

ISAPS NEWS

Official Newsletter of the International Society of Aesthetic Plastic Surgery

ISAPS VISITING PROFESSOR PROGRAM OFF TO A GREAT START

J. Peter Rubin, MD, FACS – United States

The new ISAPS Visiting Professor Program had its inaugural visit in September 2013 with yours truly, the editor of *ISAPS News*, having the privilege to serve as the first ISAPS visiting professor in this new program. I want to personally thank Dr. Renato Saltz for his incredible vision and leadership in re-establishing this outstanding educational opportunity. The ISAPS Visiting Professor Program is designed to bring international professors to plastic surgery programs across the globe and have intensive interaction with the residents and faculty. I am pleased to report that the inaugural visit for this new program has satisfied these expectations and has been wonderfully successful.

I arrived in São Paulo, Brazil, and had the pleasure of enjoying the scenic 2.5 hour car ride through the countryside to Botucatu with Dr. Flávio Mendes, Professor of Plastic Surgery at the University FMB-UNESP [Botucatu Medical School (Faculdade de Medicina de Botucatu, FMB) of São Paulo State University (UNESP)].

Upon arrival in Botucatu, the Chair of Plastic Surgery at the Botucatu program, Dr. Fausto Viterbo, treated me to a tour of the research laboratories of the plastic surgery program. There is a historical connection between our universities, as Dr. Viterbo had been a scholar in residence at the University of Pittsburgh in the past. I met both their research fellows and research faculty, including their collaborators from the Bioengineering Department. The research facilities were very impressive, with excellent equipment and highly-skilled faculty and research fellows. After a tour of these facilities, we gathered in the research amphitheater for a scientific exchange. A wide breadth of presentations

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ISAPS Visiting Professor, J. Peter Rubin, MD, performing a live surgical demonstration in Botucatu

ISAPS WILL LAUNCH NEW WEBSITE IN NOVEMBER

Catherine Foss – United States

ISAPS Executive Director

This month, ISAPS launches a new major member benefit:

✓ a completely redesigned website – www.isaps.org

The new website offers an attractive new design and improved functionality and a number of significant changes that were implemented to benefit members and the patients they serve.

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MESSAGE FROM THE EDITOR



Welcome to this issue of *ISAPS News*. Our cover story features a report of the new *ISAPS Visiting Professor Program*. I could not be more proud to serve as the first visiting professor in this new education program. This program connects ISAPS members across the globe to participate in a unique small group intensive educational session. Importantly, it helps enhance the knowledge and skill base of our residents in training who represent the future of our specialty.

Also in this issue we hear about the new website for the society, which will greatly facilitate flow of information to our members and be an even more valuable resource.

Our very popular **Global Perspectives Series** continues with thoughts from our colleagues on the topic of body contouring. See this section for some interesting and enlightening commentary on trends and practice patterns in different regions of the world.

This issue also contains reports of wonderful ISAPS education activities around the world. Don't miss the personal notes from our society president about his trip to China in the Presidential Editorial. I hope you enjoy this issue, packed full of interesting features and information about our fantastic society.



Warmest regards,

J. Peter Rubin, MD, FACS
ISAPS News Editor

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Future Issues of ISAPS News:

January – April theme is **Periorbital Rejuvenation**

May – August theme is **Post Weight Loss Body Contouring**

September – December theme – **Variations in Training Programs**

If you are interested in contributing an article of 500-750 words, please contact the Editor at isaps@conmx.net

PRESIDENTIAL EDITORIAL



My Trip to China

It was always my dream to visit China and the Great Wall. From childhood on, I heard about this ancient country as one of the largest and most important cultural nations in the world. And ISAPS gave me this opportunity—a long trip aboard the new and comfortable Airbus 380. I reach Shanghai in October for our official course organized by Susumu Takayanagi, our President-Elect, and Li Yu, our National Secretary for China and



Opening Ceremony Shanghai Official Course : from left to right: Li Yu, Carlos and Walderez Uebel, Jill Toth, Zuoliang Qi, Bryant Toth, João Erfon, Misako Takayangi, Martin Huang, Susumu Takayanagi.



Local Arrangements Chair. It was a very nice experience where I saw so many young surgeons seeking aesthetic education—a new generation starting in the world of plastic surgery. China has four societies of plastic surgery, the largest one with more than 2,000 members. Dr. Zuoliang Qi, president of this society, told me about the interest and also about the difficulties to get members to join ISAPS. They don't believe they should have to pay for meeting registration or annual dues to be a member of an international society. For political reasons, they don't understand how we can charge if they don't need to pay anything in China for their membership. This caused me some embarrassment and certainly it will take some time to come to an understanding in such a country. The second problem I saw was the language barrier. Only a few plastic surgeons speak a language other than Mandarin. However, I learned a lot from them and saw many outstanding micro surgical procedures, reconstructive breast surgeries—and finally the Great Wall. Li Yu will try to encourage more membership and promote our Rio Congress 2014 and perhaps in the future we will have more ISAPS members from China.

New Website

We are very proud to announce our new website that you can now access and see the ISAPS WORLD: a new and dynamic approach to access information about our society. We thank Grant Stevens for introducing us to our website design team, Catherine Foss and her staff who spent a lot of time overseeing the development of this new website, and of course the investment of our society in this vital communication tool. We are sure that you and your patients will see the great benefit of this more complex site to help you access information in ten languages. Our enhanced calendar lists many educational opportunities around the world. We have, in our presidential term, scheduled more than 28 such activities for this and next year. Nazim Cerkes is doing a wonderful job in our Education Program and Renato Saltz is in charge of our Visiting Professor Program (VPP). You can read about our first VPP in this issue. Certainly, we can have some controversies and difficulties in some countries to produce these courses, but this is what makes the difference in our society—different cultures, differ-

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The Great Wall

Visiting Professor Program, continued from page 1

by the research fellows and faculty highlighted an exceptional body of work being done in tissue engineering and regenerative medicine. Most of this work involved adipose-derived stem cells, which is also the main focus of my own research at the University of Pittsburgh. This was a wonderful session, and there was much discussion after each presentation. This session was a perfect match between the research program of the hosting university and the visiting professor, as I serve as the Co-Director of the Adipose Stem Cell Center at the University of Pittsburgh and have a primary interest in these types of projects. After the



Dr. Rubin with the faculty and residents in Botucatu

excellent presentations by the research faculty and fellows of the FMB-UNESP, I had the opportunity to give an overview of my research work at the University of Pittsburgh. This lecture on adipose-derived stem cells was a perfect complement to the preceding session. As with the first session, much discussion was generated around the research topics.

After this excellent scientific exchange, the clinical faculty and residents moved to another lecture hall in the medical school for a live patient marking session. We had planned in advance to have a surgical case, consisting of a circumferential upper body lift and dermal suspension mastopexy in a massive weight loss patient. The patient had been selected and photographs reviewed in advance of the visit to determine that the patient was a good candidate. The live marking demonstration was an outstanding opportunity for interactive discussion around the comprehensive planning of a specific case. We spent

a good hour discussing the case and the operative plan, and performing the detailed markings for the surgery scheduled the following morning.

It was quite late in the evening after the marking demonstration had concluded, and my hosts took me for a casual small group dinner where we enjoyed good local Brazilian food and fellowship.

The next morning, we operated at the university hospital. What a pleasure to scrub with the highly-skilled residents of the program and Dr. Flávio Mendes, one of their professors.

We concluded the day with a presentation of a copy of my body contouring book (with thanks to co-editors Dirk Richter, Mark Jewell, and Carlos Uebel) to the residents of FMB-UNESP. It was a great privilege to inscribe a copy of the book for their library and, on behalf of all of the editors of that book, we are honored to have that volume in the plastic surgery library of the FMB-UNESP. The next two days, Friday and Saturday, were spent with the faculty of the teaching course on body contouring of the extremities. I was honored to be a keynote speaker for that course and

we enjoyed two days of lectures and lively discussion on body contouring operations. I am grateful to the organizers of the meeting for planning that all of the lectures would be given in English so that I could participate fully in the interactive discussion following each talk.

In summary, the inaugural ISAPS visiting professorship was a tremendous success. I am forever indebted to Dr. Fausto Viterbo, Chairman of the Department of Plastic Surgery at FMB-UNESP, whose hospitality was unparalleled and whose visible leadership was so clearly evident in his incredibly high-quality plastic surgery program. I also give great thanks to Dr. Flávio Mendes, whose flawless organization of the Visiting Professor Program made the educational experience truly outstanding. The wonderful thing about being a visiting professor in such an outstanding program is that I end the experience

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EUROPEAN STANDARD FOR AESTHETIC SURGERY SERVICES IMMINENT

Ivar van Heijningen, MD – Belgium

National Secretary for Belgium, Chair, ISAPS Membership Committee

This is the fifth article on this topic. We made an important step closer to a European Standard for Aesthetic Surgery Services.



Sabotage?

On August 30 and 31, we met again in Vienna, after a second enquiry on a draft standard for Aesthetic Surgery Services and Non-surgical Aesthetic Medical Services. Almost four years after the start of this project, some searched for technical reasons to stop this standard. Others focused more on legal contradictions. In the weeks prior to this meeting, a message was circulated that we were not working within the scope of the project – standard-speak for: you are not discussing what you planned to discuss so you are doing something that you are not allowed to do, e.g. talking about non-surgical. Although to me that can be debated the matter-of-fact consequence was that we threatened to correct this or be reported with the risk that the entire project was lost. Frustrating, since we were doing this since day one, so why didn't anyone address this earlier so that we could have dealt with it at an earlier stage. It feels like an attempt to sabotage the project.

There were basically two ways out and both meant that we had to ask for permission to expand the scope, and then either:

- split the draft in surgical and a non-surgical drafts, or
- keep the draft as it is and go for a formal vote.

Weighted Votes

Now an indicative vote on the enquiry showed that there was a majority of countries who wanted to continue with

the draft as it is and create a European Standard on both surgical as well as non-surgical services. But, if we count all these votes based on the weight of the country (meaning the number of inhabitants) there was no chance of getting 71% of the votes, which basically means no European Standard! It could still become a Technical Specification or a Technical Report, but this has little influence and need not be accepted by all European countries. So in Vienna last August we had to vote on these options, and we got a 7-7 outcome. Only after counting the weighted vote and pointing out that this would mean NO standard, two countries changed their position. Thus we got a slim majority to split the standard.

Formalities

The formalities would give us uncertainty until mid-October when the so-called Technical Committee would meet. They have to formally agree to expand the scope of this project committee to non-surgical and then accept a new work item. This means that we can extract all non-surgical out of the current draft into a new draft on Non-surgical Aesthetic Medical Services. There is no certainty, but if all follows the expected rules and no more sabotage, this should happen.

In Vienna, we resolved all the comments on the last draft so after incorporating this in the draft it can be split. The surgical draft can then be put up for formal vote (after translations into French and German) and this could lead

to a European Standard if we get enough votes, but it seems a high probability that this would work.

The Non-surgical draft will then go through a sort of fast-lane procedure also called Unified Acceptance Procedure, with a sort of short enquiry which will hopefully lead to a final working draft, which can then be put to a vote. This second procedure will take longer, if not much longer, but at least we keep everything we have worked for.

Worst Scenario

For some reason, the TC might decide not to expand the scope or not allow a new work item. If this is the case, all non-surgical has to be removed and the work has to start all over again for this part of the draft. The surgical draft could also fail to get 71% of the votes and thus end up as a Technical Specification, which would be a great disappointment after all the work.

Conclusion

Mid-October we will know what we can keep and what will be lost after the meeting of the CEN technical committee. There is a high likelihood that the current draft will be split and that the European Standard for Surgical Services will go for a formal vote. This should get majority approval. As for the Non-Surgical Medical Standard, this will take at least a year longer, but hopefully we can get that as well but the chances are less sure as for the Surgical Standard. 



- The site was developed with patients in mind. Unlike our old site, in this new version we put patients first. With expanded information for patients and improved patient safety resources, we can expect to attract more patients from around the globe to our website and ultimately to our members' practices.
- The site is truly international. It is constructed on a powerful new platform that will support an unlimited number of languages in the future. For the initial release, a core set of information is included in ten languages.
- The new *member locator* will deliver enhanced profile information about our members and was designed to help attract patients to our members' practices by way of popular search engines.
- A special feature within the new site empowers members to contribute articles and perspectives relevant to their re-

gion and in their language. Contributors will benefit from increased visibility on the site.

- Improvements to the *membership application processing system* help support the society's goal of attracting more new members to our thriving organization.

We thank our website designers and programmers at **Etna Interactive** who have worked tirelessly for over a year to create this multi-faceted website. They include: Dan Manalo, Bret Heenan, Shawn Hall, Andrea Bowers, Kurt Schulz, Jimmy Roberts, Brian Christopher, Brad Matsushita, Jeri Marks, Chris Hogue, Kevin McGinn, Michael Sweeney, Ryan Kilimnik, Ashlyn Aiu, Kamil Baranowski, and Nancy Bruce.

Without the help of our twelve dedicated, volunteer translators, the patient information pages could not have been created in nine languages on deadline. We are indebted to them for their interest, attention, and hard work. 

