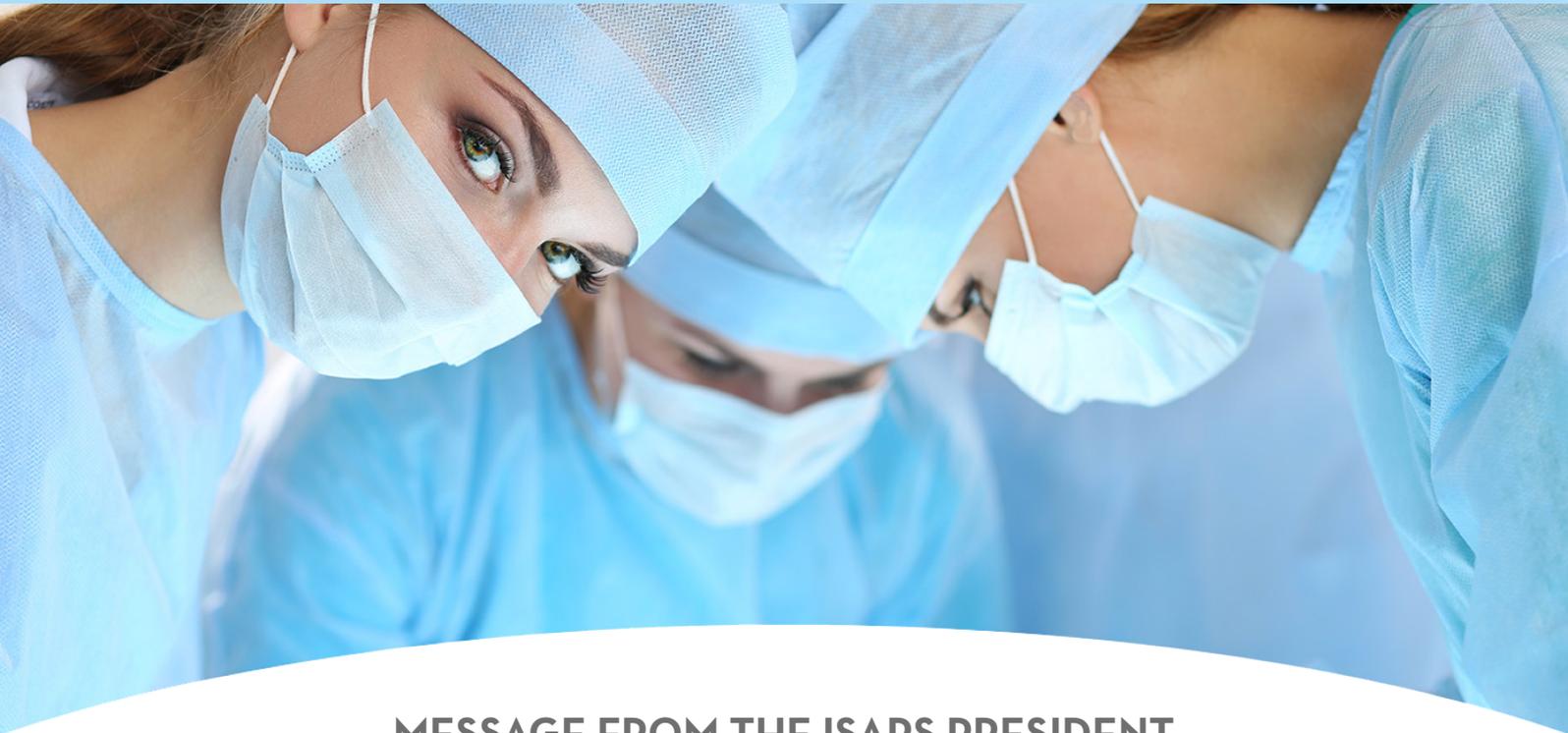


# MONTHLY E-MAGAZINE

2020  
October ISAPS



## MESSAGE FROM THE ISAPS PRESIDENT



Nazim Cerkes MD, PhD

Dear friends and ISAPS members,

It is my great honor and pleasure to be President of ISAPS for the next two years.

Since the beginning of the year we have been facing extraordinary times due to the COVID-19 pandemic. Our businesses have been affected, meetings have been cancelled all over the globe, and travel has been banned or restricted.

