISAPS Symposium preceding the National Congress of the Portuguese Plastic Surgery Society, in a wonderful venue and with high attendance.

On the 5th of October, ISAPS had excellent exposure during the EASAPS Meeting organized in **Bucharest, Romania**, by conducting an ISAPS Symposium preceding this meeting. The new EASAPS board includes several ISAPS members on the Executive Committee (EXCO) of EASAPS which guarantees a strong collaboration with ISAPS for the future.

In **London, Great Britain**, on the 7th of October, a new joint educational collaboration with BAAPS was also a tremendous success. The ISAPS/BAAPS Symposium followed BAAPS' annual meeting. The local society appreciated our presence represented by the ISAPS President, President-Elect and EC Chairman. This first ISAPS Symposium was very well attended and many UK colleagues expressed their appreciation and willingness to organize yearly events with ISAPS.

In September and October, two Middle East Courses in **Beirut, Lebanon** and **Amman, Jordan** where also very successfully organized by the Education Council, the NSs and the local organizers.

One more first was the ISAPS Symposium in **Toronto, Canada** in collaboration with CSAPS, on the 12th of October, the day before the CSAPS Annual Meeting. We enjoyed very good attendance, high quality presentations and productive discussions. The Canadian Society of Aesthetic Plastic Surgery also expressed their willingness in organizing more ISAPS events in the future. A more detailed report is provided in this issue.

On the 4th and 5th of December, a Course on periorbital rejuvenation was held in **Bariloche, Patagonia, Argentina**. An excellent faculty shared in depth details with the participants on the various techniques in periorbital rejuvenation with many video sessions and round tables.

The Education Council has also endorsed many aesthetic surgery meetings for the coming year. A steadily increasing rate of endorsement applications



**OZAN SOZER, MD**  
United States  
ISAPS Education Council Vice-Chair

The first ISAPS symposium in Canada in collaboration with CSAPS took place in Toronto on the 12th of October, the day before the CSAPS Annual Meeting. The president of CSAPS, Dr. Eric Bensimon, and the ISAPS National Secretary for Canada, Dr. Wayne Perron, were instrumental in the success of this event.

The meeting was at the Hyatt Regency Toronto Hotel. The symposium consisted of two parts: a half day on rhinoplasty followed by a half day on aesthetic surgery of the face and fillers. Our ISAPS faculty included Drs. Renato Saltz, Nazim Cerkes, Vakis Kontoes, Bianca Ohana, Jerry O'Daniel, Claudio De Lorenzi, and me with Dr. Jamil Ahmad as the local faculty.

We enjoyed very good attendance, high quality presentations and productive discussions. Following the meeting, we had a faculty dinner in an Italian restaurant which was generously sponsored by the local Mentor Corporation group.

*Drs. Perron, Bensimon, Kontoes and Sozer at the Course in Toronto.*



## KONTOES CONTINUED

has been received by the EC in the last twelve months. This shows the appreciation of the organizers of the ISAPS brand and its dedication to the mission *Aesthetic Education Worldwide®*. The EC cordially acknowledges the organizers of these endorsed meetings for their cooperation with ISAPS.

Moreover, new educational events have been approved by the EC for next year in **Lyon, France** in co-operation with SOFCEP, **Bali, Indonesia** in cooperation with the Oriental Society of Aesthetic Plastic Surgery (OSAPS), **Riyadh, Saudi Arabia** in cooperation with the Saudi Arabian Society of Plastic Surgery, **Jinan, China** in cooperation with the CSPS, **London, UK** in cooperation with BAAPS, **Dubai, UAE** in cooperation with the Emirates Plastic Surgery Society, and **Kolkata, India** in cooperation with Indian Association of Aesthetic Plastic Surgeons.

In addition to the educational events, the Education Council, after discussions with the Board of Directors, has decided to grant acknowledgment certificates to the endorsed meeting organizers and the local organizers of Symposia and Courses worldwide. Certificates will also be granted to the Local Societies of Aesthetic Surgery, provided that they officially endorse, support or give their auspices to the ISAPS educational events organized in the country.

Finally, the ISAPS Board of Directors in cooperation with the EC, has decided on a very serious task that will establish an ISAPS Video Library available free to all ISAPS members worldwide. The target is to make this video library progressively available to our members over the next six months.

The EC is open to any ideas, discussions and proposals from our members and we encourage you all to contact us whenever needed about any issue regarding our substantial education program. Our members are the most efficient resource to help us achieve our exceptional goals.

Thank you all for your support to our mission.

# ANOTHER SUCCESSFUL ISAPS CHINA COURSE IN TIANJING, CHINA



**LI YU, MD**  
China  
ISAPS National Secretary for China



**LEE L. Q. PU, MD, PHD, FACS**  
United States  
Regional Chair of ISAPS Education Council for Greater China

The 6th ISAPS China Course was held in Tianjing, China on September 14-15, 2017, one of the biggest cities in North China. About 350 plastic surgeons attended this teaching course, most of them from the cities or provinces close to Tianjing. They were very eager to learn new techniques in aesthetic surgery from world renowned faculty members under the leadership of ISAPS President Renato Saltz and Vice-President Nazim Cerkes.

As National Secretary for China and Regional Chair of the ISAPS Education Council for greater China, we invited many world-renowned plastic surgeons from ISAPS to present their lectures. The international faculties included Dr. Renato Saltz (US), President of ISAPS; Dr. Nazim Cerkes (Turkey), Vice-President of ISAPS; Dr. Gianluca Campiglio (Italy), Secretary of ISAPS; Dr. Susumu Takayanagi (Japan), Immediate Past President of ISAPS; Dr. Vakis Kontoes (Greece), Chair of the ISAPS Education Council; Dr. Ozan Sozer (US), Vice-Chair of the Education Council; Dr. Kai-Uwe Schlaudraff (Switzerland), Treasurer of ISAPS; Dr. Arturo Ramirez-Montañana (Mexico), Parliamentarian; and Dr. Claudio DeLorenzi (Canada), a well-known Canadian Aesthetic Plastic

China to share their knowledge and techniques of aesthetic surgery with Chinese plastic surgeons because worldwide education is one of the most important missions of ISAPS. (Figure 2)

The scientific program was comprehensive and covered all current and important topics in aesthetic surgery. It included facial rejuvenation, rhinoplasty, aesthetic breast surgery, body contouring, injectables and management of filler related complications. In the first session of the course, Dr. Guo gave an impressive lecture on psychological disorders among aesthetic patients and Dr. Saltz presented strategies for success in aesthetic surgery practice in the United States. In the later sessions, all faculty speakers shared their unique and universal ideas and techniques in almost all aspects of aesthetic surgery. In the facial rejuvenation session, Drs. Saltz, Kontoes, Xing and Wang shared their unique techniques and ideas in facial rejuvenation with an emphasis on comprehensive care, high SMAS facial lifting, periorbital rejuvenation and non-invasive treatments. In the rhinoplasty session, there is no doubt that Dr. Cerkes and Dr. Ramirez-Montañana each gave dominant lectures and discussions. In the body contouring session, three speakers including President Renato Saltz shared their ideas about the beauty of the body, refined techniques, and modern body contouring procedures. Aesthetic breast surgery was one of the most important parts of this ISAPS course. Six speakers including Past-President, Dr. Takayanagi, focused on topics



Figure 1: ISAPS Faculty with local hosts.

Surgeon. Five top Chinese plastic surgeons, under the leadership of Prof. Shuzhong Guo, President of Chinese Society of Plastic Surgeons (CSPS), also shared their unique experiences in Asian aesthetic surgery. Joining Dr. Guo were Dr. Jie Luan, President-Elect of CSPS; Dr. Xing Xin, Vice-President of CSPS; Dr. Zhijun Wang; Dr. Facheng Li and Dr. Li Yu, National Secretary for China. (Figure 1)



Figure 2: Clockwise from upper left: Drs. Saltz, Guo, Kontoes and Pu.

During the opening ceremony, Dr. Renato Saltz, Dr. Guo, Dr. Kontoes and Dr. Pu each delivered a welcome speech and warmly welcomed all participants to enjoy the ISAPS China Course and thanked each invited international faculty member who traveled to



Figure 3: Congress audience

related to endoscopic trans-axillary techniques, management of complications after breast augmentation, achieving optimal results after breast reduction, and technical pearls of combining fat injection and breast implant for breast augmentation. In the injection session, management of complications related to filler injection was very well received by Chinese plastic surgeons and generated special interest and constructive discussions. The audience was very appreciative of Dr. De Lorenzi's outstanding lecture on management of filler injection related complications. (Figure 3)



Figure 4: Goubuli bun restaurant

The faculty dinner took place in Goubuli bun restaurant founded in 1858 (Qing Dynasty Xianfeng), which is one of the first Chinese time-honored restaurants regarded as "Tianjin Sanjue". (Figure 4)

Continued on page 13

# A UNIQUE OPPORTUNITY FOR CHINESE WOMAN PLASTIC SURGEONS



## WEI LI, MD

China  
Vice President, Section of Plastic and Aesthetic Surgery of China Medical Women Association



## LAN MU, MD, PHD

China  
President, Section of Plastic and Aesthetic Surgery of China Medical Women Association



## LEE L. Q. PU, MD, PHD

United States  
ISAPS Education Council Regional Chair for Greater China

Several internationally renowned experts from China, the United States, Japan, Turkey, Canada, Italy, Switzerland, Greece, Mexico and China recently gathered in Tianjin, China to present and share their experience in rhinoplasty, breast surgery, fat transplant, micro injection cosmetic procedures, and body sculpture.

A face-to-face discussion between the International Society of Aesthetic Plastic Surgery (ISAPS) and China Medical Women Association (CMWA), Plastic and Aesthetic Surgery Section, was held during the ISAPS China Course, in Tianjin, China on September 15, 2017.



ISAPS and CMWA members.

The President and Prof. Lan Mu, together with several other Vice-Presidents attended this unique meeting between ISAPS leadership and the Plastic and Aesthetic Surgery Section of CMWA.

Representatives were recorded in a group photo to commemorate the event. Prof. Leren He, Director

of the Editorial Office of the *Chinese Journal of Plastic Surgery* presented a special booklet about the journal (a copy of its first issue in the 1980s) to the international experts that displayed the advancement and the development of plastic surgery in China.

Dr. Saltz also invited Prof. Lan Mu and the Women Plastic and Aesthetic Surgery Section of CMWA to submit papers for presentation at the ISAPS Congress that will be held in Miami Beach, Florida, USA, October 31 to November 4, 2018. Prof. Mu, on behalf of the Plastic and Aesthetic Surgery Section, CMWA, accepted the invitation to participate in the ISAPS Women Plastic Surgeons Symposium.



Professor He presents special issue to Dr. Saltz



Dr. Renato Saltz (center of front row), Dr. Lee L. Q. Pu (second from the right, front row), Dr. Susumu Takayanagi, Immediate Past President of ISAPS (on the right, front row), Dr. Lan Mu (third from the right, front row), Dr. Chunmei Wang, (second from the left front row), Prof. Leren He (third from left, front row) and Dr. Wei Li, (on the right, back row). In the back row are Drs. Claudio De Lorenzi (Canada), Nazim Cerkas (Turkey), Kai Schlaudraff (Switzerland), Vakis Kontoes (Greece), Gianluca Campiglio (Italy) and Arturo Ramirez-Montanana (Mexico) - all members of the visiting ISAPS faculty speakers.

The meeting between the leaders of the two societies has promoted a greater understanding about future aesthetic surgery education, scientific exchange, and collaboration. Under the leadership of Professor Lan Mu, the President of the Section of CMWA and others will play a more active role in promoting international communication of plastic surgery between China and the Western World. Our society will encourage all qualified members to apply for active ISAPS membership and will also actively participant in future ISAPS world congresses or its international teaching courses, especially women's global summits of aesthetic surgery.

## ABOUT US

There are more than 500,000 women working in the medical field in mainland China. CMWA was founded in 1995 with more than 33 committees and more than 20,000 members and has been growing rapidly.

The Section of Plastic and Aesthetic Surgery of CMWA was founded in October of 2010 with more than 100 members devoted to retaining the youthful vitality of female plastic surgery practitioners to serve our society better.

There are ten subspecialty groups led by the following members in the Plastic and Aesthetic Surgery Section:

Breast and Lymphedema	Prof. Lan Mu, MD, PhD
Rejuvenation	Prof. Chunmei Wang, MD, PhD
Non-Surgical	Prof. Jianying, MD, PhD and Lin Wand, MD
Craniofacial	Prof. Jianjian Lu, MD, PhD
Congenital Deformity and Ear Reconstruction	Prof. Leren He, MD, PhD
Hair Transplantation	Prof. Jiping Wang, MD, PhD
Gynecological Cosmetic	Prof. Jianhua Pang, MD, PhD
Surface Treatment	Dr. Mengqing Zang, MD, PhD
Medical Tattooing	Prof. Zhi Chen, MD, MasterD
Traditional Chinese Medicine Cosmetic	Prof. Cuiping Feng, MD, PhD

## LI, MU & PU CONTINUED

### Aims and Goals:

- The section provides a platform for all female plastic and aesthetic surgery practitioners
- By protecting the lawful rights and interests
- By promoting academic exchanges and cooperation (national and international)
- By valuing the creative work to arouse enthusiasm
- To raise the level of plastic and aesthetic skills
- To serve the patients better

### Leadership:

President	Prof. Lan Mu, MD, PhD
Vice Presidents	Prof. Jianhua Pang, MD, PhD
	Prof. Chunmei Wang, MD, PhD
	Prof. Jianying Gu, MD, PhD
	Prof. Jiping Wang, MD, PhD
	Prof. Maohong Zhang, MD, PhD
	Prof. Leren He, MD, PhD
	Prof. Wei Li, MD, PhD
	Prof. Lin Wang, MD, PhD

### Academic Consultants:

Prof. Zhhaofan Xia, MD, PhD
Prof. Ningfei Liu, MD, PhD
Prof. Jianhua Gao, MD, PhD
Prof. Rongya Yang, MD, PhD
Prof. Xiaobing, MamD
Prof. Xiaojun Wan, MD, PhD

### International Academic Consultants:

Prof. Lee L. Q. Pu, MD, PhD (USA)
Prof. Feng Zhang, MD, PhD (USA)
Prof. Phillip N. V. Blondeel, MD (Belgium)
Prof. R. J. Allen, MD, PhD (USA)
Prof. Corrine Becker, MD, PhD (France)
Prof. Elaine Sassoone, MD, PhD (UK)
Associate Prof. Aldona J. Spiegel (US)

## PATAGONIA COURSE IN THE NEXT ISSUE



ISAPS faculty at the End of the World Meeting in Patagonia, Argentina: Renato Saltz, Fabian Cortinas, Vakis Kontoes, Giovanni Botti, Gustavo Abrile and Nelson Letizio

## YU & PU CONTINUED

Goubuli buns is characterized as elegant appearance, refined filling materials, strict process and symmetrical fold-leaf no more than 15-fold. All faculty members also took a cruise within the city and enjoyed seeing the night view of the Modern Tianjin. (Figure 5)

The faculty welcome dinner took place together with the welcome dinner for the 6th National Chinese Society of Plastic Surgery Congress. Deliciously cooked food and Chinese wine and Tianjin's style liquor helped to relieve the hard work of lecturing during the day. Everyone was exhilarated and chatting joyfully and having fun going around the tables to toast each other. Prof. Guo, together with Past-President, Prof. Zuoliang Qi, and President-Elect, Prof. Jie Luan, delivered a warm welcome speech and proposed their sincere toasts to the ISAPS experts from around the world who traveled to China to exchange their unique experience. (Figure 6)



Figure 5: Night view of the Modern Tianjin.