ISAPS WEBSITE TRANSLATORS

With much gratitude to these volunteers for their willingness to work very hard to translate the patient information pages of our new website into nine languages. Thank you.



Enrique Etxeberria
Spanish



Carlos Parreira
(Port.) Portuguese



Fausto Viterbo
(Brazil) Portuguese



Antonio Graziosi
(Brazil) Portuguese



Eric Auclair
French



Bernard Mole
French



Luigi Lapalorcía
Italian



Sami Saad
(Lebanon) Arabic



Mutaz Al Karmi
(Jordan) Arabic



Ritsu Aoki
Japanese



Philip Chen
Chinese, Traditional and Simplified



Anna Borovikova
Russian

with more knowledge than I could possibly leave behind. Of course, my most sincere thanks goes to all of the faculty and residents of the program at FMB-UNESP who welcomed me with unequalled hospitality and friendship. I wish all of the subsequent ISAPS visiting professors the same fantastic experience that I had in Botucatu. I don't think this could have been any better! 

Dr. Rubin is Chair, Department of Plastic Surgery, Director of the Center for Innovation in Restorative Medicine, UPMC Endowed Professor of Plastic Surgery, and Professor of Bioengineering, University of Pittsburgh, Pittsburgh, Pennsylvania, USA.

See page 30 for a message from the National Secretary for Brazil regarding the Visiting Professor Program.

The ISAPS Visiting Professor Program

brings our best educators in aesthetic surgery to areas that may otherwise never be exposed to modern surgical and non-surgical aesthetic surgery training. We work with national societies of plastic surgery, universities and other plastic surgery teaching facilities to schedule Visiting Professor visits. To take advantage of this volunteer education program that provides intensive on-site training for residents and fellows and lectures to larger audiences, contact the program chair, Renato Saltz at rsaltz@saltzplasticsurgery.com

Visiting Professors already scheduled:

- September 2013 – *Peter Rubin* – Brazil
- October 2013 – *Olivier Gerbault* – Romania
- January 2014 – *Nuri Celik* and *Renato Saltz* – India
- April 2014 – *Nazim Cerkes* and *Vakis Kontoes* – Dubai
- May 2014 – *Nazim Cerkes* – Russia
- November 2014 – *Foad Nahai* – Hong Kong

Donations to the ISAPS Endowment Fund to support this program are tax deductible. We recommend that you consult your tax advisor to determine if such a donation is deductible outside the US. Thank you to all our members who have generously contributed to help us to continue providing the best Aesthetic Education Worldwide.



INTERNATIONAL SOCIETY OF AESTHETIC PLASTIC SURGERY

22nd CONGRESS

**September 19-22, 2014
Rio de Janeiro, Brazil**

www.isapscongress.org



SFR UPDATE

Ronald Iverson, MD – United States

President of AAAASFI



Since its 2004 inception, Surgery Facilities Resources has provided accreditation services to facilities located outside of the United States under the American Association for Accreditation of Ambulatory Surgery Facilities International (AAAASFI). These international facilities, and United States-based facilities that participate in the AAAASFI Global Accreditation program, comprise a global community of accredited ambulatory care facilities and maintain a commitment to global patient safety. Facilities participating in this program demonstrate the highest quality of international healthcare, thereby differentiating themselves from the broader community of healthcare providers throughout the world. In recent years the AAAASFI program has

experienced tremendous growth in the global healthcare market, by collaborating with local physicians, professional societies, and government agencies. By accrediting sizeable concentrations of facilities in a given location, AAAASFI has played a critical role in developing and identifying centers of healthcare excellence. AAAASFI looks forward to the proliferation of accreditation and the advancement of global patient safety.

Patient safety is the mission of AAAASFI, which evaluates facility compliance with safety standards organized into nine broad categories related to the facility and its operations. In order to obtain accreditation through the AAAASFI program, facilities must maintain 100% compliance with the

standards. Accredited facilities must demonstrate that appropriately qualified physicians provide appropriate care to only appropriate patients and do so only in an appropriately equipped and governed setting. Fulfilling these requirements ensures that physicians practice only in the specialty in which they have fellowship training.

In 2012, international facilities began participating in the unique AAAASFI mandatory peer review and unanticipated sequelae reporting system as a condition of accreditation. This system reveals comparable or better safety records than facilities that are regulated only by government agencies. The mandatory semi-annual peer review process reveals that accredited facilities have achieved a standard level of quality and patient safety irrespective of the treatment location. The AAAASF peer review dataset includes over six million patient cases and has aggregated valuable information since 2001. 



Ronald Iverson, MD President of AAAASFI presents an accreditation certificate to Alejandro Quiroz, MD for Cosmetologia Medica Clinica de Corta Estancia, in Tijuana, Mexico

APS: A BRIEF UPDATE

Henry M. Spinelli, MD – United States

Editor-In-Chief of Aesthetic Plastic Surgery (The Blue Journal)



On Monday, October 21st a journal retreat was held at Springer's New York City headquarters. These regularly held journal retreats between the editorial and publishing partners of *Aesthetic Plastic Surgery* have in the past been held at concomitant ISAPS meetings in an effort to efficiently utilize resources. Past retreats were held, for example, in London and San Francisco during our board meeting and biennial congress respectively. This year our esteemed president, Dr. Carlos Uebel, asked that we have a dedicated meeting in New York City and invited Drs. Fabio Nahas and Peter Rubin to attend.

I am happy to say the meeting was informative, collegial and overall positive. In attendance were: Ms. Catherine Foss, Ms. Victoria Ferrara, Ms. Antoinette Cimino, Drs. William Curtis, Peter Rubin, Fabio Nahas and myself. Additionally, a number of our production and business staff presented reports, including Mr. Ray Ramonas (Springer Production) and Mr. Scott Marshall (Springer Marketing). Mr. David Tyler of ANZU Medical also presented a report to the retreat attendees.

Briefly, *APS* enjoys a steadily increasing five-year impact factor, a newer parameter now utilized by Thompson Reuters. Our page count has almost doubled. *APS* turnaround time for submitted manuscripts has been reduced from 89 to 37 days. Institutional library subscriptions by way of consortia have risen from approximately 8,099 in 2010 to 8,282 in 2012.

Discussions concerning improvement in the Blue Journal's impact factor and other encouraging and informative discussions addressed further improvements that are planned. These include formal affiliations with various subspecialty societies, implementation of a fully non-printed interactive platform through our agreement with ANZU, self-citation rates, and the proposed initiation of a "Best Paper" award competition.

Finally, I want to personally thank Springer, ISAPS and especially the thoughtful attendees of our October 21st meeting in New York City. I especially want to thank Dr. Peter Rubin for flying in and out the same day, as he had commitments at his home institution in Pittsburgh, and special thanks to Dr. Fabio Nahas and his lovely wife Roberta for making the long trip and giving their time and energy.

As editor-in-chief of *APS* (The Blue Journal) I want to thank all the contributors, reviewers, section editors, ISAPS Board Members, Springer staff and everyone who has made *APS* successful. I remain available to you all. 

MESSAGE FROM THE CHAIR

Gianluca Campiglio, MD, PhD – Italy

Chair, ISAPS National Secretaries



I return to two subjects which recently generated a lot of discussion and some concern: the election process for National Secretary (NS) and the ISAPS policy regarding production of ISAPS Courses.

As some terms are now ending, I realize that there is no standard election process to be followed by National Secretaries as this issue is not specifically addressed in our By-Laws. Therefore, the initiative has been left to each of you. In some cases, the election was announced and managed by the National Secretary; in other cases, elections have been executed by our Executive Office; and in still other cases, a poll was taken during the annual meeting of the national society. The position of ISAPS National Secretary is a very prestigious appointment and I think that we should decide on a standard election process in the future that is transparent and democratic.

We have two important meetings of National Secretaries: an unofficial meeting is organized each spring during the ASAPS meeting that is attended by many of you; the second is our biennial meeting during the ISAPS congress, which NSs are required to attend. Both of these events offer a great opportunity to debate this subject, but in the meantime I suggest this election process: each National Secretary announces the election to the members of his/her country with adequate time of notification and requests names of candidates interested in the position. Once the candidate nominations are closed, the Executive Office sends an electronic ballot to members asking for their vote. In this way, we are sure that nobody is forgotten (our Executive Office has the most updated and complete list of members in each country), that only appropriate members vote (Associate and some Honorary members cannot vote), and that each member can vote only once. Obviously, this is a proposal and each of you is free to follow it or not, but I think that sooner or later we need to find a common process that is fair and valid for all of us.

Regarding the ISAPS policy relative to official courses which have been or are going to be organized by some of you, there have been some complaints about an assumed difference in the conduct of ISAPS from one course to another. I have personally organized an ISAPS course in Italy in 2012 and during my term as Chair of the NS I participated in at least one ISAPS course per month (sometimes two!) around the world. I can

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ISAPS INSURANCE: OVER 90% OF CLAIMS PAID OUT

Alison Thornberry – United Kingdom

Managing Director, Sure Insurance



Top 5 Claims in Aesthetic Surgery Insurance

- Capsular Contracture – Breast Augmentation
- Misshape – Mastopexy
- Wound Dehiscence – Abdominoplasty
- Malposition – Breast Augmentation
- Excess Bone/Cartilag Removal – Rhinoplasty

ISAPS Insurance is underwritten by Lloyd's of London and their claims team has confirmed the above as the top five claims being submitted in regard to aesthetic surgery.

ISAPS Insurance has been able to provide peace of mind to many patients and surgeons. In the event that remedial treatment is necessary, the patient will not have to pay these additional costs.

When a surgeon submits a claim, the claim handlers have a service standard of turning these around within seven days. In truth, if all the necessary paperwork is provided when submitting a claim then these are often turned around within 48 hours. Of course, this goes a long way to reassuring patients they will have their corrective procedure as soon as possible. History tells us that the sooner a patient is admitted for their remedial treatment the less likely they are to become an unhappy patient.

The team has improved the claims system to make it very easy for a surgeon to submit a claim by completing a standard one page form, confirming their information and contact details, bank account information (for claim payment), hospital

name, patient ID, date of original procedure, dated pre and post photographs, estimated cost of the corrective procedure and if the corrective treatment is to be carried out under general or local anesthetic. Sometimes, if the photographs are not clear, the claim handler may ask for the patient notes to assist the claim. On the next page, the surgeon is asked to tick a box from a list of diagnosed conditions. Once this form has been completed it can be submitted together with photographs by email or post.

ISAPS Insurance is now being offered by surgeons in 42 countries:

Argentina	Dominican Republic	Ireland	Romania
Austria	Ecuador	Italy	Singapore
Brazil	Egypt	Lebanon	South Africa
Belgium	Estonia	Malta	Spain
Canada	France	Mexico	Sweden
Czech Republic	Georgia	Netherlands	Switzerland
Colombia	Germany	Norway	Tunisia
Costa Rica	Greece	Peru	Turkey
Cyprus	Hungary	Poland	UK
Denmark	India	Portugal	UAE
		Qatar	USA

To see the policy cover application together with the terms and conditions, please go to www.isapsinsurance.com 

National Secretaries, continued from page 10

assure you that every National Secretary receives the same support in organizing his/her local course. Current ISAPS policy is to provide an outstanding faculty of the best speakers in the different fields of aesthetic surgery while the local organization provides their accommodation, meals and registration. These distinguished speakers always pay for their own airline tickets and dedicate a part of their precious time to our educational activities without any reimbursement.

The only course which will receive different financial treatment will be the one in Punta del Este (Uruguay) because the faculty consists chiefly of Board members who will already be present for the December Board meeting. To find the necessary financial support from local or international companies, national societies or even their personal pockets is the task of every NS who agrees to organize an ISAPS course in his/her country. ISAPS leaves the local organization

and practical aspects of these meetings to those hosting the courses, as long as a standard of excellence and prestige is maintained. This is the current policy of our organization, but policies can change. If someone would like to make suggestions to improve how this aspect of our mission of providing global aesthetic education is carried out, I will be happy to report your suggestions at the next board meeting in Uruguay. 

UNITED STATES

W. Grant Stevens, MD, FACS – USA



The ISAPS Biennial Global Survey revealed that liposuction is the most popular cosmetic surgery procedure, representing 18.8% of all cosmetic surgery procedures and projected to reach 1.6 million procedures worldwide. The ASAPS 16th Annual Cosmetic Surgery National Data Bank Statistics report showed that non-surgical procedures increased by 461% since 1997. Accordingly, the demand for non-surgical fat reduction procedures has increased as patients seek alternatives without surgical downtime and without risks inherent to anesthesia. As a result, device manufacturers have developed numerous systems for non-surgical body contouring.

My practice, Marina Plastic Surgery (MPS), has evaluated at least 11 medical device systems for non-surgical fat reduction, skin tightening, and cellulite minimization. MPS has evaluated, often bought, and sometimes returned the following systems: CoolSculpting, Exilis Elite, i-Lipo, Liposonix, SmoothShapes, Thermage, truSculpt, Vanquish, VelaShape, Venus Freeze, and Zerona. I've tried nearly all of them on myself and subsequently treated my staff, friends, and family. The systems with proven safety and efficacy were used to treat my patients. CoolSculpting has easily proven to be the most popular system, accounting for approximately 99% of the non-surgical body contouring at MPS.

