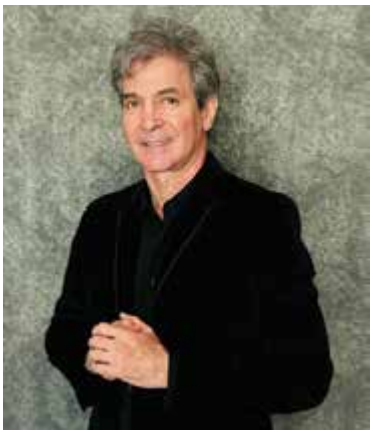
PRESIDENT'S E-MAGAZINE

2026 ISAPS September

MONTHLY UPDATE FROM YOUR ISAPS PRESIDENT

CONNECTING CULTURES, SHARING KNOWLEDGE AND LEADING THE FUTURE IN AESTHETICS



Arturo Ramírez-Montañana, MD
ISAPS President

Dear Friends, Colleagues, and #ISAPSFamily,

It is hard to believe that next month we will be welcoming so many of you to the **ISAPS World Congress in Cancún**. From **October 27 to 31**, we will come together to learn, exchange ideas, reconnect with our #ISAPSFamily, and welcome new colleagues into our community. The Scientific Committee has prepared another **excellent program**, and I am looking forward to sharing the experience with you.

We have also shared some exciting new **program highlights** in our recent communications, and I hope you will take a moment to explore them. If you have not already done so, please remember to reserve your place at our **Social Events** and join me to celebrate **Día de los Muertos on October 30** during the **President's Networking Dinner.**

MONTHLY E-MAGAZINE

This month we mark **World Patient Safety Day on September 17**. Patient safety is at the heart of **our ISAPS mission**, and this day reminds us of the responsibility we share to advance safer practices for patients and surgeons around the world. It is also why we are proud to recognize members whose work strengthens this mission through our annual **Congress Award**s. Among these honors is the esteemed **Foad Nahai Patient Safety Award**, newly established last year to recognize the best published work in the ***Aesthetic Plastic Surgery Journal*** and reflect our ongoing commitment to evidence-based safety. We are delighted to **feature our latest winner, Dr. Samuel Knoedler**, in this month's issue, and are honored that **Dr. Foad Nahai will present the award in Cancún next month**.

Dr. Nahai (ISAPS President 2008-2010) created the concept of the **ISAPS Patient Safety Diamond: the patient, the procedure, the surgeon, and the facility**, and these four pillars continue to guide our approach to patient safety. We are deeply grateful for his contributions to ISAPS and for his role in helping establish patient safety protocols that have benefited not only our society, but our specialty as a whole.

I hope you will join us in recognizing **World Patient Safety Day** this month and in keeping patient safety at the center of our work throughout the year. I look forward to seeing you very soon in beautiful Cancún.

And, just in! Registration for the **Face Masters 2027** is now open! Don't miss out!

Take care,

Arturo Ramírez-Montañana, MD
ISAPS President

Announcing the Foad Nahai Patient Safety Award Winner

Samuel A. Knoedler

Germany

Safety of Combined Versus Isolated Cosmetic Breast Surgery and Abdominoplasty

Join us on **September 17, 2026**, along with the global community to celebrate **World Patient Safety Day**. At ISAPS, this day highlights our strong commitment to inspire and nurture Aesthetic Education Worldwide® for the safety of patients. We are dedicated to empowering both surgeons and patients by sharing up-to-date safety resources, including **safety guidelines for patients, a searchable library**, the **ISAPS Patient Safety Diamond**, and our user-friendly **"Find a Surgeon" tool**.

As part of our celebration, we are thrilled to spotlight the recipient of the 2026 **Foad Nahai Award for Patient Safety**. **This prestigious award is given to the most impactful published work in aesthetic plastic surgery focused on patient safety**. This year, we enthusiastically **recognize Dr. Samuel Knoedler for his remarkable article**, **Safety of Combining Versus Isolated Cosmetic Breast Surgery and Abdominoplasty**.

ISAPS: Congratulations on receiving the esteemed Foad Nahai Award! What does this award mean to you, and why is it significant?
KNOEDLER: Receiving the Foad Nahai Award is a tremendous honor, and I am genuinely grateful for this recognition. What makes it particularly meaningful to me is its focus on patient safety. In aesthetic surgery, we naturally strive for the best possible aesthetic outcome, but even the most beautiful result loses its value if it comes at the expense of safety. To me, safety is therefore not an additional endpoint of good surgery; it is a conditio sine qua non.

I also regard this award as recognition of the entire team behind the study. Research of this scale is inherently collaborative, and I have been fortunate to work with exceptional colleagues across institutions and countries. I would especially like to thank my brother, Dr. Leonard Knoedler, as well as my mentors, Drs. Adriana Panayi and Dennis Orgill, whose guidance, scientific rigor, and trust have shaped not only this project but also the way I approach research and academic surgery more broadly.