During the business lunch on the first day, President Renato Saltz and President Guo discussed frankly all issues of mutual concern in depth. Prof. Guo also expressed his warm wishes for the great success of next year's ISAPS Congress in Miami Beach, Florida, USA. Dr. Saltz expressed his appreciation of the efforts of CSPA to promote ISAPS to become more well-known and acceptable in China. (Figure 7)

The course venue was excellent. Simultaneous translation from English to Chinese and from Chinese to English was very professional. This service was totally done by the senior plastic surgeons from the Department of Plastic and Reconstructive Surgery of Peking Union Medical College Hospital. The traditional ISAPS teaching course plays an important role in the continuing education for those who practice aesthetic plastic surgery in China. General impressions of all participants were that the ISAPS faculty provided a first-class experience in their respective fields and it was a good opportunity for Chinese plastic surgeons to participate in such an international teaching course and to learn directly from these ISAPS faculty members. The next ISAPS China course will be held prior to the 2018 CSPA annual meeting next September. We look forward to another great success during the ISAPS China Course in 2018.



Figure 6: Faculty welcome dinner.



Figure 7: Business lunch attendees.

# ONE AMAZING EXPERIENCE: ATTENDING AN ISAPS INTERNATIONAL TEACHING COURSE IN CHINA



**PING SONG, MD**  
United States

As a current, US-based integrated plastic surgery resident, the opportunities to attend any International Society of Aesthetic Plastic Surgery meetings are few and far between. This is made more difficult by the fact that ISAPS has yet to hold an international teaching course in the continental United States. However, Dr. Lee L. Q. Pu, one of my core faculty at the University of California, Davis, organized a landmark aesthetic surgery teaching course in China with internationally renowned faculty members from the ISAPS leadership. Dr. Pu, the Regional Chair for Greater China of the ISAPS Educational Council, was one of the co-chairmen of this course.

In early 2017, Dr. Pu informed me that he was coordinating the first ever largest teaching course held by ISAPS involving both ISAPS instructors as well as a top group of invited Chinese faculty members in a joint scientific program involving all areas of aesthetic surgery. What was even more surprising to me was that this unprecedented event was to take place in my hometown of Tianjin, China! When Dr. Pu generously invited me to attend the meeting, I could not turn down the opportunity to combine my culture and education into one – *carpe diem!*



*Dr. Lee Pu and Dr. Ping Song*

Thus, one taxi ride, plane ticket, and two bus stops later I arrived in China. The two-day scientific program involved a comprehensive discussion of numerous aesthetic plastic surgery topics. ISAPS educators from around the world – leaders and experts in their respective arenas of aesthetic plastic surgery – came together to put on a high-yield and insightful forum. The content ranged from practice management and patient selection to revision mammoplasty and body contouring. Not only did distinguished ISAPS faculty share their long-term results and innovations, but alongside them were numerous Chinese surgeons, leaders within the field of plastic surgery in China, who also highlighted their own experiences. It was truly incredible to listen to top Chinese surgeons present their personal experiences through thousands of patients! Most importantly, the conference generated thoughtful and thought-provoking dialogue between Western-trained and Eastern-trained plastic surgeons. It was eye-opening to see the similarities and differences in approach and technique between these two groups of surgeons. It was humbling and inspiring to be a part of this sharing process on such a momentous occasion!

From a plastic surgery resident's perspective, the knowledge that I took away from the conference greatly exceeded my expectations. I enjoyed the didactic lectures which incorporated a strong basis of the fundamental principles and expanded in a step-wise fashion through various advanced topics. Additionally, the inclusion of intra-operative videos within certain presentations also facilitated and enhanced the learning component of the topic at hand. This and other sections of the conference demonstrated the thoroughness of ISAPS' commitment to education. Furthermore, I was, for lack of a better word, star-struck during the two-day conference. Brushing shoulders with, and getting to meet and learn from world leaders in topics such as rhinoplasty, fat grafting, and endoscopic augmentation mammoplasty was exhilarating and priceless.

Having the opportunity to participate and be exposed to such a high-powered aesthetic conference dedicated to teaching the fundamentals of aesthetic surgery and pushing the cutting-edge of new ideas and innovations provided me with an invaluable training experience.



*Tianjin by night.*

The ISAPS China Course has shown me the breadth of aesthetic plastic surgery on an international level. It has supplemented my residency training with a greater appreciation of what aesthetic plastic surgery means to me. Both China and the city of Tianjin have grown monumentally in the past decade. And just like my hometown of Tianjin, this meeting demonstrated the global reach of aesthetic plastic surgery as well as the exponential growth of the field in the years to come.

I will not forget this experience. I cannot thank my mentor enough for allowing me to attend this ISAPS scientific forum. Overall, the conference provided a priceless and insightful piece of my residency training – something I encourage my fellow colleagues-in-training to also experience first-hand.

# FRANK SUCCESS OF THE BEIRUT ISAPS COURSE



**PAUL AUDI, MD**

Lebanon

ISAPS National Secretary for Lebanon

The Lebanese Society of Plastic and Reconstructive Aesthetic Surgery, a proud member of the ISAPS Global Alliance, held the ISAPS Official Course: **Breast and Breast the Future** from September 21 to September 23 in Beirut. A special day was dedicated to Lebanese plastic surgery.

The local organizing committee, chaired by Dr. Elie Abdel Hak, worked hard to provide an enjoyable ISAPS Course combined with social activities in a warm Mediterranean and collegial atmosphere showing true Lebanese hospitality.

The scientific program encompassed most of aesthetic surgery breast topics with additional sessions on facial rejuvenation and rhinoplasty. Among the outstanding invited faculty were Drs. Akin Yucel and Nazim Cerkes from Turkey, Drs. Giovanni Botti and Marzia Salgarello from Italy, Drs. Ruth Graf and Carlos Roxo from Brazil, Dr. Constantin Stan from Romania, Dr. Charles Randquist from Sweden, Dr. Roger Khouri from the United States and Dr. Marwan Abboud from Belgium, to name a few.

The venue was the Phoenicia Hotel in Beirut, an iconic hotel since December 1961 at a time when Lebanon was known as the Switzerland of the Middle East.

On December 20, the evening before the meeting, the organizing committee welcomed the faculty and gathered them for a dinner in the restaurant Mounir on a hill twenty minutes from Beirut. The speakers enjoyed the interaction and networked all together.

The breast course started the first day of the meeting after words of welcome and opening remarks by the scientific directors, Drs. Elie Abdel Hak, Moustapha Hamdi and Foad Nahai. After the opening ceremony, a discussion was raised about aesthetic surgery done by non-plastic surgeons. The first session was about long-term experience in the vertical technique of breast reduction. Dr. Hamdi discussed mammoplasty technique based on the Wuringer septum.

The second session focused on modern concepts in mastopexy with surgical videos by Dr. Roxo, auto augmentation techniques by Dr. Graf and Dr. Botti, and Dr. Khouri's incision-less, suture-less mastopexy. The afternoon was a round table with Drs. Graf, Botti, Salgarello, Cerkes, and Sami Saad from Lebanon debating augmentation mastopexy treatment, implant types, and one or two stages. The first day ended with a facial rejuvenation session by Dr. Nahai: state-of-the-art blepharoplasty and facial rejuvenation.

The cultural evening featured a night at the mineral museum in Beirut where attendees contemplated rare mineral specimens from around the world and heard explanations by the museum director with great interest. This was followed by a dinner at Abdel Wahab Lebanese restaurant.

The morning sessions on the second day were on breast augmentation. Topics ranged from the choice of a breast implant to proportional thinking and decision-making and a tool to plan the inframammary fold incision including different techniques by each speaker on how to control, fix or reconstruct the IMF for a very successful result.

The afternoon session highlighted problems and complications in breast augmentation, prevention and solution, along with a discussion of the physical properties of implant surfaces and experience with the nano-textured implant and the role of the macro-textured implant. Rhinoplasty was discussed in the last session.

The gala dinner was held in a great, relaxed outdoor atmosphere at the Peninsula restaurant by the Mediterranean Sea where the attendees listened to live singers performing opera, as well as songs in Spanish, English, French and Lebanese. The wide selection of delightful and delicious dishes including international cuisine was impressive.

A traditional Lebanese "Dabke" dance troop came to the stage inviting all attendees to the dance floor followed by a belly dancer. A birthday celebration for Dr. Nahai concluded this most enjoyable evening.

Saturday was dedicated to a Lebanese Society of Plastic and Reconstructive Surgery day. The topics varied starting with a symposium on hidradenitis suppurativa medical and surgical treatment. Then Dr. Hamdi presented his long experience with breast implants.

Thanks to the great efforts and will of the organizing committee, with special thanks to Drs. Nahai and Hamdi, very high-quality speakers were gathered to offer the best topics to the 191 attendees from 26 countries. This event succeeded as a great learning and sharing experience for which we are all grateful. You are invited to download the pictures of the meeting on the website [www.lspras.com](http://www.lspras.com)



*Dr. Paul Audi and Dr. Carlos Roxo.*



*Members of the faculty.*

# FIRST ISAPS SYMPOSIUM – UNITED KINGDOM



**PAUL HARRIS, MD**  
United Kingdom  
ISAPS National Secretary for the UK

The inaugural UK ISAPS Symposium took place in London on the 7th of October 2017 in the prestigious building of The Royal Society of Chemistry. We were honoured to have the President, President-Elect and Education Council Chair of ISAPS who were all able to attend and present. Such support from ISAPS set the tone for what proved to be a superb day of the highest quality possible.



*Symposium Venue, The Royal Society of Chemistry in London.*

For too long, the UK plastic surgery community has been somewhat inward-looking and not fully engaged with international plastic surgery. In particular, we have a relatively small number of UK-trained surgeons who are members of ISAPS. Since the launch of the Global Alliance program, it has been our intention to address this imbalance by bringing together the mainstream of plastic surgeons in the UK with ISAPS. With this goal in mind, the British Association of Aesthetic Plastic Surgeons (BAAPS) became a Global Alliance Society member and we set about arranging an ISAPS Symposium to link to the BAAPS annual meeting.

The 33rd BAAPS annual meeting took place on the 5 & 6th of October focusing on breast surgery and rhinoplasty. To ensure more comprehensive coverage of the spectrum of sub-specialities, the inaugural ISAPS Symposium was arranged for the following day and focused on face and eyes. Due to venue constraints this could not be at the same location, which actually worked in our favour as we transferred to the historic buildings of The Royal Society of Chemistry in Piccadilly. Surrounded by busts of Faraday, Dalton and Priestley, the speakers were inspired to produce an outstanding day of detailed and interactive education.

We were located in the historic Library of the Society's buildings (pictured) which has been converted to hold lecture style events. The day started with local surgeon, Lucian Ion, who



*Attendees were seated in the historic library.*

presented ground-breaking findings from his 3D photography analysis of standing and lying patients compared to the changes achieved with surgery. We continued with Graeme Southwick, who had already given 10 (!) talks on the previous two days and yet still had some voice left to present on the midface and overall facial harmony. Our President, Renato Saltz discussed endoscopic surgery and his philosophy on facial rejuvenation, which was a brilliantly informative presentation. Dirk Richter presented some strategies for the challenging mid-face, malar bags and festoons, and Vakis Kontoes presented his pearls in facial aesthetic surgery. In the afternoon, London-based Oculoplastic surgeon Naresh Joshi spoke on how he currently deals with both the upper and lower eyelids. Finally, Basim Matti, a UK-based long-time supporter of ISAPS, and former National Secretary for the UK, gave a superb and at times hilarious presentation drawn from over thirty years of experience in face lifting.

Following on from this highly successful event, it is hoped that the ISAPS symposium will now become an annual addition to the BAAPS meeting and will continue to complete the offering of a comprehensive educational package. Hence in 2018, the national meeting will focus on face and body contouring with the ISAPS Symposium focusing on breast aesthetic surgery. We look forward to seeing you there.



*Course Faculty Drs. Southwick, Richter, Kontoes, Saltz, Harris, Matti, Ion, Pacifico and Cavale*

# MY VISIT TO AN ISAPS EXPERT



**ILYA SOKOLOV, MD**  
Russian Federation  
Resident, Yaroslavl State Medical University

At all times, young people have aspired to be involved in international rotation programs to learn some secrets from top foreign specialists. It is not only an opportunity to improve your professional skills, but also a wonderful chance to interact with professionals in their clinics. Such an opportunity was given to me, too, last summer.

I would like to begin my story by saying that I became a Resident member of ISAPS late last year, at the time when ISAPS launched its professional development program aimed at raising the professional skills of young plastic surgeons. I certainly wanted to take part in it.

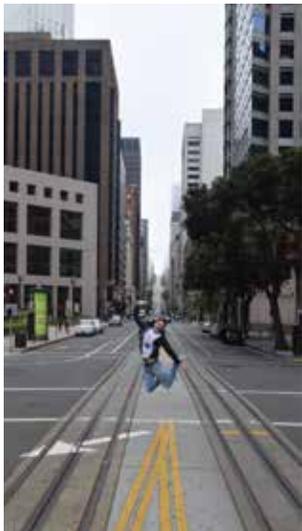


Figure 1 - Happy to be in San Francisco.

This was my first experience participating in such a program, and it therefore was not without excitement. The most difficult and important question for me was the choice of a mentor from an impressive list of world famous surgeons. I sent an e-mail to Dr. Lorne Rosenfield in California at the beginning of April and asked him about the possibility of visiting his clinic. To my surprise, I received his approval that evening. That was what started my chance to make the American dream come true.

More than a month was spent on preparation for the visit: discussing the dates and obtaining official program participant documents for my visa application. I finally reached the other continent early in August. San Francisco greeted me with a dense morning fog and an indefatigable big city rhythm. The Golden Gate Bridge, the Transamerica building, City Hall, Union Square - all those sights that we knew about from Hollywood films, were now so close that it seemed really hard to believe I was there. A few days later, however, I turned up at the entrance door of Dr. Rosenfield's clinic which for me became the most important sight in that city.

The clinic staff and Dr. Rosenfield turned out to be such marvelous people. They helped me to feel a part of the team of that clinic with state-of-the-art facilities for performing all kinds of plastic surgery. Every day, Dr. Rosenfield shared with me his invaluable experience and nuances of different operations. We always found topics for fresh discussions about current problems and techniques in plastic surgery.



Figure 2 - In Dr. Rosenfield's clinic

In spite of our different mentality and culture, the main goals of modern plastic surgeons anywhere in the world are safety and minimizing the risk of complications for every patient.

Thanks to Dr. Rosenfield, I was also able to visit the clinics of his colleagues and friends, such as Dr. Timothy J. Marten, Dr. William Y. Hoffman, Dr. Craig Creasman, Dr. Seung K. Kim. I was thus able to observe various operations performed by internationally renowned surgeons and discuss with them those specificities of the personal approach to operations that I was interested in.

Those three weeks were filled with new knowledge and impressions which remain to be considered and put into practice. On returning home, I wished to thank my Russian mentors Kirill P. Pshenisnov and Vladimir I. Chervyakov for their support and the opportunity to make this visit. My special thanks also go to ISAPS for giving a new generation of young plastic surgeons the chance of personal development, adopting international experience and proving their worth. I would also like to encourage my young colleagues to keep moving forward, in spite of everything, always trying new things.



Figure 3 - With Dr. Seung Kim



Figure 4 - With Dr. William Hoffman, Chief of Plastic and Reconstructive Surgery at UCSF Medical Center and UCSF Benioff Children's Hospital and Cyril Gary, future resident who had a rotation in UCSF MC.

# COVER STORY: GLOBAL FACILITY ACCREDITATION



**OZAN SOZER, MD**  
United States  
Co-Chair, ISAPS Global Accreditation Committee  
and Vice Chair, ISAPS Education Council

*Aesthetic Education Worldwide®* has been our mission since the start of our organization. Patient safety has been a growing concern throughout the world and we have been including sessions on patient safety in ISAPS Symposia and Courses. Because of the strong support of Dr. Foad Nahai, who established our Patient Safety program and its logo during his Presidency, and Dr. Robert Singer, a long-time, strong proponent of this movement, we truly believe that the next step ISAPS should take is to promote a global accreditation service for facilities where our members practice.