Unfortunately, we had to postpone our 25th Biennial Congress along with many other ISAPS educational events. Due to the postponement of the Vienna Congress, we had a virtual ISAPS General Assembly on September 5th where the election for the Board of Directors was done via online voting. Johnson) to succeed Catherine Foss as well

as a new team, switching to a completely virtual office, and publishing the first textbook of a society for residents and fellows. All of that makes me very proud.

The newly elected Board officers and Committee members are true servants and I know that they will work hard to bring ISAPS to another level. I am looking forward to working with this great new team.

The new Board of Directors for 2020-2022 has already started working: in the last three weeks, we have formed new ISAPS Committees and started planning future activities. I personally have held meetings with the Committee Chairs to go over activities for my two-year term and plan our strategy during the COVID-19 era. My first initiative was listening to our members to understand what they expect from ISAPS in this extraordinary time. Along with some other Board members, I had a meeting with the leaders of several Asian and Middle Eastern Societies where



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we discussed how to improve collaboration with Asian and Middle Eastern Societies, how to increase ISAPS activities and ISAPS membership in this part of the world, and how Asia and the Middle East is represented in ISAPS' leadership.

We also had two strategic planning meetings with Global Alliance leaders and with our National Secretaries. Due to the efforts of past ISAPS Presidents, Renato Saltz and Dirk Richter, the ISAPS Global Alliance has grown to include 84 national societies. One of my goals during my two-year Presidency is to advance our collaboration with our Global Alliance partners on international issues and to develop new strategies for safe aesthetic surgery, education, and global accreditation to protect our Specialty. Our National Secretary army has an essential role in connecting the ISAPS managements with the members. I am planning to do a call with National Secretaries every three months to hear their opinions and requests.

During the 2020-2022 term, promoting "Aesthetic Education Worldwide" and "Patient Safety" will be ISAPS' primary mission. Our Education Council Co-Chairs, Ozan Sozer (USA) and Francisco Bravo (Spain), and the Education Council Team have been working on a comprehensive program to teach the most recent innovative techniques in aesthetic plastic surgery.



COVID-19 has made significant changes to traditional teaching methods. Virtual meetings and webinars will be important educational tools in the future. Since the onset of COVID-19, ISAPS has been supporting member and nonmember plastic surgeons all over the world with our COVID-19 webinar series

and Master Class webinar series. Our Master Class webinars feature world-renowned experts in aesthetic surgery and will continue until the end of year and into next year.

However, I still believe that virtual meetings will never completely replace face-to-face meetings. That's why we have already planned some new ISAPS Courses and Symposia. At the end of the year, we have organized the ISAPS Rhinoplasty Live Surgery Course and the ISAPS Hair Transplantation Live Surgery Course. Both meetings will take place in Istanbul with in-person and online participation. COVID-19 has also taught us the importance of minimally invasive procedures in our practices. As such, we are planning a meeting for early 2021 that specifically covers minimally invasive surgery.

As I begin my Presidency, I am very pleased to announce that ISAPS is over 4,600 members strong. This number is the highest in ISAPS history. I would like to thank past Board and Membership Committee members for their efforts to grow ISAPS membership. Our new Membership Chair, Vakis Kontoes, has been working hard to fulfill the needs and demands of our growing membership and facilitate membership procedures. To do so, he has set up a Membership Committee with delegates from every region of the world. As President, I have an ambitious goal for ISAPS membership. At the end of my term I hope to grow ISAPS to include 7,000 members. Your support is crucial in achieving this goal.

During my term, we will also focus more intensively on educating our residents by developing teaching modules and improving the ISAPS Fellowship Program. I would like to have more resident members in the ISAPS family. Remember, ISAPS membership is free of charge for plastic surgery residents. I believe that the most effective way to protect our specialty is teaching our young generation. I hope you will help me encourage the residents in your country to join ISAPS.

Finally, without the support of our members it would be impossible to achieve our goals. In such difficult times our solidarity is essential. As such, I urge you to continue supporting our efforts to build a stronger, better society. ISAPS embraces plastic surgeons from all over the world, and I am proud to be part of this distinguished family. Let's unite under the ISAPS umbrella and support each other for the better development of our Specialty.

