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ISAPS NEWS

OFFICIAL NEWSLETTER OF THE INTERNATIONAL
SOCIETY OF AESTHETIC PLASTIC SURGERY



**MIAMI BEACH WELCOMES YOU TO
THE GREATEST AESTHETIC EDUCATION ON EARTH**

October 31 - November 4, 2018

#AREYOUCOMING?



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Salt Lake City, Utah, US
rsaltz@saltzplasticsurgery.com

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Porto Alegre, BRAZIL
carlos@uebel.com.br

EXECUTIVE DIRECTOR

Catherine Foss
Hanover, New Hampshire, US
isaps@isaps.org

Welcome to this edition to ISAPS News!

The big feature in this issue is, of course, the 24th Congress of ISAPS taking place in Miami Beach, Florida starting at the end of October. This is literally when the entire world of aesthetic plastic surgery comes together to share ideas, highlight cutting-edge principals and techniques in aesthetic surgery, and enjoy the camaraderie of our international community of plastic surgeons. The educational program is phenomenal and not to be missed! Under the leadership of Dr. Saltz, ISAPS has expanded the programmatic offerings for the Congress, and this event is guaranteed to be the best ISAPS Congress ever!

Also in this issue, you will read an interesting article by Dr. James Fernau, representing the ISAPS Patient Safety Committee, providing guidance and perspective on the opioid crisis and how plastic surgeons can be part of the solution. As always, we highlight global educational activities of the society, including the 10th Eurasian Aesthetic Surgery and ISAPS Course, the ISAPS Official Course in Santiago, Chile and a report of Dr. Susumu Takayanagi's visit to Romania as an ISAPS Visiting Professor. Julie Guest, ISAPS Chief Marketing Officer, offers a checklist for our digital marketing campaigns.

Our Global Perspectives series has been incredibly popular. This is an opportunity for our ISAPS members around the globe to share their insights, techniques, and views on focused topics in aesthetic surgery. In this issue, we feature management of the neck. We have an incredible array of excellent articles featuring a wide-range of techniques. I really enjoy seeing the diverse techniques and innovations presented by our colleagues. We also feature a very provocative historical article by Denys Montandon on the morality of aesthetic surgery throughout the ages.

We are very proud this issue of ISAPS News. I hope you enjoy reading it and I look forward to seeing you in Miami for the 24th Congress of ISAPS!

J. Peter Rubin, MD
Editor-in-Chief

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MESSAGE FROM THE PRESIDENT

Dear Colleagues,

July and August have been busy months for your President!

I had a very successful trip to Bali, Indonesia where I attended an amazing congress that brought ISAPS, OSAPS and InaPRAS together. An ISAPS Symposium preceded the Oriental and the Indonesian Societies of Aesthetic Surgery combined meeting. The scientific and social programs were very well attended with excellent content. I want to personally thank Dr. Teddy Prasetyono, current OSAPS President, who was in charge of the meeting for his amazing hospitality and friendship. OSAPS is already a member of the ISAPS Global Alliance. The Indonesian society's President, Dr. Budiman Suhara, signed the Global Alliance agreement during my visit and Indonesia became the newest national society member.



Figure 1 - Leadership of the Indonesia Plastic Surgery Society



Figure 2 - The visit to Miami Beach was very intense and lots of hard work for the team in charge of MB2018 - the stage is ready and you will love it.



After Bali, and a few days at home seeing patients and performing surgery, I flew to Miami, Florida for a final pre-Congress visit. The entire team including our Executive Office staff, local Miami planners, AV company and Show Decorator representatives, hotel and convention center teams and all other parties involved in the congress met in South Florida for an intense three days of visits to the Miami Beach Convention Center, Loews Hotel, and social event venues to review and discuss everything related to the Congress. The numbers are quite amazing. **With less than two months to go, we already have more than 1900 registrations from 95 countries, 99% of the exhibit hall sold out, great attendance for the cadaver sessions, Master Classes, Women Plastic Surgeons' symposium, Residents and Fellows Forum and the many social events we have planned.** Don't miss the "Greatest Aesthetic Education on Earth" coming to South Florida this fall. Visit www.isapsmiami2018.com and register now!



Figure 3 - An amazing faculty was present for ISAPS in Rio including many leaders of SBCP and ISAPS.

From Miami, I flew down to South America to the beautiful city of Rio de Janeiro to attend ISAPS in Rio - a very well organized and attended meeting that gave ISAPS the much-needed opportunity to

have a presence back in Brazil. The scientific program, live surgeries and social events were fantastic. ISAPS in Rio was a tremendous success. Many of our Brazilian members, new members and SBCP members shared with me their appreciation for ISAPS' faculty and ISAPS' presence in Brazil. That reassured me that we are doing the right thing!

My sincere thanks to my dear friend Dr. Niveo Steffen, President of the Brazilian Society of Plastic Surgeons (SBCP), and his Board of Directors for "re-opening" Brazil to ISAPS and for making the Brazilian national society a new member of the ISAPS Global Alliance. Also, my appreciation to Dr. Andre Maranhao, President of the regional Carioca Chapter of the SBCP, Dr. Volney Pitombo, Immediate Past-President, and Drs. Luis Perin, Andre Cervantes and Bianca Ohana, our three National Secretaries in Brazil, for making ISAPS in Rio a reality! I would like to congratulate the 108 Brazilian colleagues who submitted their applications for membership in Rio de Janeiro. Welcome to the ISAPS Family!



Figure 4 - Dr. Niveo Steffen and Dr. Andre Maranhao with Dr. Saltz.



Figure 5 - Dr. Luis Perin, Dr. Andre Cervantes, Dr. Bianca Ohana are the current ISAPS national secretaries in Brazil.

One of my goals as your President was to bring Brazil, China and Mexico to the prestigious ISAPS Global Alliance. I recently returned from Guadalajara, Mexico where I attended a fantastic Forum on Patient Safety and signed the Global Alliance Agreement with my dear friend Dr. Lazaro Cardenas, President of the Mexican national society (AMCPER), Dr. Arturo Ramirez-Montanana (President-Elect of AMCPER) and Dr. Bertha Torres (ISAPS National Secretary for Mexico). That brings the ISAPS Global Alliance to 58 member societies, the largest aesthetic partnership among national plastic surgery organizations ever assembled!



Figure 6 - Dr. Lazaro Cardenas and Dr. Arturo Montana are enthusiastic new leaders of AMCPER. Together with Dr. Bertha Torres they made it possible for Mexico to join the ISAPS Alliance.

Patient Safety is our second most important mission! Thanks to the leadership of Ozan Sozer and his hard-working committee, the Global Accreditation Project is moving forward at an incredible pace. The committee has now finished the set of guidelines for safe surgical centers worldwide. We chose guidelines

Continued on Page 4

PRESIDENT'S MESSAGE CONTINUED

that are absolutely necessary for patient safety and applicable throughout world. Now we are getting ready to talk to different credentialing institutions to provide our members with various means of facility accreditation.

I am proud to announce the launch of the new Fundamental Aesthetic Surgery Training Program (ISAPS F.A.S.T. Program). This new educational program is intended primarily for younger qualified plastic surgeons who are either still in training or have been in practice for up to five years. It may also be attended by any plastic surgeon interested in advancing their surgical skills. The ISAPS F.A.S.T. Program will cover the fundamental concepts of Aesthetic Plastic Surgery on various anatomical regions and is divided into three sections taught over a period of one year. It also brings new membership benefits to anyone who completes the series. More information about this new program is in the Education Council (EC) section of our website and in the EC section of this edition of *ISAPS News*.

Finally, this will be my last official *ISAPS News* communication as your President. Serving the International Society of Aesthetic Plastic Surgery for the past two years has been one of the greatest honors of my professional career. Flavia and I have taken 31 international trips, have visited 22 countries and made 15 national trips in the past 24 months, spreading the ISAPS mission of aesthetic education and patient safety worldwide.

I was proud to lead a very hard working, dynamic, energized Board of Directors (True Servants) who were responsible for many positive changes in our society. Just to mention a few: a new logo combined with a modern brand more consistent with the "New ISAPS" of close to 4,000 members in 105 countries represented by our "army" of National Secretaries; a very dynamic marketing department, under the direction of our Chief Marketing Officer Julie Guest, with a new electronic magazine and the busiest social media of any aesthetic society in the world; a very active Education Council with a record number of educational activities worldwide (30 Courses/Symposia just in the past year); a rejuvenated blue journal under the dynamic leadership of Bahman Guyuron with the highest impact factor in APS history; an energized ISAPS Global Alliance with 58 member societies including the three highest ISAPS membership countries - United States, Brazil and Mexico; a patient safety oriented society with solid partnerships with ASAPS and ASPs on two critical programs - ALCL and Fat Transfer to Buttocks Task Force; and development of our most ambitious patient safety project ever, the Global Accreditation Program for all ISAPS members worldwide.

Of course, none of this would be achieved without the strong leadership and support of my Board of Directors, our "army" of 106 National Secretaries and Assistant National Secretaries and our very hard-working staff under the amazing leadership of Catherine Foss.

If you are an ISAPS member, I thank you for your contributions and your support of our society during the past two years. If you are not an ISAPS Member yet, I hope to see you in Miami Beach for our Biennial Congress, *The Greatest Education on Earth*. I am sure that after the incredible scientific and social experience of four and half days you will join the ISAPS family immediately to enjoy the many benefits of belonging to the International Society of Aesthetic Plastic Surgery.

See you in South Beach!



Renato Saltz
ISAPS President



Figure 7 - More amazing pictures from my trip to Bali. Social events in Bali were fantastic.



Figure 8 - Catherine Foss and Michele Nilsson worked very hard at the ISAPS booth during ISAPS in Rio. They registered 108 new members and many for the biennial Congress in Miami Beach.

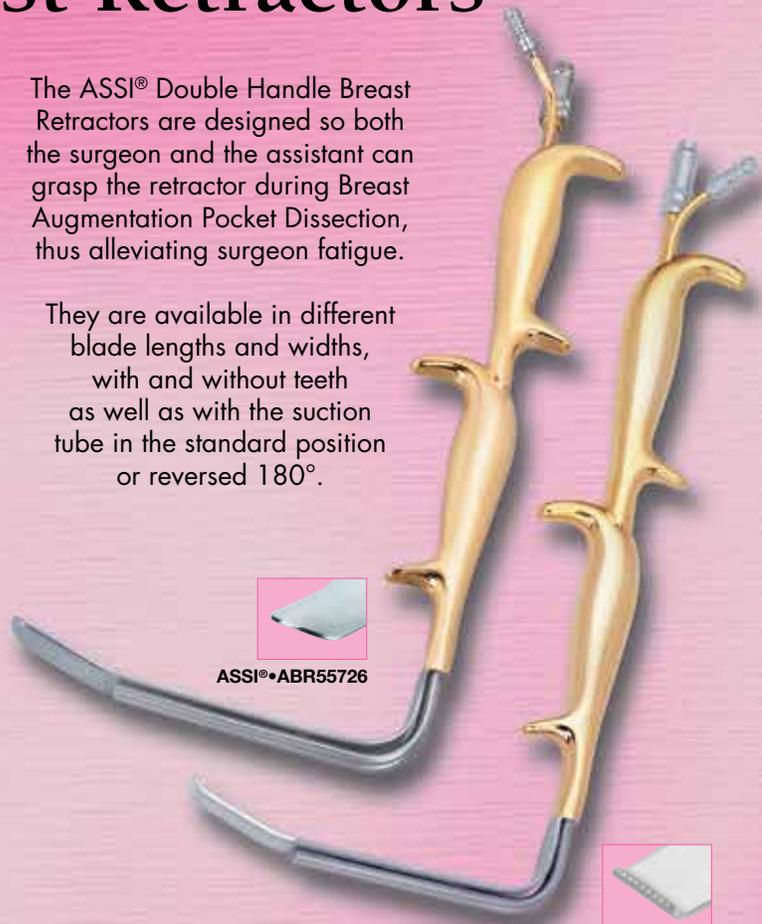
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ISAPS GLOBAL ALLIANCE PARTICIPATING SOCIETIES SPAN THE GLOBE



ISAPS is very proud to have welcomed 58 national societies into the Global Alliance. This opens a line of communication at the Presidential level to create a strong, international presence for plastic surgery that benefits all members of the group. Several quiet initiatives developed by the Alliance have already influenced needed legislative changes in several countries.

ALLIANCE MEMBER FOCUS: CYPRUS SOCIETY OF PLASTIC RECONSTRUCTIVE AND AESTHETIC SURGERY (CYSPRAS)



SOPHOCLES NICOLAIDES, MD

Cyprus

ISAPS National Secretary for Cyprus

The Cyprus Society of Plastic Reconstructive and Aesthetic Surgery (CySPRAS) was founded in 1993 by the first five plastic surgeons of that time: Drs. L. Dimitriou, A. Kammiti, P. Manta, C. Mereza and F. Philippou. We can all look back with pride on our history and achievements; however, we never cease to grasp every opportunity for development and improvement.



To appreciate the challenges that our society had to face during its establishment, one should first acknowledge that Cyprus was still recovering from a war – an invasion that resulted in the island's division, the loss of thousands of lives and a consequent economic crisis. This, on top of the small population of Cyprus, deemed Aesthetic Plastic Surgery to be a luxury in a country that was still healing from its injuries.

Since 1993, the actions of CySPRAS proved to be catalytic in the advancement and safe practice of our specialty in Cyprus and we aim to continue working towards further improvement. The number of plastic surgeons on the island has increased significantly to thirty-five accomplished surgeons who successfully received their training in principal institutions around the world. Our growing community calls for improvements in the field in order to maintain a high standard of care.

One of the current issues is that aesthetic surgery is not offered by public hospitals and, consequently, not covered by the national insurance system. In addition, private clinics are not integrated into the national medical education system, making hands-on training for aesthetic plastic surgery trainees extremely challenging. In an attempt to overcome this problem, CySPRAS despite its

small size and limited financial sources, has successfully hosted an ISAPS postgraduate course in November 2013, along with other educational activities.

In the spirit of encouraging and supporting continuous education of our members, CySPRAS organizes courses and seminars on a regular basis, while also setting up hospital meetings for presentation and discussion of rare or difficult cases. These educational events are always a priority of our society, to ensure that our members stay on top of the latest advancements in plastic surgery, while also striving to avoid possible medical errors. Protecting and caring for our patients has always been at the heart of our society's mission. For the past twenty-five years, we have actively protected our code of ethics in an attempt to maintain an exceptional standard of care provided by all of our members.

CySPRAS welcomes all international and national collaborations and affiliations with other medical organizations to maintain and enhance human interactions, while also providing our members opportunities for advanced training. Our society looks forward to strengthening our interaction with plastic surgeons from other countries in an effort to mutually benefit and improve in our field, always striving for excellence. We feel that we are responsible for maintaining such interactions through seminars and meetings, to exchange knowledge in aesthetic plastic surgery, and to protect our members in matters concerning patient safety and medical insurance.

The value of the CySPRAS and ISAPS collaboration through the Global Alliance scheme represents an invaluable opportunity for our members. Currently, eight out of the thirty-five members of our society are also members of ISAPS. Even though this is a respectable fraction, we aspire that in the next couple of years all of our plastic surgeons fulfilling the criteria will become honored members of ISAPS. This collaboration is of profound importance in our commitment to enable our members to achieve and maintain the highest standards of surgical practice and patient care.

THE PLASTIC SURGEON'S ROLE IN THE OPIOID CRISIS



JAMES FERNAU, MD
United States
ISAPS Patient Safety Committee

The opioid epidemic has certainly reached the office of plastic surgeons. We must heighten our awareness of this problem because it impacts our patients with potentially devastating effects upon patient safety. Collectively, we need to take a firm stand and spread the awareness and concern while developing guidelines and protocols relative to our own situation.

The United States remains the world leader in opioid consumption, abuse and opioid related deaths, and the crisis extends well beyond our borders. Canada and the United Kingdom are two examples of countries that have witnessed rising



opioid prescribing, consumption and overdose deaths in recent years. In the United States, in 2017, drug overdoses killed 72,000 people. Drug overdose is the leading cause of death for Americans under 50, now

leading firearm and motor vehicle accidents. According to Centers for Disease Control and Prevention (CDC) data, 115 Americans die every day from opioid related overdose. In-depth analysis of overdose data points to a sharp rise in overdose deaths due to synthetic opioids such as illicitly manufactured fentanyl (IMF); still, about 40% of overdose deaths involve a prescription opioid, which may include methadone, oxycodone or hydrocodone.

Plastic surgeons routinely prescribe oxycodone and or hydrocodone for procedures such as breast augmentation and abdominoplasty. I interviewed many plastic surgeons who routinely would give 60 pills for one operation. In my opinion, those days are over. We must be more judicious with our pain prescriptions and prescribe on a thoughtful case-by-case basis. Most importantly, we need to review the patient's information in the Prescription Drug Monitoring Program (PDMP). This is a US state-based electronic database that tracks the prescribing and dispensing of controlled substances on every patient. In fact, more than 50% of physicians now practice in states that require them to check the state PDMP database prior to writing opioid prescriptions. If the patient's PDMP reveals a pattern of abuse, we need to make a decision whether or not to operate on the patient. These decisions are going to be based upon the patient's honesty and a review of their situation. If we do operate, it is incumbent on us to discuss a postoperative pain management plan. Alternate forms of pain control should be discussed and include the use of NSAID's, electrical stimulation, lidocaine patches and the use of long acting local anesthetics such as bupivacaine liposome injectable suspension (Exparel) to name a few.