We recently sent our members a survey on this subject and received 715 replies. Seventy-three percent of the members who responded were interested in a global accreditation program developed by ISAPS. We understand that there is significant variation in regulations around the world, so it will be a long and difficult process to establish standards that will be applicable in every country.

We have established an ad hoc ISAPS Global Facility Accreditation Committee as listed below and will get to work. Initially, we will try to select guidelines that are absolutely necessary for patient safety. These will be published in *ISAPS News* under a new section titled ISAPS Global Accreditation and we will ask for members' opinions. As we progress, we may establish regional discussion groups to help us determine a reasonable set of rules and regulations for safe surgery centers worldwide.

We would like to share with you the results of the survey:

- Number of countries responding – 85 (ISAPS has 105 member countries at this time.)
- 12 highest responding countries – Mexico, US, Brazil, Italy, India, Germany, Colombia, France, Australia, Greece, Turkey, Spain
- Highest reported practice setting: Private Clinic/Outpatient Surgery Center – 76%
- Respondents reporting that their country offers practice setting accreditation: 83% YES
- Respondents reporting that their practice setting is accredited: 82% YES
- Respondents reporting that they would consider using an accrediting service if offered by ISAPS:
  - 73% YES
  - 9% NO
  - 18% undecided

Sample Comments: (141 were received)

- We have general accreditation of hospitals via a body called the CQC. A separate ISAPS accreditation for Aesthetic Surgery would however be welcome as a marker of a standard in this specific sphere.
- ISAPS credentialing would significantly enhance our facility.
- The government just approved the ability for a medical center to provide its services. But concerning patients' safety, we need a stricter control system, e.g., who can perform a procedure, how can he do it, where can he do it.



**IVAR VAN HEIJNINGEN, MD**  
Belgium  
Co-Chair, ISAPS Global Accreditation Committee;  
Chair, ISAPS Membership Committee; Assistant  
Chair of National Secretaries

- My country of origin is not the one [where] I am working. However even though credentials are a must in the hospitals here, manpower is an element that will always affect the scope of working with safety and in safety. One of the most important issues, I believe, is the harmonization of education and skills worldwide beyond any policies and organizations created by non-medicals!
- International Accreditation of facilities is a must and should be offered by ISAPS.
- It has to be financially feasible for a country like ours!!
- For my personal interest, international credentialing specific to aesthetic surgery and ambulatory surgery could be very important.
- It would be extremely beneficial to have all facilities where plastic surgeons work accredited by ISAPS. It would set a gold standard and obligate others to come up to par.
- There are lots of agencies giving credentials, but I personally feel if it comes from our own ISAPS or like agencies it will be more apt. Looking forward to the norms and regulations to get it done.
- The value of credentialing has not been established.
- Worldwide standard credentials would be great.
- Very good idea. Safety requirements should be uniform.
- Our malpractice insurance company only covers surgery in accredited facilities.
- This is a great initiative by ISAPS. It will add credibility to the operating surgeon as well.
- We have the ISO system where we are credentialed. But a more specific [accreditation for] plastic surgery could improve patient safety in our country.
- I totally recommend an accreditation specific to our specialty.
- My clinic has been inspected by the National Board of Health once which can be seen as some sort of credentialing. In Europe there is also a voluntary standardization process through CEN which I think very few have applied.

For any questions and suggestions please contact the Co-Chairs:

Ozan Sozer – [ozansozer@gmail.com](mailto:ozansozer@gmail.com)

Ivar van Heijningen – [ivanheijningen@duinbergen-clinic.be](mailto:ivanheijningen@duinbergen-clinic.be)

## GLOBAL FACILITY ACCREDITATION COMMITTEE

Co-Chairs	<b>Ozan Sozer, US &amp; Ivar van Heijningen, Belgium</b>
South America	Fabian Cortinas, Argentina & Ricardo Ribeiro, Brazil
Central America	Bertha Torres, Mexico
North America	Foad Nahai, US & Robert Singer, US
Europe	Michel Rouif, France & Kirill Pshenisnov, Russia Andreas Printzlau, Denmark & Claude Oppikofer, Switzerland
Middle East/Africa	Hussein Abulhassan, Egypt
Asia	SanguanKunaporn, Thailand

# SIMPLE STEPS TO MAKE FACIAL FILLER INJECTIONS SAFER



**JAMES FERNAU, MD**  
United States  
Member, ISAPS Patient Safety Committee

Patient safety starts by contacting the patient prior to their appointment. Ask if the patient has any of the following: latex allergy or any other unusual allergies, any hypersensitivity reactions, egg or bird allergies, or any previous nasal and/or facial surgeries. Ask if they bruise easily. If yes, ask if they have a bleeding syndrome. This information is extremely helpful to avoid complications before, during and after the procedure.

Additionally, counseling the patient to avoid certain herbs and medications may help to avoid bleeding and subsequent bruising. Ten days prior to their injection, we recommend discontinuing the use of the following: alcoholic beverages, any energy or recovery drinks (these contain taurine and ginseng), arnica and bromelain, baby aspirin and aspirin, blood thinners (Coumadin, Eliquis, Lovenox, Plavix, Pradaxa, Savasaya, Xaralto), flaxseed oil, green tea and green tea extract, herbs (garlic, ginkgo, ginseng, St. John's wort), NSAIDS (Ibuprofen, Motrin, Advil, Aleve, naproxen), omega-3 fatty acids (Fish oil or Krill oil), Pineapple or vitamin E. There have been reports of young women consuming large quantities of energy and recovery drinks resulting in extreme bruising and swelling after injection. Furthermore, there are cases of upper lip swelling after both lips have been injected with hyaluronic acid. These patients reported similar upper lip swelling after ingesting walnuts. Some patients were subsequently found to have an undiagnosed angioedema syndrome.

We also recommend that patients refrain from applying any eye/face makeup, lipstick, moisturizers or face creams to avoid bacterial microfilms. For liquid facelifts, we have our patients wash their face with Baby Phisoderm prior to the appointment. If a patient forgets to follow this regimen at home, we have them wash with Baby Phisoderm once they have arrived for their appointment. Thirty minutes prior to injection, we apply 4% lidocaine, 20% prilocaine and .025% phenylephrine to all areas of injection. The phenylephrine helps with vasoconstriction and is particularly helpful with lip injections to decrease bruising.

During the injection ice is used and sterile technique is always followed. Some cases may warrant pre-injection with a small amount (0.2 ml) of 2% lidocaine with epinephrine. The amount of local anesthesia should be small (0.2 ml) to

avoid distortion. Additionally, we use a small amount (0.2cc) of 0.5% Marcaine with epinephrine when injections are placed on or near the periosteum to alleviate post-injection discomfort. The principles of safe injection are always used including avoiding injections along the lateral nasal wall, avoiding large volume bolus injections greater than 0.1 ml, avoiding high-pressure injections, avoiding the superficial vessel in the upper lip philtrum, avoiding small, sharp needles. When performing needle injection, the needle should be moved gently back and forth. For injections in the periorbital area, blunt sterile 20-gauge needles are used over the periosteum using retrograde technique. Blunt needle injection technique is very helpful in the temple and nasal regions. The AccuVein® device is very useful to identify large veins especially the superficial temporal vein and its branches.

Having a filler crash kit always readily available and stocked with Nitropaste, baby aspirin, hyaluronidase (Hylenex) and access to supplemental oxygen is very important. Always keep 12 vials of hyaluronidase available if the skin exhibits blanching and/or mottled skin discoloration (livedo reticularis). Prevention is the key and knowledge of previous facial surgery and/or rhinoplasty is critical to avoid skin necrosis, blindness or stroke.

Facial filler injections are common and should be treated with great respect due to potential catastrophic effects. Additionally, the more common reactions related to allergy, hypersensitivity, infection and bacterial microfilms can be avoided with a thorough history, physical examination and meticulous technique. A detailed email outlining this information is sent to each patient and our nurse thoroughly reviews it with the patient beforehand, emphasizing the bleeding precautions. Documentation is important. These simple steps provide a safer environment for patients.

*The author has no financial interest in any products or manufacturers of any products mentioned in this article.*



# VPP: NEMOCNICE ČESKÉ BUDĚJOVICE, CZECH REPUBLIC



**JOSEPH HUNSTAD, MD**  
United States

I want to thank my dear friends Vladimír Mařík (ISAPS Czech National Secretary) and Pavel Kurial (ISAPS Member) for their very kind invitation to serve as ISAPS Visiting Professor in the Czech Republic on October 2 and 3, 2017.

Our journey began with a kind invitation after Dr. Mařík had read my publication and seen my presentation on Avulsion Brachioplasty in Kyoto during our biennial ISAPS Congress. We had a wonderful trip with consummate hosts. Despite a three-hour delay, my wife Sherry and I were met at the Prague airport by Dr. Mařík's daughter and brought to our hotel. The next day, doctors Mařík and Kurial picked us up and gave us an eventful tour through the countryside of Southern Bohemia.

We stopped at the Konopiště, a wonderful Gothic castle founded in the



*Vladimír Mařík, Joseph Hunstad, Sherry Hunstad, and Pavel Kurial traveling through the beautiful Czech Republic.*

late 13th century. It was the hunting estate of Archduke Franz Ferdinand d'Est. The collection of his hunting trophies and medieval weaponry and armor was truly spectacular. As we all remember both the Archduke and his wife Sophie were regrettably assassinated in Sarajevo which set the stage to begin World War I.

We then traveled to Nemocnice České Budějovice in the southern Czech Republic and stayed at a most beautiful hotel and spa where doctors Mařík and Kurial have their offices and surgical center.

The next morning, we all met and marked our patients for the day. They were delightful patients selected by Dr. Mařík for avulsion brachioplasty and avulsion vertical thigh lift.

Following the markings, we were presented with specially made surgical hats that had the Czech Republic and American flags to celebrate during our surgical day. We performed the procedures in a beautiful state-of-the-art surgical facility with excellent anesthesia and assistance. The procedures fortunately



*Performing live surgery in the Czech Republic. Joseph Hunstad, Vladimír Mařík, and Pavel Kurial.*

went very well, and our patients have made an uneventful recovery. Intraoperative videos were made during the day and these were edited by doctors Mařík and Kurial and made into DVDs that were presented to all participants at the following day's meeting.

The next day we were hosted at the "2nd Castle Beauty Conference VPP- ISAPS Hluboká nad Vltavou with Joseph Hunstad." There were approximately 50 attending plastic surgeons from the Czech Republic, Slovakia, and Austria. I had the distinct pleasure of providing six lectures on various topics of body contouring that I had published. Following this, we had a complete review of the edited video from the procedures performed the day before. The meeting finally concluded with an interesting and challenging set of difficult cases that doctors Mařík, Kurial and I discussed with audience participation.



*Pavel Kurial, Joseph Hunstad, and Vladimír Mařík at The 2nd Castle Beauty Conference*



*Joseph Hunstad addressing 2nd ISAPS Castle Beauty Conference at Hluboká nad Vltavou.*

That evening we had a celebratory dinner with all the key members of the surgical team enjoying excellent Czech cuisine, wonderful friendship, and regional wines. The following day, we returned to Prague for a brief sightseeing respite and then back to the US. It was an extremely well-organized program with excellent care provided to us in all our transfers, hotel arrangements, and travel. It was an enriching experience that both Sherry and I will always remember. We will treasure our new dear ISAPS friends in the Czech Republic!

# VPP: CALI – COLOMBIA



**MOUSTAPHA HAMDİ, MD**  
Belgium

On September 10th, I was invited by Dr. María Isabel Cadena, ISAPS National Secretary for Colombia, and Dr. Diego Caycedo, Head of the Plastic Surgery Service at the University of Valle, as an ISAPS Visiting Professor to the city of Santiago de Cali, Colombia, to share my knowledge and experiences.

Although I've been in Colombia before, every visit is different and is always special. Cali is a very congenial city as it has a mixture of Indian, Latino, African and Spanish roots. I felt myself very welcome and I enjoyed my visit very much.

While there, I had the chance to visit the different surgical services at the Valle University Hospital, reference center of the Colombian trauma and complex surgical pathology.



*Dr. Hamdi attended rounds and then visited patients with the residents.*

We started the first day with rounds in the surgical wards early in the morning. We visited more than fifteen patients who had different surgical treatments, the residents presented their full history and interactive discussion

was held at the bedside. The rounds were followed by an extended journal club. The residents presented amazingly eight papers of mine and we had a deep discussion about every paper. I didn't hesitate to make a hand illustration to point out some technical details. For three hours after lunch, I gave three lectures on breast surgery, both reconstructive and aesthetic.

At the end of the day, several patients were presented in the outpatient clinic. I had a nice discussion with the staff members and the residents about how to approach these patients and surgical procedures.

In the evening, Dr. Lina Triana received us at home for a dinner in a very casual style. The dinner was very nice under the mango tree in the garden.

The second day of my visit, I had the opportunity to see the facilities of Imbanaco Medical Center where I performed live surgery with streaming to different hospitals in Latin America. Together with Dr. María Isabel Cadena and the Plastic Surgery Service of the University of the Valle,



*Casual dinner hosted by Dr. Triana.*

I shared my experience in different surgical techniques. I could illustrate secondary breast implant surgery with a focus on implant choice, an infra mammary fixation technique, and Microfat and Nanofat grafting. At the end of the surgery, live discussion followed with the participants.

I found my VIP visit to Cali very interesting and I could share a lot of information with the local surgeons and residents. I found the level of the plastic surgery in Cali to be very high and I learned myself through discussion and comments from the colleagues in Cali. Thanks to Maria and Lina and of course thanks to Cali for the warm hospitality.

Last but not least, thanks to ISAPS for creating such great opportunity for education and communication.



*Live surgery with streaming to different hospitals in Latin America.*



*Dr. Hamdi with the residents.*

# MESSAGE FROM THE CHAIR OF NATIONAL SECRETARIES



## PETER SCOTT, MD

South Africa

ISAPS National Secretary of South Africa

Dear Colleagues,

Your ISAPS Board Members have been extremely busy since our last communication. Our President, Renato Saltz and Senior Board Members have travelled extensively from China to the Middle East to London to Canada presenting top quality lectures to our global community of plastic surgeons. In my own case, Nazim Cerkes and I were involved in a very successful ISAPS Course in Beirut in September organized by Foad Nahai and Moustapha Hamdi under the Chairmanship of Dr. Elie Abdelhak. There were twenty ISAPS members presenting and the focus of the meeting was on breast and the future of breast surgery.

On 20 October, three of our Board Members, Renato Saltz, Nazim Cerkes and I were invited to give Skype presentations during the Porto 2017 Rhinoplasty and Facial Plastic Surgery Meeting. Apart from my presentation, I followed most of the meeting on the internet and noted at least 50% of the presentations were via Skype from top plastic surgeons around the world. This may well be the future of symposia and your EC are looking into this.

During the ASAPS meeting in New York at the end of April 2018, we will again have a lunch-time meeting of the National Secretaries present.

Preparations for the 24th Congress of ISAPS, 31 October - 4 November 2018 in Miami Beach, Florida, USA are proceeding at a rapid pace. I invite all our National Secretaries to attend this important Congress. We will have a full day National Secretaries meeting on Tuesday, October 30. I hope we will have as many attending as we did in Kyoto. My term as Chair of National Secretaries and that of Ivar van Heijningen as Assistant Chair will draw to a close at that meeting. In the coming months, we will distribute a request for nominations for these positions.

We have a very motivated team of National Secretaries and Assistant National Secretaries, both new and re-elected, and it would be heartening to continue this with our new Chair and Assistant Chair.