Thus, this article focuses on cryolipolysis (CoolSculpting). Cryolipolysis employs controlled cooling to selectively damage fat cells. Fat cells are uniquely sensitive to cold and crystallize at a warmer temperature than water in surrounding tissues. Consequently, cryolipolysis can freeze fat cells without inducing damage to overlying skin and surrounding muscles, nerves, and blood vessels. The exposure to cold induces apoptosis in the fat cells and an inflammatory response in the treated tissue. Over the course of two to four months, the damaged fat cells are cleared by the body, resulting in gradual, permanent fat reduction in the treated region.

We have found cryolipolysis to be a very safe and effective procedure for non-surgical reduction of subcutaneous fat. In addition to safety and efficacy, cryolipolysis has high tolerability, excellent patient satisfaction, and brings potential for tremendous business growth to a plastic surgery practice. Cryolipolysis has been successfully integrated into my practice, attracting new patients who are interested in body contouring but not yet ready for invasive procedures. The first CoolSculpting system

at MPS was installed in December 2009. Since then, five additional systems have been installed one by one to meet patient demand. With six CoolSculpting systems in steady usage, an average of more than 80 treatment cycles are currently delivered each week.

Representative clinical efficacy is demonstrated in Figures 1 to 3. In Figure 1, a 47 year-old female presented for treatment of "bra roll" fat in her back (Figure 1a). The patient was treated with one cryolipolysis cycle on each side, followed by a second treatment one month later and a third treatment two months later, for a total of three cycles on each side. At six months from baseline, the "bra roll" was minimized and skin laxity was visibly reduced (Figure 1b). For the treatment of abdomen and flanks in Figure 2, multiple cryolipolysis treatments were delivered, producing significant volume reduction. The 50 year-old patient was in good physical health but had some excess fat in her abdomen and flanks pre-treatment (Figure 2a). After receiving two cryolipolysis cycles to her abdomen and two cycles to each flank, the patient achieved noticeable fat reduction two months post-treatment (Figure 2b). As illustrated by the flank treatment in Figure 3, a single cycle treatment to localized fat can result in a noticeable, aesthetically pleasing outcome. The 34-year-old patient wanted to get rid of his "love handles" (Figure 3a). Three months after being treated with one cryolipolysis cycle on each flank, the patient was pleased with his fat reduction (Figure 3b). Whether a single treatment cycle is used to minimize a discrete bulge or multiple cycles are delivered to yield significant debulking and body sculpting, cryolipolysis has proven to be a safe and efficacious non-surgical body contouring procedure.

Over less than four years, more than 6,000 cryolipolysis treatment cycles have been delivered at MPS and the procedure has reliably produced visible fat reduction and significantly contributed to our non-surgical practice; safety, efficacy, and patient satisfaction are consistently high. This non-surgical procedure has brought in new patients to the practice, such as men normally averse to cosmetic treatments and aesthetic neophytes reluctant to undergo invasive procedures. Following successful cryolipolysis results, many patients have subsequently sought secondary minimally-invasive aesthetic procedures and tertiary cosmetic surgeries.

Non-surgical body contouring is embraced at Marina Plastic Surgery and we have evaluated them all. At least 11 different non-surgical body contouring systems have been evaluated and many have been returned. Cryolipolysis is our non-surgical body contouring procedure of choice because of its high safety, tolerability, efficacy, and business growth potential.

The aesthetic arena has certainly changed with all of these lasers and devices. Time will shake out the best performers.



Figure 1: The patient underwent cryolipolysis treatment of "bra roll" fat on her back. Pre-treatment (a) and post-treatment six months from baseline (b). Procedure by Dr. W. Grant Stevens at Marina Plastic Surgery.



Figure 2: This 50 year-old female was physically fit but still unable to reduce excess fat in her midsection prior to cryolipolysis treatment. Pre-treatment (a) and two months post-treatment (b). Procedure by Dr. W. Grant Stevens at Marina Plastic Surgery.



Figure 3: This 34 year-old male wanted to non-surgically reduce his "love handles." Pre-treatment (a) and three months post-treatment (b). Procedure by Dr. W. Grant Stevens at Marina Plastic Surgery.

Dr. Stevens is a speaker for Zeltiq, Cutera and Cynosure.

UNITED STATES

Mark Jewell, MD – United States

ISAPS National Secretary for the United States



In this issue of *ISAPS News*, we have an excellent article by Grant Stevens, MD on cryolipolysis, a non-invasive form of body contouring. The article highlights one of the two most effective non-invasive body contouring technologies, with high-intensity-focused ultrasound (HIFU) being the other one. Within the context of this report, I thought that it would be useful to explore the body contouring marketplace in order that ISAPS members understand its dynamics and ever-changing patient preferences.

Formerly, there were predominately surgical options for body contouring that centered on liposuction technologies and excision of tissue with deep-layer tightening (classic abdominoplasty). Now there exist a variety of excellent options with corresponding technologies in all areas. This marketplace, when closely examined, now has “something for everyone” seeking body contour improvements. The challenge for ISAPS members is how to position themselves to “own” this marketplace and not go overboard on expensive technologies.

This remains an interesting marketplace, with a shift away from surgical procedures to the non-invasive ones. The non-invasive technologies represent a marketplace that never existed before in body contouring, especially for male patients. Patients will seek you out for non-invasive body procedures if you are in this marketplace. Equally important is the ability to grow a market for males and other patients who would not be suitable for surgical liposuction. One of my recent LipoSonic patients was a 65-year-old woman who was not a candidate for surgical liposuction, but lost 7.5cm off her waist with this non-invasive treatment. The non-invasive area is not for “all-comers” and I have found that patients achieve the optimal responses when they fit into pre-defined categories of BMI and measurable fat deposit thickness with diagnostic ultrasound.

If a patient is not a candidate for the non-invasive body contouring, an offering in surgical liposuction follows. We have been successful in converting patients who come in for non-invasive body contouring into surgical liposuction if they are seeking multiple areas, want a more dramatic outcome, or can accommodate a recovery period. Additionally, we have developed an economical approach to use tumescent anesthesia with IV sedation that

keeps patients comfortable and avoids general anesthesia. There are excellent liposuction systems such as Vaser and Power-Assisted Liposuction available.

Patients also seek volume enhancement through autologous fat transfer that can be accomplished at the same time as surgical liposuction. By having your clinic configured for this procedure, you will avoid sending patients away to other surgeons. Fat transfer procedures are expected to grow substantially.

Finally, it's not just the “standard abdominoplasty” any longer, but variations on lipoabdominoplasty that has been popularized by our Brazilian ISAPS members. This approach enables patients to achieve the best of regional body contouring, preservation of perforator vessels, and a lower incidence of seromas. Other interesting approaches of waistline enhancement as described by Mossaad and Frame in our journal, *Aesthetic Plastic Surgery*, show how the abdominoplasty of today allows surgeons to enhance contour versus just tightening deep layers.

From a strategic perspective, it is essential that plastic surgeons own the entire spectrum of body contouring, from the non-invasive to excisional approaches, in order to avoid disruption. This is an area that is ripe for continued innovation and ISAPS members are at the forefront. The area of cellulite management is an example where ultimately a solution will be found that is safe, affordable, and effective. 

Dr. Jewell is a consultant for Allergan, Solta, Keller Medical, and New Beauty Magazine and an investigator for Mentor, Allergan, Medicis-Valeant, Solta, and Pfizer-Excaliard.

SWEDEN

Igor Niechajev, MD – Sweden



Sweden is basically a socialist country, but for the past seven years it has been successfully governed by the conservative coalition of the so-called bourgeois parties. Healthcare is regulated and 90% is provided by the government, either directly by the NHS, or indirectly by private healthcare providers who have contracts with and are reimbursed by the state. Only a small segment of healthcare is purely private. The state has the power to set priorities and policies of healthcare and one of the priorities is prevention and treatment of obesity.

The Ling mass-gymnastic exercises introduced in the 1930s and Nordic walking both originated in Sweden. Despite being a nation hooked on jogging and other outdoor activities, the trend towards an ever-fatter population has been noted for the past thirty years. The number of people who are overweight (BMI ≥ 30) and obese (BMI ≥ 35) doubled in Sweden during the nineties. Another recognized criterion for morbid obesity is the circumference of the waist line. Women with waist circumference of ≥ 80 cm are at risk and with ≥ 88 cm at the high risk to develop obesity related diseases. The numbers apply for males at ≥ 94 cm and ≥ 102 cm respectively. In some areas, with lower average education and a high percentage of immigrants from the third world, 40% of children are overweight. In our nation of 9.5 million, the prevalence of overweight women in 2005 was 10.1% and 10.4% for men. At present, about 3% of the adult population of 18 - 65 years have a BMI over 35.

Swedish health authorities recognized the seriousness of the fat problem, with increasing risks for diabetes, cardiac and peripheral circulation diseases, arthritis,

decreased ability to work, and five to seven years shorter life expectancy and in 2010 allocated millions in extra funds to increase the number of surgically treated obese patients by 75%. Information campaigns were launched in schools and at primary care centers and special overweight units were created at all major hospitals. All procedures must be reported to the NHS for evaluation of their efficacy and the complications are also centrally registered. The NHS analyses results and issues recommendations thereafter.

Roughly 5,000 gastric by-pass, gastric banding, or bowel shunts are presently performed in the country per year. The actual need is much higher and it was estimated that just in the Greater Stockholm area with the population of 2 million, there are 38,000 people who would qualify for the criteria for bariatric surgery. Even if not all overweight people are interested in or motivated to seek treatment, thousands are on the waiting lists and many choose to pay US\$15,000 and have the operation done within a few weeks at the private bariatric surgery centers, which are booming. Even if there are more males than females with abnormal BMI, women seek help more often and in the NHS hospitals, 93% of patients undergoing bariatric surgery were females and for abdominoplasties it was 75%. More males are operated at the private bariatric surgery centres.

The secondary need for post bariatric body reducing surgery was initially overlooked in political planning. The majority of plastic surgeons have busy schedules and are not capable of providing hundreds of abdominoplasties, body-lifts and other related procedures.

Only recently, it was estimated that 30% of patients undergoing bariatric surgery will need abdominoplasty. Government hospitals offer apron reduction abdominoplasty which is difficult to get and often insufficient from the aesthetic point of view. Therefore, in 2011 the Health Authorities for the Greater Stockholm area designated in their budget US\$1.5M per year for abdominoplasty operations and opened for bidding for the private plastic surgery clinics.

The current trend in abdominoplasties in Sweden is that procedures are performed in conjunction with SAL liposuction, using either conventional, or mechanically reciprocating cannulas and suction pump. Following liposuction which should not exceed 2 litres, the abdominoplasty is carried out using techniques of limited lateral undermining in the upper part of abdomen as described by Matarasso, and placing 3-4 rows of quilting sutures of Ricardo Baroudi. Ultrasonic liposuction is used by more experienced colleagues, mostly for the secondary liposuction cases, while younger colleagues seem to be too busy to devote the time to learn the technique. At least two colleagues use the Body-tight device promoted by Malcolm Paul during his lecture in Stockholm two years ago, and some plastic surgeons use body-jet.

Prevailing tactics concerning body-lift and the multiple combined body contouring procedures are that they should only be done in the hospital setting and with access to the laboratory and the ICU. Only a few bold, or rather over-optimistic colleagues, perform body correcting surgeries of 4 to 6 or more hours duration in their private clinics. All others do it in stages.

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SERBIA

Violeta Skorobac Asanin, MD – Serbia

ISAPS National Secretary for Serbia

Body contouring techniques in Serbia include the use of all technologies for liposculpture. Additionally, fat transfer is a very powerful tool and its use is becoming prominent in Serbia. I can demonstrate this in the story of a patient who now tells me, “Fat transfer changed my life!” This patient with a soft tissue deformity of her right lower extremity was distraught after being initially told she has few options. “I had been operated on several times, my leg and tendons were extended, but I wasn’t satisfied. They said that they couldn’t do much with implants. I wished to be able to wear a mini skirt at least once, to go to the seaside without being ashamed to take my clothes off.”

She kept crying and sobbing for a long time. I told her to gain weight and we’d solve the problem. Under general anesthesia, we removed 2100ml of fat from the abdomen and the back; after fat preparation, we infiltrated 850ml circumferentially into the right hip and thigh and 650ml into the lower leg. Significant development of fat transfer techniques from one region to another brought good fortune to many patients, especially those with a diagnosis of polio and congenital soft tissue deformities. These diseases often leave behind a whole or lower leg deformity. The specific shape of a leg demanded precise and artistic filling, especially to equalize with the other leg. Fat transfer and its survival is still a controversy. I believe that the answer is very simple given that this patient came to my hospital seven years later and had the same look as she did a year after the fat transplantation. “Many thanks to you and whoever invented this technique, you have changed my life; I finally got married

at the age of 54—and I did it at the seaside,” said the patient.

Regarding other methods of body contouring, we are talking about body sculpting, we are talking about techniques of sculpting with elimination of excess skin and fat, techniques of removing excess fat and techniques of fat redistribution.