A handwritten signature in blue ink that reads "Nazim Cerkes".

Nazim Cerkes MD, PhD  
ISAPS President



## Interview with **Dr. Barbara Zink** ÖGPÄRC President

### **Q: When and how did ÖGPÄRC begin?**

**Zink:** The Austrian Society for Plastic, Aesthetic and Reconstructive Surgery (ÖGPÄRC) was founded on November 9th, 1963. In 1963 the 3rd Congress of the International Confederation of Plastic and Reconstructive Surgical Societies took place in Washington. The wish of Austria to be represented in and to become member of this confederation led to the foundation of the Austrian Society of Plastic Surgery. Until 1971 the Austrian Society of Plastic Surgery was part of the Austrian Society of Surgery, but with the implementation of a specialist for plastic surgery the society became an independent but associated society in 1972, organizing its own Annual Meetings.

Today, ÖGPÄRC has 188 Full members, 39 Associated members, and 33 retired members.

### **Q: What are the goals of ÖGPÄRC?**

**Zink:** Promotion of science and its translation in all fields of plastic, reconstructive and aesthetic surgery. Education and training in aesthetic and reconstructive surgery, hand surgery, microsurgery, burn injuries.

### **Q: What initiatives is ÖGPÄRC involved in?**

**Zink:** The Austrian Society for Plastic, Aesthetic and Reconstructive Surgery has an educational program and organizes advanced training courses for residents twice a year in analogy to the 6-year training program.

### **Q: What initiatives are you hoping to work on with ISAPS as a Global Alliance partner?**

**Zink:** Exchange with colleagues and information about continuing education.

## PRACTICE MANAGEMENT



### Things to Consider when Outsourcing

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Outsourcing business functions sounds like a great idea, especially when no one in your practice is skilled at a certain task or has the time to do it properly. In addition, outsourcing can give your staff the time to focus on what they do best. However, before outsourcing every menial task you find confusing or time-consuming, consider the following points to make sure you're making the right decision.

#### **How crucial is this task?**

A task that is crucial to your practice's day-to-day, such as billing or IT, may be better outsourced to external experts. When considering external organizations though, make sure you properly evaluate your options. Critical business tasks are often complex, so you should be willing to spend a significant chunk of cash to get them handled properly.

#### **How does this affect patients?**

Some tasks that are often outsourced actually involve interactions with patients, such as billing or setting appointments. For instance, a biller may initiate contact with a patient whose bill is

late. If you outsource these tasks, be aware that it may impact your relationships with your patients. Do your patients appreciate being able to set appointments directly with your receptionist instead of having to use an online booking system? Consider the impact on patients when deciding to outsource.

#### **What is my budget?**

For some business tasks, it may be cheaper to hire an external expert than an in-house employee. Certain services, such as IT or billing/coding, do not need to be readily available every day, so it may cost less to hire an outside source instead of bringing on a full-time employee.

Other factors may also come into play when choosing whether or not to outsource, such as liability, practice size, and your plans for business growth. If you do decide to outsource, it's always best to choose flexible contracts that allow you to change or quit your plans in the future. Finally, make sure you do your research about a company before agreeing to work with them, to ensure they are the right fit for you.

## Bio | SCIENCE



### Latest Study on HYAcrop Body Filler Acknowledges It Safe and Effective for Buttock Augmentation

#### **Clinical Study Shows High Level of Patient Satisfaction and Minimal Side Effects with HYAcrop for Gluteal Augmentation**

For over 20 years, BioScience GmbH has been dedicated to providing the safest and most advanced aesthetic solutions to all its partners. Pioneering the industry with its progressive technologies, BioScience is the only manufacturer to hold CE Mark for its range of body fillers. HYAcrop by BioScience has further fortified its position as a safe and sustainable quality solution provider with the latest prospective, multicentre observational clinical trial.

#### **Body Contouring: A Growing Cosmetic Need**

Body contouring is now a widely requested aesthetic treatment, with the ISAPS in 2018 reporting a growth of 28.2% in body procedures in the last four years. With several techniques coming up as a solution to body contouring issues, a safer and minimally invasive alternative was much needed, namely hyaluronic acid-based dermal filler engineered specifically for the body.