Five elections have been completed since our last newsletter:

Brazil	Luis Perin
	Andre Cervantes GARCIA RODRIGUES, MD - Assistant NS
Colombia	Juan Esteban Sierra Mejia - Assistant NS
Guatemala	German Vargas
India	Rakesh Kalra - Assistant NS
Slovak Republic	Dusan Cervan

We welcome these new National Secretaries and thank their predecessors for service to the society.

## PAY YOUR DUES ONLINE NOW

The Board of Directors recently approved a change regarding membership renewal. Annual dues must now be paid by December 31 each year.

### Grace Period:

If annual dues are not paid by December 31, your membership will go into a grace period from January 1 to March 31. During this time, we will no longer send you journal issues and you will not be able to register for Biennial Congress or any ISAPS Courses and Symposia as a member.

### Lapsed Period:

If you do not renew your membership before April 1, your name will be removed from the website directory and your benefits and privileges will be suspended. Please don't let this happen.

You can renew at any time even if your membership has lapsed. Benefits and privileges will be reinstated the day you renew. To renew your membership, visit: <https://isaps.memberclicks.net/renew-your-membership>

# JOURNAL UPDATE: MESSAGE FROM THE EDITOR OF *Aesthetic Plastic Surgery*



**BAHMAN GUYURON, MD**

United States  
Editor-in-Chief

It has been a year since I assumed the position of Editor-in-Chief of *Aesthetic Plastic Surgery*, a year with many changes, yet a good deal more to come. The cover has been altered drastically to match the change in its content. The journal's focus and its identity have been reformed to fulfill the intention of its founder and to be in line with the mission of the organization that it represents. The articles are now purely aesthetic and those that seem reconstructive have predominant aesthetic connotations. The scientific content has been improved, thanks to many of you who have been supporting the journal with your excellent articles.

The Editorial Board has been invigorated with fresh blood while the service of many of the previous board members will be sustained and treasured through review of the articles.

The quality of the articles continues to improve and are even enhanced through the invited discussions by many revered, scholarly colleagues. The number of the affiliates has been increased and their importance to the journal has been demonstrated by prominently displaying the organization's names on the cover.

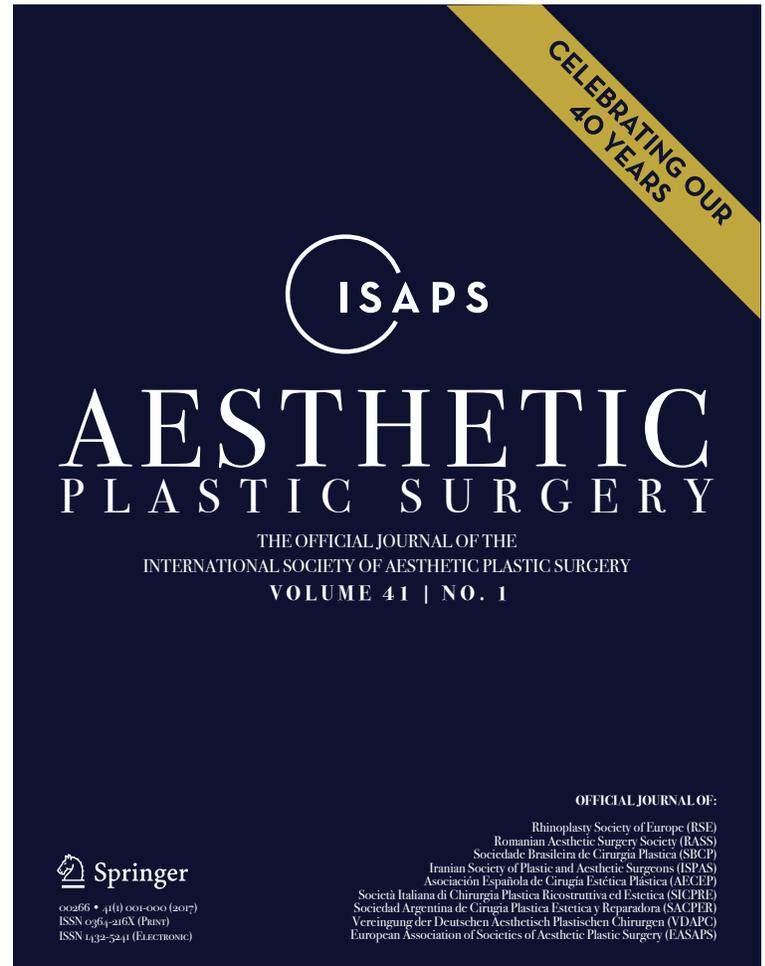
The review process has been streamlined to reduce the review duration and shorten the submission-to-publication period. Every effort is made to make sure that the articles that are scientifically meritorious are improved through thoughtful suggestions by the creative and fair reviewers to render them worthy of publication, which could be rejected by other journals.

The reviewer pool has been rigorously analyzed to engage those who are eager to review and to eliminate those who do not review the assigned articles on time or are unnecessarily and excessively harsh.

I realize how time consuming it is to conceive an idea, design a study, obtain the necessary approvals, conduct the study, analyze the data, write and edit an article – especially for those whose primary language is not English. For this reason, I give every article the best chance possible to be published as long as the reviewers and I find it scientifically sound. When the reviewers suggest rejecting an article, I carefully dissect the reasons for the rejection before I reach my final decision to make sure that every article has received a fair assessment.

The ISAPS journal has the second largest plastic surgery circulation and your articles published in *Aesthetic Plastic Surgery* will reach plastic surgeons around the world. I look forward to receiving your manuscripts and working with you to disseminate new aesthetic surgery information.

If you wish to serve as a reviewer, please send me an email ([bahman.guyuron@gmail.com](mailto:bahman.guyuron@gmail.com)) including the type of articles that you wish to review. I would be happy to put your expertise to work.



# THREE LESSONS FROM COCA-COLA ON HOW TO REBRAND YOUR PRACTICE



**JULIE GUEST**

United States

ISAPS Chief Marketing Officer

When I was twenty years old, I spent a couple of months travelling around Southern Africa and visiting family (my own family had emigrated from South Africa to New Zealand where I grew up, before moving to the United States). We were very fortunate to have been able to spend a lot of time in the bush as my uncle owns a share of a private game reserve a couple of hours north of Johannesburg.

On one particular day, it was incredibly hot and we were out in a jeep with the Ranger, looking for a pride of lions that had been spotted earlier. The earth was parched and cracked, the bush thick and there was no sign of civilization for miles. We really were in the middle of nowhere.

Suddenly as we turned round a bend, I saw something that caught me by surprise. Someone had built a make-shift shack out of logs and mud and, plastered on the front, was a swirly red and white sign that I would have recognized anywhere.



Coca-Cola.

Here, in one of the most unlikely places on the planet, some enterprising entrepreneur was selling Coke to thirsty wildlife enthusiasts. *For me, this was a lesson about the power of branding that I have never forgotten.* Not only were we able to recognize instantly what was being sold, but the location was perfect.

You may well be thinking, “Well that’s great for Coca-Cola - a billion-dollar company who can afford to have it’s name plastered practically *everywhere* - *even in the middle of the hot African bush*. but how does this help me? Let me break down the branding lessons here for you:

1. Coca-Cola has created a memorable logo using powerful colors that are very recognizable - even from a distance. And they’ve used these colors consistently over the past 130 years *without deviating*. In building your own brand, it’s critical that you apply the same principles - choose colors that are distinctive, that you personally love and that work well in both traditional and digital media. (For example, avoid yellow - although it works great to get attention in traditional media, it all but disappears in digital media.) Ensure that all your marketing is consistent and uses these colors without deviation. If you don’t have graphic design expertise, then I highly recommend you get

your brand colors developed for you by a graphic designer, who can also provide you with “pantones” which are the exact color values to be used for consistency.

2. Coca-Cola understands who their target market is, and they are not trying to be all things to all people. Notice their tagline is “delicious and refreshing”. They are not claiming to be healthy. They are not claiming to be sugar-free. They are not claiming to be cheap or a great value. They are claiming that what they’re selling will taste good and cool you off - which is a very enticing proposition when it’s 38 degrees Celsius in the middle of the African bush, (even to someone like me, who doesn’t usually drink soda).

What is the tagline of your practice? Do you have one? A great tagline should achieve at least one of the following objectives:

- a. be memorable
- b. include a key benefit
- c. differentiate the brand
- d. impart a positive feeling

Domino’s Pizza built a multi-billion-dollar business on the strength of its 9-word tagline: “Fresh, hot pizza in 30 minutes or it’s free!”

Here are some other great taglines that you might be familiar with:

Nike - Just do it

L’Oreal - Because you’re worth it

McDonald’s - I’m lovin’ it

Audi - Vorsprung Durch Technik (Advancement Through Technology)

3. And finally, Coca-Cola creates a brand *experience*. Your brand is far more than your logo, your tagline and your advertisements. Your brand is also conveyed by the actual experience your patients have when they visit your practice. When we drove up to the little shack to buy our Cokes, we were expecting them to be (somewhat) cold and to taste good. I have no idea where they got ice from, but sure enough, our Cokes came out of a little battered blue cooler that was filled to the brim with ice. When we opened our Cokes, they each made that great hissing sound as the CO2 escaped, telling us that they were fizzy and had been sealed properly - and the experience of drinking our Cokes was exactly as promised - delicious and refreshing. Similarly, with your own branding - if you use a brand that conveys, for example, beauty, luxury and professionalism, then it’s essential that this is the experience your patients receive when they visit. This means your clinic has to be beautiful, your furnishings conveying the feeling of luxury (think plush carpets, velvet sofas and mahogany wood), and warm friendly staff who are extremely knowledgeable.

So the next time you see an ad for Coke, or happen to find yourself on safari in the African bush, think about these three very important lessons on branding and how you can apply them to make your practice stand out!

# **GLOBAL PERSPECTIVES: RHINOPLASTY**

*ISAPS News Global Perspectives* series features new innovations, practice trends, and observations about a specific area of aesthetic surgery. We are pleased to share these insightful articles about rhinoplasty in this issue.

# HYBRID “OPEN-CLOSED” RHINOPLASTY



**ALAN MATARASSO, MD**  
United States  
ISAPS Assistant National Secretary



**DEREK ULVILA, MD**  
United States  
Fellow, Manhattan Eye, Ear, & Throat Hospital



**CAREY CAMPBELL, MD**  
United States  
Fellow, Manhattan Eye, Ear, & Throat Hospital

Rhinoplasty is often considered a difficult operation to teach, learn, and perform consistently, due to many anatomic variations and multiple solutions. The open and closed approaches offer contrasting pros and cons when approaching rhinoplasty. We share our experience with a hybrid “open-closed”-tip eversion rhinoplasty which offers advantages of both approaches: good exposure, reduced swelling, and precise nasal tip maneuvers with reliable effects.

A successful rhinoplasty begins with preoperative nasal analysis and understanding the patient’s areas of concern. Tailoring the operation to only operate as much as is necessary to address these concerns will help produce reliable results.

The nose is infiltrated with 1% lidocaine with 1:200,000 epinephrine along the intercartilaginous, transfixion, and marginal incisions. The nasal sidewalls and dorsum are infiltrated through intercartilaginous injection sites. Cotton moistened with diluted 4% topical cocaine is packed along both sides of the nasal septum.

The operation is begun by skeletonizing the nose via bilateral intercartilaginous incisions with a 15 blade up onto the nasal bones. The intercartilaginous incisions are continued to create a full transfixion incision through the membranous septum with the button knife while the assistant pulls inferiorly on the columella/medial crura with skin hooks. A Joseph elevator is used to elevate the periosteum off the nasal bones as well as detach the depressor septi nasi muscle off the maxilla. The upper lateral cartilages are detached from the septum with an 11 blade. Foman scissors are used for dorsal reduction of the cartilaginous septum followed by a rasp for reduction of the bony dorsum.

Next the nasal tip is addressed starting with marginal incisions using a 15 blade. The medial crura are separated from the surrounding soft tissue with Converse tip scissors while the assistant pulls laterally on the lower lateral cartilage with a skin hook. Curved Stevens scissors are placed under the middle crura to provide counter tension while the surgeon frees the lower lateral cartilage laterally. These maneuvers are repeated on the contralateral side. After freeing both lower lateral



*Figure 1. Demonstration of tip eversion with modifications complete*

cartilages, eversion is performed by delivering both lower lateral cartilages out of the nostril on one side (see Figure 1). Curved Stevens scissors are now placed under both middle crura and tip contouring and shaping is performed as necessary under direct vision utilizing a variety of procedures such as cephalic trim, shaping sutures, columellar strut grafts, cap grafts, lateral crural grafts and possible modification of the medial crura (eg. medial footplate narrowing with sutures or overlapping to decrease projection).

The dorsum is now reassessed and focal contouring is performed. Cartilage grafts and caudal septal modification are performed as indicated. Then medial oblique and lateral low-to-low osteotomies are executed. Lastly, alar base resections are utilized as necessary. Intranasal incisions are closed with 4-0 chromic suture. Mastisol, steri-strips, and a nasal splint are applied at the end of the operation. A rhinoplasty data sheet is then completed.

As with any rhinoplasty, the procedure should be individualized to each patient. The hybrid “open-closed” rhinoplasty has proven a reliable technique with consistent outcomes that allow for direct visualization of nasal tip modifications and reduced postoperative swelling.

The ten key operative steps to the hybrid “open-closed”-tip eversion rhinoplasty are:

1. Skeletonize the nose via bilateral intercartilaginous incisions and full transfixion incision
2. Joseph periosteal elevator for nasal bone periosteum and depressor septi nasi release
3. Detach upper lateral cartilages from septum with 11 blade
4. Algorithmic nasal tip surgery via tip eversion
5. Adjust medial footplates as indicated
6. Dorsal component surgery (reduction or augmentation)
7. Cartilage grafts as indicated
8. Caudal septal modification as indicated
9. Osteotomies (medial oblique/lateral low-to-low)
10. Alar base resection as indicated

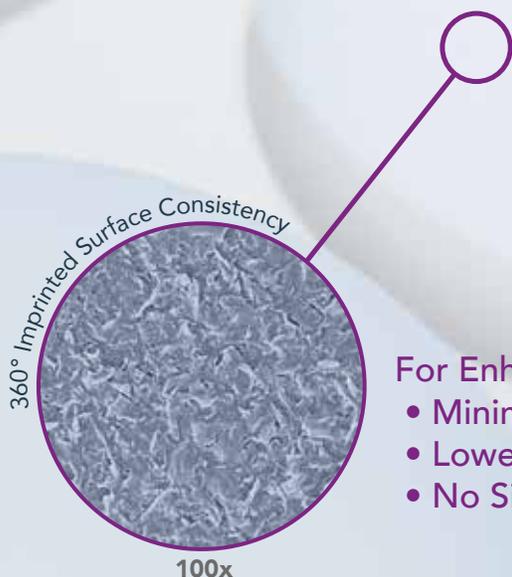


*Figure 2. Preoperative photos (left), postoperative results using hybrid “open-closed” rhinoplasty (right).*

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\*Through 6 years of a 10-year prospective study  
Motiva Implants® Silicone Breast Implant Summary of Clinical Data: 6-Year Follow-Up. Establishments Labs, March 2017.

# THE ULTRASONIC RHINOPLASTY THROUGH A FULL OPEN APPROACH: A REVOLUTION IN RHINOPLASTY



**OLIVIER GERBAULT, MD**  
France

Rhinoplasty is a difficult operation in aesthetic surgery, where any small defect may show and can't be hidden. Some of the most frequent defects in rhinoplasty affect the bony vault (asymmetries, irregularities, spicules, step deformities, bone collapse, too wide or too narrow bony vault, residual hump or convexity) and the osseo cartilaginous junction named keystone area (irregularities, step deformities, inverted V). Those defects are frequent because until now, the only way to narrow a wide bony vault is to break bones blindly with aggressive mechanical instruments such as rasps and osteotomes, that may also disrupt the bony cartilaginous attachments when removing a bony hump.