Frequent debate concerning the choice of technique is not being held for prestige or to diminish the value of certain techniques, but to establish standards and protocols that are safest for the patient’s health.

Removal of excess fat or superficial removal of cellulite can be done with various techniques of standard liposuction SAL (liposuction with vacuum aspirator and cannulas of different thickness from 2mm to 4mm) with lesser or higher amounts of infiltration (super wet liposuction). That is the oldest technique promoted by the French surgeon, Dr. Yves-Gerard Illouz, in 1982. The technique is used for smaller and individual regions, with recommended maximum removal of fat up to 5kg.

Further development of technique for safe removal of excess fat and body sculpting was seen in the development of ultrasound liposculpture (UAL). The first machine was constructed in Italy in 1988, and its first presentation was done by Dr. Michele Zocchi. With this technique, it is highly important that the infiltration is equalized in all layers, from subcutaneous to the deep plain, equal and abundant in all layers. The technique is based on an ultrasound generator which uses electrical power with assistance of crystals and piezoelectric effect and turns it into an ultrasound wave from 16 MHz that is emitted from the top of a titanium

probe. The probes are 4mm thick and 45cm in length for the body, and 2mm and 25cm for the face, knees and ankles. Emission of ultrasound waves contributes that in the radius of 2cm from the top of the probe the cell membranes burst and fat cells already swollen from infiltration, create a yellow emulsion that is completely bloodless.

Early problems of seroma and skin necrosis decreased as surgeons better understood how to use the device. In the last 14 years, we have performed surgeries on over 1,200 patients and the maximum was elimination of 18 liters of fat emulsion, and the patients have felt good after the surgery with freedom of movement. The essence is that UAL is the technique that causes surgery to last a lot longer than any other technique. Energy being used cannot be higher than 45% of total power for the body or 25% for the face, knees and ankles; it is a gentle and non-aggressive technique. Fat is emulsified in layers from the surface to deeper layers. Aspiration should not be done concurrently, but after the terminated ultrasound treatment since the loss of the fluids raises the heating of the tissue and possible fat necrosis. Skin should be wet from the outside and constantly cooled with water.

Power-assisted liposuction (PAL) is the technique, used since 1997, derived from a vibroliposuction system composed of a small machine, Lipomatic working with compressed air. Special cannulas 3mm to 5mm of various lengths are used. The air flow induces the moving of the cannulas back and forth in the range of 6mm; cannulas are vibrating 10Hz/s rotating causing the fibrosis and fat to smash, emulsify and suck in the same time under pressure of 2,5 to 4 bar. Infiltration is moderate, in



COLOMBIA

Lina Triana, MD – Colombia

ISAPS Secretary and National Secretary for Colombia

Some years ago, aesthetic plastic surgery was a taboo, something that people would hide. Now we have evolved to understand that with plastic surgery we cannot only have harmonious bodies and faces, but happier individuals.

This is why we can say every day that we have more people requesting aesthetic plastic surgery procedures and once again it is very important that we plastic surgery societies, like ISAPS, educate the general public on the importance of seeking qualified plastic surgeons.

Aesthetic plastic surgery of the face is common in many countries, but body

sculpting was more reserved. In today’s globalized world and exposure in the media of the Latin prototype, woman patients are seeking more and more to enhance their breast, buttocks and waistlines. Due to the tropical climate present in most of Latin America, and a tendency to have a more spontaneous and extroverted personality, our people have a more exposed dress code that leads to a tendency to show more their body parts which has made us, plastic surgeons, work on how to deliver harmonious figures. Also, in Latin-American women, it is normal to have bigger buttock areas and small waistlines,

again making it more important in our plastic surgery armamentarium to sculpture the human body simulating our typical Latin woman.

With this word tendency, Latin America has been referred to worldwide for a long time as sculpting harmonious figures. That is why we have today, according to the last ISAPS statistics, three Latin American countries in the top twelve where aesthetic procedures are done.

We can say that today Latin-American colleagues have years of experience in sculpting the human body and in delivering small waistlines and big buttocks.



Sweden continued from page 15

Those offering various more or less miraculous cures for obesity, which include diets, hypnosis, transcutaneous reduction of fat by laser, Japanese laser plates, radio waves or by cooling are mainly run by unqualified practitioners, registered nurses or lay persons. These treatments are labelled as “revolutionary” and the quick visible results, minimal discomfort and no need for recovery time are promised. This of course sounds much better

than all plastic surgeons nagging about risks, complications and the burdens of recovery. The daily newspapers and even radio are flooded by advertisements in which information about who will actually perform the procedure or treatment is missing. Since such procedures are non-invasive, anybody can become a self-promoted fat guru and make a good profit.



Serbia continued from page 16

the same scope as for SAL.

The development of laser technology was going in the direction of lipolysis so that in 2007 the FDA allowed the use of SmartLipo laser. The fat is emulsified under the thin laser fibers from 0,5 to 1,5mm, round shaped and not damaging the skin. As for the other techniques of liposuction good infiltration is required in order to have emulsifying and aspiration of the fat. The influence of the laser wave to subcutaneous fat leads to skin retraction.

In 2008, a new machine was constructed and new technique was developed: water-assisted liposuction (WAL). Aqua Lipo and Body-Jet Liposuction machines appear as a small fan-shaped water jet containing two cannulas with two lumens. Internal lumen injects infiltration under pressure and simultaneously through the external lumen excess fat tissue is aspirated.

The technique that definitely created a revolution in body sculpting is fat transfer from one region to another. Body reshaping

by fat removal with special syringes and its processing and filling of specific body parts provides augmentation of the volume of the buttocks, thighs and calves or filling of specific defects to equalize certain body parts and solve asymmetry.

This raises the question of the significance of fat. Do we discard it or redistribute it? In Serbia, we see that all of the techniques of body contouring have been embraced.

The author has no financial interest in any company or product named in this article.



Presidential Editorial continued from page 3

ent languages, different political issues, but only one purpose: Aesthetic Education Worldwide — our slogan — spreading new ideas and increasing friendship around the world.

Our next Survey

Our Executive Office together with our data analysts at Industry Insights are preparing a new survey for 2014, to collect data from surgeries done in 2013. As you know, our society has been a major reference for aesthetic surgeries around the world for more than four years. Therefore, we kindly ask you to provide the requested information about your surgical performance in 2013. In January, you will receive a questionnaire (to which you can respond in 5 minutes) about your most common aesthetic procedures. A raffle will provide a voucher of US\$200 for a discount at any ISAPS meeting to 20 winners who complete the survey. This will be an affordable contribution by ISAPS to be able to report global statistics that we provide to all media and journalists around the world. Be a part of this project.

ISAPS Congress in RIO – 2014

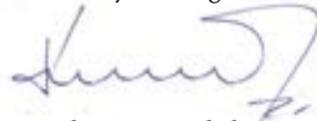
We are now preparing our next Biennial Congress in Rio de Janeiro from 19th - 22nd September on the huge beach of Barra da Tijuca, not far from Copacabana and Ipanema. We are expecting more than 2,000 plastic surgeons from all around the world and a faculty of more than 400 lecturers. You can access our congress website www.isapscongress.org to see the Preliminary Program as well as information regarding hotel reservations, sight-seeing tours, and social activities. In this wonderful area, you have outstanding shopping, restaurants, golf courses, and what is most important: an excellent convention center on the beach. Please register as soon as you can to get all the advantages of lower prices and hotel rates. Brazilian and South American surgeons will register through our office in São Paulo and those from all other countries will register through our central office according to simple instructions on the congress website.

Best Wishes to All

Coming to the end of this year, I would like to thank all our colleagues from around the world who have worked together with us and especially my thanks to our board and committee members for their wonderful contributions during this very intensive year. Really, they represent a Task Force acting in so many areas, supporting catastrophes, wars, and sometimes suffering contradictions and intensive attacks from others colleagues, but finally all those issues have been resolved with dialog and understanding. I am so proud to have such a dedicated group of members working without financial interests, spending time and money to travel around the world and leaving their families for so many days. Our society has a wonderful history of members who have

worked very hard to improve the standards of ISAPS. We need to continuously maintain and improve their objectives to maintain our primary mission — aesthetic education. We now have more than 2,500 members and on track to reach 3,000 — all of them well-qualified plastic surgeons. I send all of you best wishes and a peaceful time during the coming holiday festivities. The new year is approaching and I hope to see you embracing our wonderful ISAPS family.

With my kind regards,



Carlos Oscar Uebel
ISAPS President

BCRF AWARDS 2014

The Body Contouring Research Foundation (BCRF) Awards will be presented at the 22nd Biennial Congress of ISAPS in Rio de Janeiro, Brazil in September, 2014. There are two categories: the Young Presenter's Award and the Young Researcher's Award with prizes of \$3,000 for 1st place, \$2,000 for 2nd place, and \$1,000 for 3rd place in each category.

The purpose of these awards is to provide financial assistance to young researchers (clinical or basic science research) and to young presenters who are under age 45 and whose papers presented at the Congress have been found to be outstanding by the judges.

To request that your abstract submission be considered for one of these awards, you must check the box in the abstract submission program when you submit your paper. Abstract submission for the ISAPS Congress will open in early January.

ISAPS COURSE: AMMAN, JORDAN

Catherine Foss – United States

ISAPS Executive Director

The editors apologize for the oversight in omitting this report in our July issue.

In early May, I had the pleasure to visit Amman at the invitation of Dr. Mutaz Alkarmi, our National Secretary for Jordan. He and his colleague Dr. Mahmoud Wreikat, the President of the Jordanian Society, had worked very hard for many months to create an educational program for our first ISAPS course in their country. The local organizing committee went out of the way to create a superb event. Our heartfelt thanks for their efforts go to Drs. Khaldoun Haddadin, Samer Haddad, Fadi Zibdeh, Qusai Almusa, Jafar Hiari and Awni Abulail. Of course, we are all indebted to the great work of Eva Al-Samardali whose team managed the course so well.

On the day before the course began, a tour to the historic and archaeologically significant city of Petra, a world heritage site, was arranged for attendees. The guide provided a wealth of information about the history of the region. It was intriguing, mystical, and exciting to see such ancient lands and structures and to learn about the civilizations that thrived there for centuries.

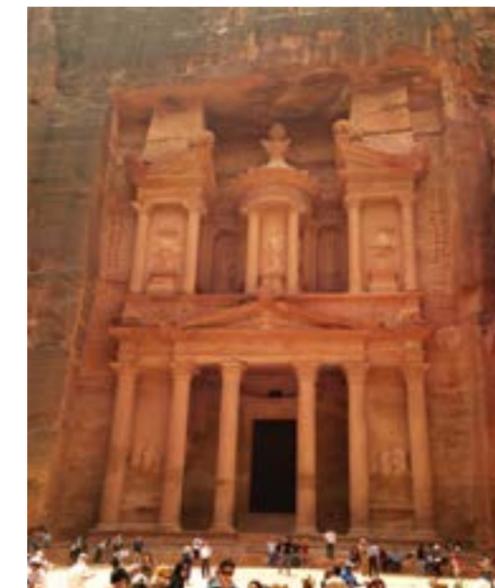
We thank the nearly 40 companies that supported this course at various levels. It goes without saying that the 100 surgeons attending the course witnessed ISAPS education at its best. The result was that half the Jordanian Society joined ISAPS shortly after this course. Le Royal Hotel was a spectacular venue that featured sessions on Periorbital Rejuvenation, Minimally Invasive Fat Grafting, Facial Rejuvenation, Breast Augmentation-Mastopexy, Breast Reduction-Mastopexy, Body Contouring, and Rhinoplasty. The guest faculty was comprised of Leyla Arvas, Nazim Cerkes, Akin Yucel and Nuri Celik, Turkey; Javier de Benito, Spain; Gianluca Campiglio, Italy; Vakis Kontoes and Apostolos Mandrekas, Greece; Sami Saad, Lebanon; Gaith Shubailat, Jordan and Alex Verpaele, Belgium.

Our hosts treated everyone as honored guests. We enjoyed fantastic cuisine at local restaurants, and especially at the two course dinners, one held in a private club and a special guest faculty dinner I had the privilege to attend hosted by Dr. Gaith Shubailat and his wife Zein.

Thank you to all who made this ISAPS course memorable for everyone who attended.



ISAPS Course – Faculty in Petra: Sami Saad (Lebanon), Javier de Benito (Spain) and Nazim Cerkes (Turkey)



PETRA: Inhabited since prehistoric times, this Nabataean caravan city, situated between the Red Sea and the Dead Sea, was an important crossroads between Arabia, Egypt and Syria-Phoenicia. Petra is half-built, half carved into the rock, and is surrounded by mountains riddled with passages and gorges. It is one of the world's most famous archaeological sites, where ancient Eastern traditions blend with Hellenistic architecture. – Source: UNESCO website <http://whc.unesco.org/en/list/326>



ISAPS COURSE: SINAIA AND BUCHAREST

Dana Jianu, MD – Romania

ISAPS National Secretary for Romania

I would like to thank everyone who attended the recent Romanian ISAPS Rhinoplasty Course.