Additionally, another powerful alternative to decrease opioid use after surgery is ERAS which stands for Enhanced Recovery After Surgery. ERAS includes a multimodal perioperative care program. Every program of ERAS is composed of evidence-based perioperative care plans proven to be effective when all aspect are put together. This results in substantial improvements in surgical outcomes. This program originally designed in Denmark has now been launched by the University of Pittsburgh Medical Center (UPMC) as recently as 2015. The department of anesthesia at UPMC hospitals has shown the success of ERAS by reducing length of stay by two to three days and decreasing patient-controlled analgesia by 80 percent after complex abdominal surgery. Success is achieved through evidence-based pathways used throughout the entire perioperative period, including in the preoperative patient setting. Additionally, other studies

have shown a reduction in complications by 30 to 50 percent. The following table summarizes various ERAS protocols.

UPMC enhanced recovery program ERP department of Anesthesiology

Pre-operative interventions	Operative Interventions	Post-operative interventions
❖ Evaluation and optimization of existing organ function	❖ Pre-operative Antibiotic, acid suppression and pro-kinetic	❖ PreOemptive and adequate analgesia
❖ Ensuring good nutritional status	❖ Thoracic epidural analgesia	❖ Post-operative nausea and vomiting prophylaxis
❖ Improving physical fitness	❖ Elective use of nasogastric decompression, urinary catheterization and abdominal drainage	❖ Early removal of all drains and tubes if inserted
❖ Patient education	❖ Goal directed fluid therapy	❖ Early enteral nutrition
❖ Minimal starvation	❖ Maintaining Normothermia	❖ Early enforced ambulation
❖ Oral Carbohydrate drink	❖ Minimal tissue handling	❖ Ensure follow-up after discharge
❖ NO mechanical bowel preparation	❖ Minimize operative time	
	❖ Minimal access surgery	

A concrete example would include the following care of a patient. In the preoperative area the patient would take the following oral medications 1 hour before surgery: celecoxib (Celebrex) 400mg, gabapentin (Neurontin) 200mg, omeprazole (Prilosec) 40mg, acetaminophen (Tylenol) 500mg. The patient would be well hydrated. During surgery no inhalation gases would be used. A total intravenous anesthetic would include propofol, ketamine hydrochloride, dexmedetomidine (Precedex) and midazolam (Versed). In the recovery room attention is directed to control nausea and vomiting, continue fluid hydration and pain control with agents such as intravenous ketorolac (Toradol) and intravenous acetaminophen (Ofirmev). It is important to remember when ERAS protocols are implemented post-operative opioid use is decreased by 80 percent.

As of this writing, in communication with other ISAPS National Secretaries at least twelve countries from around the world have a similar program equivalent to the American PDMP. Six other countries responded that only certain doctors in their country are licensed to prescribe addictive pain medications and this is strictly controlled by their Ministry of Health. Furthermore, in the Medical Group Management Association's 2018 opioid prescription drug policy survey

EDUCATION COUNCIL REPORT



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

The ISAPS Education Council (EC) organized four successful events during the months of June, July and August.

The 10th Eurasian Aesthetic Meeting, with 500 attendees and memorable social events, took place in **Istanbul, Turkey** on June 21-24. Organized as a combined effort by the Turkish Society of Aesthetic Surgery and ISAPS, the program included two days of live surgery that were also broadcast to ISAPS members and non-members as webinars. Drs. Renato Saltz, Dirk Richter, Nazim Cerkes, Frank Lista, Enrico Robotti, Al Aly, Reha Yavuzer, and I performed the live surgeries. Drs. Bahman Guyuron, Timothy Marten, Patrick Malucci, and Apostolos Mandrekas were also part of the international faculty.



Figure 1 - The audience of 500 had a spectacular view of the proceedings in Istanbul.

Another very successful meeting was held in **Bali, Indonesia** on July 18-21 that brought ISAPS, OSAPS and InaPRAS together. The ISAPS Symposium preceded the Oriental and Indonesian Societies of Aesthetic Surgery combined meeting. Excellent talks on facial rejuvenation, comparison of the Oriental and Caucasian ageing process, and preferred treatments were presented by the ISAPS faculty that consisted of Drs. Renato Saltz, Vakis Kontoes, Bryan Mendelson, Susumu Takayanagi and local colleagues. The scientific and social programs were very well attended with excellent content. The EC would like to thank Dr. Teddy Prasetyono, current OSAPS President in charge of the meeting, for his amazing hospitality and friendship. OSAPS is already a member of the ISAPS Global Alliance. During this meeting, Indonesian Society President, Dr. Budiman Suhara, also signed the ISAPS Global Alliance agreement and the Indonesian Society became the newest member.



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

The ISAPS Symposium that took place on July 27-28 in **Santiago, Chile** was the best attended ISAPS meeting ever organized in Chile with eighty percent of the Chilean plastic surgeons registered. Local organizers, Drs. Monserrat Fontbona, Claudio Thomas, Teresa de la Cerda, Suzana Benitez, and Stefan



Figure 2 - Chilean ISAPS Symposium faculty included Arturo Ramirez-Montanana and Bertha Torres Gomez (Mexico), Nazim Cerkes (Turkey), Ozan Sozer (US) Montserrat Fontbona and Stefan Danilla (Chile), Gustavo Abrile (Argentina) and Horia Siclovan (Romania).

Danilla created an excellent meeting. International faculty included Drs. Nazim Cerkes, Arturo Ramirez-Montanana, Bertha Torres Gomez, Horia Siclovan, Edward Chang, Gustavo Abrile, Cesar Antezana, and me. Santiago is a beautiful city with magnificent views of snow-capped Los Andes mountains and the local hospitality was amazing. Special thanks to the Chilean Society of Plastic Surgery for making this event happen.

Finally, the amazing meeting that took place in **Rio de Janeiro, Brazil** on August 1-4 combined the 37th Jornada Carioca de Cirurgia Plastica and ISAPS in Rio. The meeting was a huge success with more than 1,000 attendees. ISAPS Board of Directors members present at the meeting included Drs. Renato Saltz, Nazim Cerkes, Lina Triana, Gianluca Campiglio, Vakis Kontoes, and me. Drs. Bahman Guyuron and Peter Rubin were part of the international faculty, several live surgeries were performed, and all the scientific sessions were very high quality. The ISAPS booth in the exhibit hall was constantly busy and 108 new membership applications were collected over the four days. The highlight of the meeting was the black-tie gala at the Copacabana Palace. Special thanks to Drs. Andre Maranhao, Sanae Matsuda and all the local organizers of this year's Jornada Carioca de Cirurgia Plastica for this amazing event.

ISAPS IS PROUD TO ANNOUNCE THE LAUNCH OF THE NEW FUNDAMENTAL AESTHETIC SURGERY TRAINING PROGRAM (ISAPS F.A.S.T. PROGRAM)



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

This new program is primarily intended for younger, qualified plastic surgeons who are either still in training or who have been in practice for up to five years but may also be attended by any plastic surgeon interested in advancing their surgical skills.

The ISAPS F.A.S.T. Program is a foundational surgical course that covers the fundamental concepts of Aesthetic Plastic Surgery on various anatomical regions. This is not an advanced aesthetic surgery program. Those are presented in ISAPS Courses and Symposia around the world as part of the ISAPS mission of *Aesthetic Education Worldwide®*.

The F.A.S.T. Program is divided into three sections taught over a period of one year, with each section focusing on a different anatomic region (Face, Breast, and Body) and covering a core curriculum as determined by the Education Council including but not limited to:

- Basic surgical anatomy
- Step-by-step surgical techniques
- Pre-op and post-op care of patients
- Tips and tricks of each technique
- How to avoid or treat common and uncommon complications
- Common patient concerns
- Minimally-invasive and non-invasive techniques
- Patient Safety
- ISAPS Business School: how to grow, market, protect, and organize an aesthetic surgery practice
- How to introduce new technologies into a practice

Local organizers may propose specific topics to be presented in the modules that might not be included in the list above. The EC will consider these proposals for inclusion.

The ISAPS F.A.S.T. program can be combined with an ISAPS Visiting Professor Program (VPP) following approval by the ISAPS VPP Chair. In this case, the VPP will be executed in the two days preceding the modules described above, and under the rules of the VPP. In certain cases, ISAPS F.A.S.T. Program modules can also be presented as part of the ISAPS webinar program.

Those eligible to organize an ISAPS F.A.S.T. Program include active ISAPS members in any country and members of the National Society provided that all necessary requirements and guidelines of the program are fulfilled.

The ISAPS Education Council is exclusively responsible to grant approval for the organization of any ISAPS F.A.S.T. Program. The National Secretary in the sponsoring country may be invited to provide recommendations and information for the local organizers where the event will be granted, if required by the Education Council.

Each ISAPS F.A.S.T. Program should ideally be organized under the auspices of the National Plastic or Aesthetic Surgery Society of the country. If the National Society is an ISAPS Global Alliance member, as a mandatory prerequisite, they will be invited by the EC to officially support and take an active part in the program including the selection of local speakers and overall design of the program.

**ISAPS WOULD LIKE TO OFFICIALLY
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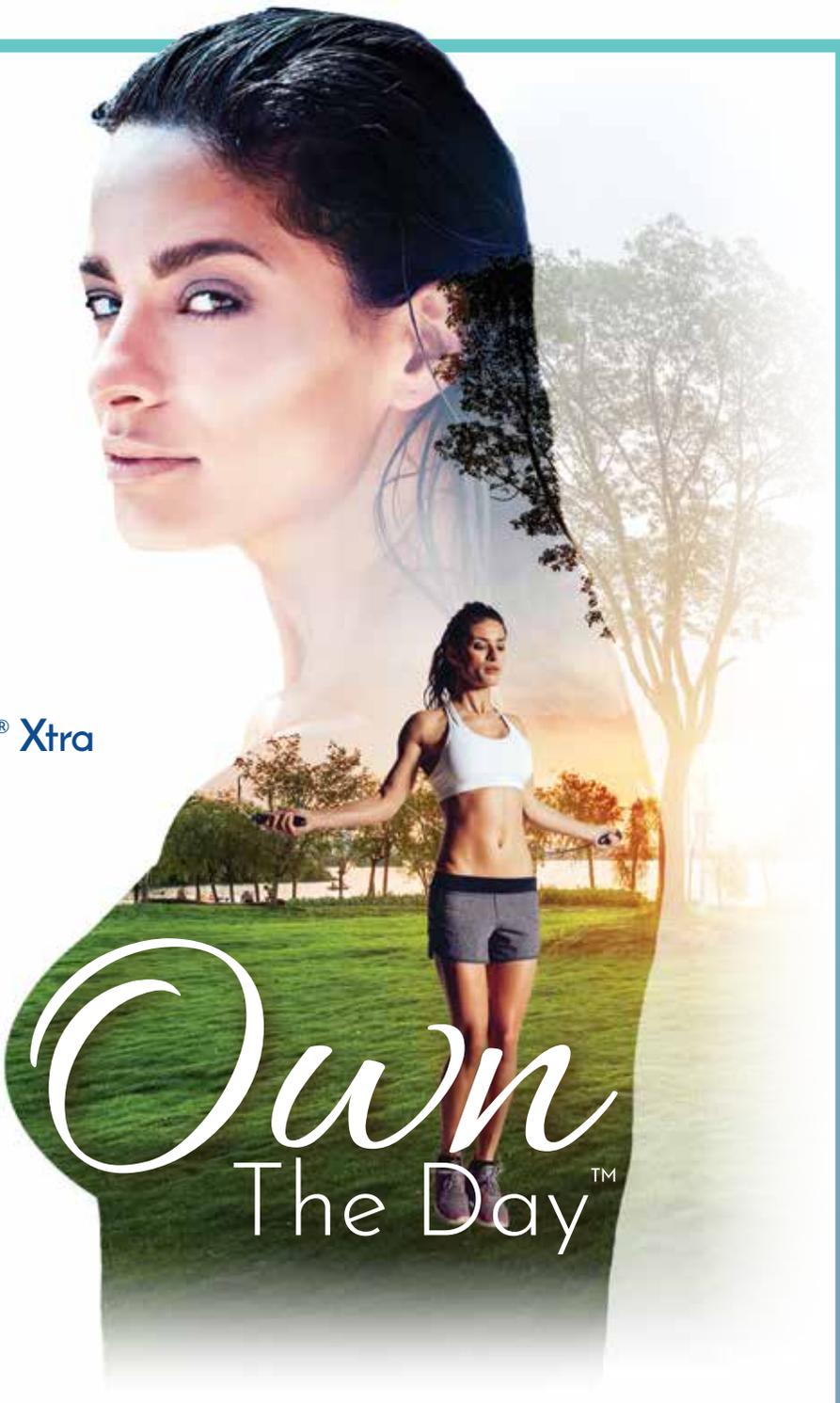


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References: 1. Worth It Ratings Data - November 2017. 2. In-person consumer survey with 452 respondents. Mentor Consumer Preference Market Research Report - July 2017. 3. When compared to MemoryGel® Breast Implants.

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Patients should receive a copy of Important Information for Augmentation Patients about MENTOR® MemoryGel® Silicone Gel-Filled Breast Implants or Important Information for Reconstruction Patients about MENTOR® MemoryGel® Silicone Gel-Filled Breast Implants. Your patient needs to read and understand the information regarding the risks and benefits of breast implants, with an opportunity to consult with you prior to deciding on surgery. For detailed indications, contraindications, warning and precautions associated with the use of MemoryGel® Breast Implants. Please refer to the Product Insert Data Sheet provided with each product, or online at www.mentorwwllc.com.

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10TH EURASIAN AESTHETIC SURGERY & ISAPS COURSE



NAZIM CERKES, MD, PHD
Turkey
Course Director and ISAPS 1st Vice President

The 10th Eurasian Aesthetic Surgery-ISAPS Course was held on June 21-24, 2018 at the Istanbul Hilton Convention Center. Two days of the Course were reserved for 10 live surgery demonstrations by different surgeons and broadcast from Istanbul American Hospital. Four of these surgical demonstrations that were performed by Renato Saltz, Dirk Richter, Nazim Cerkes and Ozan Sozer were transmitted to ISAPS members during a live ISAPS Webinar and watched by over 400 members and non-members around the globe.



Figure 1 - Dr. Timothy Marten on the podium.



Figure 2 - Faculty during live surgery.

On the first live surgery day, Dr. Renato Saltz performed a mommy makeover surgery, breast uplift with autogenous tissue and lipoabdominoplasty. Dr. Dirk Richter did an upper and lower eyelid rejuvenation surgery together with midface lift through lower blepharoplasty incision. On the second day, another two live surgery webinars by Dr. Nazim Cerkes and Dr. Ozan Sozer were transmitted. Dr. Cerkes demonstrated correction of a severely crooked nose and Dr. Sozer showed a neck rejuvenation through a short postauricular incision and forehead lift with a short incision on the temple.



Figure 3 - Faculty members Drs. Ozan Sozer, Fethi Orak, Renato Saltz, Mehmet Bayramicli, Nazim Cerkes, and Cemal Tg Senyva.

During the remaining two days, all aspects of aesthetic surgery were addressed by the world class Faculty in the scientific sessions and master classes. Over 400 plastic surgeons participated the Course from 58 countries. There was great interest in the sessions and especially in the live surgery demonstrations. The feedback we received from the participants was very satisfactory indicating that the meeting was a very successful event.



Figure 4 - Front Row: Drs. Apostolos Mandrekas, Renato Saltz, Nazim Cerkes, Timothy Marten and Dirk Richter.



Figure 5 - An audience of more than 400 filled the hall throughout the course.

ISAPS SYMPOSIUM CHILE



MONTSERRAT FONTBONA, MD

Chile

Course Co-Director

The Chilean Plastic Surgery Society held the ISAPS Symposium - Chile from July 27-28 in Santiago. In one and a half days, the Scientific Program encompassed many aesthetic and also reconstructive topics with an outstanding invited faculty including Drs. Nazim Cerkes (Turkey); Ozan Sozer and Edward Chang (US), Arturo Ramírez-Montañana and Bertha Torres (Mexico), Horia Siclovan (Romania), César Antezana (Perú), and Gustavo Abrile (Argentina).

We had a magnificent Scientific Program that featured an excellent and complete rhinoplasty course with master classes and videos; updates on lifting, periorbital rejuvenation and mentoplasty; patient safety guidelines in facial and gluteal fat grafting; different approaches and techniques for gluteal augmentation and treatment of complications; evidence-based medicine fundamentals in augmentation mammoplasty, new techniques for breast augmentation, mastopexy and breast reduction, autologous and implant-based breast reconstruction; and a review of circumferential lipoabdominoplasty.

We also included Tips and Tricks sessions: a 5-minute presentation by a Chilean ISAPS Member presenting a new technique or approach on an aesthetic topic.

We had 68 attendees, including all the Plastic Surgery Residents of our Society.

The social activities included the faculty dinner at the ISAPS National Secretary's house, Dr. Teresa de la Cerda (with spectacular seafood and other gourmet specialties cooked by her), and the Symposium Cocktail (featuring Chilean food and wine specialties). We also had the opportunity to have dinner with the faculty at a Chilean Seafood Restaurant and a closing lunch at Restaurant Carnal (specializing in meat plates) and enjoyed different culinary Chilean specialties.

The Symposium was assessed by the attendees as an unforgettable scientific and social event that gathered acclaimed and prestigious faculty from different continents in our country and offered us the opportunity to learn, share experiences and enjoy grateful moments together.