Piezo electric instruments (PEI) have been used first in dental surgery in the beginning of the 21st century, and then in maxillofacial surgery and neurosurgery. They affect only bones and stiff cartilages, but can't harm the soft tissues: skin, mucosa, soft cartilages, vessels, and nerves. Moreover, PEI never create radiated unwanted fractures on bones, whereas this phenomenon is quite frequent with mechanical osteotomes, especially when the bones are thin, or if they're brittle, or if there are preexisting bone fractures. Numerous studies of fresh cadavers comparing PEI on one side and mechanical instruments on the other side have proven that there is perfect control on the path of osteotomies with PEI while unwanted fractures frequently modify the intended fracture line with mechanical instruments and may result in bone collapse or bone instability. Those studies have also shown that denuded bones, bones completely cut with PEI, are stable and don't collapse in the airway because the PEI are very gentle and preserve the bone supports.

Since 2014, this last finding has allowed us to extend the bony vault dissection through extended subperiosteal bony vault undermining performed through an open or a closed approach. This extended approach allows us to visualize the whole bony vault, assess the anatomic variations, and treat accurately not only the bony vault width, but also it allows us to mobilize and orient very precisely each bone (with piezo saws), and to sculpt precisely the bones (rhinosculpture) with special rasps or with a scraper. Moreover, with this approach, bone osteosynthesis with sutures can be easily performed to stabilize bones in primary or secondary rhinoplasty. The perfect skin redraping with extended skin undermining also avoids skin fold formation that may happen on some inelastic skin partially undermined for hump removal with the usual approach. Bone instability is very rare if the correct instruments (i.e., instruments



Figure 1 - Kit expert set of piezo tips for rhinoplasty. Those inserts are available in most of the countries in the world, and had the FDA approval for use in USA in October 2017.

designed for piezo rhinoplasty [Figure 1] with very thin saws) are used following an adequate osteotomy path and sequence. However, if the bones are not stable, a perfect stabilization can easily be done by drilling holes in the two bony edges with a piezo drill and to suture both bones with 4/0 PDS.

In selected cases, when the bony vault is not too wide, ultrasonic rhinosculpture can be performed, i.e., the bones are just sculpted and polished with piezo rasps without any osteotomy [Figure 2].



Figure 2 - Ultrasonic rhinoplasty performed on a woman who has a too wide and masculine nose. Result at day 6 and at 6 months

PEI also allows us to perform a hump treatment very precisely without opening the middle third (conservative hump removal) by doing easily and under direct visual control osteotomies (in case of "push down") and osteotomies (in case of "let down"), but also incremental bony cartilaginous septal trimming with a long piezo saw to allow the bony cartilaginous vault to move downwards.

Another advantage of PEI is that they incrementally remove the bones without the underlying soft tissues. Therefore, they preserve the osseo cartilaginous attachments at the keystone area, avoiding step deformities at the junction between bones and cartilage, and they also never damage the ULC, allowing an anatomic reconstruction of the dorsum after non-conservative hump removal. The piezo rasps also smooth out all the bony irregularities frequent after any osteotomy, allowing an unoperated touch of the new dorsum.

Finally, recovery is very straightforward after ultrasonic rhinoplasty, with very little or no bruising, and with usual swelling, sometimes a little more pronounced in the early post-op period, but that can be prevented with adequate pressure on the bones (splint, tapping), anti-edematous medications, and early post op physiotherapy [Figure 3].



Figure 3 - Reduction rhinoplasty with hump removal and complete osteotomies. Result at day 6 and at 3 months

# RHINOPLASTY: MY TRAINING PATH



**ADRIANA POZZI, MD**

Italy

ISAPS Assistant National Secretary for Italy

Rhinoplasty is considered the most challenging of all cosmetic procedures. Good rhinoplasty must correct form and function and must meet our patients' high expectations. To obtain optimal outcomes, the plastic surgeon must comprehend facial and nasal aesthetics; must be well versed in anatomy of the face, and must be able to predict the changes that will occur after the alteration of the anatomical elements. In addition, he or she, must be able to perform rhinoplasty safely with precise maneuvers, in order to achieve predictable results. The path to acquiring these skills is paved with experience and critical evaluation of post op results.

Rhinoplasty may be the most rewarding cosmetic operation for both patient and surgeon. An attractive nose can make a big change in the lives of our patients in terms of appearance and self-confidence.

My first rhinoplasty teacher taught me how to do a very controlled closed rhinoplasty when I was a resident in Torino thirty years ago. My teacher was a woman surgeon, Dr. Piera Passarino. Her hands were light, fast and sure. Her rhinoplasties did not last more than an hour and most of her patients were happy patients.



*Dr. Ortiz-Monasterio with the author.*

However, I wanted to have a measure of comparison and see what other colleagues in the world were doing. Consequently, after my Board Certification in Turin, I did a one-year fellowship in Mexico City where I met my second teacher, Dr. Fernando Ortiz-Monasterio, who was a great surgeon and my second rhinoplasty master. He was a man of great generosity and humanity, and a great maxillo-facial surgeon. The Plastic Surgery School of the Hospital Manuel Gea Gonzales was not only a school of surgery, but also a school of life for us young surgeons.

Dr. Ortiz-Monasterio was very passionate about rhinoplasty and fond of aesthetics and art. His rhinoplasty concept at that time was very advanced. We can define him as a pioneer of modern rhinoplasty, together with others

## GERBAULT CONTINUED

Piezosurgery in rhinoplasty is a disruptive technology that makes a paradigm shift in the way of managing the bones, going from a blind treatment where bones are broken to an open approach where bones are reshaped and mobilized with perfect control. PEI simplifies dramatically the way to perform hump removal and osteotomies in rhinoplasty, but also allows us to achieve a perfectly smooth dorsum and keystone area. The techniques are easy to teach, as everything is done under direct visual control, and easy to perform. The drawbacks are the price of the device and the rhinoplasty inserts, and the slightly prolonged operative times while many options are possible to manage bones (osteotomies, osteotomies, sculpting, smoothing, osteosynthesis).

like Dr. Rees. He loved the natural looking nose and once said, "I don't like all those operated noses, in California 1965 style, walking around all over the place!"

He taught us how to evaluate the complete face before focusing on the nose, taking into consideration the variations that occur in different races and the concept of beauty in different cultural backgrounds. He performed closed rhinoplasty, preferring the intracartilaginous incision in all primary rhinoplasties, and was very respectful of anatomy, doing subperichondrial dissection to expose the cephalic edge of the alar cartilages and limited dorsal undermining for extramucosal reduction of the hump.

He taught us everything about nose grafts and how to do percutaneous lateral osteotomies with a 2mm chisel to produce a greenstick fracture of the nasal bone.

At the end of the 90s, I approached the open technique thanks to the Rhinoplasty Symposia and to Cadaver Dissection Courses that I attended at the Southwestern University in Dallas, all of which widened the horizons of my mind on the procedure. In Dallas, the masters were Drs. Rohrich, Rees, Gunter, Gruber and many other authoritative surgeons.

I think that open rhinoplasty is a fascinating and "different thought" procedure, and a necessary tool in more demanding secondary cases, when the aim is to rebuild a destroyed framework, but the debate of closed versus open does not make any sense to me. There is not one operation for all noses and everyone should master what they know.

Today, I use an open approach in primary challenging cases and secondary rhinoplasties and continue doing controlled percutaneous lateral osteotomies. I try to keep my rhinoplasties as simple as possible, reducing risks for my patients and operating within my comfort zone.

According to a survey by AICPE (the Italian Society of Aesthetic Plastic Surgery) in 2014, rhinoplasty was the fourth most requested aesthetic procedure: 27,000 operations – an increase of 13% compared to 2013.

Anatomic and clinical studies have been performed between 2013 and 2017 by International Rhinoplasty Research Society members: RK Daniel, MD (US); RE Davis, MD (US); Charles East, MD (UK); Olivier Gerbault, MD (France); Abdülkadir Göksel, MD (Turkey); Aaron Kosins, MD (US); Milos Kovacevic, MD (Germany); Peter Palhazi, MD (Hungary), and Yves Saban, MD (France).

# FUNCTIONAL PRINCIPLES OF CLOSED RHINOPLASTY



**PAVLO DENYSHCHUK, MD, PHD**  
Ukraine  
ISAPS National Secretary for Ukraine



**TARAS BARANOV, MD**  
Ukraine  
Ana-Cosmo Clinic, Kiev



**YEVGENII POGULIAIEV, MD**  
Ukraine  
Ana-Cosmo Clinic, Kiev

The era of modern rhinoplasty started in the last century beginning with the works of plastic surgery founder Jacques Joseph (1865-1934), who was the first to perform the intranasal removal of a dorsal hump in 1904. External nose appearance forms the face perception, and nasal breathing is a basis of healthy life. Thus, the aesthetics of the nose and its functionality should be equivalent goals of rhinoplasty. The endonasal or “closed” method is preferable for us as minimally invasive, with better tip blood supply. It also requires less surgical time and a shorter rehabilitation period, it has no visible scars, which better meets modern requirements.

678 rhinoplasties have been performed in our clinic between 2011 and 2016. 556 (82%) of them were “closed” and 122 (18%) were “open.” 90% of all patients were female. We used cartilage autografts in 540 patients during the closed rhinoplasties. Suturing techniques were used in 624 (92%) cases. Medical records of the patients were analyzed retrospectively.

The case of external nose functionality restoration requires solutions of caudal septum and internal and external nasal valve problems. Depending on the septum deviation, different techniques were used. Septum was notched, submucous partial resection or total removal of the septal cartilage with the following reshaping; reinforcing and replacing of previous position were performed. Except for aesthetic advantages in nose shortening, the tip formation and caudal septum position correction allows us to improve nasal breathing. Making of columellar strut with the closed method allows preventing nose tip prolapses.

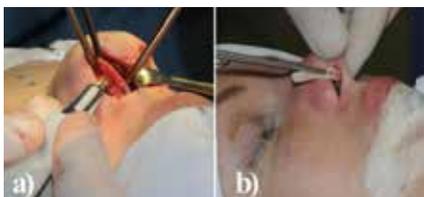


Figure 1. Resection of septal cartilage caudal margin (a), setting of cartilaginous columellar strut (b).

To avoid or eliminate internal nasal valve collapse, it is necessary to correct the middle third narrowing. For this purpose, spreader grafts and autospreader flaps of upper

lateral cartilages were most often used. External nasal valve functionality needs lateral crura stability. Techniques of lateral crural struts and grafts were used for strengthening the alar cartilage.

In order to create cartilage grafts, we mainly used autologous septal or auricular cartilage, less often costal ones.

We also used fascial autografts to correct irregularities of nasal dorsum surface. Previously, we performed the temporal or mastoidea fascia patch harvesting and modification.

Suture techniques are usually used as additional or alternate. Some sutures perform a suspension function, like a septo-alar suture. Some of them, for example cephalic dome suture, performs not only a cartilage structure stabilizing function, but also a formative one. Suture techniques on alar domes form the natural shape of the nose’s low third and tip projection.

We achieved good and perfect results in 95% of cases. Unsatisfactory results and the need for another surgical intervention were observed in 5% of patients. We observed such complications as lysis of the autograft, cartilage deviations, and hypercorrection after cartilage autograft usage. After suturing techniques, nose tip asymmetry and sutures protrusion in remote postoperative period were observed.

The external nose shape plays an important role in a personality’s self-identification. The “closed” method of nose correction is justified, safe and is a low trauma type of surgery. The use of cartilage autografts and suturing techniques are reliable and predictably safe methods of external nose correction. Rehabilitation optimizes the recovery process.

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# THE MIDDLE EASTERN - MEDITERRANEAN NOSE



**NAZIM CERKES, MD**  
Turkey  
ISAPS 1st Vice President

Middle Eastern-Mediterranean patients possess a varied combination of the various nasal characteristics. They frequently demonstrate a significant dorsal hump and poorly defined nasal tip. Nasal bones are usually thick and long. Septal deviation is common and often visible externally. Nasal length is often disproportionately long relative to tip projection, and a droopy nasal tip with acute columellar-labial angle is seen frequently. Alar flaring and increased interalar width is also common. Thick nasal skin with highly sebaceous texture is frequently seen particularly at the nasal tip, lobule and alar rims.

## REDUCTION OF DORSAL HUMP

In the majority of Middle Eastern-Mediterranean patients, reduction of the dorsal hump is required. Dorsum reduction and reestablishment of dorsal aesthetic lines is one of the most important steps of the surgery. The open rhinoplasty approach provides better visualization of the nasal dorsum anatomy and easier execution of maneuvers.

In order to perform basic nasal dorsum maneuvers, such as hump removal, spreader flaps or spreader grafts, osteotomies, and onlay grafts, I have described a different concept of nasal dorsum dissection, "the perichondro-periosteal flap." (1) In this technique, after elevation of the dorsal skin flap on the supraprimerichondrial plane, a vertical incision is performed to the perichondrium of upper lateral cartilages on the midline starting from the caudal border of the nasal bone and extending caudally up to the anterior septal angle. Then, using a semi-sharp 2 mm Freer elevator, the perichondrium is elevated on both sides. After elevation

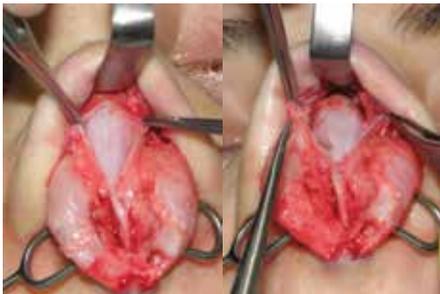


Figure 1-a

Figure 1-b

of the perichondrium of the ULCs, periosteal attachments at the caudal border of the nasal bones are divided using a sharp tip dissector or a No:15 blade, and the perichondrium of the ULC and the periosteum of the nasal bone are united creating a continuous perichondro-periosteal flap (PPF) on both sides. (Fig.1a-b)

Following elevation of the PPF, incremental resection of the dorsal hump is performed. Upper lateral cartilages are separated from the septum and cartilaginous hump is reduced incrementally, preserving the ULCs. Bony hump reduction is performed using a No:15 blade or 6 mm straight osteotome. (Fig.2) Most Middle Eastern-Mediterranean patients request a conservative dorsal reduction. Excessive hump reduction may produce a racial incongruity.



Figure 2

I perform medial oblique, transverse and lateral osteotomies using 3 mm straight and slightly curved osteotomes. These delicate tools are less traumatic to the adjacent tissues and produce less swelling comparing the larger osteotomes. Medial oblique osteotomies help to define dorsal aesthetic lines while preserving the nasal bone on the radix area. After completion of medial oblique osteotomies, low to low lateral osteotomies are performed internally.

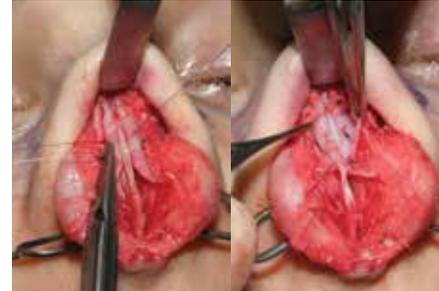


Figure 3-a

Figure 3-b

After reduction of dorsal hump and osteotomies, spreader flaps are performed to restore the cartilaginous dorsum. In this method, upper lateral cartilages are folded in and sutured to the septum cartilage using three or four horizontal mattress sutures. (Fig.3a-b) In most of the primary cases, spreader flaps are sufficient for

restoring dorsal aesthetic lines and preserving internal nasal valves. However, in cases with dorsal deviations or narrow cartilaginous dorsum, spreader flaps can be combined with spreader grafts. In this case, I place and suture the spreader grafts about 1 mm below the dorsal septum and approximate the upper lateral cartilages on top of the spreader grafts with sutures.