The Official ISAPS Course on Rhinoplasty that was held in Sinaia, Romania on 26-27 October was one of 27 ISAPS education programs scheduled in 2013-2014. The course was organized in conjunction with Annual Conference of Romanian Association of Plastic Surgeons (25 of October) and was credited with 18 EMC points.

Both the subject and the faculty were of great interest among the more than 200 plastic surgeons from all Romania and several other countries including Saudi Arabia, Sweden, Netherlands, Moldavia, Taiwan, Portugal, United Kingdom and others. The participants declared this event as an outstanding one due to the design of the course and the famous speakers who shared extensively their expertise.

The course was broadcast live from Bucharest to Sinaia. It began on 26th of October with cadaver nose dissections demonstrating the most important techniques, surgical steps, tips and tricks, pitfalls and importance of the instruments in modern rhinoplasties. The magistral demonstrations were done by Nazim Cerkes, ISAPS Education Council Chair, and Wolfgang Gubisch, President of the European Society for Rhinoplasty.

The programme continued with two live interactive surgery demonstrations on patients at ProEstetica Medical Center sustained by the same masters in



continuous dialogue with the audience from Sinaia.

After successful termination of the operations, the team left for Sinaia to attend the Gala Dinner where they joined the other faculty members. All received surprise gifts and enjoyed good saxophone music, Romanian food and wine.

On the 26th of October, all speakers presented extended oral presentations including video sessions with high theoretical and practical value, very much appreciated by the audience.

The speakers were: Nazim Cerkes, Wolfgang Gubisch, Gaith Shubailat, Helmut Fischer, Nicolae Antohi, Olivier Gerbault, and Enrico Robotti.

A very interesting round table focused on the analysis of different difficult cases sent previously by Romanian plastic surgeons to determine the best strategy and therapeutic solutions proposed by the speakers.

The participating companies were: Allergan, Stryker, Core Invest health, Servier, Solartium, See Try Buy, Cosba Bontempi, Rhea Medical, Polytech, Minerva, Pell Amar, and BMW.

An exceptional autumn with warm weather, mountain landscapes surrounding the emblematic Royal Peles Castle in Sinaia, Dracula's Castle, and legendary Romanian hospitality impressed the international guests.



From left to right: Nazim Cerkes, Helmut Fischer, Dana Jianu (front), Olivier Gerbault (back), Toma Mugea, Wolfgang Gubisch, Nicolai Antohi, Enrico Robotti, and Gaith Shubailat.



ISAPS SYMPOSIUM: TOKYO, JAPAN

Susumu Takayanagi, MD – Japan

ISAPS President-Elect



Following the 36th Annual Meeting of the Japan Society of Aesthetic Plastic Surgery held at the Tokyo International Forum, a one-day ISAPS Symposium was offered in mid-October. I thank all the faculty members who shared their knowledge with their Japanese friends including Bryan Mendelson (Australia); Catherine Bergeret-Galley (France); Martin Huang (Singapore); David Park and

Yon-kyu Kim (South Korea); Chang-Chien Yang (Chinese Taipei); Kunihiro Nohira, Akihiro Ichinose, and Ryuichi Utusgi (Japan); and Richard Warren (Canada). All the presentations were high quality and we had many questions and discussions in the symposium. Attendees included about 70 doctors and the topics focussed on blepharoplasty all day, especially anatomy, how to rejuvenate the

upper and lower eyelid, correction of ptosis and correction of complications. As the main topic was only eyelid and most of those attending had so much experience with eyelid surgery, the level of the discussion was very high and everyone learned from and shared their knowledge with the great faculty members. This meeting will work well for the safety and the smiles of the attendees' patients.



ISAPS COURSE: CANNES, FRANCE

Eric Auclair, MD – France

Chair, ISAPS Educational Council



The ISAPS Course in Cannes on September 27 and 28 was a success on several different levels.

The great quality of the faculty that included our president Carlos Uebel and his Brazilian colleagues, our future president Susumu Takayanagi, Renato Saltz, and two past presidents, Tom Biggs and Joao Carlos Sampaio Goes. In addition, we had the pleasure to host Jim Grotting, future president of ASAPS, and Henry Spinelli, our journal editor. The faculty was also composed of renowned Argentinian, Australian, French, German, Italian, Portuguese, and Romanian surgeons.

The quality of the presentations was good enough to keep the 130 participants in the room for the whole two days. Proof of the success of this course was the on-site application by 13 new members. We had the opportunity to learn the latest innovations in body contouring, breast and facial surgery from our colleagues who traveled to Cannes from Brazil, US, and Argentina, and the expertise of Asian plastic surgeons, the quality of the French School in Breast and Facial Surgery and from other European colleagues. Almost all the regions of the world were represented in the faculty as well as in attendance for the mutual benefit of everyone.

The Mayor of Juan-les-Pins organized a reception in one of the most beautiful villas on the French Riviera located in Cap d'Antibes to create a memorable event for the faculty members.

It was a pleasure and an honor for Henry Delmar and me to host such a prestigious faculty and surgeons from all over the world during those two days in a friendly and studious ambience — as usual during ISAPS courses.



ISAPS COURSE: FORTALEZA, BRAZIL

Ruth Graf, MD – Brazil

Assistant Chair, ISAPS Educational Council



In August, Fortaleza, Brazil hosted the II ISAPS Course. It was a great success, with 320 plastic surgeons attending from Brazil, South America and Europe. The scientific program featured 11 respected international speakers from United States, Italy, France, Turkey, Romania, Argentina, Singapore and 73 Brazilian plastic surgeons, engaged in the spirit of ISAPS.

From the lively discussions with experts on topics ranging from midface treatment, to a special polygon technique for rhinoplasty, to fat transfer, this year's ISAPS course brought together an inspirational and informative mix of topics and talent.

There is no more important role for these meetings than the sharing of new ideas and the validation, revalidation and reconsideration of both new and older ideas, as our experience and scientific inquiry guide us to greater understanding and improved approaches and outcomes. Long recognized for their pioneering work in plastic surgery and their internationally acclaimed aesthetic sensibility, Brazilian plastic surgeons have also demonstrated significantly higher interest in recent years in participating in the scientific aspect of our profession, through increased research, presentations and peer-reviewed

ISAPS COURSE: KAZIMIERZ-DOLNY, POLAND

Nazim Cerkes, MD – Turkey

Chair, ISAPS Educational Council



We had a very a successful ISAPS Course in Kazimierz-Dolny, Poland on September 20 and 21. The International Faculty included: Vakis Kontoes, Henry Spinelli, Woffles Wu, Javier de Benito, Apostolos Mandrekas, Ivar van Heijningen, Nazim Cerkes, Akin Yucel, and Henry Delmar.

More than 150 plastic surgeons attended the course and the scientific level was very high with a lot of interest in the scientific sessions. We generated 29 new member applications at this course.

The organization and hospitality were outstanding. I thank Maciej Kuczynski, our National Secretary for Poland and the Local Organization Chair, and Vakis Kontoes, Scientific Program Chair of the Course, for their great efforts in organizing this program. I also thank the faculty for their contribution to ISAPS Education.



publications. This increased interest and effort was proudly reflected in 73 Brazilian physicians participating in this year's scientific program, and we look forward to taking a more prominent place in international meetings and publications as the fruits of our efforts continue to manifest.

Even in midwinter, every day in For-

talaza was sunny, so everyone could enjoy the beaches and wonderful waterfront restaurants. Without a doubt, our international guests are already dreaming that one day they will return to enchanting Fortaleza.

Thank you to everyone who made this year's meeting a success, with special

thanks to:

Carlos Oscar Uebel, President of ISAPS; Nazim Cerkes, Chair ISAPS Educational Council; João Erfon, Local Host; and Raul Gonzalez, Past ISAPS National Secretary. Your dedication and participation made all the difference.

2013 ISAPS COURSES IN LATIN AMERICA: VENEZUELA, BOLIVIA AND ECUADOR

Lina Triana, MD – Colombia

ISAPS Secretary and National Secretary for Colombia

It is an honor for me as a Colombian to say that ISAPS is really focusing on this part of the world. This can certainly be confirmed by the high activity of ISAPS educational programs that have been taking place this past year in Latin America.

Under the umbrella of the Education Council and with all the energy and hard work of our Education Council Chair, Dr. Nazim Cerkes, we managed to bring very good quality faculty to these events. And we are eternally grateful to them.

ISAPS has recently held courses for the first time in Venezuela, Bolivia and Ecuador. All with high-quality scientific standards. It is nice to see how all of these countries were really interested in all the information that was brought to them. A high registration rate was present in every country. We really admire all of these colleagues, course registrants, who showed interest and who really appreciated all the efforts that most of our invited faculty had to make to be there with them in these foreign countries.

Last June, we had our first ISAPS course in Isla Margarita, Venezuela with the help of the Venezuela Plastic Surgery Society, its president Dr. Pereira, and all of their Board of Directors in conjunction with Dr. Kube, President of the Ibero Latin

American Plastic Surgery Federation, FILACP, and of course our ISAPS Venezuelan National Secretary Dr. Betty de Zoghbi, that even though she was very ill and left the ICU only a few days before the meeting, was there showing her strength and commitment to our organization. The Venezuelan meeting had a magic atmosphere that for most of our invited faculty was contagious, showing how Colombia and Venezuela are really sister nations with happy people who love to dance and party.

In September, the first Bolivian ISAPS course was held in Cochabamba, Bolivia, thanks to the tenacity and commitment of Dr. Maria Tereza Zambrana. We do not have a current Bolivian National Secretary since our membership in this country was reduced, Dr. Zambrana being our only ISAPS member in this country at the time the course took place. Now we can say that we have a good number of new ISAPS Bolivian colleagues who want to start accessing all of our ISAPS benefits and become part of our ISAPS family. We were also very well received by the Bolivian Plastic Surgery Society and their president Dr. Humberto Garcia. Dr. Zambrana really put a lot of effort into this course. Thank you again to Dr. Zambrana and all the Bolivian colleagues registered in the course.



ISAPS COURSE: TUNIS, TUNISIA

Catherine Foss – United States

ISAPS Executive Director



ISAPS Courses are the mainstay of our education program, and the most important ongoing teaching tool offered to our members and others. We could not produce these courses without the help of our local members in the host countries. The educational program in Tunisia in early October was a success in any case, but especially when one considers the economic and political difficulties in this region of the world at the moment. We thank Dr. Bouraoui Kotti, our National Secretary for Tunisia, who produced an outstanding program and related social events.

Dr. Kotti hosted international faculty including Foad Nahai (US), Fahd Benslimane (Morocco), Claude Lassus and Foued Hamza

(France), Gianluca Campiglio and Mario Pelle Ceravolo (Italy), Nazim Cerkes and Cemal Senyuva (Turkey), Sami Saad (Lebanon), and Susumu Takayanagi (Japan). This international faculty, together with local Tunisian participants Moncef Guiga and Mourad Zinelbidine, Past Presidents of the Tunisian Societies, and faculty member Samia Aoun Kanoun (Tunisia)

all contributed to disbursing important concepts in aesthetic plastic surgery. This distinguished group of ISAPS educators paid their own way to attend this course and presented topics including Periocular Rejuvenation, Face and Midface Lift, Rhinoplasty, Breast Enhancement, Liposuction and Liplifting, and Body Contouring.



Faculty in Tunis: Foad Nahai, Sami Saad, Gianluca Campiglio, Susumu Takayanagi, Mario Pelle Ceravolo, and Claude Lassus.

Those who participated reported a very successful course with an outstanding level of scientific education and superb social events with 80 plastic surgeons attending from several countries. ISAPS thanks Dr. Kotti and his colleagues in Tunisia for producing a superb educational program in the spirit of our mission: *Aesthetic Education Worldwide.*

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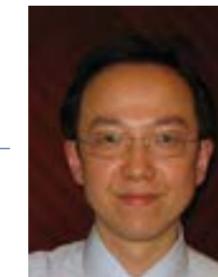
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ISAPS COURSE: SHANGHAI, CHINA

Li Yu, MD – China

ISAPS National Secretary for China



On October 20-21, 2013, Shanghai was the location for the 4th ISAPS Course in China. About 100 surgeons gathered, mostly from cities close to Shanghai, such as Zhejiang Province and Jiangshu Province, to learn new techniques of aesthetic surgery from world-renowned faculty members, under the leadership of ISAPS President Dr. Carlos Uebel and President-elect Dr. Susumu Takayanagi and President of the Chinese Society of Plastic Surgery (CSPS), Prof. Zuoliang Qi.

Course Director Dr. Takayanagi invited leading plastic surgeons to present their lectures. The international faculty included Dr. Akihiro Ichinose, Dr. Kenji Yano and Dr. Yoshiko Iwahira (Japan), Dr. Bryan Mendelson and Dr. Darryl Hodgkinson (Australia), Dr. Bryant Toth and Dr. Lee Pu (USA), Dr. Carlos Uebel, Dr. Joao Efron (Brazil), Dr. Catherine Bergeret-Galley (France), Dr. Chang-Chien Yang (Chinese Taipei), Dr. David Dae-Hwan Park (South Korea), Dr. Martin Huang (Singapore), and Dr. Theddeus Prasetyono (Indonesia). Unfortunately, Dr. Richard Warren (Canada) could not join the course because of a visa problem.