Figure 1 - Dr. Gustavo Abrile, Dr. Teresa de la Cerda, Dr. Horia Siclovan, Dr. Ozan Sozer, Dr. Montserrat Fontbona, Dr. Nazim Cerkes, Dr. Stefan Danilla, Dr. César Antezana, Dr. Bertha Torres Gomes, Dr. Arturo Ramírez-Montañana, and Dr. Claudio Thomas.



Figure 2 - Attendees and faculty at ISAPS Chile Symposium.



Figure 3 - Luisa Bazyluk, Dr. Gustavo Abrile, Dr. Montserrat Fontbona, Dr. Edward Chang, Claudio Valdivia.



Figure 4 - Faculty Dinner at ISAPS National Secretary's home, Dr. Teresa de la Cerda.

ISAPS WEBINAR: EXTERNAL VAGINAL REJUVENATION MORE THAN JUST A LABIAPLASTY



LINA TRIANA, MD
Colombia
ISAPS 2nd Vice President

Following our ISAPS mission of *Aesthetic Education Worldwide*®, we are embracing today's available technology to reach colleagues and deliver educational content in new ways. We are focused on taking education to our members and non-members not only by continuing to offer the best educational aesthetic events such as our [Biennial Congress](#) in Miami Beach on October 31 - November 4, and global ISAPS courses, symposia, and endorsed programs, but also by reaching many of you to enrich your aesthetic knowledge using our own computers, wherever you are.

On Saturday, August 18, we held another successful ISAPS Webinar. This time, the theme addressed was one of my passions: vaginal rejuvenation. This webinar,



External Vaginal Rejuvenation - more than just a labiaplasty, was well attended with 185 participants pre-registered from 44 countries. My colleague, Dr. Christine Hamori, from Boston, Massachusetts, USA, with her extensive

knowledge on the Wedge Labiaplasty technique, and I shared important facts on the correct approach for an Edge or Lazy S labiaplasty technique. Since 2005, I have been teaching my plastic surgery colleagues the importance of

incorporating external and internal vaginal surgical and non-surgical procedures into our plastic surgery practices and today I am very happy to see that each day they are more interested in these approaches to the point where we can say we have embraced vaginal rejuvenation procedures.

There is no doubt that vaginal rejuvenation procedures are a trend that keeps growing. This can clearly be seen in our ISAPS statistics where external and internal vaginal rejuvenation procedures have increased 56%. When compared with the 8% global increase in the rest of the aesthetic procedures that plastic surgeons perform worldwide, we can clearly see that vaginal rejuvenation is not simply increasing, it is increasing by giant steps. This is why we need to update ourselves on labiaplasties and all other external vaginal rejuvenation procedures and learn and embrace internal vaginal rejuvenation such as vagina tightening surgical and non-surgical options.

With our ISAPS webinar initiatives, we are devoted to our ISAPS members and our plastic surgery community to ensure that all of us can access the education we offer not only at courses, but also in our homes or offices.

As a member of our Board of Directors and as past Chair of the ISAPS Education Council, I want to share with you that this is one of a series of strategies to come that will enhance our ISAPS benefits portfolio. ISAPS, as the only worldwide aesthetic plastic surgery society composed of individual members, wants every day to expand our educational mission for the benefits for our members, access by the plastic surgery community and enhancement of our patients' safety. Thank you for being part of ISAPS.

FERNAU CONTINUED

representing 43 practice leaders across numerous specialties found an overwhelming number of organizations (84%) that have updated or implemented a new opiate prescription drug policy in the past three years. It is obvious that plastic surgeons must follow suit to perform our due diligence during the current opioid crisis.

Each of us can develop our own guidelines for prescribing opioids. A mandatory review of the patient's PDMP (or equivalent) and/or a review of the patient's history of pain medication use should be implemented. The office staff must be educated on these same issues. If a red flag arises, consider drug screening, especially the day of surgery.

The following is a clinical scenario of a potential catastrophe. Patient Jane Doe is scheduled for a breast augmentation in a AAAA-accredited office surgical center. Unknown to their surgeon, she has been taking oxycodone for chronic back pain and is abusing her medications. She is also taking diazepam for anxiety. She willingly takes more oxycodone and diazepam before the start of the surgery to avoid having pain and anxiety from the procedure. During the surgery, the doctor and the anesthesiologist give the appropriate medications; however, in the post-operative recovery room, the patient goes into respiratory arrest due to the cumulative effects of the previously ingested oxycodone and diazepam. Narcan and Flumazenil are administered, and a potential catastrophe is avoided. This entire scenario could have been avoided with a review of the PDMP and a thorough knowledge of the patient's history of possible pain medication abuse.

A positive drug screen could have alerted the surgeon and the anesthesiologist to a potential problem.

Other drugs that are commonly reported on the PDMP include all benzodiazepines and stimulants such as Methylphenidate. In a review of my personal PDMP cases, I found that greater than 60% of patients taking an opiate are also taking a benzodiazepine and/or a stimulant. A red flag would be the patient's obtaining multiple prescriptions from multiple prescribers. In one case in which I refused to operate, the patient was obtaining over 500 pills of oxycodone per month from 27 different prescribers and all prescriptions came from one pharmacy! In this instance, I called the state attorney general's office to review the matter.

The opioid epidemic has become an unprecedented crisis in the United States and worldwide. We need to come together to develop comprehensive solutions at all levels. Plastic surgeons are part of the frontline of practitioners confronting the opioid crisis. We must educate ourselves, our staff and our patients regarding the scope of the problem and develop our own protocol to handle this growing epidemic. For those of us fortunate enough to have a PDMP or its equivalent, we must use this valuable information as part of our daily practice routine. Consideration of drug screening is going to be of great importance. Honest communication between the physician and the patient is of paramount importance. With patient safety firmly ingrained in our character, we can boldly step forward and confront this growing worldwide epidemic.

5TH BREAST RECONSTRUCTION CAMPAIGN IN GUANAJUATO, MEXICO



GUSTAVO JIMÉNEZ MUÑOZ LEDO, MD
Mexico
ISAPS Assistant National Secretary for Mexico

Guanajuato, Mexico has been a state concerned about the psychosocial health of its women. Therefore, since 2014, in conjunction with REBICAM Gto, an autonomous, altruistic foundation, we have performed free breast reconstructions in mastectomized women, improving their lives anatomically and socially. From 2014 until now, there have been more than 160 such interventions in our State.



Figure 1 - The team at work in the OR.

On June 15-17, the 5th REBICAM Gto breast reconstruction campaign was held under the auspices of the state health secretary. During this campaign, we reconstructed 11 women for the first time, performed a second phase for 18 more, and a third phase and final stages of micropigmentation of areola and nipple in 23 women, completing surgeries for 52 more women so far this year.

We had the participation of certified plastic surgeon members of AMCPER and ISAPS including Raul Lopez Infante, Arturo Ramirez-Montañana, Silvia Espinosa, José Luis Haddad, Jose Romeo Castillo, Luciano Rios Lara, Beatriz Kushida, Adrian de Leon, Bertha Torres, Juan Gordillo, Julio Palacios, Lourdes Ortega, Elsa Morel, Rogelio Rincón from Mexico, Mauricio Mendieta from Nicaragua and Luis Alberto Tinoco from Ecuador, and residents of the principal plastic surgery training centers in Mexico under my direction as the medical director of the foundation. We have no doubt that these actions enhance our specialty and allow us to give back to society.



Figure 2 - The REBICAM Gto Team at the closure dinner.

“The desire to go on in life and tell the world here I am, I won a battle and I return triumphant and complete again.” These are the words of one of the women who benefited from this campaign. We will continue this work to help more and more women in this area.



Figure 3 - Diagram of our flap.

We also performed a new technique of latissimus dorsi flap modification that we called dorsoepigastric flap described by Haddad and Jimenez in more than 80 cases in the whole country with excellent results. We are now in the process of publication because it is a safe, reproducible and quick way to achieve an excellent and cosmetic result with a low rate of complications and donor site morbidity.



Figure 4 - Patient underwent dorsoepigastric flap reconstruction with lipofilling and areolar pigmentation, before and after 2 surgical stages.



Figure 5 - Patient underwent dorsoepigastric flap reconstruction with lipofilling and areolar pigmentation and contralateral reduction, before and after 2 surgical stages.

WE APPLAUD ALL ISAPS MEMBERS WHO PARTICIPATE IN HUMANITARIAN MISSIONS

We are expanding our efforts to match interested members with existing missions. If you are interested in joining a surgical mission, please contact Dr. Adam Hamawy at drhamawy@gmail.com

Kindly provide copies of your medical license and Board certification, a list of languages you speak fluently, and the first page of your passport. We will begin to coordinate between organizations who are sending surgical missions and ISAPS members.



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**THE SCIENCE OF
BREAST TISSUE
MANAGEMENT**

VISITING PROFESSOR PROGRAM – ROMANIA



SUSUMU TAKAYANAGI, MD

Japan

ISAPS Immediate Past President

I was invited to Romania by Dr. Dana Jianu, the Immediate Past President of the Romanian Aesthetic Surgery Society and the ISAPS National Secretary for Romania as part of the Visiting Professor Program (VPP). I gave speeches at Ovidius University in Constanta on the Black Sea on June 8 and 9. On the first day, a course was held with the title of Aesthetic Plastic Surgery for Residents and another course followed with the title of Aesthetic Plastic Surgery for Advanced Plastic Surgeons on the second day.



Figure 1 - Dr. Carman Giuglea, Dr. Susumu Takayanagi, Misako Takayanagi and Dr. Violeta Skorobac Asanin.

The titles of my seven lectures were: Double Eyelid Surgeries in Asian People (video), Fat Injection to the Face, Inframammary Breast Augmentation (video), Upper Eyelid Rejuvenation, Augmentation Mammoplasty - My Personal Technique, Breast Reconstruction using Implants and Fat, and Complications of Breast Surgery and Solving Them. There were approximately 50 participants each day who contributed many questions and comments for the faculty. These courses were fulfilling.

I gave seven 20 and 30-minute lectures over the two days. Dr. Jianu, Dr. Carmen Giuglea, the current President of the Romanian Aesthetic Surgery Society, and Dr. Bogdan Caraban, the Course Director, made great efforts to plan the courses. Dr. Violeta Skorobac Asanin, the ISAPS National Secretary for Serbia, also gave many lectures over these two days.



Figure 2 - Dr. Bogdan Caraban, Dr. Skorobac Asanin, Dr. Takayanagi, and Dr. Giuglea at Ovidius University.

The day before the courses, Dana and her husband took my wife and me to a beautiful castle in the woods outside Bucharest, Peles Palace, and to the Bear Museum that shows the ecology of bears living in Romania. It was our first visit and we enjoyed the opportunity to observe the beautiful nature of this country.

After the courses, Dana and her husband took us to a marsh which is like a great lake. This vast area has no roads and we therefore travelled around by boat. I was impressed by the diverse nature that I had never seen before, including pelicans, swans, storks, water lilies spreading all over, and more. Unfortunately, we did not have time to visit the famous Dracula's castle or the many monasteries this time; however, I would like to visit them next time.

After our trip to the marsh, we returned to Bucharest and visited a broadcasting station to participate in an interview with Dana Jianu by the state-run broadcasting station, Radio Romania. I talked about current world trends in aesthetic plastic surgery, my purpose in visiting Romania, and the details of our activities as well as the organization and activities of ISAPS. I think the interview was meaningful as a promotion of ISAPS.

Dana and the leaders of the Romanian Society of Aesthetic Plastic Surgery really welcomed me. I deeply appreciate their warm hospitality and the opportunity they gave me to participate in these two productive courses.



Figure 3 - Misako Takayanagi, Dr. Dana Jianu, Dr. Takayanagi and Dr. Giuglea at the Faculty of Medicine of University Ovidius Constanta.



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VISITING PROFESSOR PROGRAM – BRAZIL



TIM PAPADOPOULOS, MD
Australia

I want to thank Prof. Ricardo Calcavanti Ribeiro for his very kind invitation to serve as ISAPS Visiting Professor in Rio de Janeiro, Brazil. Prof. Ribeiro is the Director of the Carlos Chagas Institute, Head of the Plastic Surgery Department of the Gaffrée and Guinle University Hospital and Professor of Plastic Surgery at the Federal University of Rio de Janeiro (UNIRIO). Although I've been in Brazil on many occasions, every visit is different and always very special.

On Monday evening, August 6, the day after the very successful 37th *Jornada Carioca de Cirurgia Plastica* and *ISAPS in Rio* meetings, Prof. Ribeiro held a lovely casual dinner party at his home to introduce me to all his Residents and Fellows. It was truly a delight to meet with these young doctors, all amazingly bright, enthusiastic and full of energy. The wonderful mix of Brazilians, Mexicans and Colombians not only taught me how to dance the samba properly, they also got me reacquainted with Brazil's national cocktail, the caipirinha. I have to say that the Brazilian people have a joy for life like no other country I've seen!



Figure 1 - Wonderful dinner party at Prof. Ribeiro's home with lovely Residents, Fellows, colleagues and friends.

On Tuesday morning, August 7, I was picked up from the Hotel Windsor Oceanico by one of the plastic surgery Residents and taken to Clinica Vitee Plastic and Aesthetic Surgery in Barra da Tijuca where Prof. Ribeiro proceeded to mark the selected patients for the day: a secondary augmentation mastopexy and a breast augmentation. These procedures were performed in a beautiful state-of-the-art surgical facility with excellent anaesthesia and assistants. The procedures went very well, and the patients made an uneventful post-op recovery.

Intraoperative videos were made during the day so that they could be shared with the Residents and Fellows. An interactive, in-depth discussion followed every operative case and a lot of questions were raised by the Residents and Fellows, which were clarified in as much detail as was necessary. Prof. Ribeiro then took the time to take me for a wonderful late lunch at a famous local churrascaria called Mocellin Steak. This was followed by a tour of Barra Life Medical Center where he has his own clinic amongst more than 100 other medical specialists and allied health professionals. The complex area is over 15,000 m2 and has a Day Hospital, 168 rooms, 56 shops, an auditorium that seats 157 people, and 3 modern training rooms. I was most impressed by the modern facilities available and was "wowed" by the high-tech, low-cost software he used to simulate breast augmentation on his patients. Several patients were presented in the clinic by the Residents and Fellows and I had a nice discussion about how to approach these patients and surgical procedures.

The following day I was picked up by Prof. Ribeiro and taken to the historic Hospital Casa de Portugal, founded in 1928. It has recently undergone significant modernisation, including a newly built 120-room Cancer Center that was opening to the public in a few weeks' time. Prof. Ribeiro has been instrumental in restructuring the plastic surgery services at this hospital by both elevating the standards, making it more affordable, and reinvigorating the teaching of Residents

and Fellows. More than thirty participants attended the Visiting Professor Program (VPP) including Residents, Fellows and consultant surgeons. I had the distinct pleasure of providing lectures on various topics of body contouring (lipoabdominoplasty, body lift, panniculectomy, posterior scar lipobrachioplasty, buttock augmentation), injectables (avoiding catastrophic vascular complications with fillers) and business (practice management tips). An interactive, in-depth discussion followed every presentation and a lot of questions were raised by the participants which were clarified in detail with the help of Dr. Guilherme Miranda. The overall satisfaction of the participants was very high as witnessed by their positive feedback at the end.



Figure 3 - At the Hospital Casa de Portugal with Prof. Ribeiro.

The day of teaching concluded with me being given the opportunity to perform a no-drain lipoabdominoplasty where I shared my experiences with different surgical techniques such as illustrating the nuances of neoumbilicoplasty, manipulating Scarpa's fascia, focusing on reducing seroma rates with quilting (Baroudi) and progressive tension sutures, preserving lymphatics and redraping of tissues by selectively releasing reticular-cutaneous ligaments. At the end of the surgery, a further discussion followed with the participants.



Figure 2 - At the Hospital Casa de Portugal with Prof. Ribeiro, Dr. Miranda, Residents and Fellows.



Figure 4 - Operating on a lipoabdominoplasty case under the watchful eyes of Prof. Ribeiro.

That evening, we had a celebratory dinner with Prof. Ribeiro and his beautiful wife, Luciana, enjoying excellent Italian cuisine, wonderful friendship, and regional wines. This VPP was extremely well-organized with excellent care provided in all my transfers, hotel arrangements, and travel. I found that I could share a lot of information with the Residents, Fellows and local surgeons. The standards of plastic surgery were very high, and I learnt a lot myself through discussion and comments made by colleagues.

It certainly was an enriching experience and one that I will always remember and treasure. Thanks to Prof. Ribeiro and Luciana for taking good care of me, our ISAPS President, Dr. Renato Saltz, for facilitating the process, and of course thanks to Rio for the warm hospitality. This VPP has shown once more that this special ISAPS program is useful in aesthetic education and is an important activity that spreads the mission of ISAPS: *Aesthetic Education Worldwide®*.

MESSAGE FROM THE CHAIR OF NATIONAL SECRETARIES



PETER SCOTT, MD

South Africa
ISAPS National Secretary of South Africa

Dear Colleagues,

We now have completed 36 elections over the last nine months with Catherine Foss doing the work of emailing, collating and checking that the voters were eligible to cast their vote.

The process was overseen by ISAPS Secretary, Dr. Gianluca Campiglio (Italy) and myself and we congratulate these new National Secretaries (NS) and Assistant National Secretaries (ANS). In addition, I would like to thank our current NSs and ANSs as well as the past NSs and ANSs for the wonderful work that they have done during my term as Chair.