After completion of dorsal surgery, both perichondroperiosteal flaps are approximated with 5-0 resorbable sutures. The PPF technique has several advantages in restoring the nasal dorsum after hump reduction. Primarily, it provides excellent visualization of nasal dorsum anatomy. PPF minimizes the visibility of irregularities on the nasal dorsum. Inward folding and suturing of upper lateral cartilages can be performed much more easily when spreader flap technique is used. Onlay grafts can be placed beneath the PPF without the need for graft fixation if required. PPF stabilizes the onlay grafts and prevents graft migration.

In Middle Eastern-Mediterranean patients, septal deviations are commonly seen. If the dorsal and/or caudal portion of the septum cartilage is deviated, a septal reconstruction should be performed. If the caudal septum is not on the midline, it should be repositioned. Dorsal and caudal septal curvatures can be corrected by splinting with spreader grafts or batten grafts prepared from septum cartilage or ethmoid bone.

## NASAL TIP

Underdeveloped alar cartilages usually present with underprojected tip and ill-defined nasal tip contours. In these patients, cartilage grafting is usually required to increase tip projection and improve tip contours.

Columellar strut is a versatile and powerful tool to stabilize the columellar base, strengthening the weak medial and intermediate crura, increasing tip projection and changing rotation. When a considerable increase in tip projection is desired, a longer and stronger columellar strut should be used and medial crura are advanced on the strut with sutures. If a significant increase of the tip projection is needed, advancing the lateral crura medially with a spanning suture (lateral crural steel) and the simultaneous use of a long and strong columellar strut give consistent results. (2)

After placement of a columellar strut, if additional increase in tip projection and further refinement is needed, a tip graft can be used to increase tip projection and improve the tip contour.

Tongue-in-groove technique is an effective method in adjustment of tip projection and position. This method is particularly useful in patients with a long septum. If septum cartilage is not long enough, a caudal septal extension graft can be placed and stabilized with bilateral extended spreader grafts, then medial crura are fixated to a caudal septal extension graft using tongue-in-groove sutures to adjust tip position and projection.

### ALAR BASE

In Middle Eastern-Mediterranean patients, increased interalar width and alar flaring is common. In these patients, excision from nostril sills corrects the alar flaring and shortens interalar width. When alar bases are wide, a wedge resection from the alar base can be performed. This maneuver reduces the wide alar bases and improves the proportion between the parts of the nose.

### CASE STUDY

This patient came to me seeking aesthetic and functional improvement of her nose. She had a bony and cartilaginous hump, septal deviation and asymmetric dorsal aesthetic lines. (Figure 4-a)

Using an open approach, the skin flap was undermined and perichondroperiosteal flaps were raised. The upper lateral cartilages were separated from the septum while preserving the horizontal portions of upper lateral cartilages. The bony hump was taken off and 4 mm reduction of the dorsal septum was performed. Septoplasty and caudal septal relocation was done.

Medial oblique and low to low internal lateral osteotomies were then performed. To reconstruct the cartilaginous dorsum, the upper lateral cartilages were folded in and sutured to the dorsal septum as spreader flaps. Perichondroperiosteal flaps were approximated. To refine the nasal tip, transdomal sutures and a dome equalization suture were placed.

Seven years postoperative pictures show a smooth, natural looking dorsum with improved dorsal aesthetic lines, correction of the dorsal deviation and a more refined nasal tip. (Figure 4-b)

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Figure 4-a



Figure 4-b

## GLOBAL PERSPECTIVES: FUTURE THEMES

March 2018 : Hair Restoration

Deadline: January 15

June 2018 : Otoplasty

Deadline: April 15

To contribute an article of 500-750 words, please forward it to [ISAPS@isaps.org](mailto:ISAPS@isaps.org) with the subject line: ISAPS NL Series. This should be a non-referenced opinion piece of several paragraphs giving your observations and perspectives on the topic. What do you do in your practice? What unique approaches do you use? What do you see your colleagues doing in your country or region? Photos are welcome, but must be high resolution JPG files attached, not embedded in your article. Photo captions are always helpful.

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# ISAPS INSURANCE: AN UPDATE



**JOSE CARLOS PARREIRA, MD**  
Portugal  
Chair, ISAPS Insurance Committee  
ISAPS National Secretary for Portugal



**KAI SCHLAUDRAFF, MD**  
Switzerland  
ISAPS Treasurer

In 2018, ISAPS will be introducing a completely new insurance program for our members.

There will be four types of insurance cover available, to be launched country by country, to include: CYBER, TRAVEL, REVISIONS, and DISABILITY.

The ISAPS Insurance Committee is working with selected partners to develop and bring ISAPS members various insurance policies that have been created with the surgeons in mind and offering them specific benefits.

In this and future issues of *ISAPS News*, we will describe each of these policies.

## WHAT IS ISAPS CYBER COVER?



The rapid acceleration of the Internet of Things (IoT) has introduced new vulnerabilities to surgeons and clinics of all sizes. Hackers are more sophisticated, and viruses more widespread, making IT systems vulnerable to attacks more than ever. How would you or your clinic recover from a major ransomware attack? Emphasizing cyber security in your

clinic's continuity and disaster recovery plans, including an insurance policy, will help you recover from cyber incidents in a timely manner and avoid unnecessary stress to you, your patients and your staff.

*ISAPS Cyber Cover* will provide training tips, insurance cover and the services of a breach council to manage the data breach. This means that you will benefit from the following cover and services:

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- Liability arising from failure to maintain a patient's confidentiality of data or photographs
- 24/7 breach response Hotline

- A crisis team to help manage an incident and coordinate specialist suppliers such as IT security specialists, legal and PR teams who will address journalists and media questions
- A forensic team to ascertain the reason for and the extent of the data breach and potentially remove the hacker or malware from your system
- Restoration of lost or damaged data loss
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# BREAST RECONSTRUCTION IN GUANAJUATO, MEXICO



**GUSTAVO JIMÉNEZ MUÑOZ LEDO, MD**  
Mexico  
ISAPS Assistant National Secretary of Mexico

Globally, breast cancer is the most frequent tumor and the most common cause of death in women who die from a malignant neoplasia. An estimated of 1.67 million women with breast cancer are diagnosed each year and 522,000 patients die from this disease. Control and survival vary according to the population and region where this neoplasm occurs. In poor and developing countries, 5-year survival rates are 30% to 45%, in contrast to fully developed countries where it is 80%. These results are highly dependent on the access to timely detection of cancer or screening and optimal treatment established earlier.

On the other hand, incidence rates vary considerably between regions and countries of the world. There is a large number of epidemiological studies that indicate the possible causes of this diversity in the pattern of occurrence of breast Cancer. Also, mutation of the BRCA1 and BRCA2 genes represents an important factor for the risk of developing this disease; however, its impact on the general population is lower. In fully developed countries, breast cancer mortality has declined consistently such as the United States, Denmark and the United Kingdom among others. This reduction has been associated with optimal treatment and timely detection. In Mexico, breast cancer has shown an increase both in incidence rates and in mortality because of the lack of an optimal screening program and opportune early treatment.

In our state of Guanajuato, the clinical presentation is very different from other Mexican states because we have very young patients with breast cancer and also a high incidence in men, probably because we are an industrial pathway.

In the United states, less than half of all women who require mastectomy are currently offered breast reconstruction surgery, and fewer than 20% elect to undergo immediate reconstruction. Studies have revealed that 23% of women understand the wide range of breast reconstruction options available and we observed an increase of 39% of patients that search for a reconstructive option. In Mexico, we consider that less than 10% of the mastectomized patients search for reconstruction, probably because of lack of insurance coverage, economic issues and lack of information from their oncologists.

Since 2014, we have been working in our state to create a foundation called REBICAM Guanajuato and have already performed more than 200 breast reconstruction procedures among our patients and helped 98 patients to recover their anatomical integrity. We consider that a woman without reconstruction is not completely rehabilitated from this terrible disease.

On October 6-8, we performed our 4th so that we can help more women. We count on the support of many national and international plastic and reconstructive surgeon members of ISAPS including Arturo Ramirez-Montañana, Silvia Espinosa Maceda, Bertha Torres, Elsa Morel, and Julio Palacios among others. We performed TRAM flaps, Dorsal flaps, tissue expanders, implants, lipofilling procedures, mastopexies, nipple reconstructions, areolar tattoos, among other breast procedures to help these patients.

We are very proud that we could help so many women and we are willing to help more of them. Here are a few examples.



Figure 1 - 38 years old patient who undergo left mastectomy, reconstructed by pediculated ipsilateral tram flap, nipple reconstruction, lipofilling and areolar tattoo. Result form 18 months.



Figure 2 - 42 years old patient, reconstructed by dorsoepigastric flap, lipofilling, nipple reconstruction and tato. 15 mo of initial procedure.



Figure 3 - 55 years old patient undergo reconstruction with contralateral pediculated tram flap, lipofilling, nipple reconstruction and areola skin graft, result form 24 mo from initial procedure.



Figure 4 - 56 yo patient who undergo 1st step reconstruction with dorsoepigastric flap.



Surgical team in our 4th breast reconstruction campaign, October 2017

# HONEY, COPPER, WINE AND WOUND INFECTION



**DENYS MONTANDON, MD**  
Switzerland

This article is for Catherine Foss, bacteriologist and Executive Director of ISAPS  
Wound healing and its possible impairment has been a concern since the origin of mankind. No wonder that the most ancient written documents tell us how to take care of wounds.

## SUMER

The surviving Mesopotamian medical records consist of roughly 1,000 cuneiform tablets. From the scientists who were able to decipher some of these 4,000 year old Sumerian tablets (Fig.1), we learn that three gestures should be made to treat a wound: washing, making a plaster and bandaging. The Sumerians were great beer lovers; it was thus natural that they would use it in their recipe: “wash the diseased part with beer of good quality and hot water, and rub with the mixture.” According to their clay tablets, the plasters they used were made of mud: “take some river sediment, pound it, knead it with water then rub the diseased with mineral oil and bind it as a plaster.”



Figure 1- Sumerian cuneiform writing tablet

## EGYPT

Egyptian medicine as recorded in the Smith papyrus (1650 BC) went further in dealing with wounds. The basic wound salve was a mixture of grease, honey and lint. The lint was some sort of vegetable fiber, the grease could be anything from vegetable oil to snake grease. The honey was by far the most popular Egyptian drug, being mentioned some 500 times in 900 remedies. It came from wild bees since Egyptians did not practice apiculture.

### HONEY

Honey is antibacterial for several reasons.

- Being extremely hypertonic, it draws water from the bacterial cells, causing them to shrivel and die.
- Honey can also prevent the growth of bacteria by an antibiotic mechanism. One of the active principles, *inhibine* or glucose-oxydase, is an enzyme secreted by the pharyngeal glands of the bee.
- High concentration of *Staphylococci* or *E. coli* added to a mixture made of butter and honey cannot survive more than 2 to 3 days.
- Honey is still in use in several parts of the globe for the treatment of burns.

## GREECE

*Peri Helkon* (Περί ἔλκων) is the title of a whole Hippocratic treatise about wounds and the way to treat them. The word *helkon* in ancient Greek can be translated as wound or ulcer, which today is usually a complication of an infected wound. The Greeks had noted that after a few days, a white-yellowish secretion covered most deep wounds with more or less odor. They had ambivalent feeling about this pus. The turbid and smelly variety was called *ichor* (ἰχώρ). It was a kind of corrupted blood, which could lead to

*sipsi* (σήψις) – sepsis – putrefaction or gangrene. It was thus to be treated by removing the bad blood flooding to the wound. Letting blood escape from the body even at a distance from the wound was one of the treatments and is at the origin of the traditional surgical veno-sections that lasted up to the 19th century. The non-smelly good white pus, the *phlegma* (φλέγμα), was considered a good omen and became also for centuries the *pus bonum et laudabile* of the Romans, that generations of surgeons did everything to enhance in order to promote healing. Despite these theories, the Greeks could not fail to notice that many wounds healed perfectly without suppuration. Therefore, every wound posed a dilemma: was it one that could heal directly or one that should be helped to suppurate?

In case they had decided to prevent suppuration, they used dry powders to be sprinkled on the wound like lead, bronze, zinc or copper oxide. As was proved later on, these substances have strong anti-bacteriological powers. A mythological tale tells us how Telephos, the king of Mysia, was saved by this method. Telephos was wounded in the thigh by Achilles on his way to Troy. The wound would not heal and Telephos consulted the oracle of Delphi about it. The oracle responded in a mysterious way that “he that wounded shall heal.” Telephos convinced Achilles to help heal his wound in return for showing the Achaeans the way to Troy. Achilles accepted and scraped some rust from his spear on the wound as depicted in a famous bas-relief found in Herculaneum (Fig.2). Did the oracle suspect the antibacterial power of copper?



Figure 2 - Telephos' wound healed by copper scraped from Achilles' spear

### COPPER

Copper kills bacteria in two sequential steps.

- The first is a direct interaction between the surface and the bacterial outer membrane, causing the membrane to rupture.
- The second is related to the holes in the outer membrane, through which the cell loses vital nutrients and water, causing a general weakening. When the cell's main defense (its outer envelope) has been breached, there is an unopposed stream of copper ions entering the cell. The bacterium can no longer “breathe”, “eat”, “digest” or “create energy.”

When the good pus had to be enhanced for better healing according to the theory, ancient Greeks were using other mixtures made of greasy wool, water and wine. Wool would certainly increase suppuration, but at the same time the alcoholic content of wine and its antiseptic properties had a beneficial effect on the infection. In fact, by cleansing wounds with wine, they were actually disinfecting them with polyphenol, a more complex version of the 19th century phenol that would be used by Lister.

## WINE

10% concentrations of ethyl alcohol in ordinary wines have little effect on bacteria. The optimal strength of alcohol-water mixtures against *E. coli* and *Staphylococci* is 70%.

The effect of wine is also truly bactericidal, not bacteriostatic. Red wine is a little more effective than white, but the best antiseptic are the strong southern wines like port, among which the prize goes to Greek wine from Samos. This mechanism is not due to the alcoholic content of the wine, but to the *anthocyanes*, a subgroup in the large group of polyphenol present particularly in the principal pigment of red wine, malvoside or oenoside. Its antiseptic effect increases as the wine ages.

## ROME

The Romans did not modify the treatment of wound infection, but we owe to the encyclopedist Cornelius Celsus (30 AD) the cardinal signs of inflammation that every medical student has learned: rubor, calor, dolor and tumor (redness, heat, pain and swelling). The Greek Galen (129AD-200AD), who greatly influenced the practice of medicine and surgery for generations, was a strong supporter of promoting “good pus” for better healing and nobody would dare to contradict him except Theodoric de Borgognoni who wrote in 1266: “It is not necessary that pus be present in the wounds as most surgeons believe. It is a great mistake; such a procedure is against nature, it prolongs the disease and delays the healing of the wound.” Borgognoni was in favor of pouring wine on the wounds to stop suppuration, but his advice was quickly forgotten.

For generations of surgeons, up to the end of the 19th century, wound infection has been a major threat, particularly after limb amputations. The cause and prevention of these often- deadly complications arose following a series of observations and discoveries in the field of microbiology, chemistry and epidemiology.

## MICROBIOLOGY: THE ANIMALICULES IN THE MOUTH

In 1665, Robert Hooke, an English naturalist, published an illustrated book entitled *Micrographia, or Some Physiological Descriptions of Minute Bodies Made by Magnifying Glasses* (Fig.3), with spectacular copperplate engravings of the miniature world, particularly of insects.

He also described cork and other plant tissues, introducing the term *cell* because the cellulose walls of dead cork reminded him of the blocks occupied by monks.