From left to right: Akihiro Ichinose (Japan), Chang Chien Yang's wife and Chang Chien Yang (Chinese Taipei); Dr. Susumu Takayanagi, Course Director, standing behind them

Thirteen top-grade Chinese plastic surgeons, under the leadership of Prof. Zuoliang Qi, shared their unique experiences in aesthetic plastic surgery: Dr. Ruhong Zhang, Dr. Jie Luan, Dr. Xing Xin, Dr. Shengli Li, Dr. Facheng Li, Dr. Jiasheng Dong, Dr. Xiaoxi Lin, Dr. Yixin Zhang, Dr. Jinan Cheng, Dr. Ming Wei, Dr. Haiyan Chu, Dr. Qing Liu, and Dr. Li Yu.

The topics covered almost all aspects of aesthetic surgery, such as various facial lifting techniques, facial rejuvenation, rhinoplasty, breast aesthetic surgery and periorbital rejuvenation. Upper blepharoplasty in Orientals is one of the unique topics specialized in oriental aesthetic surgery.

The audience was very receptive to Dr. Mendelson's outstanding research of Applied Surgical Anatomy of the Mid Cheek. Chinese surgeons were also impressed by his excellent results of

"Its Application in Facelifting: Facial Spaces and the Composite Facelift." Dr. Carlos Uebel delivered excellent talks on "Breast Reduction with the Dermo Glandular Rotation Flap and Facelift and Neck Lift – Ancillary Procedures." He was energetic despite his long trip to China of over 18,000km.

During the welcome dinner, President of Chinese Society of Plastic Surgery, Prof. Zuoliang Qi, delivered a warm speech and welcome to the ISAPS experts from around the world who traveled to China to exchange their ideas and experiences. He also promised to try his best to organize more doctors to attend the next year's ISAPS meeting in Brazil.

The meeting venue was excellent and synchronous translation from English to Chinese was very professional, and totally performed by the graduate students and senior residents in the Department of Plastic and Reconstructive Surgery of Shanghai 9th People's Hospital. The faculty members were also impressed by the audience's interest in the topics presented.

The traditional ISAPS course plays an important role in the continuing professional education of 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 the meeting was a good opportunity for their interactive communication and participation. ISAPS



Past President, Bryan Mendelson (Australia) and current President, Carlos Uebel (Brazil) address the audience in Shanghai.

THE ASSASSINATION OF THE DUKE OF BERRY, THE INDIRECT CAUSE OF THE BARONY OF GUILLAUME DUPUYTREN (1777-1835)

Paul Wylock, MD – Belgium

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



Charles-Ferdinand de Bourbon, Duke de Berry (Fig. 1) (born January 24, 1778, Versailles, died February 14, 1820, Paris), younger son of Charles, count d'Artois (later King Charles X of France) whose murder by the fanatic Louvel, an admirer of Napoleon Bonaparte, marked a turning point in the history of the Restoration monarchy (1814-30). His death hastened the downfall and replacement of the Decazes government and the polarization into liberal and royalist groups. Elie Decazes was the first minister in the "Conseil d'état," a position that in essence made him the most powerful politician in France. Nicknamed the modern Cataline, clamorous tongues loudly accused him of being an accomplice in the crime.



Fig. 1—Duke de Berry

DUPUYTREN'S PERSONALITY – Today Dupuytren (Fig. 2) is most known through Dupuytren's disease or contracture. Dupuytren demonstrated a technique to perform surgery on this disease. His technique included cuts into the fascia, allowing straightening the fingers with the characteristic snap (still occurring in needle aponeurotomy and other techniques). His first published description was in 1831, Guillaume Dupuytren *De la rétraction des doigts par suite d'une affection de l'aponévrose palmaire, opération chirurgicale qui convient dans ce cas, Journal universel et hebdomadaire de médecine et de chirurgie pratiques et des institutions médicales*, 2nd series; 5, (Paris 1831) p. 352-365. Reprinted, in *Medical Classics* 4 (1939) p. 127-150. Shortly afterwards appeared the more frequently cited English article Guillaume Dupuytren, "Permanent retraction of the fingers, produced by affection of the palmar fascia," *Lancet*, vol. 2 (London 1833-1834) p. 222-225.



Fig. 2—Baron Guillaume Dupuytren

of entertainment. That night it was to be the Opera in Paris, where three separate pieces were being performed, *le Carnaval de Venise*, *le Rossignol* and *Les Noches de Gamache*. The Opera was a place to be seen and to mingle with other dignitaries.

While Guillaume Dupuytren was an unusually talented surgeon, his character was very difficult. He was the greatest French surgeon of the 19th century, his name being associated with 12 different conditions or operations. He studied fracture healing and carried out extensive experiments on cadavers to elucidate the mechanism of fractures about the ankle, burns classification. Dupuytren was a master of polemics and was known as "the greatest of surgeons and the meanest of men."



Fig. 3—Caroline of Naples

THE DUKE de BERRY ASSASSINATION – On Wednesday February 13, 1820, the Duke de Berry and his pregnant wife, the lively Italian princess, Caroline of Naples (Fig. 3) were together, having planned yet another evening

The couple conversed with their friends and acquaintances, notably the Duke and Duchess of Orléans and their children. The Duchess complained all evening of being tired and asked to leave. At eleven o'clock the Duke de Berry agreed to escort her to her carriage so that she could go home. Their carriage was waiting just outside the royal family's private entrance. The Duchess was escorted by the Count of Mesnard, her first equerry. After the *adieux*, the Duke walked away from the carriage. A man holding a dagger in his right hand charged, grabbed the Duke by the left shoulder, and plunged the dagger into his right thorax (Fig 4). The Duke remained standing for a moment. He then fell back into Mesnard's arms, holding the dagger with both hands and cried "I am dying! That man has killed me. I am holding the dagger."

The Duke had the strength to pull the dagger out of the wound himself and handed it to Mesnard. He was then carried into a small guard room just inside the Opera house and was laid on a small velour bench. He and the Duchess, now by his side and holding his hand, were soon covered in blood.



Fig. 4—The murder of the Duke

The murderer wanted to bring an end to the dynasty of the Bourbons. After all, the Duke was *le dernier des Bourbons*. [The last of the Bourbons].

Medical attention was summoned from the opera spectators and they bled him (!).

Due to the shocking condition of the

patient, the bloodletting was not very successful so they tried a second and a third time, now at the level of the foot. It was then suggested that they suck the blood from the wound with a suction cup, but since this device was not available, one of the doctors began to suck the wound by mouth. The Duke was very moved by this noble deed and attempted to push the physician away "*Que faites vous, mon ami? la plaie est peut-être empoisonnée ?*" ["What are you doing, my friend? The wound may be poisoned?"]

The victim soon realized that his wound was fatal "*Ma blessure est mortelle, le poignard a été forcé jus' au manche, et a pénétré jusq'au cœur!*" ["My injury is fatal, the dagger was forced in to the handle, and has penetrated to the heart!"] In the meantime a suction cup had been brought and a quantity of dark blood appeared. The Duke's breathing improved, but it was only of short duration. The doctors then decided to move the victim to an administrative office upstairs, a larger and more comfortable room that could accommodate a bed that had been procured from another building and also had room for the growing number of people arriving to see the Duke and assess the situation. Six chandeliers were brought in to provide light.

In the meantime, other famous doctors arrived, Philibert Joseph Roux (1780-1854) and Antoine Dubois (1756-1837). Dr. Dubois was a member of the jury of Dupuytren's thesis "Lithotomie" in 1812 and there was always a hostile relationship between Dubois and Dupuytren. Dr. Roux was the future successor as "chirurgien-en-chef" in the Hôtel-Dieu at Dupuytren's death in 1835.

Also Dr. Dupuytren, in those days one of the most famous surgeons in Paris, was contacted urgently at his home. He arrived an hour later and immediately suggested an exploration. The wound was enlarged to allow improved explo-



Fig. 5—The last moment of the Duke de Berry. Around his deathbed note his wife, presenting him his child, symbolizing the continuity of the monarchy. At the time of the murder the child was not yet born.

ration. The prince bore the pain of the exploration very bravely. A large amount of dark blood was discharged from his right hemi thorax, and the prince died at dawn, February 14th. During the autopsy a stab wound was found in the right atrium. In this period of time, such a wound was fatal.

DUPUYTREN'S ROLE IN THE DUKE de BERRY'S ASSASSINATION

The lethal stab wound that the Duke suffered gave Dupuytren the opportunity to demonstrate his correct approach, which contradicted the established dogmas of the time. He suggested exploring the wound to ascertain the cause of the haemorrhage and to treat it. But the armamentarium of the time was not equipped for the exploration of thorax wounds and the thorax exploration without an anaesthetic was utopian. The Duke died (Fig. 5) but Dupuytren's surgical instinct dictated that an exploration was the only logical decision, 75 years before the first successful treatment of an atrium perforation.

Dupuytren was made a Baron by Louis XVIII on April 17, 1821 for his surgical intervention on his nephew, for which he had not requested any fee (Fig. 6).

continued on page 30

Dupuytren, continued from page 29

Fig. 6. Escutcheon of Baron Guillaume Dupuytren

“D’azur, à la bande d’or chargée d’une branche d’olivier de sinople accompagnée en chef d’un coq d’or et en pointe d’une lampe antique du même, allumée de gueules” (Delhoume, p.184)



Because Dupuytren did not have a son, the title was not inherited. King Louis XVIII died in 1824 and his brother Charles X succeeded him. Dupuytren was extremely proud of this title and, since then, he always signed his name as Baron Dupuytren and everybody had to address him with “Monsieur le Baron.”

An heir to the throne was desperately needed and Berry was the only one of the Bourbon princes of the senior branch of the family capable of begetting children. At the moment of the assassination, the Duchess was two months pregnant. The Duke of Bordeaux was born on September 29, 1820, seven months after the murder of the Duke de Berry. (Fig. 7)



Fig. 7—The Duchess de Berry with her son, “L’Enfant du Miracle”

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Dear Colleagues,
 This note is to express our deepest gratitude to the outstanding Visiting Professor Program we have just experienced under the auspices of ISAPS. Along with the positive support we found from the board of directors through the personal efforts of the Program Chair Dr. Renato Saltz, the great success of the event had a lot to do with the excellence of our guest Professor J. Peter Rubin, from the University of Pittsburgh, whose dedication and generosity really reflected to us all the importance and most valuable mission of being a teacher. Even facing such a busy agenda as the Chairman of the Plastic Surgery Department in one of the greatest universities of the US, Professor Rubin found the time to bring some of his expertise and kindly exchanged scientific information with our staff. Multidisciplinary interaction took place in a four-day schedule covering topics from basic research on stem cells to body contouring for massive weight loss patients. Throughout the program we were fortunate to have this enthusiastic professor always ready to provide us with the most up-to-date scientific data, as well as with such impressive surgical skills in the operating room. As I once again thank Dr. Rubin for coming as our Visiting Professor, I strongly recommend other ISAPS National Secretaries to promote this wonderful program throughout the world.

Fausto Viterbo
 ISAPS National Secretary – Brazil
 Chair Plastic Surgery Division of
 Botucatu Medical School – UNESP

NEW AD HOC COMMITTEE

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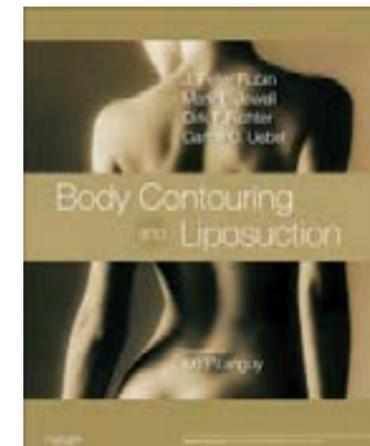
Tim Papadopoulos, Australia

ISAPS MEMBERS WRITE

Catherine Foss – United States

ISAPS Executive Director

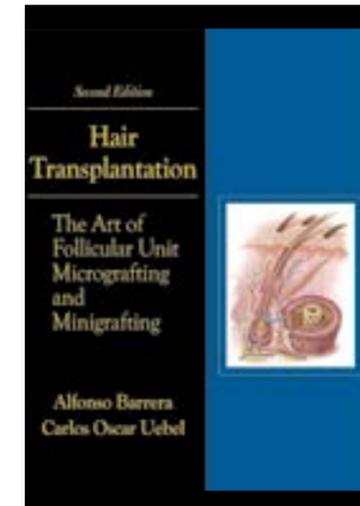
In this column, we feature books recently published by ISAPS members.



J. Peter Rubin, MD, FACS
 Mark L Jewell, MD
 Dirk Richter, MD, PhD
 Carlos O. Uebel, MD, PhD

Elsevier
 hard copy and eBook editions

Body Contouring and Liposuction, 1st Edition

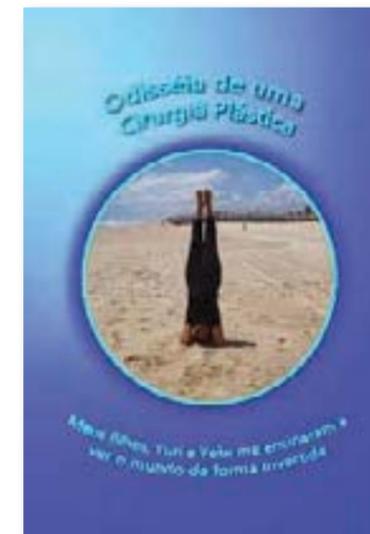


Alfonso Barrera, MD
 Carlos Uebel, MD, PhD

Quality Medical Publishing, 2014
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We are very grateful to numerous distinguished hair transplantation surgeons from around the globe for their valuable contribution!