The breakdown is: 10 re-elected NSs, 20 new NSs and 6 new ANSs.

Each edition of *ISAPS News* goes from strength to strength and I would encourage you to submit articles for the Global Perspectives Series. The June issue featured otoplasty and the articles submitted were of such a high standard that these could have been put together as a monograph. The issue was dedicated to Dr. Radford C. Tanzer, who was one of our pioneers of ear reconstruction. I was honoured to have my otoplasty article accepted for this publication.

We already have over 70 NSs and ANSs confirmed to attend the NS Meeting on 30 October 2018 at the time of the 24th Congress of ISAPS in Miami Beach, Florida, USA. We are hoping that more of you will confirm your attendance as this is our premier meeting in our society. We will hear presentations by our President Renato Saltz, President-Elect Dirk Richter, Education Council Chairs Vakis Kontoes and Ozan Sozer, Journal Editor Bahman Guyuron, Membership

Chair and Assistant Chair of NSs Ivar van Heijningen, Committee Chairs Nina Naidu and Maria Wiedner, and Director of our Insurance Program Alison Thornberry with the Chair of the Insurance Committee our NS for Portugal Carlos Parreira.

Most importantly we will be electing a new Chair and Assistant Chair of NSs. Michel Rouif from France has accepted nomination as Chair and Bertha Torres Gomez from Mexico has accepted nomination as Assistant Chair.

Our new National Secretaries and Assistant National Secretaries since the last newsletter are:

Bangladesh	Sayed SIDDIKY, FACS, FRCS(Glas), FCPS, MBBS
Colombia	Maria Isabel CADENA RIOS, MD, PhD, NS, re-elected
El Salvador	Mauricio Alonso GUERRERO ARIAS, MD
Mauritius	Devarajen Pillay CARPANEN, MD
South Africa	Stuart GELDENHUYS, MBChB, FCS Plast (UCT), ANS
South Africa	Marshall MURDOCH, BSc, MBChB, FC Plast Surg (SA), ANS

We congratulate them on their appointments and look forward to meeting them at NS meetings in the future.

Ivar and I look forward to seeing all of you in Miami Beach next month. If you have any questions, please contact Catherine Foss at ISAPS@isaps.org or myself at peters@cinet.co.za

ANNUAL ISAPS GLOBAL SURVEY - RAFFLE WINNERS

We thank everyone who participated in this year's ISAPS Global Survey. Those who completed it were invited to enter a raffle to win one of twenty \$500 VISA debit cards. All winners were randomly selected by Industry Insights, the independent



research firm that leads the annual survey. Industry Insights employed a standard algorithm to create a randomized selection process where all registered participants were given an equal chance of winning.

If your name appears here, you can claim your VISA debit card at the main registration desk during the ISAPS Congress in Miami Beach. You can use your card to pay for Congress Master Classes or tickets to the Beach Party, towards your hotel bill, in Miami Beach restaurants, and in local stores - anywhere that a VISA debit card is accepted.

The winners are:

Aditya Aggarwal - India
Pedro Bins Ely - Brazil
Jaime Enrique Campos-Leon - Mexico
Carmina Cardenas - Mexico
Srikanth Garikaparthi - Bahamas
Richard Lung - USA
Adrian Manjarrez - Mexico
Tina Martinez Lara - Spain
Carlos Moncayo Moreno - Ecuador
Petr Pachman - Czech Republic
Damian Pastoni - Argentina
Angelo Peter Preketes - Australia
Domingos Quintella De Paola - Brazil
Jeffrey Schiller - USA
Juan Ignacio Seiler - Argentina
Horia Remus Siclovan - Romania
Ody Silveira Jr - Brazil
Luiz Sergio Toledo - United Arab Emirates
Benjamin Villaran - Mexico
Rene Wolff - Uruguay

STAND OUT BY SHARING LESS



SAMUEL PEEK, JD
United States
CEO, Incredible Marketing

Engagement in social media is a process doctors have reluctantly accepted as necessary to their marketing strategy. Acceptance may actually be too strong a word - in truth, they have been dragged, kicking and screaming, into the trend. Digital marketing experts, strategists, and thought leaders continuously tell them, "You have to be where your patients are - and they are on social media." They are correct to a degree; this culture is consuming social media in a way never even imagined just a few years ago. However, these digital marketing "gurus" touting the benefits of sharing the excruciating details of your life and practice on Facebook are not going to like where we go next. The pendulum is swinging and the ability to keep private moments private, is on the horizon once again.

We are a society of over consumption when it comes to content. Facts, data and statistics on anyone and anything are at our fingertips. As attention spans have diminished in recent years, the need to stay relevant has become much more fierce. We rely less on educational content. We can see that sensational posts - not educational content - are the ones that get all the engagement. But this overabundance of information and content-on-demand has also had a chilling effect - being too accessible and posting too much content lessens the overall interest if it is easy to come by.

Historically, this has transferred over to our business and then our private lives. Doctors who were not naturally inclined to let their lives play out via social media have had to make significant changes in the level of what they are comfortable sharing. Unfortunately, this trend has blurred the lines between providing insight "behind the curtain" and providing more information than necessary. I have observed more than once that a surgeon in the aesthetic industry will have similar demands from social media as a celebrity in Hollywood.

Now the pendulum is swinging and sharing less is sharing more. Just a few days ago, I was sitting in a Silicon Valley coffee shop downing the smoothest flat white I have had this side of the hemisphere, and my phone chirped. I ignored it and got back to finishing an outline for a talk I was about to give at Facebook. Before I even got to the next bullet point, my phone chirped again . . . and then an email came in - all from the same person. The title of the message was ominous and short "Did you see it???" with a link to a video on YouTube.

My interest at this point is clearly piqued, and I hover over the link for a split-second before clicking. The screen loads almost instantly, and I see the title before the video starts to play: "Game of Thrones, Final Season, OFFICIAL TRAILER." I am not entirely sure what happened after that, as it was all a blur. My senses were overtaken with excitement and anticipation and at that moment in time, nothing else mattered. I just wanted to see a fire-breathing dragon!

The title was somewhat misguided, as there were only small snippets of dragons and white walkers, commingled with HBO's upcoming line-up of other shows. In the two-minute commercial, I only got about 20 seconds of footage without any story or context. Still, I can hardly contain my excitement as this 20 seconds is now at the forefront of my mind. Many emails, messages and even actual phone conversations were had about those magical moments. That will keep me going until the next bit of related content surfaces.

I would not have been this excited if I had been tracking all the actors on set, seeing occasional clips leaked on the Internet, or following the Instagram accounts of everyone related to the show to get every detail of what was to come. The inaccessibility and the shroud of secrecy is what helps to create a buzz - and demand. When something "official" does come out, it feels polished, interesting and captivating. A doctor, whether they find it easy to admit to it or not, falls under the same "celebrity" guidelines. Stats show us that behind-the-scenes information about the doctor is the third highest content consumed on social channels. So how do doctors capitalize on this scarcity as a tactic to win in Social Media?

Most practices lack a constant stream of amazing content and are usually limited to five to seven great social posts per month. This content is either client-focused, such as photos, videos, or general office information, or it is information about you - the doctor. Pictures of you attending a conference, answering a question via video, or a picture of you and your new family puppy. Creating more pieces of content, consistently, is a struggle for most practices because usually the office has not fully adopted the social media culture, and it still feels like an afterthought. By acknowledging and understanding the shifting of social media, practices can use a finite amount of time and content to the fullest advantage.

Follow these three steps to start posting less, but generating more buzz about your practice:

1. Post something about your private life sporadically but make it special. When you do decide to post something outside of office hours, make it something that is both captivating and potentially very special for them as a participant. For example, do not just share that you are participating in a charity, but explain why that charity matters to you or has personally affected you.
2. Don't be too personally accessible. This one is a bit counterintuitive to the mantra we've all heard, "We need to be available to our potential patient in every single way, 24/7/365." Your time is valuable, and that value needs to come out in your public persona as well. You want patients to know they can come in and see you, but that they are fortunate to be able to do so. If "anyone" thinks they have access to you, there is no reason for them to value your time or your services.
3. Tie your personal messages into your overall strategy. For example, many aesthetic surgeons try to specialize in a specific procedure or set of procedures that refer back to the goals of the practice. It would be interesting to patients if you use your posts to answer the question "why?" Why did you choose this as your subspecialty and why do you like doing it? Sharing content about your path in life and how you made these decisions can be just the insight patients want to see, while solidifying the way you want to market and position yourself.

You may not be able to generate the same buzz as a fire-breathing dragon, but many of the same principles used to tease a hit TV show can also be used to promote your practice. Pull back on how much information you divulge and focus on the quality of the "personal life" content you post. Reclaim some of your privacy and still be genuine when you create content for your social audiences. By posting a little less, you may actually create more excitement.

KEEP YOUR DIGITAL MARKETING ON TARGET WITH THIS HELPFUL CHECKLIST



JULIE GUEST

United States

ISAPS Chief Marketing Officer

How did your clinical practice perform last year? Did you attract more or fewer patients than the year before? Do you know which marketing methods are the most valuable to your practice? How is your digital marketing performing, versus other methods?

If you're like most aesthetic practices, the amount of marketing that you're doing online is likely on the increase versus years past. But how can you fine-tune it, increase your marketing ROI and ensure you know exactly what's working for you – and what isn't?

Use this digital marketing checklist to help you.

1. Start with your website.

- What was your site performance? The better question may be: do you know how to determine site performance?
- How many visitors are there coming to your site? Weekly? Monthly? Annually?
- Where are your visitors coming from (e.g., are they being referred by Facebook, Google, etc.)? Where are they geographically located? Which pages are they spending the most time on? Which pages are they spending the least time on?
- Now, pretend your site isn't your actual website. Try to imagine that you're a cosmetic patient, and looking for a great plastic surgeon to schedule an initial consult with. How easy is your website to navigate? What pages do you like the most? What pages do you like the least? A great way to get a fresh perspective on this is to ask friends or family members – who haven't seen your website before – for their feedback.
- Test your website by viewing it on both a tablet and a phone (preferably Apple and Android for each). Is your website mobile-friendly and properly optimized? Are there any pages that are cut off? If your website is not optimized, then what is your plan to get this rectified?
- Now take a look at your top three competitors' websites. How do their websites compare to yours? What strategies/offers are they using to attract new patients? Do you like their branding? Their imagery? Their blog content? How active are they on social media? What do you like about what they're doing? How can you learn from what they're doing?

2. How good is your website content?

- Do you have an active blog? If yes, are your blog topics written strategically to support your offers and other marketing objectives? Or are they written without any real underlying strategy? Are they interesting to read by your target market, or are they dry and boring? Do the messages they contain help build your brand?
- How are the descriptions of your services worded? Do they read as clinical descriptions, or do they explain your services in plain English, providing key facts (but not overwhelming the reader with science)?

- Are your blog posts professionally written, or is it up to a team member to write them “when they have time?” Do each of your blogs contain a clear call to action? Are the headlines enticing to read, and do they make someone want to read the rest of the blog? Have you included interesting imagery to complement the writing?
- Are you taking your best content and reusing it (also known as repurposing) on other key marketing channels multiple channels – for example in print, in social media, as a video series, free white paper, etc.)?

3. How social is your practice?

- Do you have a dedicated marketing plan for social media? Do your postings strike a good balance between promoting your services and providing interesting facts and insights about you, your staff and the practice, to build rapport?
- Is your social media marketing the responsibility of one of your staff, or have you got professional help? How often are you posting, and is there a link between your posts and the other marketing activities in your practice?
- Does your social media marketing help build your brand?
- Do you know how to analyze your social media metrics to determine which posts are the most popular? Do you know who your social media audience is? Where they live? What age they are?

4. Is your practice easy to find online?

- Do you have an SEO strategy in place, or is SEO still a big black box in your practice that you don't really understand?
- Do you know which are the key search terms that attract the most patients to your practice? Do these coincide with your blog topics?
- Are you optimizing every blog post for SEO and ensuring that keywords appear in each article?

5. Don't forget about email!

- What is your online strategy to grow your email list?
- When you send out an email, what is your average open rate and click rate? What is the share rate? Which headlines perform the best?
- How often are you communicating by email? Is the content engaging and interesting to read? Does it also contain valuable offers?

Remember that knowledge of your digital marketing performance is key for your success. Use this list as part of your annual “marketing check-up” – and use the insights gained to fix any holes and identify what is working best for your practice, so you can do more of it!

non-surgical
INNOVATOR



UNRESTRICTED ACCESS

Read the winner study:

A. Taub, V. Bucay, G. Keller, et al.

Journal of Drugs in Dermatology

April 2018, 17(4):426-441



“ The results show that the defensin-containing trio of products offer most of the advantages of time-honored retinols as well as newer but widely used growth-factor containing cosmeceuticals, without irritation or inflammation, sun-sensitivity, or concerns about neoplasia of the treated skin. ”



Photos have not been retouched.

*Pores and wrinkles have been automatically selected and highlighted by the QuantifiCare Clinical System.

Individual results may vary.

<http://jddonline.com/articles/dermatology/S1545961618P0426X>

GLOBAL PERSPECTIVES: MANAGEMENT OF THE NECK

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

SURGICAL AND MINIMALLY INVASIVE APPROACHES IN AESTHETIC MANAGEMENT OF THE NECK



CHARALAMBOS (BABIS) RAMMOS, MD
United States

The treatment of the neck remains a challenge to the plastic surgeon. Approaches vary from minimally invasive to open and multiplane dissections. Anatomical components that are often modified to obtain an aesthetically pleasing result include the skin, fat, and platysma muscle. Deeper dissections may also be used to address the prominent submandibular glands and anterior bellies of the digastrics. We present our approach to improve neck aesthetics.

SURGICAL PROCEDURES

According to the American Society for Aesthetic Plastic Surgery National Data Bank Statistics, neck lifts were amongst the surgical procedures that saw the most significant increases in 2017, with approximately 29,000 procedures performed in the United States.

• Lateral Neck Lift with Routine Use of Open Submental Access

Our standard approach to neck lift is with the use of the occipital hair-edge incision with skin excision. The helix-hairline touch point is marked first behind the ear. Dilute lidocaine with epinephrine is infiltrated into the neck through paired postauricular incisions and a submental incision. The submental incision is made first. Cautery dissection is performed superficial to the platysma and direct preplatysmal lipectomy is performed as needed, leaving an adequate amount of fat on the underside of the flap. Corset platysmoplasty is performed in most of the cases to address the static platysmal bands. The platysmoplasty is performed with a single running two-way absorbable suture. The hair-edge incision is beveled to preserve the hair-follicles. Dissection is performed superficial to the sternocleidomastoid fascia and platysma until the extent of the previously performed submental dissection is reached. Care is taken to protect the greater auricular nerve, marginal mandibular nerve, and external jugular vein from any harm. Demarcation is performed under modest tension with lateral skin excision. A clinical result of a lateral neck lift with open submental access is shown in Figure 1.



Figure 1 - Preoperative oblique and lateral views of a 55-year-old female with signs of neck aging (above). Image obtained at 3 months follow up after lateral neck lift with the addition of open submental access (below).

• Submandibular Glands and Digastrics Resection

The paired submandibular glands and anterior bellies of the digastrics may affect the neck contour when prominent. Partial resection of these structures during a neck lift produces a more acute and well-defined cervicomental angle. These structures are reduced through a submental incision. The platysmal edges are identified, and dissection is performed in the subplatysmal space, superficial to the anterior belly of the digastrics. Tangential excision of the digastrics and partial resection of the gland with cautery are performed as necessary (Figure 2). A clinical result of a neck lift with synchronous submandibular gland resection is shown in Figure 3.



Figure 2 - Intraoperative view of the excised submandibular glands.



JOSEPH P. HUNSTAD, MD
United States

• Liposuction of the Neck

Liposuction alone is performed as an in-office procedure. It is better suited for younger patients with good skin tone and localized fat. Dilute lidocaine with epinephrine is injected through a minimal submental skin incision. A 2.7 mm blunt cannula is used, and multiple passes using the fanning technique are performed, until the contour is smooth



Figure 3 - Preoperative oblique and lateral views of a 58-year-old male with signs of neck aging and prominent submandibular glands. (above). Image obtained at 6 months follow up after neck lift with partial submandibular gland resection (below).



Figure 4 - Preoperative lateral view of a 45-year-old male with submental fullness and lipodystrophy of the neck (left). Image obtained at 4 months follow up after 4 treatments with Kybella (right).

MINIMALLY INVASIVE PROCEDURES

• Deoxycholic Acid (Kybella)

Kybella is used for submental fat reduction. It is an FDA-approved injectable treatment that causes lysis of the adipocytes. Multiple treatments spaced 1 month apart are performed tailored to the amount of submental fat and patient goals. A clinical result of Kybella injectable treatments is shown in Figure 4.

• ThermiRF

ThermiRF utilizes temperature-controlled radiofrequency technology to achieve subdermal tissue heating. Dilute lidocaine with epinephrine is injected with a blunt infiltration cannula. The electrode is then inserted and is withdrawn approximately 1 cm per second. Skin temperatures must reach between 42-44C over the entire area treated, and the entire area treated must turn a uniform color (Figure 5).

• Botox

Botulinum toxin is injected directly into the platysma muscle to address prominent platysmal bands. The end result is inhibition of muscle contraction, and prevention of vertical band formation. The band is grasped between the thumb and index finger using a 30-gauge 0.5-inch needle. The injections are performed in 1 cm intervals and 2.5 units per site are injected. These procedures are noninvasive and safe; however, the result is temporary and there is a need for repeated injections. In conclusion, there are many well-described surgical and nonsurgical approaches to address neck aesthetics. The ultimate goal is to create beauty and balance while minimizing evidence of intervention.