A few years later, the Dutchman, Anton Van Leeuwenhoek, fascinated by Hooke's observations, started developing his own magnifying lenses and microscopes. In 1683, he wrote to the Royal Society about his observations on the dental plaque found in people who had never cleaned their teeth in their lives and reported: “I then most always saw, with great wonder, that in the said matter there were many very little living animalicules, very prettily moving.” He concluded: “All the people living in our United Netherlands are not as many as the living animals that we carry in our mouth.” These were the first observations on living bacteria ever recorded, but most people were horrified by these findings and would not believe that they have so many animalicules in their mouth.

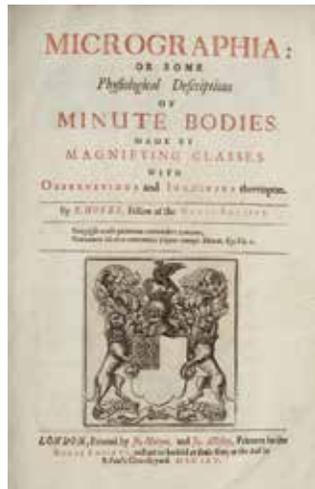


Figure 3 - Micrographia by Robin Hook

## CHEMISTRY: THE WINE LOVERS

The word *antiseptic* was used for the first time by Sir John Pringle in a series of articles entitled *Experiments upon septic and antiseptic substances*, but these papers would have remained unknown had a French woman, Marie-Geneviève-Charlotte d'Arconville (Fig.4), not translated and corrected his experiments, doing for several years daily experimentation on the use of mercury and other substances as antiseptics to fight putrefaction. She published under a pseudonym in 1766 a book entitled *Essai pour servir à l'histoire de la putréfaction*, but wanted to remain anonymous because she thought that if people knew that a discovery had been made by a woman, it would not be taken seriously. Noticing a hundred years before Pasteur the link between putrefaction and fermentation and its importance for medicine, she wrote: “This marvelous operation that nature operates on the organized bodies (the acid fermentation leading to putrefaction) should excite our attention and made us work assiduously to discover its mechanism. Surgery and medicine could draw great advantages by this knowledge for the healing of numerous wounds and diseases.”



Figure 4 - Portrait of Madame d'Arconville

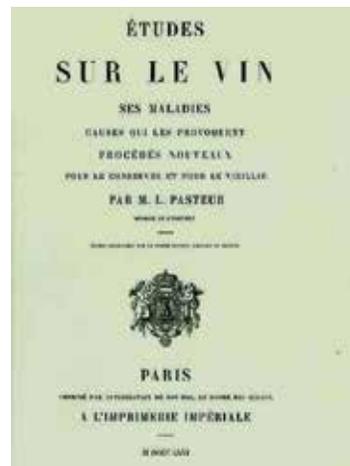


Figure 5 - Book by Louis Pasteur on wine-making

If Italy and France had not been great wine lovers, germs and wound infections would have remained mysterious for a long time. It all started in Florence when Adamo Fabbroni wrote in 1787 a book on the art of making wine (*Ragionamento sull'arte di far vino*), where he affirms that wine fermentation is produced by living substances present in the must. This idea was sustained by several scientists, particularly by the chemist Louis Pasteur who owned a vineyard and had written a treaty on wine making (Fig.5).

His experiment was as follows. He would empty the pulp of grapes in a clean glass with no connection to the open air. The juice thus obtained did not

show any fermentation. But adding of the skin of the grapes, contaminated by rainwater, provoked fermentation. He concluded that living substances, germs, yeasts, are normally present in our atmosphere. For this and for his other discoveries in the field of infectious diseases, Pasteur is often considered one of the greatest benefactors of humanity.

The notion that the air could contaminate tissues and fluids gave the idea to the British surgeon Joseph Lister to prevent wound infection with antiseptic drugs. He was aware that some peasants were using a phrenic acid based product in the fields to remove the smelly sewer odor without affecting the farm animals. His 1867 article on “Antiseptic principle in the practice of surgery” became a landmark in the history of surgery: “To prevent the occurrence of suppuration, with all its attendant risks, was an object manifestly desirable, but till lately apparently unattainable, since it seemed hopeless to attempt

to exclude oxygen, which was universally regarded as the agent by which putrefaction was effected. But when it had been shown by the researches of Pasteur that the septic property of the atmosphere depended, not on the oxygen or any gaseous constituent, but on minute organisms suspended in it, which owed their energy to their vitality, it occurred to me that decomposition in the injured part might be avoided without excluding the air, by applying as a dressing some material capable of destroying the life of the floating particles. The material, which I have employed, is carbolic or phenic acid, a volatile organic compound, which appears to exercise a peculiarly destructive influence upon low forms of life, and hence is the most powerful antiseptic with which we are at present acquainted." Thanks to this method, the incidence of wound infection of Lister's patients dropped considerably.

### EPIDEMIOLOGY: THE DIRTY HANDS

The Hungarian gynecologist, Ignaz Philipp Semmelweis noticed that in two obstetrical clinics in Vienna there was a different incidence of puerperal fever. In one, attended only by midwives, the incidence was low whereas in the other, where medical students came frequently from the autopsy room, the incidence of death by fever was high. In 1847, his friend Kolletschka, professor of anatomy died of an infection after having cut his finger during an autopsy. It was a trigger for his decision to ask the students to wash their hands with bleach before entering the obstetric ward. In two years, mortality fell from 15% to 1.5%. At that time, surgeons were very reluctant to adopt these procedures of hygiene. They were used to operate their patients dressed in city clothes or dirty blouses. Some of them even enjoyed having blood or pus on their outfit. It took almost twenty years for Semmelweis' principles to be applied in surgery and for Pasteur to declare: "If I had the honor to be a surgeon, knowing, as I am, all the dangers that the microbial germs can affect the surface of all the objects, especially in the hospitals, I would not only use perfectly cleaned instruments, but after having cleaned my hands with great care, I would use only bandages and sponges which were exposed before to a temperature of 130 to 150 degrees."

### THE GENEVA HAND HYGIENE MODEL: BACK TO ALCOHOL

As Chief of prevention of infections at the Geneva University Hospital, the Swiss Didier Pittet observed that strict application of hand washing between each patient's care may prevent cross-infection by 50%, but health-care workers' adherence to guidelines was usually poor. For doctors and nurses, to wash hands with soap for five minutes between patients is time consuming and often avoided. Easy, timely access to both hand hygiene and skin protection is necessary for satisfactory hand hygiene behavior. Alcohol-based hand rubs have been found to be better than traditional hand washing as they require less time, act faster, are less irritating, and contribute to sustained improvement in compliance associated with decreased infection rates. In 2004, Pittet was approached by the World Health Organization's World Alliance of Patient Safety to lead the First Global Patient Safety Challenge under the banner "Clean Care is Safer Care". The mandate was to galvanize global commitment to tackle health-care associated infection, which had been identified as a significant area of risk for patients in all United Nations Member States. As of September 2017, "Clean Care is Safer Care" has been endorsed by ministers of health in over 150 countries worldwide – representing coverage of more than 90% of the world population. Alcohol-based hand rub is now also routinely practiced by most surgeons before entering the operating room.

Didier Pittet himself is not an alcohol drinker, but he was accused of promoting the use of alcohol in a few Muslim countries. Physiologists had to prove that the molecules of alcohol could not cross the skin barrier of the palms and enter the blood stream before the method was accepted.

*in vino veritas*



## MEMBERS, SEND US YOUR PHOTOS!

If your photo is not included on our website, please send it to us to add to your profile.

Send photos to: [Membership@isaps.org](mailto:Membership@isaps.org)

# HISTORY: ISAPS PRESIDENTS AND CONGRESSES



**THOMAS S. DAVIS, MD**

United States  
ISAPS Historian

Since its founding, ISAPS has had an illustrious group of plastic surgeons serving as President and hosting each biennial Congress. The three-year gap between 1997 and 2000 was required in order to shift ISAPS and IPRAS congresses to alternating years. Listed here are all our honored Past Presidents and the Congresses over which they presided.

Congress #	President	Country	Term	Congress Location and Year
1	John R. Lewis, Jr.	United States	1970-1972	Rio de Janeiro, Brazil - 1972
2	John R. Lewis, Jr.	United States	1972-1973	Jerusalem, Israel - 1973
3	Mario Gonzalez-Ulloa	Mexico	1973-1975	Paris, France - 1975
4	Ulrich T. Hinderer	Spain	1975-1977	Mexico City, Mexico - 1977
5	Jack E. Davis	Argentina	1977-1979	Rio de Janeiro, Brazil - 1979
6	Sanford Glanz	United States	1979-1981	Tokyo, Japan - 1981
7	Seiichi Ohmori	Japan	1981-1983	Montreal, QC, Canada - 1983
8	Benito Vilar-Sancho	Spain	1983-1985	Madrid, Spain - 1985
9	James W. Smith	United States	1985-1987	New York, NY, US - 1987
10	Rodolph Myer	Switzerland	1987-1989	Zurich, Switzerland - 1989
11	Jose Guerrerosantos	Mexico	1989-1992	Guadalajara, Mexico - 1992
12	Guy Jost	France	1992-1993	Paris, France - 1993
13	Blair Rogers	United States	1993-1995	New York, NY, US - 1995
14	Ricardo Baroudi	Brazil	1995-1997	Sao Paulo, Brazil - 1997
15	Kiyotaka Watanabe	Japan	1997-2000	Tokyo, Japan - 2000
16	K. Guler Gursu	Turkey	2002-2002	Istanbul, Turkey - 2002
17	Thomas M. Biggs	United States	2002-2004	Houston, TX, US - 2004
18	Joao Sampaio Goes	Brazil	2004-2006	Rio de Janeiro, Brazil - 2006
19	Bryan Mendelson	Australia	2006-2008	Melbourne, Australia - 2008
20	Foad Nahai	United States	2008-2010	San Francisco, CA, US - 2010
21	Jan Poell	Switzerland	2010-2012	Geneva, Switzerland - 2012
22	Carlos Uebel	Brazil	2012-2014	Rio de Janeiro, Brazil - 2014
23	Susumu Takayanagi	Japan	2014-2016	Kyoto, Japan - 2016
24	Renato Saltz	United States	2016-2018	Miami Beach, Florida, US - 2018

# IN MEMORIAM



## JOSE GUERREROSANTOS, MD - 1932-2017

Mexico

ISAPS Past President 1989-1992

AMCPEP Past Presidente 1978-1979

Mexico had, and gave the world, one of the giants of plastic surgery, Dr. José Guerrerosantos. He was a great master, a tireless scholar, a scientist, and altruistic in unmatched human quality, who always taught us by his tenacity and example. José Guerrerosantos was born in San Martín Hidalgo municipality of Jalisco on the 26th of February in 1932, 88 kilometers from Guadalajara. His father took him to Guadalajara where he started his career at the Medical School of the University of Guadalajara from 1947 to 1953. Dr. Jose Barba Rubio, founder and director of the Dermatological Institute of Guadalajara, sent him to the service of Dermatology at the General Hospital in Mexico City where he had his first contact with reconstructive surgery that so captivated him and would mark his destiny. He decided to continue his training in General Surgery and Plastic Surgery at the University of Guadalajara. In 1969, he was appointed as the first Professor and Chief of the Division of Plastic and Reconstructive Surgery of the Dermatological Institute of Jalisco where he worked until 1976. In 1977, Dr. Alfonso Topete, who was Chief of the chest surgery department at the Civil Hospital, sent him to the University of Chicago in Illinois as a Fellow of the plastic and reconstructive surgery service to continue his training as a plastic surgeon.

Undoubtedly, one of his most important legacies was the founding in 1979 of The Institute Jalisco of Reconstructive Surgery. Thanks to Dr. Guerrerosantos, this entire hospital has been exclusively dedicated to the practice of plastic surgery in its two branches, Aesthetic and Reconstructive, including teaching, research and social welfare. To date, approximately 458 plastic surgeons from Mexico and several countries in



North and South America, Europe and Asia have trained there. The world of plastic surgery is mourning. What a big responsibility we inherited from this great master! Thank you for showing us the path to excellence with such attention to the fundamental ethical principles of our specialty with the firm conviction to follow to the end of this road with a true vocation of service.

Today, the last chapter of his life is closed, but only in the physical state as, in spirit, he will continue to live forever. There is no doubt that all of us are to some extent so proud to have known him. We go on with his projects of educating, learning and serving as he would want us to do and we feel proud of the seeds that he sowed to keep his valuable legacy alive.



Dr. José Guerrerosantos, you will always be with us.

Thank you for all that you did, Master.

Arturo Ramirez-Montañana MD - Mexico  
ISAPS Parlamentarían

Bertha Torres Gomez, MD - Mexico  
ISAPS National Secretary for Mexico



## EMIL GEORGIEV, MD - 1948 - 2017

Bulgaria

On August 23, 2017 Emil Georgiev, our member in Bulgaria passed away. Dr. Georgiev worked for more than 40 years in the field of plastic surgery in Bulgaria and was well known as an expert in rhinoplasty, cleft lip and palate surgeries. In 1982, he was the first Bulgarian surgeon to performed liposuction. After the communist era, in 1992, he established the first private clinic for aesthetic plastic surgery, Nefertiti. We all miss him so much.

# ISAPS WELCOMES NEW MEMBERS

## OCTOBER THROUGH DECEMBER 2017

### AUSTRIA

Birgit PÖSSL, MD

### BAHRAIN

Mude Madhusudana NAIK, MBBS, MS, MCh\*

### BRAZIL

Juliana FERNANDES SPITZ, MD\*\*

Marcio Wallace GOMES, MD\*

Alberto Cesar HODARA, MD

### CANADA

Mathew PLANT, MD, FRCSC

Maryam SAHEB-AL-ZAMANI, MD\*\*

### INDIA

Sunil ARORA, MBBS, MS, MCh

Bikram Jit SINGH, MBBS, MS, MCh\*

### IRAN

Mahyar KIAFAR, MD

### JORDAN

Abdul S. ABULFAILAT, MD

Hussein A. ABURUMMAN, MD\*

Hussein K. AL-TARAWNEH, MD

Rafat A. ALABDALLAT, MD

Suzan M. BAKHIT, MD

Samiha M. EL-HADID, MD\*

Walid M. KARHCHULE, MD

Ghazi M. ZABEN, MD

### LUXEMBOURG

Joe HELLERS, MD, PhD, MBA

### MEXICO

Marcos Gerardo GONZALEZ MARTINEZ, MD

### PERU

Ralph R. ALMONTE, MD, FACS

Cesar A. ANTEZANA DELGADO, MD, PhD\*

Ronny W. AZABACHE, MD\*

Luis A. BARRENECHEA, MD\*

César A. CALDERÓN, MD\*

Jose CASAPIA, MD\*

Luis E. CASTAÑEDA, MD, FACS\*

Javier G. CASTRO, MD\*

Mario E. DRASSINOWER, MD

Beto A. HERRERA, MD\*

Martha M. JHUSEY, MD\*

Frank T. JIMENEZ, MD\*

Winston LA TORRE, MD, PhD\*

Linder A. LOPEZ, MD, PhD\*

Percy J. NUÑEZ, MD\*

Johnny G. PITA, MD\*

Jennie RUEDA, MD

Anibal H. SANTIVAÑEZ, MD\*

Miriam F. SOLIS, MD

Sandra TERRAZAS, MD\*

Manuel TERUYA, MD

Jesus E. VALDIVIA, MD\*

Marlena A. VIRIJIVICH, MD

Walter ZEGARRA, MD\*

### PHILIPPINES

Kathrina Victora A. BALUYUT-ANGELES, MD

Kaitlin Ann LIM, MD\*\*

Hector Bobby NAZARENO, MD

### POLAND

Malgorzata KOLENDA, MD, PhD\*\*

### ROMANIA

Cristian Radu JECAN, MD, PhD

Dragos MURARU, MD, PhD\*

Iulia MURARU, MD\*

Dragos-George ZAMFIRESCU, MD

### RUSSIAN FEDERATION

Tatiana MAVRODI, MD, PhD

### SINGAPORE

Pearlie TAN, MBBS, MRCSEd, FAMS(Plastic Surgery)\*

### SLOVAK REPUBLIC

Juraj PALIATKA, MD

### SOUTH AFRICA

Christiaan Gerhardus JOUBERT, MD, MMed(Surgery), FAMS(Plastic Surgery)