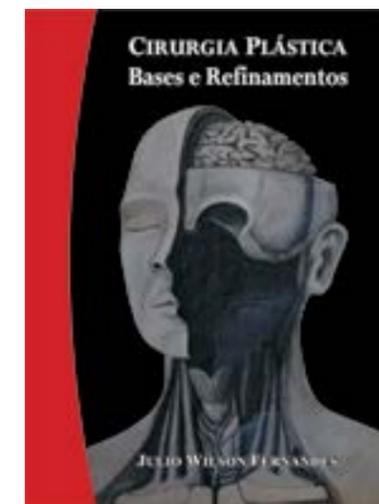
Hair Transplantation: The Art of Follicular Unit Micrografting & Minigrafting, 2nd Edition



Yhelda A. Felicio, MD

The proceeds of this book will go to the Medical Union (UNIMED Fortaleza) and Unicred (Medical Bank) and Medical Academy of Ceará and to the Câncer Institute of Ceará.

Odisseia de uma cirurgia plástica



Julio Wilson Fernandes, MD
 Curitiba, Brazil

ISAPS member co-authors:
 Drs. Ana Zulmira Diniz Badin, Ruth M. Graf, Arnaldo Lobo Miro, Jose Carlos de Miranda, Manoel Alberto Prestes, and Fausto Viterbo

Bases e Refinamentos em Cirurgia Plástica

RECORDING AT EDUCATIONAL COURSES

Enrico Robotti, MD – Italy

President, Italian Society of Plastic Surgery



Regarding Catherine Foss' recent piece in *ISAPS News*, titled "Recording at Educational Courses: A Growing Problem," I would like to add a personal comment, since I found the piece both timely and incisive. The problem is there to see, and by all means not a minor one.

At the ISAPS course held in St. Petersburg last June, there was simply no way of preventing a significant number of attendees from recording talks, PowerPoint presentations, and videos directly, with an impressive and efficient array of cameras on mounts positioned directly in front of the screens. Evidently, this was a consolidated habit, and possibly they saw no great harm in implementing it once again, but the surprising fact was that the local organizers were also obviously irresolute or unwilling to do anything about it. The only thing I managed to do was oblige the technicians to switch off the two accessory HD side screens in front of which all such filming was arranged (and check myself that they truly did so), stating very clearly that otherwise I would simply not speak. Cameras still filmed the remaining main screen, but hopefully the resolution was not so fine and the distance further away.

Obviously this may happen in any country. Twice in the last years I had whole talks, with many photos of my private patients, stolen from the local host's slide center, one of which unfortunately was in Italy. For this reason, I am now reluctant to provide my talks to slide centers in unfamiliar settings, and prefer to hook up my PC directly on the podium.

Both modalities (filming presentations or helping oneself directly by using a USB key) are simply theft, and as such should not be treated lightly. Enforcing a strict policy against these acts can be unpopular since it may be seen even by the organizers as a demotivating factor towards attracting greater numbers of attendees, but still it is imperative. Such types of attendees are eventually better lost than allowed to attend and exhibit this behavior. The privacy of one's patients must be respected, and so must be all the time and effort that each of us spends in carefully preparing his talks.

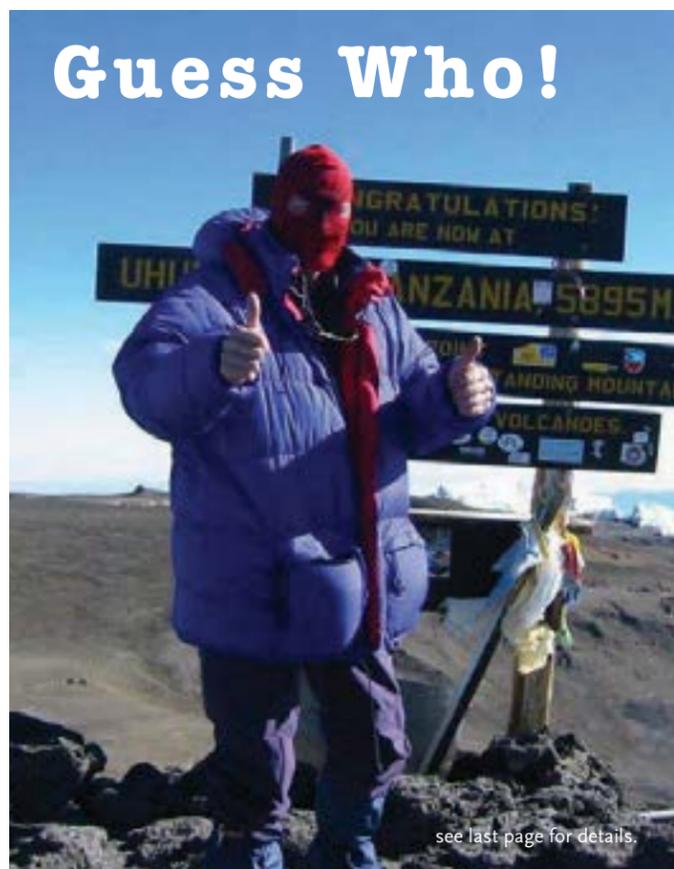
My personal view and possible suggestion as a formal ISAPS policy following similar lines to what Catherine already suggested:

- 1) Blocking illegal downloads from slide centers (if such a solution is technically feasible);
- 2) An outspoken and clearly stated policy from ISAPS stating

- 3) A similarly outspoken and signed understanding from the local organizers that such ISAPS policy will be enforced during their meeting under their own responsibility, under penalty of exclusion from future ISAPS educational programs.

As some form of "compensation" for those attendees who simply record exclusively for their own educational benefit, speakers could be asked prior to a meeting if they wish to share via our website or other format any part of their material: I am sure most will be happy to do so to some degree while they retain full control over the contents they wish to share with the audience.

Indeed I trust that this delicate and important issue will find a quick and appropriate solution. 



see last page for details.

ISAPS GLOBAL SURVEY OF PROCEDURES

Catherine Foss – United States

ISAPS Executive Director



We are the only organization in the world that provides analyzed statistics on international aesthetic surgery procedures. Both the media and the public rely on us to deliver this information that is frequently quoted in the media.

Mention of ISAPS in connection with this survey report is important to our members for several reasons. It places ISAPS at the forefront as an international resource for timely information. It points patients looking for qualified, well trained and safe surgeons to our members. It helps us immeasurably when we approach companies to help support our educational efforts as they view ISAPS as a good partner.

As with most complex projects like this, our survey undergoes constant scrutiny and we strive to improve the outcome with each new release. To make ISAPS data the best in the world, we

need statistically relevant response rates, not just numbers. And this requires cooperation by societies who collect similar data and by our members and indeed non-members to respond to our survey in a timely fashion.

We have retained Industry Insights, a very well qualified company specializing in the analysis of data like ours, to provide the final report.

The survey itself is a simple instrument that requires only a few minutes to complete and submit. We ask all plastic surgeons to help us make this important information more and more relevant and accurate on a global scale.

When you receive the request to participate, consider it a matter of pride to provide us with the data we need – **to better represent you. We cannot do this without you!** 

ABAM DONATES ITS PROFITS TO BREAST CANCER FOUNDATION

Renato Saltz, MD – United States

ISAPS 1st Vice President



The American-Brazilian Aesthetic Meeting (ABAM), a non-profit educational organization, whose Board of Directors includes ISAPS members Renato Saltz, Foad Nahai, Mark Jewell, Joao Sampaio Goes, Ricardo Ribeiro, Osvaldo Saldanha and Carlos Casagrande, donated the profits of the 2013 meeting to the Image Reborn Foundation (IRF), a Utah-based non-profit organization dedicated to helping breast cancer survivors

Image Reborn provides three-day no-cost retreats for breast cancer survivors in beautiful, donated mansions in Park City, Utah. The foundation has served over 2,800 women over the past fourteen years. For information about the organization or to make a donation visit www.imagerebornfoundation.org

The 5th American-Brazilian Aesthetic Meeting was held in Park City in February 2013 and was attended by over 300 aesthetic surgeons from the US, Europe, South America, and Asia.

Endorsed by the International Society of Aesthetic Plastic Surgery (ISAPS), the American Society for Aesthetic Plastic Surgery (ASAPS) and the Brazilian Society of Plastic Surgery (SBPCP) this bi-continental meeting alternates between Park City, Utah in the US and Florianopolis, Brazil. The 2014 meet-

ing will be held during Carnival in Brazil on February 23-27, 2014. For more information and registration visit www.americanbrazilianaestheticmeeting.com

We encourage our colleagues all over the world to help a local non-profit organization in their community to achieve their goals by supporting them with the donation of meeting profits. It is a very rewarding gesture. 

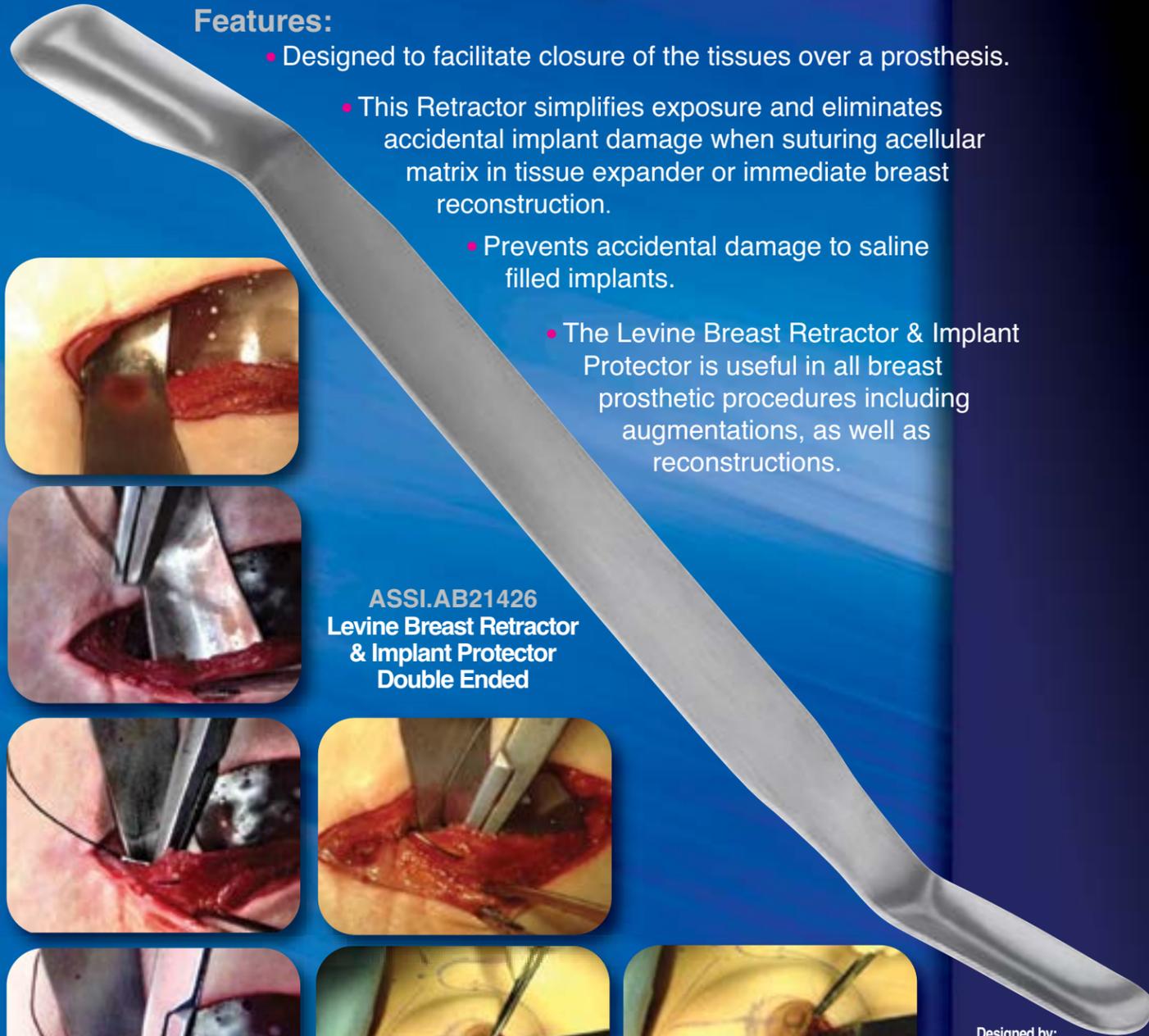


Abam Co-Chairs: Mark Jewell, Foad Nahai and Renato Saltz with IRF Board Members, from left to right: Sylvia Rickard, Judy Brophy, Christie Babalis, Debbie Hoffmeyer, Janelle Smith & Tracee Lolofie.