The authors have no financial interest in any product or company mentioned in this article.



Figure 5 - Goal for the ThermiRF procedure, is a bright white monitor color change, and a delivery of a therapeutic temperature of 42-44 C.

INNOVATIVE SURGICAL APPROACH USING A MESH SLING FOR THE AGING NECK



YOAV GRONOVICH, MD, MBA
Israel

BACKGROUND

Rejuvenation of the neck is one of the main procedures that are necessary in order to achieve facial improvement. Most of the current approaches focus on specific elements which contribute to the aging neck. The main drawbacks of these approaches are their inability to achieve a long lasting natural look, and the creation of new problems [1-7]. These disadvantages and limitations have led us to create a novel surgical approach to improve the aging neck that would be suitable for most patients.

METHODS AND MATERIALS

Since March of 2014, twelve patients (10 females, 2 males), median age of 62 years (range 56-72) have been operated for neck lifting with this new surgical approach. The study was approved by the Institutional Ethics Committee and was performed in accordance with the Declaration of Helsinki.

The procedure has been done under general anesthesia. Incisions were made on the mental crease, then on the distal half of the retroauricular sulcus. Undermining of the skin was performed in a subcutaneous plane. A tailored mesh was made for each patient in the OR under sterile conditions (fig. 1). Four types of mesh were used: Vypro®, Vicryl, TIGR® and AlloDerm®. Measurements were taken from anterior to posterior: chin to cricoid cartilage, and from lateral right to left: behind each lobule.

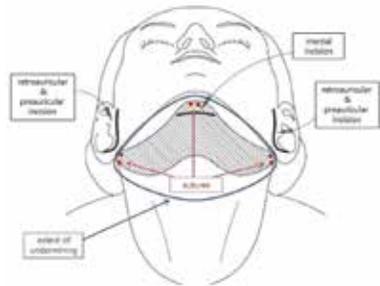


Figure 1 - Illustration of the new approach and positioning of the sling.

The mesh was then rolled over itself for more convenient insertion. After insertion, it was spread out laterally until it was fully open. The lateral edges of the sling were sutured to the mastoid fascia. The sling was then stretched from the opposite retroauricular incision with moderate tension, until a smooth appearance of the neck was created. During that stretch, the sling was spread anteriorly from the mental incision. After achieving the appropriate position, the opposing lateral edges were sutured to the mastoid fascia, and finally, the anterior middle edges were sutured to the mental fascia. In cases of an excessive skin redundancy, there was a need for skin excision. Incisions were performed preauricularly to the lobule and the edge of the tragus and retroauricularly to the occipital hairline. Mean follow up time is 18 months (range 3-44 months).

RESULTS

Minor complication happened in one patient with a Vypro® mesh. The mesh caused stiffness of the soft tissue concomitant with an unnatural feeling. Surgical intervention was done in order to replace it with Vicryl mesh. All other materials were well tolerated with very good results of contour, feeling and integration with the surrounding tissue. Final aesthetic results were satisfactory in all cases (fig. 2, 3).

DISCUSSION

The variability of the dominant changes causes many types of aging necks and many surgical approaches have been conceived in order to deal with them. Current approaches for improvement of the aging neck are problematic because of two main reasons:



Figure 2 - Anterior view - preoperative (left) and at follow up 8 months postoperatively (right) (TIGR® mesh).
Figure 3: Lateral view (same patient as in figure 2) - preoperative (left) and at follow up 8 months postoperatively (right) (TIGR® mesh).

First, they do not fit all aging neck cases and are suitable for only a specific dominant element. Second, the aging neck tends to reappear faster than expected due to recurrence or dominance of another element [2, 5, 7, 8-11]. It may be that some platysma fibers are left intact and were not cut. Platysma fibers may alter their position and become hypertrophied or even create new muscular fibers with regeneration of muscle tissue [10, 12]. Recurrence of skin laxity and rapid deterioration may be attributed to the fact that there is no underlying supporting structure for this skin and the platysma exerts mechanical force on it by stretching and releasing it all the time [2, 10]. Another theory is that thin skin tends to deteriorate faster [11]. Our new approach eliminates these problems by using a supporting sling instead of manipulating the platysma, thus preventing regeneration and hypertrophy. The sling also serves as a barrier and as an additional layer between the skin and the platysma, thus preventing the platysma from working directly on the skin and helps to thicken the skin.

We tried different types of mesh materials. From our experience, the Vicryl and TIGR mesh were very soft and created a natural appearance that was unnoticed.

CONCLUSIONS

Our new surgical approach for neck lifting is promising and is suitable for most aging necks. It creates a uniform appearance with no manipulation of the muscles, the glands, the adipose tissue or any other element. Hence, the operation time is much shorter, complications are fewer and the results are predictable and probably long lasting. More experience and longer follow ups are needed in order to choose the most appropriate type of mesh.

Dr. Gronovich has a patent pending on neck lift sling. He has no other financial interest in any of the products, devices, or drugs mentioned in this manuscript. This topic was accepted to be presented at the ISAPS Congress in Miami Beach, Florida in November 2018.

Continued on page 31

ISOLATED NECK LIFT: SMALL INCISIONS AND NO SKIN REMOVAL



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

INTRODUCTION

Facelift and neck lift performed together is a very common procedure. Frequently, we encounter patients who do not desire a change on their face or do not want the pre-auricular scars that come with the face lift, but they are willing to have their neck operated. In this article, I will share with you how I perform isolated neck lift.

PREOPERATIVE PLANNING AND PREPARATION

In most of the necks, one may think there is always skin excess, but it seems that way because skin has assumed a short cut from the submental area to the sternal notch. When the angles are created, and skin is re-draped, usually there will hardly be any skin excess. (Fig 1)

Lipodystrophy of the neck needs to be identified. Submandibular salivary glands should be examined for ptosis and hypertrophy. Platysmal banding must be marked. Jowls should be marked, because they can be easily corrected during an isolated neck lift.

SURGICAL TECHNIQUE

Most of the maneuvers I use are very similar to what has been described by Joel Feldman (Ref 1,2) with some modifications.



Figure 2 - Extent of skin dissection.

INCISIONS

My preference of placing the submental incision is 1cm above the hyoid bone. This incision provides easy access to the whole central neck and is concealed without difficulty. Posterior auricular incisions are usually 3 cm long and placed in the posterior auricular crease. (Fig 2)

DISSECTION: FIG 2

It is important to leave at least 3 mm of fat on the skin flaps to avoid skin irregularities. If the patient has minimal subcutaneous fat, the dissection should be performed directly above the platysma muscle.

REMOVAL OF THE SUBCUTANEOUS FAT

I do not favor closed liposuction in neck lift surgery. In my opinion, it does not remove the fat sufficiently and evenly. I have been using open liposuction with great ease and efficiency. (Fig 3) All the fat above the platysma and mastoid fascia can be removed. The excess fat from jowls is removed under direct vision.



Figure 3 - Open liposuction cannula.



Figure 1 - The angles created increases the surface area thus decreasing to amount of excess skin.

SUBMENTAL AREA

I routinely remove the subplatysmal fat in a plane right above the digastric muscles.

The next step is the plication of the anterior belly of the digastric muscle. This maneuver provides a flatter submental contour and prevents postoperative digastric banding (Ref 4,5). I frequently remove the central portion of the muscle and plicate the lateral portion in the midline. (Fig 6) Plication of digastric muscles will relocate the submandibular salivary glands more anteriorly and closer to the midline, facilitating the visualization and partial removal of the gland. The tissue overlying the hyoid fascia is cleaned. This is the point that determines the location of the submental angle.

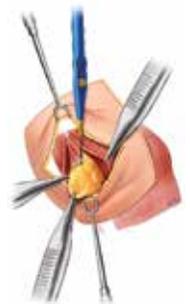


Figure 4 - Removal of subplatysmal fat.

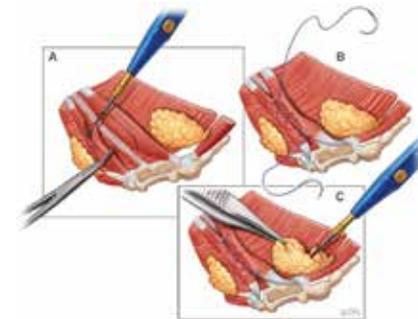


Figure 6 - A: Partial removal of digastric muscle; B: Midline plication of the digastrics; C: Plication of the digastric moves the submandibular gland centrally and facilitates partial removal

I usually partially resect palpable submandibular glands and inject botox in the gland to prevent silomas. I partially resect the submandibular glands in 60% of the neck lifts I perform.

PROGRESSIVE CONTOURING OF THE PLATYSMA

Skin has no function in the contouring of the neck, it merely provides coverage over the underlying structures. Once the platysma is shaped, it represents the new shape of the neck and the skin should be gently draped over this new structure with zero tension.

Midline plication of the platysma is performed. 3-0 barbed pds suture is used. The plication starts at the level of hyoid fascia. The edges of the platysma are secured to the underlying plication of the digastrics and a second layer of plication is performed back to the starting point Then downwards plication is performed forth and back with the other needle. (Fig 7)

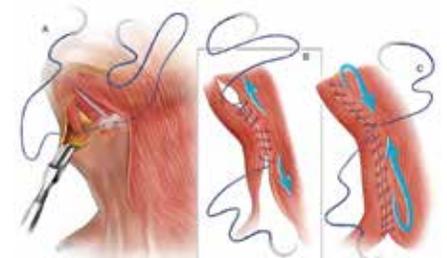


Figure 7 - Midline platysmal plication.

Lateral plication is performed using a 2-0 double armed, barbed pds suture through the posterior auricular incision. Starting point is lateral to the midline plication at the submental angle and carried immediately below the jaw line to the mandibular angle, then to the tympanoparotid next to the ear lobe. Once the new jaw line is created with this suture, further progressive tightening of the lateral platysma to the mastoid fascia is performed with the same suture until desired contour is achieved. (Fig 8)

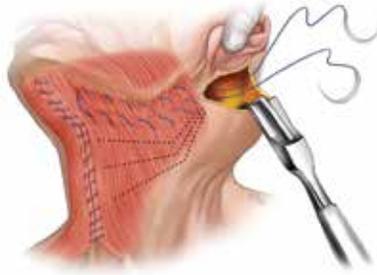


Figure 8 - Progressive lateral contouring of the platysma.

The platysma and the submental structure are injected with liposomal bupivacaine and triamcinolone for postoperative pain management.

HEMOSTATIC SURGICAL NET (REF 3)

The next step in neck lift is precise skin re-draping. Use of a 5-0 Prolene running suture to secure the skin back to the platysma is used for this purpose (Fig 9). Although this is a time consuming, tedious process, it precisely secures the skin, eliminates any tenting affect, seroma or hematoma formation and no drains are placed. Hair bearing scalp can be undermined several centimeters to accommodate any excess skin and re-draped using the net without any skin excision. Surgical net is removed in 48 hours. No dressing is placed.



Figure 9 - Surgical net is in place

SAMPLE BEFORE AND AFTER PHOTOS



Isolated neck-lift 6 months post-operative.



Examples of advanced deformity of the neck. Both cases are one year out and no skin was removed.

REFERENCES:

1. Corset platysmaplasty. Feldman, Joel J. Plastic and Reconstructive Surgery. 1990; 85:333-343
2. Neck Lift My Way: An Update Feldman, Joel J. Plastic and Reconstructive Surgery. December 2014; 34(6):1173-1183
3. Hemostatic net in rhytidoplasty: an efficient and safe method for preventing hematoma in 405 consecutive patients. Auersvald A, Auersvald LA. Aesthetic Plast Surgery. February 2014; 38(1):1-9. doi: 10.1007/s00266-013-0202-5. Epub 2013 Aug 16.
4. Subplatysmal Necklift: A Retrospective Analysis of 504 Patients. Auersvald A, Auersvald LA, Oscar Uebel C. Aesthetic Plast Surgery. January 2017; 37(1):1-11. Epub 2016 Jun 29.
5. Cervico-Mental Angle Suspensory Ligament: The Keystone to Understand the Cervico-Mental Angle and the Ageing Process of the Neck. Labbé D, Rocha CSM, de Souza Rocha F. Aesthetic Plast Surgery. August 2017; 41(4):832-836. doi: 10.1007/s00266-017-0861-8. Epub 2017 Apr 4.

GLOBAL PERSPECTIVES: FUTURE THEMES

December 2018 : Regenerative Medicine
Deadline: October 15

March 2019: Facial Rejuvenation
Deadline: January 15

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

NECK LIFT: AN ISOLATED PROCEDURE FOR FACIAL REJUVENATION



SAMMY SINNO, MD
United States



KHALED O. ALAMEDDINE, BS
United States



ALAN MATARASSO, MD
United States

Neck aging can occur as early as the late 30s and can appear to exceed concomitant facial aging. Less extensive surgical procedures like submentalplasty and liposuction and non-surgical treatments can offer improvement, but the most comprehensive treatment of neck aging is the surgical neck lift. Moreover, neck aging is also one of the first concerns of patients who have previously undergone facial rejuvenation surgery, prompting them to consider a secondary procedure.

PATIENT HISTORY AND PHYSICAL FINDINGS

Neck aging is multifactorial, including laxity of the retaining ligaments, which leads to platysma edge shortening and banding. Additional contributors are skin and fat changes, hypertrophy of the digastric muscles, and hypertrophy and/or ptosis of the submandibular glands. Patients often present with skin laxity, excess pre and or subplatysmal fat, and/or platysma bands.

During the initial consultation, it is essential to evaluate the patient's goals and expectations, to reconcile them with an evaluation and plan, and to discuss related procedures that may enhance the final results; these include chin augmentation, buccal fat pad removal, salivary gland treatment, skin quality enhancement, or midface treatments. Comprehensive treatment is done with a neck lift that encompasses liposuction as indicated and submentalplasty along with wide skin flap undermining, elevation and skin excision. Less severe cases can be treated with minimally invasive surgical procedures, including liposuction for circumstances of fatty necks or submentalplasty that involves liposuction and midline platysma muscle treatment. Non-surgical methods including ultrasound (and other energy-based devices), deoxycholic acid injections, or neuromodulators can also be used to treat soft tissue layers of skin, fat, and muscle, albeit with different results than a surgical procedure.

SURGICAL MANAGEMENT

Neck lift surgery is performed under systemic anesthesia administered by an anesthesiologist. Peri-operative antibiotics are used, and TED stockings and sequential compression devices are placed. Antibiotic ointment is placed in the nostrils, cotton-soaked betadine is placed in each ear canal, and intravenous antibiotics are administered.

A traditional neck lift encompasses the area from the jawline down to the clavicle. If patients desire additional improvement to the lower jowl area, an "extended" neck lift can be considered. This is accomplished by extending the incision slightly

cephalically towards the tragus, which allows jawline skin advancement, superficial musculoaponeurotic system (SMAS) tightening, and jowl liposuction which is also routinely performed in conjunction with a traditional standard neck lift.

TECHNIQUES

After administration of local anesthesia, liposuction of the subcutaneous fat is performed as indicated. Then, a submental incision is made if submentalplasty is necessary or if subplatysma fat contouring is necessary. Wide undermining of the neck skin is then performed under direct vision, medial platysma redundancy is excised, and bands repaired in an "Eiffel Tower" fashion. Upon completion, a back-cut is made at the level of the cricoid to avoid platysma bow-stringing. The hyoid fascia can be incorporated with muscle closure as a potential means of reducing recurrent platysma banding.

The patient's head is turned to commence surgery on the right side. The skin flaps are incised and undermined. The neck is completely undermined from side to side connecting the dissection with the prior submental plane. If the platysma is lax or redundant, it is undermined at least 3-4 cm below the angle of the mandible, backcut, and sutured to the sternocleidomastoid (SCM) fascia with 3-0 mersilene sutures while avoiding excessive tension on any midline repair. In other cases, the platysma is plicated to the SCM at 3-4 points including the lower SMAS for jowl improvement. Excess skin is elevated, advanced, redraped and excised.

The hair-bearing region is closed with staples and the area between the hair-bearing region and postauricular incision is closed with half buried absorbable sutures. The postauricular crease is closed with 3-0 nylon sutures, the lower preauricular area, if opened for an extended neck lift, is closed with a 5-0 nylon sutures. The opposite side is closed, then the submental incision is the last area inspected for hemostasis and is closed with a subcuticular 5-0 prolene and 5-0 interrupted nylon. Antibiotic ointment and a three-layer facelift dressing consisting of gauze and Surginet is placed on the wound.

POSTOPERATIVE CARE

Attempts should be made to keep the neck extended in a semi-sniffing position to avoid skin flap ischemia. Dressing and drains are usually removed within 48 hours. When drains are removed, they are "milked" of excess fluid. Suture lines are kept moist with antibiotic ointment. Staples and sutures are removed within the first ten days. Gradual return to normal activities usually occurs progressively from 2 to 6 weeks.

OUTCOMES

Optimal aesthetic results can be achieved by tailoring the procedure to the underlying anatomy and expectations of the patient. Ultimately, judicious patient selection and education will provide for the greatest overall satisfaction (Figure 1).



Figure 1- Extensive skin undermining through a submental incision.

COMPLICATIONS

Complications of a neck lift can include seroma and hematoma; these should be addressed as indicated. Untreated seromas can lead to prolonged disfiguring contour deformities. Skin necrosis is infrequent but can be a significant complication.