Chrysis SOFIANOS, MBBCh, MRCS, MSc\*\*

### SOUTH KOREA

Hanjo KIM, MD

Han Woong KO, MD, PhD

### SPAIN

M<sup>a</sup> Jose CASTRO VEIGA, MD

Montserrat SALVADOR LOPEZ, MD

### THAILAND

Thana CHUEABUNDIT, MD

Theerapong POONYAKARIYAGORN, MD

Kanit WITTAYAVANICHAJ, MD, FRCST

### UNITED KINGDOM

Mo AKHAVANI, MD\*

Miriam BYRNE, MD\*

Charles DURRANT, MA, MBBS, BSc(Hons), FRCS(Plast)

Andrea MARANDO, MD

Christopher WALLACE, MB ChB, BSc(Hons), MRCS, MS, FRCS(Plast)

### UNITED STATES

Gustavo BELLO ROJAS, MD

Payman DANIELPOUR, MD

Franziskas HUETTNER, MD, PhD, FACS

John LAYKE, DO, FACS

Narayanan NAIR, MD\*\*

Pat PAZMINO, MD, FACS

Earl STEPHENSON, MD, DDS

\* indicates Associate Member

\*\* indicates Associate Resident/Fellow Member

# MEETINGS CALENDAR



**11th Annual Oculoplastic Symposium**  
Date: 18 January 2018  
Location: Atlanta, GA, UNITED STATES  
Contact: Susan Russell  
Email: [srussell@sesprs.org](mailto:srussell@sesprs.org)  
Tel: 1-435-901-2544  
Fax: 1-435-487-2011  
Website: <http://www.sesprs.org>



**Advances in Breast Plastic Surgery**  
Date: 19 January 2018 - 20 January 2018  
Location: Lyon, FRANCE  
Contact: Dr. Emmanuel Delay  
Email: [emmanuel.delay@lyon.unicancer.fr](mailto:emmanuel.delay@lyon.unicancer.fr)  
Tel: 33-6-81753184  
Fax: 33-4-78782701  
Website: <http://lyon.breast-lipomodeling.com/>



**52nd Baker Gordon Educational Symposium**  
Date: 08 February 2018 - 10 February 2018  
Location: Miami, FL, UNITED STATES  
Contact: Mary Felpeto  
Email: [maryfelpeto@bellsouth.net](mailto:maryfelpeto@bellsouth.net)  
Tel: 1-305-854-8828  
Fax: 1-305-854-3423  
Website: <http://www.bakergordonsymposium.com/>



**ISAPS Course - Belgium, Cadaver Dissection**  
Date: 18 January 2018 - 20 January 2018  
Location: Liege, BELGIUM  
Contact: Mrs. Anne-Marie Gillain  
Tel: 32 (0)4 242-5261  
Fax: 32 (0)4 366-7061  
Website: <http://www.isapscourse.be>



**Masterclass in Advanced Facial Rejuvenation**  
Date: 31 January 2018  
Location: Paris, FRANCE  
Contact: Sylvie Le Louarn  
Email: [lelouarn@lelouarn.eu](mailto:lelouarn@lelouarn.eu)  
Tel: 33-1-45532717  
Fax: 33-1-47278291  
Website: <http://www.lelouarn.com>



**ISAPS Course - Spain**  
Date: 09 March 2018 - 10 March 2018  
Location: Barcelona, SPAIN  
Contact: Dr. Jesus Benito-Ruiz  
Email: [drbenito@antiaginggroupbarcelona.com](mailto:drbenito@antiaginggroupbarcelona.com)  
Tel: 34-932-522-349  
Website: <http://www.isapscourse.es>



**34th Annual Atlanta Breast Surgery Symposium**  
Date: 19 January 2018 - 21 January 2018  
Location: Atlanta, GA, UNITED STATES  
Contact: Susan Russell  
Email: [srussell@sesprs.org](mailto:srussell@sesprs.org)  
Tel: 1-435-901-2544  
Fax: 1-435-487-2011  
Website: <http://www.sesprs.org>



**ISAPS Symposium - India immediately preceding AESURG 2018**  
Date: 01 February 2018 - 04 February 2018  
Location: Udaipur, Rajasthan, INDIA  
Contact: Jitin Batra  
Email: [aesurg2018@gmail.com](mailto:aesurg2018@gmail.com)  
Tel: +91 11 4158 6401  
Website: <http://www.aesurgisaps2018.com>



**Highlights of Plastic Surgery**  
Date: 15 March 2018 - 17 March 2018  
Location: Panama City, PANAMA  
Contact: Dr. Luis Picard-Ami  
Email: [lpicardami@gmail.com](mailto:lpicardami@gmail.com)  
Tel: 507-6747-9911  
Website: <http://highlightsofplasticsurgery.com/>



**ISAPS Course - South Africa**  
Date: 23 March 2018 - 25 March 2018  
Location: Somerset West, SOUTH AFRICA  
Contact: Hendrika van der Merwe  
Email: [congress.isaps@eliteconfer.co.za](mailto:congress.isaps@eliteconfer.co.za)  
Tel: +27-21-981-3081  
Website: <http://www.isapscourse.co.za>



**2nd Buttock Surgeries Course**  
Date: 23 March 2018  
Location: Paris, FRANCE  
Contact: International Plastic Surgery Advanced Course  
Email: [contact.ipsac@gmail.com](mailto:contact.ipsac@gmail.com)  
Tel: 33-04-72837769  
Website: <http://www.ipsac.eu/>



**Dr. Nazim Cerkes - Open Rhinoplasty Hands-on Course**  
Date: 29 March 2018 - 01 April 2018  
Location: Istanbul, TURKEY  
Contact: Yagiz Tutuncuoglu  
Email: [yagiz@seveneventcompany.com](mailto:yagiz@seveneventcompany.com)  
Tel: 90-533747 1423  
Website: <http://istanbulapsc.org/>



**GLOBAL ALLIANCE - Aesthetic Plastic Surgery 2018 - Korean Society for Aesthetic Plastic Surgery**

Date: 07 April 2018 - 08 April 2018  
Location: Seoul, SOUTH KOREA  
Contact: Prof. Seung-Kyu Han  
Email: [ksaps@ksaps.or.kr](mailto:ksaps@ksaps.or.kr)  
Tel: +82-2-3472-4243  
Fax: +82-2-3472-4243  
Website: <http://www.aps-iae.com>



**16th BEAULI Symposium**

Date: 09 June 2018 - 10 June 2018  
Location: Berlin, GERMANY  
Contact: Wibke Bodensiek  
Email: [info@pk-bw.de](mailto:info@pk-bw.de)  
Tel: 49-(0)3303-513-4000-0  
Fax: 49-(0)3303-513-4000-90  
Website: <http://www.beauli.de/>



**First International Aesthetics and Art Meeting**

Date: 10 August 2018 - 11 August 2018  
Location: Zurich, SWITZERLAND  
Contact: Dr. Mathias Tresp  
Email: [mtresp@me.com](mailto:mtresp@me.com)  
Tel: 41-44-211-8260  
Fax: 41-44-212-8203  
Website: <http://www.swissaesthetics.ch>



**ISAPS Symposium - Saudi Arabia - immediately preceding the Saudi National Congress**

Date: 14 April 2018 - 15 April 2018  
Location: Riyadh, SAUDI ARABIA



**ISAPS Course - Turkey, 10th Eurasian International Aesthetic Course with Live Surgeries**

Date: 21 June 2018 - 24 June 2018  
Location: Istanbul, TURKEY  
Contact: Yagiz Tutuncuoglu  
Email: [yagiz@seveneventcompany.com](mailto:yagiz@seveneventcompany.com)  
Tel: +90-5337471423



**ISAPS Course - China**

Date: 13 September 2018 - 14 September 2018  
Location: Shandong Province, CHINA  
Contact: Dr. Li YU  
Email: [yuoli@163.com](mailto:yuoli@163.com)  
Tel: 86-21-6313-5715  
Fax: 86-21-5307-8025



**GLOBAL ALLIANCE - The Aesthetic Meeting - American Society for Aesthetic Plastic Surgery**

Date: 26 April 2018 - 30 April 2018  
Location: New York, NY, UNITED STATES  
Website: <http://www.surgery.org/>



**MIPSS 2018 - Marbella International Plastic Surgery Summer School**

Date: 21 June 2018 - 23 June 2018  
Location: Marbella, SPAIN  
Contact: Dr. Kai Kaye  
Email: [info@oceanclinic.net](mailto:info@oceanclinic.net)  
Tel: 34-951-775518  
Website: <http://www.mipss.eu/>



**IMRHIS 2018**

Date: 29 October 2018 - 31 October 2018  
Location: Miami Beach, FL, UNITED STATES  
Contact: Susan Russell  
Email: [srussell@hdplanit.com](mailto:srussell@hdplanit.com)  
Tel: 1-435-602-1329  
Fax: 1-435-487-2011  
Website: <http://www.IMRHIS2018.com>



**ISAPS Symposium - France, immediately preceding 2018 SOFCEP meeting**

Date: 31 May 2018 - 02 June 2018  
Location: Lyon, FRANCE  
Contact: SOFCEP - Marie CRISTOL SOUVIRON  
Email: [socfep@vous-et-nous.com](mailto:socfep@vous-et-nous.com)  
Tel: +33(0)5 34 31 01 34  
Website: <http://www.congres-sofcep.org>



**ISAPS Symposium - Indonesia - immediately preceding the OSAPS meeting**

Date: 18 July 2018  
Location: Bali, INDONESIA  
Contact: Dr. Theddeus O. H. PRASETYONO  
Email: [teddyohp@yahoo.com](mailto:teddyohp@yahoo.com)  
Tel: 62-21-31931424  
Fax: 62-21-31931424



**24th Congress of ISAPS**

Date: 31 October 2018 - 04 November 2018  
Location: Miami Beach, FL, UNITED STATES  
Contact: Catherine Foss  
Email: [isaps@isaps.org](mailto:isaps@isaps.org)  
Tel: 1-603-643-2325  
Fax: 1-603-643-1444  
Website: <http://www.isapsmiami2018.com/>



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45 Lyme Road, Suite 304  
Hanover, NH, USA 03755  
Phone: 1-603-643-2325  
Fax: 1-603-643-1444  
Email: [ISAPS@isaps.org](mailto:ISAPS@isaps.org)  
Website: [www.isaps.org](http://www.isaps.org)

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Catherine Foss  
[ISAPS@isaps.org](mailto:ISAPS@isaps.org)

### ABSTRACT MANAGER

Jodie LeBrun  
[Abstracts@isaps.org](mailto:Abstracts@isaps.org)

### FINANCE OFFICER

Sally Rice  
[Accounting@isaps.org](mailto:Accounting@isaps.org)

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(Ms) Jordan Carney  
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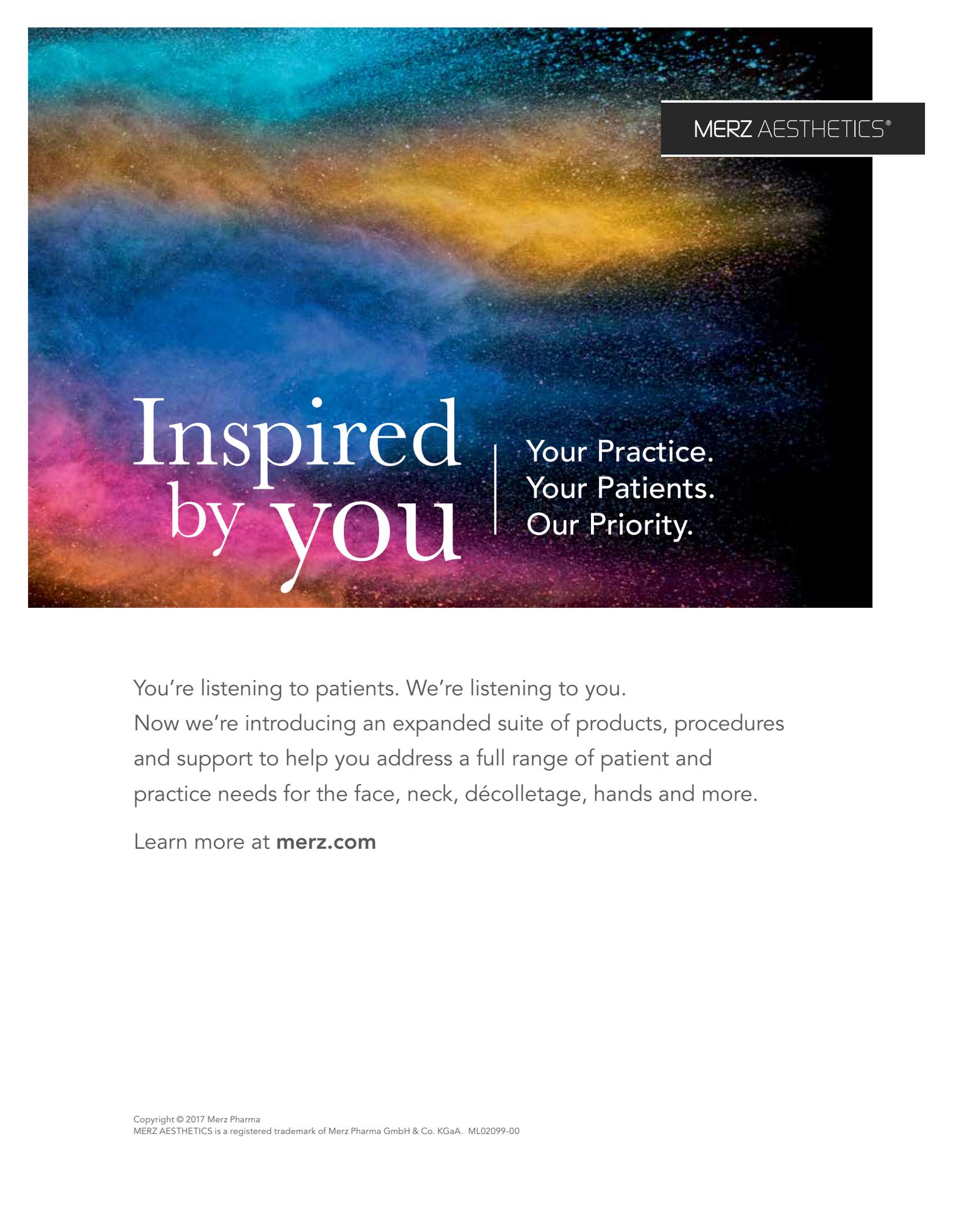
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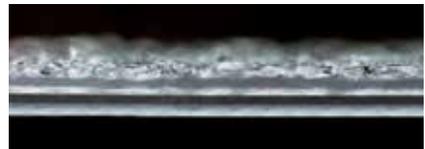
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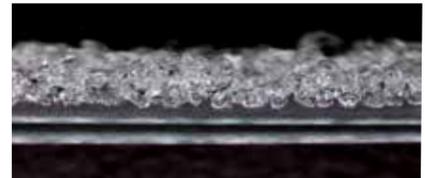
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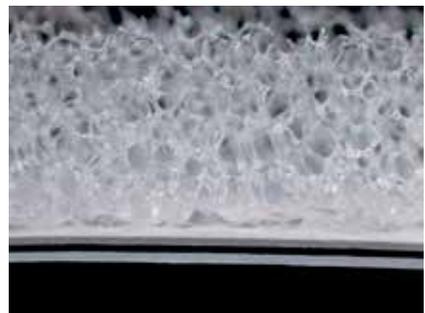
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