What I particularly appreciate about this study is that it addresses a very practical question that surgeons and patients face every day: when is it reasonable to combine aesthetic procedures, and when might staging them be the better choice? I do not think meaningful patient-safety research should simply divide procedures into "safe" and "unsafe." Its role is to provide the evidence that allows us to make more nuanced decisions and to better understand which procedure is appropriate for which patient and under which circumstances.

For me, that is ultimately what makes this award so meaningful: it recognizes research that can translate into better-informed conversations with patients, more thoughtful surgical decision-making, and, ultimately, safer care.

ISAPS: Your paper emphasizes the critical importance of safety in performing abdominoplasty and breast surgery as a combined procedure. Can you explain the reasons behind common misunderstandings? And what recommendations do you have?
KNOEDLER: One reason for these misunderstandings is that combined aesthetic surgery is often discussed as though it were one uniform category. In reality, there is no single "combined procedure." For instance, an abdominoplasty combined with breast augmentation is quite different from an abdominoplasty combined with breast reduction, both in terms of operative complexity and patient characteristics.

Our results also illustrate why the comparator matters. When combined breast surgery and abdominoplasty were compared with abdominoplasty alone, we did not observe a significant increase in overall, surgical, or medical complications, although the risk of reoperation was higher. By contrast, when the same combined procedures were compared with isolated breast surgery, the risk of overall and medical complications was significantly higher.

This is an important distinction. It suggests that much of the additional risk is related to the abdominal component itself rather than simply to the fact that two procedures are performed during the same operation. At the same time, we found that the specific breast procedure clearly matters: breast augmentation combined with abdominoplasty was associated with fewer overall complications than breast reduction combined with abdominoplasty.

I would therefore be hesitant to give a blanket recommendation either for or against combined surgery. The more useful principle is careful patient and procedure selection. Age, BMI, ASA

classification, diabetes and other comorbidities, anticipated operative time, and the complexity of the planned breast procedure all deserve consideration. Notably, patients undergoing combined procedures in our study tended to be younger and healthier than those undergoing abdominoplasty alone, suggesting that surgeons may already be exercising a degree of risk-based patient selection in clinical practice.

I also think it is important to remain modest about what the data can tell us. The database analyzed in this study records 30-day outcomes. Still, several issues that are highly relevant in aesthetic surgery, such as seroma, capsular contracture, implant malposition, and patient-reported satisfaction, are not adequately captured in this dataset.

For me, the practical message is therefore not that combined surgery is inherently safe or unsafe. It is that it can be a reasonable option in appropriately selected patients, provided that the additional procedural burden is understood and discussed transparently.

ISAPS: You recently joined ISAPS and said one reason was your commitment to international collaboration, scientific innovation, and ongoing education in aesthetic plastic surgery. How does ISAPS support these values, in your view?

KNOEDLER: Aesthetic plastic surgery is, by its nature, an international discipline. Techniques evolve in different countries, often in parallel, and some of the most interesting advances occur when these different perspectives meet.

That is what I find particularly compelling about ISAPS. It brings together surgeons from very different healthcare systems, training backgrounds, and surgical traditions, all discussing many of the same clinical questions. The fact that colleagues may approach the same problem differently is not a limitation; it is precisely what makes that exchange so valuable.

From a scientific perspective, international collaboration also keeps us intellectually honest. It challenges the assumption that the way something is done at one institution is necessarily the best or only way. It allows observations to be tested across populations and settings and ultimately helps us generate more generalizable evidence.

And then there is education. Ultimately, the purpose of research is to improve the care we provide to our patients. But even strong evidence can only have an impact if it is effectively communicated and reaches the colleagues who can translate it into clinical practice. This is where organizations such as ISAPS play an important role: they provide a global platform for sharing new knowledge, discussing it critically, and making it accessible to surgeons around the world. That combination of scientific exchange, education, and international perspective is one of the main reasons I was excited to become involved.

ISAPS: What does it mean to be a part of the #ISAPSFamily ...

KNOEDLER: For me, the word "family" in this context is really about community. Plastic surgery has given me the opportunity to work with and learn from people in many different countries, and one thing becomes clear very quickly: how much we share despite differences in training systems, institutions, or cultures. At the end of the day, we share a very simple ambition: to use our skills to put a smile on our patients' faces while achieving that goal as safely as we possibly can.

That balance between creating meaningful change and assuming responsibility for how we achieve it is, to me, at the heart of aesthetic surgery.

Being part of the #ISAPSFamily means having an international community in which these questions can be discussed openly. It means learning from colleagues with decades of experience, exchanging ideas with peers, and hopefully contributing something useful in return.
I am still relatively new to ISAPS, which makes that especially exciting for me personally. I am looking forward to getting to know more colleagues, building collaborations, and becoming more involved over time. I also really enjoy working with medical students and other early-career researchers, and I am always happy to connect with people who share that enthusiasm for research and academic plastic surgery.