SUBMENTAL NECK RESHAPING IN YOUNGER PATIENTS



GIANLUCA CAMPIGLIO, MD, PHD
Italy
ISAPS Secretary

INTRODUCTION

Neck lift with retro-auricular scars is universally considered the gold standard for those patients with skin and platysma relaxation. If indicated, a submental incision can also be added according to the type of deformity to be treated. Nevertheless, there is a small group of younger patients who require neck reshaping without removing any real skin excess. These patients are usually male, presenting a short mandible with chin hypoplasia and verticalization of the platysma muscle, usually without bands. In these cases, the skin of the neck is thin with a limited amount of supra-platysmal fat, so a simple liposuction would not improve the contour of their necks. Deep structures such as muscles and sub-platysmal fat need to be properly deepened the cervico-mandibular angle and create an aesthetically pleasant transition between the cheek and the neck.

TECHNIQUE

The procedure is performed under local anesthesia and IV sedation. A 4 cm skin incision is made immediately behind the submental crease and all the skin of the neck is undermined from ear to ear and from the chin to below the cricoid cartilage level. The medial edges of the platysma are raised and the excess of sub-platysmal fat is removed with the bowie in a conservative way. Usually, a couple of small arteries at this level must be carefully cauterized. The cervico-mandibular angle is recreated using one

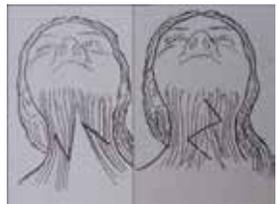


Figure 2- Schematic drawing of a single platysmal Z-plasty. The alternate flaps are anchored to the anterior hyoid fascia.

or two Z-plasties of the platysma muscle. The alternate flaps are anchored to the anterior hyoid fascia with re-absorbable stitches. At this point the necessity of a chin augmentation is evaluated. If the patient has pre-operatively accepted this possibility, a small or medium silicone implant can be used. Alternatively, if the patient is uncertain, fillers or fat injections can be subsequently performed. To prevent fluid collection in the post-operative period, some quilting sutures can be used, especially laterally to the midline in the deepest part of the new cervical angle. Any submental skin is excised as the problem is not having enough skin in the neck rather than too much, exactly as happens most often in the lower lid.



Figure 1- Extensive skin undermining through a submental incision.



Figure 3- No skin excess from the neck to be removed once the deep structures (muscle and fat) have been properly reshaped.

COMMENTS

Younger patients, especially males, often complain about an obtuse cervico-mandibular angle with a poorly distinct inferior mandible border. The solution for this defect is based on surgical reshaping of the deep structures of the neck. The platysma sling created with the single or double Z-plasty stretches this muscle and changes the level and angle of the mylohyoid muscle. The advantages of Z-plasty with respect to a classic corset-plasty are that it elongates the submental-sternal distance and prevents the risk of formation of a median subcutaneous ridge in very thin skins (violin cord deformity). This technique must be cautiously used in a fatty neck with heavy skin due to its inferior elasticity and higher risk of seroma or prolonged edema.



Figure 4- Lateral pre- and post-operative view after submental neck reshaping without chin augmentation.



Figure 5- Lateral pre- and post-operative view after submental neck reshaping and chin implant.



Figure 6- Lateral pre- and post-operative views after submental neck reshaping (A-B). Even if very happy with the final surgical result, the patient required a chin augmentation with fillers in the following post-operative months (C).



Figure 7- Sub-cutaneous muscular ridge after a corset platysmoplasty (violin cord deformity).

REFERENCES

1. Ellenbogen R, Karlin J. VISUAL CRITERIA FOR SUCCESS IN RESTORING THE YOUTHFUL NECK. *Plast Reconstr Surg*, 66:826; 1980
2. Knize D. LIMITED INCISIONS SUBMENTAL LIPECTOMY AND PLATYSMAPLASTY. *Plast Reconstr Surg*, 113:1275; 2004
3. Jousif J, Matloub H, Sanger J. HYOID SUSPENSION NECK LIFT. *Plast Reconstr Surg*, 138:1181; 2016

SUBPLATYSMAL NECKLIFT



ANDRÉ AUERSVALD, MD, MSC
Brazil



LUIZ A. AUERSVALD, MD
Brazil



ANTONIO GRAZIOSI, MD, PHD
Brazil

The neck is the primary concern for the majority of patients seeking facial rejuvenation (Auersvald, *in press*). Improving cervical contour is determinant for a successful outcome in these individuals.

Ellenbogen and Karlin's criteria of a youthful neck continue to guide surgeons. However, these principles were established for the neck in a neutral position (Frankfort horizontal position). When the neck is flexed, there is a more appropriate interpretation of the aging impact on platysma flaccidity, skin redundancy, and subplatysmal structures.

Changes in volume and position of these deep structures include hypertrophy of the digastric muscles (DMs), enlarged subplatysmal fat (SF) deposits, and hypertrophy of the



Figure 1

submandibular salivary glands (SMSGs) (figure 1). Plication of the platysma alone - which is well indicated for many thin patients - is usually not efficient for those with heavy necks, and may lead to early recurrence. Platysma is often seen as a weak muscle, lacking the necessary strength to hold up a large combined volume of SMSGs, DMs and SF.

Although some authors indicate the possibility of lifting deep structures - specially the SMSGs - through lateral platysma plication, subplatysmal necklift through a submental incision allows a direct treatment either by their reposition and/or resection. It demands specific training and a long, but rewarding, learning curve. Here is a summary of the most important steps of this surgery.

1. A thorough preoperative physical examination is necessary for an accurate diagnosis. Not all necks look the same. Individual anatomical conditions demand appropriate planning. The patient's weight, the amount of fat under the skin and under the platysma, the jaw width, the position of the hyoid (anterior vs posterior), the height of the neck, the position of the chin (retrognathic vs prognathic patients), the depth of the submental crease, and the volume of SMSGs are key factors in determining surgical strategies.

2. Pre-operative photographs should include the following views: front, oblique, profile with neck in neutral position, profile with flexed neck, and upward view with flexed neck. The latter was introduced by the authors as a way to highlight the deep structures and to register the submental and mandibular ligaments (figure 2).



Figure 2

3. General intravenous anesthesia with orotracheal or nasotracheal intubation is preferred. A tumescent local anesthetic solution with epinephrine (1:500,000) is also used.

4. A submental incision is placed 1.0 to 1.5 cm anterior to the hyoid to facilitate access to the subplatysma (figure 3). The skin detachment should focus on releasing the lowest neck creases. Next, the interplatysmal and interdigastric fat should be assessed and eventually reshaped. Anterior jugular veins are often found in this area. The marginal mandibular nerve is located superiorly to the SMSG and outside its capsule. The facial artery runs laterally and posteriorly to the SMSG (figure 4).



Figure 3



Figure 4

5. Anterior bellies of the DMs are visualized. A stitch encompassing their pulleys approximates them, repositioning the hyoid superoposteriorly (figure 5).

6. DMs are evaluated and partial resection is eventually performed. A running suture plicates both DMs medially, reshaping the mouth floor (figure 6).



Figure 5



Figure 6

7. The SMSG is predictably found lateral to the junction of the hyoid and DM. The capsule should be open and the gland, assessed. When hypertrophied, partial resection of the superficial lobe is indicated. Botulinum toxin is injected in the gland to prevent sialoma (7-10 units in each gland). The central artery is coagulated and a running suture totally obliterates the raw surface, preventing bleeding (figures 7 and 8)



Figure 7



Figure 8

AUERSVALD CONTINUED

8. Gland capsule is closed and a running suture brings the platysma in direct contact with the gland (figure 9).
9. The retrograde dissection of the submental ligament is performed (figure 10). The platysma is plicated from the chin to the lower portion of the neck, avoiding its transection (figure 11).
10. Hemostatic net is applied to prevent hematoma from occurring and to facilitate skin redraping (figure 12). It is removed 48 hours after surgery. Drains are not used.

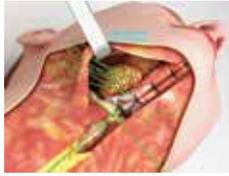


Figure 9



Figure 10



Figure 11



Figure 12

Postoperative pain is usually moderate to intense. The injection of corticosteroid in some of the treated areas as indicated by Dr. Ozan Sozer (personal recommendation) has improved the analgesic control.



Figure 13

Figure 13 illustrates a 52-year old patient who underwent subplatysmal necklift combined with facelift.

The most common complications in subplatysmal necklift are transient weakness of the lower lip depressor muscle (5.6% of patients) and sialoma of the SMSG (2%).

No major bleeding has been observed in a series of 814 subplatysmal necklift patients, 602 of which had partial resection of the SMSG.

Subplatysmal necklift is capable of restoring a pleasing cervical

contour. Although it requires advanced surgical training, current techniques have ensured safety and reproducibility to the procedure.

The authors have no financial interest in any product mentioned in this article.

SINNO CONTINUED

The marginal mandibular branch and the cervical branch are at risk during the procedure if the overlying platysma muscle is breached, with a tendency to occur when defatting just lateral to the submental incision caudal to the mandible and in secondary cases.

CONCLUSIONS

Aging of the neck is a source of concern for many individuals. Neck lift surgery can be performed as a primary or secondary procedure, independently or in conjunction with other procedures and offers a focused solution to aging in this anatomic area.

REFERENCES

1. Matarasso A. Managing the components of the aging neck: from liposuction to submentalplasty, to neck lift. *Clinics in plastic surgery*. Jan 2014;41(1):85-98.

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REFERENCES

1. Feldman JJ. Neck lift my way: An update. *Plast Reconstr Surg*. 2014; 134: 1173-1183.
2. Pelle-Ceravolo M, Angelini M, Silvi E. Complete platysma transection in neck rejuvenation: A critical appraisal. *Plast Reconstr Surg*. 2016; 138: 1781-791.
3. De Castro CC. Extensive mandibular and cervical lipectomy. *Aesthet Plast Surg*. 1981; 5: 239-248.
4. Connell BF. Cervical lift: Surgical correction of fat contour problems combined with full platysma muscle flaps. *Aesthet Plast Surg*. 1978; 1: 355-362.
5. Rohrich RJ, Narasimhan K. Long-term results in face lifting: Observational results and evolution of technique. *Plast Reconstr Surg*. 2016; 138: 97-108.
6. Narasimhan K, Ramanadham S, O'Reilly E, Rohrich RJ. Secondary neck lift and importance of midline platysmaplasty: Review of 101 cases. *Plast Reconstr Surg*. 2016; 137: 667e-675e.
7. Narasimhan K, Stuzin JM, Rohrich RJ. Five-step neck lift: Integrating anatomy with clinical practice to optimize results. *Plast Reconstr Surg*. 2013; 132: 339-350.
8. Guyuron B, SadekEY, Ahmadian R. A 26-year experience with vest-over-pants technique platysmarrhaphy. *Plast Reconstr Surg*. 2010; 126: 1027-1034.
9. Pitman G, Aston SJ, Feldman JJ, LaFerriere K. Revisional neck surgery. *Aesthet Surg J*. 2007; 27: 527-538.
10. Ellenbogen R, Karlin JV. Regrowth of platysma following platysma cervical lift: Etiology and methodology of prevention. *Plast Reconstr Surg*. 1981; 67: 616-623.
11. Liu TS, Owsley JQ. Long term results of face lift surgery: patient photographs compared with patient satisfaction ratings. *Plast Reconstr Surg*. 2012; 129: 253-262.
12. De Castro CC., Aboudib JH Jr, Roxo AC. Updating the concepts of neck lift and lower third of the face. *Plast Reconstr Surg*. 2012; 130: 199-205.

2. de Castro CC, Aboudib JH, Jr., Roxo AC. Updating the concepts on neck lift and lower third of the face. *Plastic and reconstructive surgery*. Jul 2012;130(1):199-205.
3. Feldman JJ. Neck lift my way: an update. *Plastic and reconstructive surgery*. Dec 2014;134(6):1173-1183.
4. de Souza Pinto EB. Importance of cervicomental complex treatment in rhytidoplasty. *Aesthetic plastic surgery*. 1981;5(1):69-75.
5. Fredricks S. Personal communication.

HOW I MARK: VERTICAL MASTOPEXY AND AUGMENTATION MASTOPEXY WITH A SHORT HORIZONTAL SCAR



CHARALAMBOS (BABIS) RAMMOS, MD
United States

In this issue, we introduce a new section: **HOW I MARK**. The editors thank Dr. Rammos for his excellent suggestion to include this new feature and welcome others to submit similar, short articles in future issues.

MARKINGS

Preoperative markings are similar to those for a vertical reduction mammoplasty. If an implant will be used, less skin is marked for excision. Additional skin is excised after the implant has been placed. The patient is marked in the upright standing position, and the following markings are made:

- Midline, from sternal notch to xiphoid
- Inframammary Fold
- Breast meridian (Figure 1).
- The new nipple location is marked by transposition of the inframammary fold to the front of the breast, at the level of the meridian. The top of the areolar opening is marked 1-2 cm above the new nipple position.
- With the use of a keyhole breast reduction marker (42 mm), the areola opening is marked (Figure 2).
- The breast is displaced, first laterally and then medially. Vertical lines are drawn from the lower portion of the new areola to a point 1 cm above the inframammary fold (Figure 3).
- Measurements are made bilaterally, from sternal notch to nipple, and from midline to ensure symmetry. Finalized markings are shown (Figure 4).
- Intraoperative, the skin is tailor tacked, and the lower areola to inframammary fold distance is chosen on average at 7 cm. The patient is sat up to verify the mastopexy marks. The nipple areola complex is left *in situ*, and the intervening skin is deepithelialized. A superior pedicle is created, and appropriate vertical and horizontal amount of tissue is removed and recorded. Vertical pillar sutures are placed, and the wounds are closed in layers. No drains are used, and the patient is discharged home the same day.



Figure 1 - The patient is marked in the upright standing position, and the following initial markings are made: (1) Midline, from sternal notch to xiphoid, (2) Inframammary Fold (3) Breast meridian.



Figure 2 - The new areola opening is transferred on the superior breast parenchyma. The top of the areola is about 1-2 cm above the inframammary fold.



Figure 3 - The breast is displaced, first laterally and then medially. Vertical lines are drawn from the lower portion of the new areola to a point 1 cm above the inframammary fold.

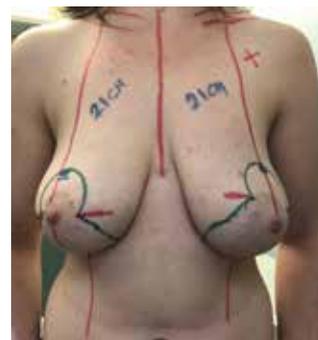


Figure 4 - Preoperative frontal view markings of a 40-year-old female with grade II ptosis.



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Figure 1

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Figure 2



Figure 3

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Luis O. VASCONEZ, MD
Jennifer L. WALDEN, MD, FACS
Heidi WALDORF, MD
Susan WELLS, RN, MS, CANS
Ted WOJNO, MD
Rosy ZION

SATELLITE SEMINARS

We are pleased to announce the following Satellite Seminars to be held at lunch time during the Congress. All sessions are at 12:00 – 1:30 in the Ballrooms indicated. Lunches will be brought to each of the ballrooms.

Thursday, November 1



MOTIVA SEMINAR

The Science of Breast Tissue Management

Let's talk about Science and Innovation. Join us for a panel discussion on the science of breast implant surfaces and inflammation, rheology, tribology, and their impact on decision making and outcomes. **Room B**

Friday, November 2

POLYTECH

POLYTECH HEALTH SEMINAR

Meaningful, Innovative Body Implants ensuring true Patient Benefits

Quality you can feel: Experience the wide range of the POLYTECH portfolio and get to know the advantages of B-Lite, Microthane, Diagon and Gluteal implants. No key fits every lock - Polytech gives you the opportunity to choose the optimal implant for your individual patient. **Room B**



HANS BIOMED SEMINAR

New Trend in Face Lift & Breast Augmentation: MINT PDO Thread & BellaGel Micro Cohesive Gel

Come join us as Dr. Moon Seop Choi, an experienced plastic surgeon from South Korea, discusses new innovative technology relating to facial thread lifts and breast augmentation. **Room D-1**

Saturday, November 3



ALLERGAN SEMINAR

Integrating Nonsurgical Fat Reduction into the Plastic Surgery Practice

Learn how CoolSculpting can be successfully integrated into the plastic surgery practice to expand your treatment offering to patients. **Room A**

Please RSVP to: pro.coolsculpting.com/isaps-november-2018



Viviscal™ PRO



NEOGRAFT, VIVISCAL AND FACTOR MEDICAL SEMINAR

Emerging Trends: The Hair Trifecta

Hair Health + Hair Aesthetics + Hair Restoration – How to effectively implement this three-pronged approach to capture one of the fastest growing segments in the aesthetic industry. **Room D-2**



MERZ SEMINAR

Seeing is Believing: Visualize the Beauty of Sound

Come learn from two industry leading experts, as Dr. Jason Pozner and Dr. Susan Van Dyke discuss Ultherapy and how they incorporate visualization and customization in their practice to achieve and optimize patient outcomes. **Room D-3**



MENTOR SEMINAR

Science of Breast Implants LIVE!