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December 2013

DATE: 05 DECEMBER 2013 – 07 DECEMBER 2013

Meeting: The Cutting Edge 2013 – Debating the Choices in Facial Rejuvenation **ISAPS-ENDORSED PROGRAM**

Location: New York, New York, USA
Venue: The Waldorf Astoria Hotel
Contact: Bernadette McGoldrick
Email: bernadetteemcgoldrick@astonbakersymposium.com
Tel: 1-212-249-6000
Fax: 1-212-249-6002
Website: <http://www.nypsf.org>

DATE: 13 DECEMBER 2013 – 14 DECEMBER 2013

Meeting: ISAPS Course – Uruguay **ISAPS-OFFICIAL COURSE**

Location: Punta del Este, Uruguay
Contact: Dr. Gonzalo Bosch
Email: gbosch@netgate.com.uy
Tel: 598-2-711-7308
Fax: 598-2-711-7133
Website: <http://www.congresos-rohr.com/isaps2013/sitio/principal.php?i=en>

DATE: 13 DECEMBER 2013 – 14 DECEMBER 2013

Meeting: Around the Face: Aesthetic and Reconstructive Aspects Around the Face **ISAPS-ENDORSED PROGRAM**

Location: Groningen, The Netherlands
Venue: University Medical Centre of Groningen
Contact: Prof. Dr. Berend Van der Lei
Email: b.van.der.lei@umcg.nl
Tel: 31-503618840
Website: <http://www.huffstadtconference.com/>

January 2014

DATE: 16 JANUARY 2014 – 19 JANUARY 2014

Meeting: ISAPS Course – India **ISAPS-OFFICIAL COURSE**

Location: Jaipur, India
Venue: Hotel Lalit Jaipur
Contact: Dr. Lokesh Kumar
Email: drlokesh2903@gmail.com
Tel: 91-112-922-8349
Fax: 91-114-054-8919
Website: <http://www.isapsindia.com/home>

DATE: 24 JANUARY 2014 – 25 JANUARY 2014

Meeting: ISAPS Course – United Arab Emirates
Location: Dubai, United Arab Emirates
Contact: Dr. Luiz Toledo
Email: ToledoDubai@gmail.com
Tel: 971-50-702-2780

DATE: 30 JANUARY 2014

Meeting: 7th Annual Oculoplastic Symposium **ISAPS-ENDORSED PROGRAM**
Location: Atlanta, Georgia, USA
Venue: Intercontinental Hotel
Contact: Susan Russell
Email: srussell@gunnerlive.com
Tel: 1-435-901-2544
Fax: 1-435-487-2011
Website: <http://www.sesprs.org>

DATE: 31 JANUARY 2014 – 02 FEBRUARY 2014

Meeting: 30th Annual Atlanta Breast Surgery Symposium **ISAPS-ENDORSED PROGRAM**
Location: Atlanta, Georgia, USA
Venue: Intercontinental Hotel
Contact: Susan Russell
Email: srussell@gunnerlive.com
Tel: 1-435-901-2544
Fax: 1-435-487-2011
Website: <http://www.sesprs.org>

February 2014

DATE: 13 FEBRUARY 2014 – 15 FEBRUARY 2014

Meeting: 48th Annual Baker Gordon Educational Symposium **ISAPS-ENDORSED PROGRAM**
Location: Miami, Florida, USA
Venue: Hyatt Regency Miami
Contact: Mary Felpeto
Email: maryfelpeto@bellsouth.net
Tel: 1-305-854-8828
Fax: 1-305-854-3423
Website: <http://www.bakergordonsymposium.com/>

DATE: 23 FEBRUARY 2014 – 27 FEBRUARY 2014

Meeting: 6th American-Brazilian Aesthetic Meeting **ISAPS-ENDORSED PROGRAM**
Location: Florianopolis, Brazil
Venue: Jueree Hotel
Event Notes: US Contact: Susan Russell
Email: srussell@gunnerlive.com
Contact: Alisson Barcelos
Email: alisson@alissonbarcelos.com.br
Tel: 1-435-729-9459
Fax: 1-435-487-2011
Website: <http://www.americanbrazilianaestheticmeeting.com>

March 2014

DATE: 02 MARCH 2014 – 04 MARCH 2014 **ISAPS-OFFICIAL COURSE**
Meeting: ISAPS Course – Philippines
Location: Manila, Philippines
Venue: EDSA Shangri-La Hotel
Contact: Advocacies, Convergence and Events Strategists
Email: acestrategists.ph@gmail.com
Tel: 63-2-919-5129
Fax: 63-2-919-5110
Website: http://www.isapscoursephilippines.com

DATE: 21 MARCH 2014 – 23 MARCH 2014 **ISAPS-OFFICIAL COURSE**
Meeting: ISAPS Course – South Africa
Location: Cape Town, South Africa
Contact: Dr. Peter Scott
Email: peters@cinet.co.za
Tel: 27-11-883-2135
Fax: 27-11-883-2336

April 2014

DATE: 24 APRIL 2014 – 30 APRIL 2014
Meeting: ASAPS/ASERF Annual Meeting
Location: San Francisco, California, USA
Venue: Moscone Convention Center
Contact: ASAPS
Email: asaps@surgery.org
Tel: 1-800-364-2147
Fax: 1-562-799-1098

May 2014

DATE: 01 MAY 2014 – 01 MAY 2014 **ISAPS-OFFICIAL COURSE**
Meeting: ISAPS Course – Azerbaijan
Location: Baku, Azerbaijan
Venue: venue and dates to be determined
Contact: Dr. Vagif Galandarov
Email: vaqifk@pcb.az

DATE: 08 MAY 2014 – 10 MAY 2014 **ISAPS-ENDORSED PROGRAM**
Meeting: XIV. Spring Academy of the Association of German Aesthetic-Plastic Surgeons (VDÄPC)
Location: Frankfurt, Germany
Venue: Steigenberger Frankfurter Hof Hotel
Contact: Theresa Brackmann
Email: tbrackmann@bb-mc.com
Tel: 49-89-189046 28
Fax: 49-89-189046 16
Website: http://www.vdaepc2014.de/

DATE: 16 MAY 2014 – 18 MAY 2014 **ISAPS-OFFICIAL COURSE**
Meeting: ISAPS Course – Russia
Location: Moscow, Russian Federation
Contact: Dr. Natalia Manturova
Email: olesyasurgery@gmail.com

July 2014

DATE: 18 JULY 2014 – 19 JULY 2014 **ISAPS-OFFICIAL COURSE**
Meeting: ISAPS Course – Mexico
Location: Los Cabos, Mexico
Contact: Dr. Arturo Ramirez Montanana
Email: isapsloscabos@gmail.com
Website: http://www.isapsloscabos.com

September 2014

DATE: 19 SEPTEMBER 2014 – 22 SEPTEMBER 2014 **ISAPS OFFICIAL CONGRESS**
Meeting: 22nd Congress of ISAPS
Location: Rio de Janeiro, Brazil
Venue: Windsor Barra Conference Center
Contact: Carolina Pepe
Email: mclp@relations.com.br
Tel: 55-11-5543-4142
Fax: 55-11-5092-5643

October 2014

DATE: 01 OCTOBER 2014 – 01 OCTOBER 2014 **ISAPS-OFFICIAL COURSE**
Meeting: ISAPS Course – Pakistan
Location: Lahor, Pakistan
Venue: venue and dates to be determined
Contact: Dr. Nazim Cerkes
Email: ncerkes@hotmail.com

DATE: 16 OCTOBER 2014 – 18 OCTOBER 2014 **ISAPS-OFFICIAL COURSE**
Meeting: ISAPS Course – Indonesia
Location: Bali, Indonesia
Venue: venue to be determined
Contact: Dr. Teddy O. H. Prasetyono
Email: teddyohp@yahoo.com

DATE: 27 OCTOBER 2014 – 27 OCTOBER 2014 **ISAPS-OFFICIAL COURSE**
Meeting: ISAPS Symposium – Thailand
Location: Pattaya, Thailand
Venue: venue to be determined
Contact: Dr. Sanguan Kunaporn
Email: sanguank@me.com
Tel: 66-81-891-7300
Fax: 66-76-25-4765

ISAPS mourns the loss of the last of our twelve founding members.

PROFESSOR PERSEU DE CASTRO LEMOS (1925-2013)

Luiz Alberto Leite, MD

Chief of the Division of Plastic Surgery of the Hospital Agamenon Magalhães, official training program of the Ministry of Education of Brazil and the Brazilian Society of Plastic Surgery

Luciano Alves, MD

Adjunct Professor and Coordinator of the Division of Plastic Surgery of the Federal University of Pernambuco



Prof. Perseu Lemos was born in the city of Vitória de Santo Antão in the state of Pernambuco. He went to Recife where he did his preparation for the qualification exam for the Pernambuco State Medical School where he studied and graduated medicine in 1948. In 1951, he went to São Paulo to train in plastic surgery with Dr. Rebello Neto. His mentor has always stimulated him to dedicate to the study of cleft lip and palate. Dr. Rebello's widow presented him with the first surgical knife used by her husband. In his visits to Rio de Janeiro he strengthened academic ties with his peers such as Professor Ivo Pitanguy, Professor Paulo Correia de Castro, and Doctor Serson Neto who invited him to be one of the founders of ISAPS.

In 1971, at 46 years of age, he was the first Brazilian surgeon to work in Saigon (Vietnam), treating war wounded at the Children's Medical Internacional Hospital for four months. He was responsible for the training of 41 plastic surgeons. He hosted in Recife the great masters of plastic surgery such as Ernesto Malbec from Argentina, John Mustardé from Scotland, and the Americans Radford Tanzer, John Digmam, Ernest Kaplan and John Zimmerman.

In 1979, he affiliated the Division of Plastic Surgery of the Federal University of Pernambuco as an official training program of the Brazilian Society of Plastic Surgery. The most important technical contributions of Professor Perseu Lemos to our specialty were zetaplasty of the cleft lip, the special suture of the areola to the breast skin, the turn-over flap, the treatment of sexual dysfunction with silicone prosthesis, neoumbilicoplasty with the technique of the diving dermal pedicle, umbilicoplasty with X Flaps and eyelid ptosis correction using the vest over pants tarsal technique.

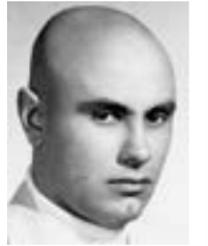
CLAUDE DUFOURMENTEL –France



JEAN SAUVEUR ELBAZ — France



FRANCISCO XAVIER OJEDA — Mexico



ISAPS Founding Members

- | | |
|------------------------|---------------|
| Salvador Castañares | USA |
| Guillermo Nieto Cano | Colombia |
| Mario González-Ulloa | Mexico |
| Ulrich T. Hinderer | Spain |
| Perseu Castro de Lemos | Brazil |
| John R. Lewis, Jr. | USA |
| Ernesto F. Malbec | Argentina |
| Hector Marino | Argentina |
| Rodolphe Meyer | Switzerland |
| John C. Mustarde | Great Britian |
| David Serson Neto | Brazil |
| Jose C. Vinas | Argentina |

Admitted in September 2013

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Ana Carolina CARVALHO DE

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Carlos FIGUEROA, MD

Gabriel OBAYI TAHAN, MD

Mario ONORATO, MD

Beatriz SOCORRO, MD

*Associate Member (Candidate)

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Roy SEMLACHER, MD, FRCS

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Robert TOKARYK, MD, FRCS

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ISAPS HIGHLIGHTS OUR NEWSLETTER DESIGNER

Catherine Foss – United States

ISAPS Executive Director



Barbara Jones has quietly assisted the Executive Office and indeed ISAPS for many years. A veteran journal designer and production professional, Barbara has designed our congress websites, various publications, and this newsletter — with a simple mention of her name in the little-noticed Editorial Staff box at the end of each issue.

Born in Portland, Oregon, Barbara spent much of her childhood traveling the world as a professional Army brat, living for many years in the Philippines, before coming back to the United States to attend college. She served as the head designer and compositor at the American Association of Neurological Surgeons for over ten years before starting her own design business. Regularly providing her significant design skills to local charities, Barbara has worked with major industries and the US government. She enjoys her vegetable garden — which is bigger than the size of her house — and her puppy, Wally.

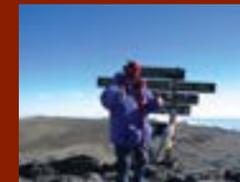
Guess Who!



Gianluca Campiglio, National Secretary for Italy, in Petra, Jordan, the day before the ISAPS Course in Amman.



From Daniel Knutti, Switzerland: "Following our Geneva meeting I spent the weekend at Nuits Saint Georges Burgundy France at an Oldtimer Aviation meeting together with Aldo Mottura from Cordoba, Argentina. We flew from Biel to Nuits Saint Georges with my Bücker Jungmann 1936 (A1) After the weekend on Monday we operated together in Biel."



ISAPS Immediate Past-President Jan Poëll, Switzerland, at the summit of Mt. Kilimanjaro (5895 m) in Tanzania.

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