#### **Study Evaluating the Buttocks Augmentation with HYAcrop MLF2**

35 eligible and consenting candidates who met the indication and contraindication were enrolled at four sites, with all of them receiving an injection of the body contouring gel HYAcrop MLF2. The study's objective was to evaluate the safety of HYAcrop MLF2 for gluteal augmentation with respect to side effects, pain, and satisfaction level of the subject and physicians at three duration intervals- day 0, 7 to 14 days and 3 to 6 months after the injection.

Side effects from the treatment were investigated by rating it as either mild, moderate, or severe, while the pain was assessed on a pain scale similarly. The satisfaction of the subject and physician was evaluated by the aesthetic improvement rating.

#### **The Results: Safely Contoured and Augmented Buttocks**

The study proved to have met its objectives positively at all three duration intervals. The treatment's safety with HYAcrop MLF2 was established with no delayed adverse events recorded, and all side effects concluded as typical of dermal filler treatments. While early side effects were reported within seven to 14 days after the injection, none were rated severe, with a few cases getting reported as mild to moderate. Furthermore, none of the subjects needed any additional treatment (with cortico-steroid, antibiotics, or hyaluronidase). On the pain scale, the pain immediately after the treatment for most subjects ranged between mild to moderate with no reports of any pain during 7 to 14 days and a 3 to 6 months investigation. Assessed with the aesthetic improvement rating, improvements after 7 days were also rated „very good“ or „good“ by 94% of the subjects as well as physicians. The satisfaction of both the doctor and participant largely remained unchanged until the 3 to 6 months investigation.

*In conclusion, this comprehensive clinical study reinforces the positive safety profile of HYAcrop Body Fillers for gluteal augmentation that does not lead to any severe side effects or further treatments. The trial successfully shows that the product enhances the buttocks resulting in highly satisfied patients and physicians. Testing at four investigation sites also helped provide a multitude of possible results for conclusive overall evidence.*

Read the full clinical trial on gluteal augmentation with HYAcrop: <https://f.hubspotusercontent40.net/hubfs/6419293/PMCF.pdf>.

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## In the latest issue of *Aesthetic Plastic Surgery*...

### Simultaneous Augmentation Mastopexy: An Innovative Anatomical Approach - The Fascioglandular Flap for Improved Lower Pole Support

Simultaneous breast augmentation and mastopexy is very challenging often considered to be one of the most difficult cosmetic breast surgeries. Although a patient is sometimes better served with 2 separately staged procedures, the demand for single-stage combined augmentation mastopexy is increasing associated with increasing demands for larger implants. Combining these 2 operations presents special problems because of the interplay of opposing forces. To avoid bottoming out, wound dehiscence, and ultimately implant extrusion, it is essential to provide proper coverage and support of the inferior breast pole. The goal of this report is to illustrate the benefit of an inferiorly based fascioglandular flap in providing adequate breast lower pole support in simultaneous breast augmentation mastopexy.

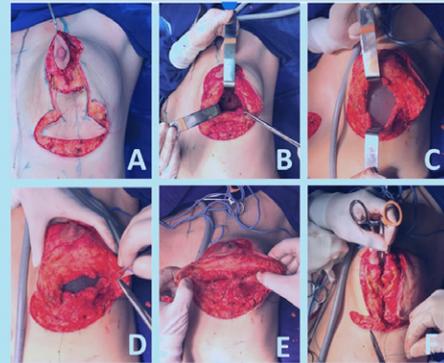


Fig. 1 a Modified Wise pattern and Pexoto, with pre-marking of the areola. b Implant pocket dissection. Cephalic dissection and undermining in the subglandular plane. Inferiorly, the fascioglandular flap is elevated by subfascial undermining. c Implant inserted in the dissected pocket. d and e Fascioglandular flap sutured to the glandular tissue below the areola completely covering and protecting the implant. f Suture of medial and lateral pillars

Alexandre Elias Contin Mansur, Ruth Maria Graf, Romeu Fadul Jr., Priscilla Balbinot, Isis Guarezi Nasser, Dayane Raquel de Paula, André Gustavo Maschio, Fadel Chahine & Bishara Atiyeh

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