You're invited to learn about the innovation leading to MENTOR® MemoryGel® Xtra Breast Implants and hear first-hand clinical insights on how they have been used to solve for patient needs. **Room C**

MESSAGE FROM THE EDITOR-IN-CHIEF



BAHMAN GUYURON, MD

United States
Editor-in-Chief

I am delighted to report that our progress continues to be gratifying and submissions to the journal are steadily increasing, which is reflected in the size of each issue that you are receiving.

I am particularly very pleased with the upcoming October issue. In the past, I have mentioned that we will have some focused articles on fat injections. In the October issue, we will have a meta-analysis of the amount of fat injected and the sites of injected fat. This article will be discussed by Dr. Marten. Meta-analysis provided a wide range of amount of fat that is injected, therefore I asked Dr. Marten to write an article as to how much he injects, and where – considering his vast expertise in this topic. I find his article extremely informative, and so do the reviewers. It is important to mention that even the invited articles are subjected to scrutiny by the reviewers.

As many of you know, the ISAPS Congress is coming up soon and manuscripts for all the abstracts that have been accepted for this meeting should be submitted to *Aesthetic Plastic Surgery*, as indicated in the meeting abstract submission instructions.

We, at the Editorial Board, look forward to receiving your manuscripts. Those of you who have manuscripts ready, please submit them as soon as possible. You do not need to wait for the presentation before you send us the articles. This will help prevent our receiving a large number of articles at the same time. I look forward to seeing you in Miami Beach.



We invite you to submit a paper to our journal.

For information go to:

<https://www.isaps.org/medical-professionals/isaps-journal/>

WHY RESIDENTS CAN BECOME MEMBERS FOR FREE



IVAR VAN HEIJNINGEN, MD
Belgium
Chair, ISAPS Membership Committee

The decision of the board to allow residents and fellows to become members for free has raised some eyebrows among members and National Secretaries.

QUALITY OR QUANTITY

Some see this decision as a way to increase the number of members which in their opinion waters down the quality of ISAPS. It used to be an honor to become a member and now it becomes too easy for young colleagues to join who have not proven their quality yet.

The worry of colleagues about the quality of new members is to be taken seriously and warrants a clarification from the membership committee to avoid misunderstandings about why this decision was taken by the board. Let me explain why this is a WIN-WIN for us all.

OUR MISSION IS AESTHETIC EDUCATION WORLDWIDE®

Around the world, we see the growth of non-plastic surgeons doing aesthetic procedures, more and more specialties embracing aesthetic treatment and including that in their training programs resulting in increased competition. Excellent education for our residents and fellows in training to become plastic surgeons is the only way to keep up with the competition, but as most of you know, it is not common practice. Official training programs often have difficulties incorporating training in aesthetic procedures, thus leaving young, newly graduated plastic surgeons less competitive and necessitating their search for additional training after graduating.

Now who is better placed to fill this void than ISAPS? Our core mission is Aesthetic Education Worldwide® and we can infuse some Patient Safety into that program to create ethical, sound, quality aesthetic plastic surgeons. We therefore have developed special training programs such as *Visit an ISAPSexpert* and the *ISAPSmentor* programs for them to get good training.

THE YOUNG ARE OUR FUTURE



Every society needs fresh young blood, and the number of resident members and associate members was seriously lagging behind in recent years. The younger generation is less likely to join societies, will look for training online, and is less inclined to follow the steps the current

(older) membership found obvious. So, we had to look for other ways to get their attention and interest. Free membership and entrance to the annual meeting worked well for ASAPS and other societies, so it was considered a serious option.

CHECKS AND BALANCES

Resident members are offered only online access to *Aesthetic Plastic Surgery*, our journal, no printed copy is mailed. They are eligible for the training programs mentioned and receive the newsletter. They have deeply discounted registration fees at our courses and the Congress, but they cannot use our logo. To apply for membership, they must prove they are in an official residency training program that is recognized by their national society, they must provide their CV, and most importantly, they must be approved by the National Secretary in their country. In fact, they get screened three times before becoming a full member! A second check is done when they graduate and are registered as plastic surgeons to see if they fulfill all the requirements for Associate Membership and a third check is done (including confirmation of membership of their national society) before they become full members. If at any point they show unethical behavior or other signs that they are not fit to become members of ISAPS, the National Secretary has the right to discuss their application and the possibility to reject it.

WIN WIN

As with all decisions, the Board has not taken this lightly just to increase our membership. It was a well thought through and extensively discussed decision. In my opinion, as Membership Chair, it brings a better balance in the age distribution of our society. We make them better aesthetic plastic surgeons and can emphasize patient safety and ethics to them. At the same time, we show them the values of society membership both international and national and we can recognize and recruit new talent and leaders for the future. A true WIN WIN for all.

ARE AESTHETIC MEDICINE AND SURGERY IMMORAL?



DENYS MONTANDON, MD
Switzerland

Whatever the definition of beauty, cosmetology - the art of beautifying the body - has been practiced historically mainly by women, hairdressers or barbers, rarely by physicians.

Improving the appearance of a person by a physician is neither included nor condemned in the Hippocratic oath. However, if a few doctors have practiced aesthetic medicine and surgery since antiquity, many have considered that the prime duty of medicine is to cure diseases or relieve suffering and that doctors should not use their knowledge and spend their time for cosmetic care which increases the vanity of some patients who can afford it and the fortune of the medical practitioners. As plastic surgeons, we have all received one day or another open or hidden criticism by colleagues who would praise our reconstructive work but make fun of or consider trivial the cosmetic aspect of our specialty.

In 2002, following an editorial in *Plastic and Reconstructive Surgery* by Robert Goldwyn, J. Scott Isenberg wrote a provocative letter: "... the aesthetic surgeon, as a physician, has an ethical mandate to cure disease and relieve suffering and the alteration of otherwise normal physical features (minor deformations or senescence) does not meet these criteria. Equally problematic, by his own activities (including aggressive marketing disguised as patient education) the aesthetic surgeon contributes to the community-wide dissatisfaction and anxiety centered on physical appearance, he claims to relieve..." As could be expected, Goldwyn reacted by presenting his own experience, implemented by a number of studies showing that the psychological and social well-being of most patients improved following aesthetic procedures, and although these treatments do not cure a disease, they help individuals who feel ill at ease in their environment.

CLEOPATRA, CRITON AND GALEN

The dispute over cosmetology, practiced by physicians, dates back to the beginning of our era. The ancient Egyptians were famous for their lavish use of cosmetics and perfume and Cleopatra, the Queen of Egypt and trend-setter of the Mediterranean, was doubly so. She was rarely seen in public without a face made up of blush, lipstick, multicolored eye shadow, darkened eyebrows and flattened eyelashes (Fig 1). Her recipes to improve beauty were assembled in a book entitled *Kosmeticon*.



Figure 1 - Egyptian beauty.

Criton, a Greek physician and surgeon practicing in Rome during Nero's reign (first century AD), wrote a treatise on embellishment in four volumes, describing methods and precepts inspired by Cleopatra and another doctor, Heraclides of Taranto. Although this treatise has been lost, we know that it contained

multiple precepts for hair growth and hair removal, erasing wrinkles, changing the complexion, drawing the eyebrows, removing bad smells, whitening of scars, removing face marks and pigmented spots during pregnancy, embellishing the breasts as well as multiple other treatments for skin and other external diseases like hernia, ulcers, anal prolapse, and paraphimosis, to name a few.

Some years later, the famous Galen (129-200 AD), whose writings became the mainstay of physicians' university curricula up to the 19th century, did not hesitate to analyze Criton's books. According to him, embellishment should be divided into two categories: either to improve the brilliance of a natural beauty, or to hide a real ugliness under the deceiving mask of a sophisticated beauty. The first part really belongs to surgery as it is the cosmetic art (*ars ornatrix*) derived from the Greek words *κοσμοτική τέχνη*, in good order, clearness, adornment, ornament; but for the second part, Criton should be blamed, according to Galen, because it is a moral prejudice and may harm health. It is called the commotic (*ars fucatrix*) from *κομμωτική (τεχνη)*, fake ornament, make-up. This belongs to women employed in the baths (*paiatrices*, *commotrices*, *comprices*) and is not done to improve health, but to increase personal seduction. On the other hand, for Galen, the purpose of medical cosmetic is not to mask ugliness, but to give back to the well-born persons what is consistent with their nature, a natural and authentic beauty that had been altered by the vicissitudes of a hard life. The objects of cosmetic medicine and surgery include everything that tarnishes or erases natural beauty: straighten bent limbs, correct scratched eyelids, remove a supernumerary digit, treat obesity as it may impair the essential functions of health. Making this subtle distinction between commotic and cosmetic allowed Galen to accept treating for embellishment high ranked people without infringing the moral code of physicians.

RELIGIONS

Prohibition of medical or surgical cosmetology is not clearly specified in the Bible, although a few verses mention that women should not put too much importance on physical appearance¹. During the second century AC, Tertullian, a presbyter in Carthage, deals with appropriate apparel for women. They should abandon ornaments and cosmetics. He reasons that the sex that brought sin into the world should wear humble garb and renounce the skills of adornment that were taught by the angels of darkness. He also reminds women that such attire tempts men and betrays impure impulses within their own souls.

Islamic precepts are probably less permissive than Judeo-Christian ones. Atiyeh and collaborators have made a review of the literature on this subject. They conclude that according to Islamic principles, individuals should be satisfied with the way Allah has created them. But even if "changing the creation of Allah" is considered unlawful, Islamic law remains ambiguous regarding cosmetic surgery. It rather objects to exaggeration and extremism, according to these authors. However, for the Institute of Islamic Jurisprudence (Darul

¹ "likewise also that women should adorn themselves in respectable apparel, with modesty and self-control, not with braided hair and gold or pearls or costly attire. 1 Timothy 2:9. You shall not make any cuts on your body or tattoo yourselves: I am the Lord. Leviticus 19 :28

Iftaa), cosmetic surgery for the purpose of beautifying oneself is impermissible. The body given to us by our creator is a trust (amanah), thus it is unlawful to interfere with it in any way. If one does so, one will be committing the sin of “changing the nature created by Allah” (taghyir khalq Allah).

LATE MIDDLE AGES

In spite of these recommendations, a few doctors of Christian or Muslim faith did not hesitate to provide care for embellishing the body of women, sometimes referring themselves to Galen. Since the 10th century, the city of Salerno (south of Naples, Italy) acquired a wide medical and surgical reputation, in particular thanks to a series of women



Figure 2 - The women doctors of Salerno.



Figure 3 - Trotula's compendium 14th century.

doctors (Fig. 2), the most famous being Trotula or Magister Trota (Fig.3), who wrote in the middle of the 11th century three books: *On the Conditions of Women*, *On Treatments for Women* and *On Women's Cosmetics*. This last treatise is a compendium of recipes and surgical methods for the embellishment of women, particularly in the post partum period. Examples of chapter titles include: For removing wrinkles, On freckles of the face, On removing redness of the face, For veins in the face, On fissures of the lips, On warts, On Prolapse and Constrictives of the vagina, On lesions of the breasts, and several buccal problems, including: Stench of the mouth,

Black or loosening of the teeth, and Fall of the uvula. The Trotula texts soon became the most influential compendium on these matters and have been copied and reproduced many times during several centuries in Latin and in various vernacular languages.

During the late Middle Ages, Arabs of Islamic faith and Christians, often doctors and clerics, wrote the most important medical and surgical treatises. Most of these include one or two chapters on cosmetic treatments.

Avicenne or Ibn Sina (980-1037). *The Canon of Medicine* is a medical encyclopedia that became a standard medical text at many medieval universities. The seventh and last art mentioned in the fourth book of the *Canon* is assigned to the topic of “zina” (ornament and ornamentation), that is physical appearance. It consists of four articles dealing with appearance, beauty, hair and body care, as well as skin diseases and their treatment. Subjects such as obesity and emaciation that affect the appearance and preventive methods and measures for all of these are also discussed.

Henry de Mondeville (1260-1320) spent fourteen years writing *Cirurgia*, a medico-surgical treatise that he was not able to finish before his death. Several chapters are concerned with the embellishment of men and women by various methods such as dermabrasion and epilation. Mondeville is however somewhat ambiguous about this practice: “This embellishment is against God and Justice and most often is not the treatment of a disease but is made to falsify and commit fraud, besides that this subject does not please me. However, a surgeon who lives in provinces or cities where there would be many women of the court and he is renowned as a good operator in this art, he could receive a considerable advantage and the favor of the ladies, which is not a small thing nowadays.”

Guy de Chauliac (1300-1368) was a teacher and cleric at the University of Montpellier and in Lyon, France. He served as a physician for three Popes in Avignon and completed in 1363 his *Chirurgia Magna*, the most complete encyclopedia of medicine and surgery of his era, quoting extensively Galen and Avicenne. One chapter is devoted solely to the embellishment of the face in general (*De universali faciei decoratione*). In the introduction, he refers himself to the moral principles of Galen, making a subtle difference between the requests of women who want to embellish themselves for pleasure of the senses (*les femmes fardeuses*) (Fig.4), that he refuses to treat, and the more honest women who want to erase the marks of old age or ugliness, to avoid the criticism of their husbands. These can be advised or treated by a physician.



Figure 4 - Society women (medieval illumination).

RENAISSANCE

Although Galen and Guy de Chauliac were abundantly read and quoted in most medical and surgical textbooks of the Renaissance, it seems that university doctors were no longer in favor of cosmetic medicine after the 16th or 17th century. Beauty of the bodies was discussed mainly from a theoretical point of view, with the gold numbers of Fibonacci or disclosed in the superb anatomical drawings of Vesalius. The field of cosmetology was the domain of midwives, barbers, charlatans, medicastres or quacks. However, as if physicians were either ashamed or embarrassed to publish a book on embellishment, some of them produced very detailed cosmetic treatises under the cover of fake copies or translations. For example, *Gli ornamenti delle Donna*, *Tratti dalle Scritture di una Reina Greca* (The Ornaments of Women, Treatise Written by a Greek Queen), (Fig. 5) printed in four volumes in 1562 by a gynecologist, Giovanni Marinello, is one of the most copious works entirely dedicated to the subject of cosmetology. Marinello from Padova (Italy) attributed the texts to an imaginary Greek Queen.



Figure 5 - *Gli ornamenti delle donne*



Figure 6 - *Abdecker or the art of preserving beauty*

Two centuries later, the French doctor Antoine Le Camus, published a similar treatise in English with the title: *Abdecker or the Art of Preserving Beauty*, Translated from an Arabic Manuscript. (Figure 6) It is written in the form of a novel relating the love and the recommendations given by the young physician, Abdecker, to the beautiful wife of the Sultan of Constantinople, with whom he was in love. The so called Arabic Manuscript never existed. Needless to say, these two treatises had large popular success.

MODERN ERA

If most local flaps and skin grafts used in plastic surgery were described during the 19th century, serious surgeons were often reluctant to operate for purely cosmetic reasons. Praise was given for extensive operations and quickness of procedures. It is at the turn of the 20th century that aesthetic surgery became fashionable again with pioneers like Charles C. Miller in Chicago, Jacques Joseph in Berlin, Susanne Noël in Paris and many others who did

not hesitate to write articles and books exclusively concerned with cosmetic surgery, that is embellishment of the face and breasts. The fact that Madame Noël had been involved in the treatment of severely mutilated soldiers during the Great War, with her teacher Hyppolyte Morestin, has certainly contributed to the acceptance of aesthetic surgery by the medical community up to the present time. Raymond Passot, another pupil of Morestin, published in 1931 a book entirely dedicated to aesthetic surgery: *Chirurgie esthétique pure*, to inform general practitioners about this new specialty. He recalls that when he had made his first presentation on rhytidectomy in 1919, several eminent colleagues had tried to dissuade him from engaging in this very uncertain and frivolous field for a serious surgeon.

FEMALE GENITAL COSMETIC SURGERY (FGCS)

Female genital cosmetic surgery, designed to improve appearance subjectively, and potentially providing psychological and functional improvement in sexual seduction and satisfaction, is not new, but it has recently developed extensively. In the last two decades, hundreds of articles have tackled medical, ethical, psychological and commercial aspects of these operations. In 2008, Leonore Tiefer, a psychiatrist involved in feminine scholarly activism, asks: "Freakish or inevitable?" concerning the medical marketing and bioethics accompanying these procedures which are considered by some feminist theories as horrific, preposterous, self-evidently dangerous, and extreme examples of harmful medicalization. "I believe we have an ethical obligation to question technological bodily interventions that have inadequate evidence bases behind them and from which surgeons earn considerable income," writes sociologist Virginia Braun in 2010 after reviewing 153 publications on FGCS. These critics were mainly addressing the intense advertisements produced by some doctors and clinics encouraging women to request and undergo these types of "beauty" treatments. In 2011, Julie Dobbeleir, Koenraad Van Landuyt and Stan Monstrey published a comprehensive overview of the indications for and the methods of FGCS. They indicated that there was an urgent need for guidelines on indications and standardization of procedures and that long-term follow up

studies will be necessary to evaluate the outcome of genital aesthetic surgery. To prevent the criticisms mentioned above, they made a plea for ethical auto-regulation of the plastic surgeons: "Patients should be over 18 years old, psychologically stable, and fully informed on the risks and expected results. Operations should never result in genital or sexual dysfunction, surgeons should have enough expertise to perform the best possible surgery, and correction should not be performed at the expense of social security."

CONCLUSIONS

Aesthetic surgery and medicine belong to what is now called "enhancement medicine," which means that a physician is not treating a diseased patient but helps to improve his comfort, his appearance, his well-being, his performance (sportive or sexual), his integration into society. Nevertheless, it is illusory to consider that most of these cosmetic treatments are performed for the noble purpose of a medical act, as it is traditionally defined. As with the industry of cosmetics, aesthetic medicine and surgery are most often linked to a commercial contract between a professional (technician, artisan, artist) and a client who is willing to pay for the modifications that he undergoes, whether or not this is necessary. They are neither more nor less immoral than the care of hairdressers, cosmeticians or tattoo artists, unless we accept Galen's problematic distinction between "commotic" and "cosmetic" cases and his questionable reference to the morality of the patients.

BIBLIOGRAPHY

- Atiyeh BC, Kadry M, Hayek SN, Moucharafieh RS: *Aesthetic surgery and religion: Islamic law perspective*. *Aesthetic Plast Surg*. 32:1-10, 2008
- Green MH: *The Trotula, a medieval compendium of women's medicine*. University of Pennsylvania Press, Philadelphia 2001
- Dobbeleir J, Koenraad VI, Monstrey SJ: *Aesthetic Surgery of the Female Genitalia*. *Semin Plast Surg* 25:130-141, 2011

ATLAS OF ASIAN RHINOPLASTY



MAN-KOON SUH, MD
Korea

We are pleased to reintroduce the Members Write section of ISAPS News featuring books written by our members.

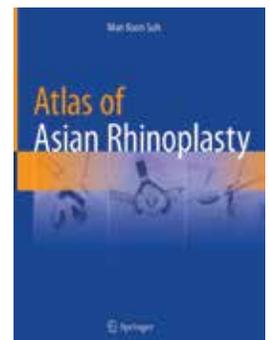
As one of the leading rhinoplasty surgeons in Korea, Dr. Suh published a book on Asian rhinoplasty six years ago. The publication was received well in Korea, China, and Southeast Asian countries. Subsequent to the publication of the first book, the whole field of Asian rhinoplasty underwent a significant change with a wide variety of new techniques.

Atlas of Asian Rhinoplasty features 938 pages and approximately 2,500 illustrations that will help all surgeons who perform rhinoplasty on Asian patients to achieve excellent aesthetic and functional outcomes.

The differences in nasal anatomy and aesthetic goals between Asian and Western individuals are clearly explained, and the surgical materials appropriate to Asian rhinoplasty are identified. The full set of techniques employed in

Asian rhinoplasty are then described and illustrated step by step, including important advances achieved in recent years.

Among the procedures covered are dorsal augmentation using implants and autogenous tissue, tip plasty, tip reduction surgery, short nose correction, hump nose correction, correction of alar-columellar disproportion, nostril and alar base reduction, and deviated nose correction. Guidance is offered on the management of potential complications, and secondary rhinoplasty is also discussed. This book will enable surgeons to enhance the appearance of the nose in a way that is fully consistent with the other facial features of Asians.



IN MEMORIAM



FELIPE COIFFMAN, MD - 1926-2018
Colombia

We remember Professor Felipe Coiffman who passed away on August 14th. Colombia, South America and the world of plastic surgery mourn his death.

Dr. Coiffman was a Founder and President of the Colombian Plastic Surgery Society, SCCP, a great master of our specialty and a professor of generations of plastic surgeons. He was born in Nova Sulita, Ukraine and brought to Colombia by his parents as a young child. He graduated as a doctor from the Universidad Nacional in Colombia in 1952 and went on to specialize in plastic surgery at Mount Sinai Hospital, affiliated with Columbia University, in New York under Dr. Arthur Barsky.

When he returned to Colombia in 1956, he started his career as a professor at the San Juan de Dios Hospital at the Universidad Nacional in Bogota. That same year, he was a founder of the Colombian Society of Plastic Surgery and being its first secretary, writing and signing their first board meeting minutes. In September 1993, he was named Honorary Professor of the Universidad Nacional in Colombia and Emeritus Professor.

He authored more than 180 scientific papers, presented at various national and international meetings, and published in several plastic surgery journals. He was also the author of the encyclopedic treaty of *Plastic, Reconstructive and Aesthetic Surgery* published by Salvat Editores, Barcelona, Spain in 1986, the most extensive Spanish book written in our specialty.

He was a member of multiple scientific societies including the: Colombian Plastic Surgery Society, Colombian Medical Federation, Colombian Surgeons College, Colombian Hand Surgery Society, American Society of Plastic Surgery, International Federation of Plastic Surgery as part of its executive committee for eight years as a Latin American delegate, American College of Surgeons, International Society of Aesthetic Plastic Surgery where he served as the National Secretary for Colombia for 10 years, International Society of Hair Restoration, and American Society for Aesthetic Plastic Surgery.

He maintained his position as Professor at the Universidad Nacional and practiced the specialty with passion, honor and ethics, always setting a good example for the rest of us. He was devoted to the Colombian Society of Plastic Surgery and was also a painter, winning various art competitions.

Thank you, dear Professor, for your legacy to our specialty.

Lina Triana, MD
Past President, Colombian Society
Cali, Colombia



GIORGIO BRONZ, MD - 1947-2018
Switzerland

Dr. Giorgio Bronz passed away on July 29 after a short illness. He was 71. A member of ISAPS since the early 1980s, Dr. Bronz served on the ISAPS Board of Directors as Treasurer from 1992-2002 and as Parliamentarian from 2004-2006.

After graduating in medicine from the University of Zurich, with additional studies in the US, he passed the state examination to operate in 1973 and specialized in plastic, reconstructive and aesthetic surgery, obtaining the diploma FMH in 1983.

A remembrance from ISAPS Past President, Jan Poell: Giorgio loved harmony most of all. This led him to plastic surgery and he knew very early that he would become a doctor, like his father. But also, in the choice of his cars, harmony was very important: always Lotus, designed by Colin Chapman with the comment "safe and easy." The cars were very important to Giorgio. He also loved culinary perfection, art and nature.

A remembrance from ISAPS National Secretary, Daniel Kalbermatten: Giorgio was a role model for the younger generation of plastic surgeons in Switzerland. As a resident, he presented together with his colleague Roland Schmocker a dedication and power on the subject of plastic surgery during his time at the University of Bern. Later, we youngsters were very impressed by his fabulous Lotus collection - every model the serial number 1! We all wanted to have a Lotus Esprit therefore. He showed later what his successful professional attitude towards his work can lead to: a fulfilled life with brilliant clinical success, social status and family happiness.

A resident of Montagnola near Lugano, he started a private clinic in Cassarate in 1984. His son, Gregory, will continue to administer the clinic in collaboration with ISAPS member, Dr. Andrea Bianco. Dr. Bronz is survived by his wife Isabella.

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MEETINGS CALENDAR



Breast Augmentation Course

Date: 06 October 2018

Location: Live streamed surgery, no physical attendance

Contact: Dr. Carlo Gasperoni

Email: olymposeducational@gmail.com

Tel: 39-3356994025

Website: <https://www.olymposeducational.com/>



24th Congress of ISAPS

Dates: 31 October 2018 - 04 November 2018

Location: Miami Beach, FL, UNITED STATES

Contact: Catherine Foss

Email: isaps@isaps.org

Tel: 1-603-643-2325

Fax: 1-603-643-1444

Website: <http://www.isapsmiami2018.com/>



3rd Congress of the Asociacion Española de Cirugia Estetica Plastica (AECEP)

Dates: 22 November - 24 November 2018

Location: Madrid, SPAIN

Contact: BN&CO., Congress and Event Management

Email: c.lazaro@bynco.com

Tel: +34 91 571 93 90

Website: <https://aecepmeeting.com/2018/en/>



ISAPS Symposium – United Kingdom

Date: 06 October 2018

Location: London, UNITED KINGDOM

Contact: Aleiya Lonsdale

Email: aleiya.lonsdale@easyfairs.com

Tel: +44 (0) 20 3196 4375

Website: www.isaps-symposium.co.uk



Endoscopic Transaxillary Breast Augmentation Hands-on Workshop on Fresh Human Species and Live Surgery

Dates: 09 November 2018 - 10 November 2018

Location: Vienna, AUSTRIA

Contact: Dr. Kloppel & Kollegen

Email: training@drkloepfel.com

Tel: 49-89-79070780

Fax: 49-89-79070727

Website: <https://www.drkloepfel.com/en/training/>



ISAPS Symposium – Argentina

Dates: 23 November - 24 November, 2018

Location: Cordoba City, ARGENTINA

Contact: Lic Mariana Frandino Escribano

Email: simposiointernacionalisaps2018@gmail.com

Tel: 54-351-5187076

Website: <http://simposioisapscordova2018.cirurgiaplasticacba.com.ar/>



Advanced Aesthetic Face, Breast and Body Contouring 2018

Dates: 11 October - 14 October 2018

Location: St. Petersburg, RUSSIA

Contact: Victoria Rudevich

Email: vr@aaosurgery.ru

Tel: 8-903-096-62-01

Website: <https://www.aaosurgery.ru/en/>



Second Global Masters Rhinoplasty Symposium

Dates: 13 November 2018 - 16 November 2018

Location: Tehran, IRAN

Contact: Bahman Guyuron

Email: bguyuron@guyuron.com

Tel: +1.440.646.1279

Fax: +1.440.461.4713



ISAPS Symposium – Greece

Date: 24 November 2018

Location: Athens, GREECE

Venue: IASO Maternity Hospital

Contact: Dr. Apostolos Mandrekas

Email: amandrekas@artion-plasticsurgery.com

Tel: +30 210 672 7400

Fax: +30 210 671 5616



IMRHIS 2018

Dates: 29 October 2018 - 31 October 2018

Location: Miami Beach, FL, UNITED STATES

Contact: Susan Russell

Email: srussell@hdplanit.com

Tel: 1-435-602-1329

Fax: 1-435-487-2011

Website: <http://www.IMRHIS2018.com>



High Definition Liposculpting Using the PAL MicroAire System Master's Course

Dates: 15 November 2018 - 16 November 2018

Location: Barcelona, SPAIN

Contact: Dr. Ahmad Saad

Email: drsaad@institutodebenito.com

Tel: 34-932-530282

Website: <https://www.institutodebenito.com/pal-high-definition-masters-course/>



Cutting Edge 2018

Dates: 29 November - 01 December 2018

Location: New York, New York, UNITED STATES

Contact: Bernadette McGoldrick

Email: registration@astonbakersymposium.com

Tel: 1-212-327-4681

Website: www.astonbakersymposium.com



4th Emirates Plastic Surgery Congress

Dates: 06 December - 08 December 2018
Location: Dubai, UNITED ARAB EMIRATES
Contact: MedOrg Seminars Organizing
Email: epsc@medorg.ae
Tel: 971 4 449 6071
Website: <http://epsc.ae/index.php>



ISAPS Course - Vietnam

Dates: 07 December - 09 December 2018
Location: Ho Chi Minh City, VIETNAM
Email: isapscoursevietnam.com
Website: www.isapscoursevietnam.org



ISAPS Course - BELGIUM Cadaver Dissection Course

Dates: 17 January - 19 January 2019
Location: Liege, BELGIUM
NOTE: Limited to 32 participants
Contact: Mrs. Anne-Marie Gillain
Email: info@dissectioncourse.com
Tel: 32 (0)4 242-5261
Fax: 32 (0)4 366-7061
Website: www.isapscourse.be



The Learning Curve

Dates: 19 January - 20 January 2019
Location: Palo Alto, CA, UNITED STATES
Contact: Dr. Lorne Rosenfield
Email: LearningCurveSummit@frosch.com
Tel: 1-650-692-0467
Fax: 1-650-692-0110
Website: <http://learningcurvesummit.com/>



ISAPS Course - India

Dates: 24 January - 26 January 2019
Location: Kolkata, INDIA
Contact: Dr. Manoj KHANNA
Email: drmkhanna@hotmail.com
Tel: 91-332-282-9126
Fax: 91-332-282-8500



IMCAS Live Aesthetic Surgery Course

Date: 01 February 2019
Location: Paris, FRANCE
Contact: Mrs. Olympe Barone
Email: imcas3@imcas.com
Tel: 33-1-40738282
Website: <https://www.imcasurgery.com/>



Baker Gordon 2019

Dates: 06 February - 08 February 2019
Location: Miami, FL, UNITED STATES
Contact: Mary Felpeto
Email: maryfelpeto@bellsouth.net
Tel: 1-305-859-8250
Fax: 1-305-854-3423
Website: <https://www.bakergordonsymposium.com/>



ISAPS Course - Egypt

Dates: 28 February - 01 March 2019
Location: Cairo, EGYPT
Additional details pending



Indian Association of Aesthetic Plastic Surgery

Dates: 14 March - 17 March 2019
Additional details pending



Facial Masterclass

Dates: 16 March - 17 March 2019
Location: London, UNITED KINGDOM
Contact: Gary Monaghan
Email: facialmasterclass@gmail.com
Tel: 44-07525-850679
Website: <http://facialmasterclass.co.uk/>



Modern Trends in Facial Rejuvenation, Nose Correction and Management of Complications

Dates: 22 March - 23 March 2019
Location: Kiev, UKRAINE
Contact: Dr. Pavlo Denyshchuk
Email: den@anacosmo.com
Tel: 38-0-44-483-2178
Website: <http://www.icamps.com.ua>



The Aesthetic Cruise 2019

Dates: 23 June - 04 July 2019
Location: Italy, Malta, Greece, Montenegro, Croatia, Slovenia
ASAPS Contact: Debi Toombs
Email: debi@surgery.org
Tel: 1-562-799-2356
Cruise Contact: Bob Newman
Email: bnewman.mail@cruisebrothers.com
Website: www.surgery.org/cruise2019

ISAPS EXECUTIVE OFFICE STAFF

45 Lyme Road, Suite 304
Hanover, NH, USA 03755
Phone: 1-603-643-2325
Fax: 1-603-643-1444
Email: ISAPS@isaps.org
Website: www.isaps.org

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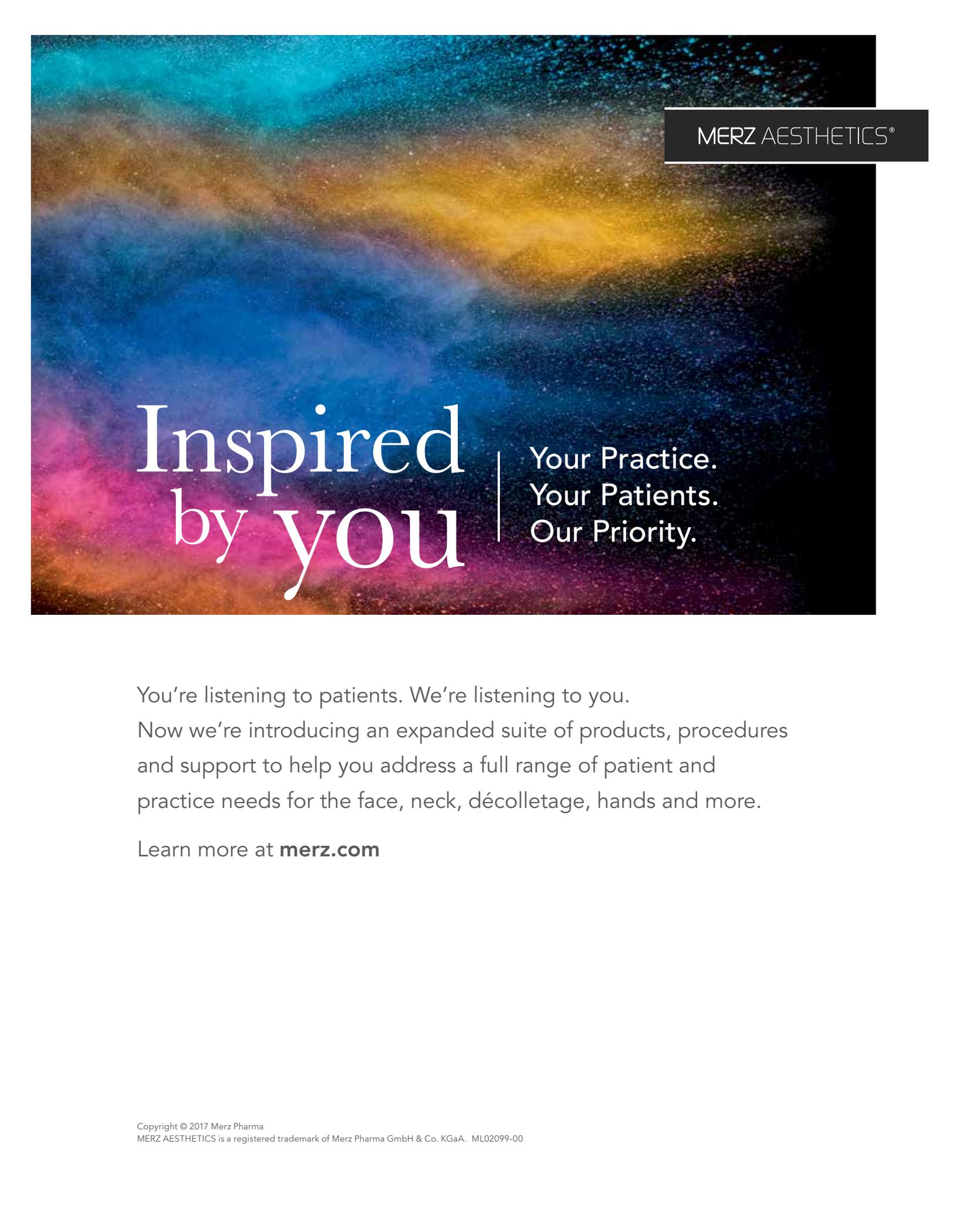
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