ISAPS: Which topics at the ISAPS World Congress in Cancún interest you the most? What are you hoping to learn while you're there?
KNOEDLER: I am particularly interested in the **areas where surgical technique, clinical judgment, and evidence intersect**. Aesthetic breast surgery and body contouring are obvious interests of mine, but I am especially drawn to discussions around patient selection, complication prevention, and how we can make increasingly complex aesthetic procedures safer and more predictable.

These questions also closely reflect some of my current research interests, particularly AI-assisted outcome prediction and risk stratification in aesthetic breast surgery. We are exploring how large clinical datasets and data-driven models can help identify meaningful patterns of postoperative risk and support more individualized patient selection. What interests me most is not simply whether we can build increasingly sophisticated models, but whether they provide clinically meaningful information that complements surgical judgment and improves patient counseling.
At the same time, one of the things I value most about international meetings i**s the unexpected learning**. Some of the best ideas do not necessarily come from the lecture you specifically planned to attend. They may come from seeing a colleague approach a familiar operation differently, discussing a study over coffee, or hearing a perspective that challenges something you had taken for granted.

So I am coming to Cancún with **specific scientific interests, but also with a great deal of curiosity**. If I leave with a few new ideas, a few new collaborations, and perhaps one or two assumptions challenged, I would consider that a very successful congress.

We look forward to welcoming Dr. Samuel Knoedler and our other award winners in Cancún this October. For a complete list of prize categories and winners, **click here**.

MONTHLY E-MAGAZINE

Connecting Cultures, Sharing Knowledge, and Leading the Future in Aesthetics.

We can't wait to welcome you to **Cancún, Mexico, from October 27-31**, for our **ISAPS World Congress**! World-renowned leaders will cover the latest updates, techniques, and procedures in aesthetic plastic surgery.

On **October 29, 2026**, join us for our **State-of-the-Art Lectures** on **Patient Safety I and II. Dr. Jesús Benito-Ruiz** will moderate the first lecture, while the second lecture will be moderated by Drs. **André Cervantes** and **Paraskevas Kontoes**.

Lecture I Presentations:

• Current Management of Breast Periprosthetic Fluids

- Mark L. Jewell, MD

• Cosmetic Surgery in Minors: Global Regulations and ISAPS Recommendations

- Jesús Benito-Ruiz, MD, PhD

• Recommendations on Ensuring Safety in Lower Limb Fat Grafting: Physiological Insights, Risk Assessment and Advanced Surgical Techniques

- Katarina Andjelkov, MD, PhD

• State of the Art for Regenerative Management of Vulvar Lichen Sclerosus

- Patricia Gutierrez-Ontalvilla, MD, PhD

Liposuction Perforation: The End-to-End Recommendations

- Estela Velez Benitez, MD

• Safety Considerations When Combining Multiple Procedures in a Single Surgery

- Jamil Hayek, MD

• Critical Differences Between Microscopic (MIFE) and Macroscopic (MAFE) Fat Embolism During Liposuction and Gluteal Lipoinjection

- Lazaro Cardenas Camarena, MD

Lecture II Presentations:

• Facelift Surgery in Patients With Prior Dermal Fillers and Energy-Based Device Treatments: Challenges and Strategic Considerations

- André Cervantes, MD

• Rhinoplasty Recommendations / Evaluation Checklist

- Babak Nikoumaram, MD

• Patient Safety: Safe and Integrated Practices in Rhinoplasty: A Contemporary Perspective on Function, Aesthetics, and Patient

- Geraldo Capuchinho, Jr., MD

• Hyperbaric Oxygen Therapy in Aesthetic Plastic Surgery

- Marcelo Maino, MD

• Safety in Periorbital Aesthetic Surgery

- Paraskevas Kontoes, MD, PhD

• Artificial Intelligence-Assisted Risk Stratification in Aesthetic Surgery: A Prospective Observational Study

- Williams Erik Bukret, MD

• Hypothermia in Plastic Surgery: Risk Prediction, Prevention, and Management

- Akhmed Rakhimov, MD

Check out the full scientific program and start planning your Congress itinerary today!

Social Events

The Opening Ceremony
Wednesday, October 28, 2026 at 6:30 p.m.

President's Networking Dinner
Friday, October 30, 2026 at 7:30 p.m.

Informal Social
Saturday, October 31, 2026 at 8:00 p.m.

****Please note:** Tickets for the President's Networking Dinner and Informal Social must be purchased separately and are not included with the Congress registration.
To register and for more information, **please visit the website.**

Members save the most on registration rates!
Not yet a member? Join today!

Register

✓ **Book YourHotel**

Accommodations

✓ **Share World Congress News**

Social Media Toolkit

MONTHLY EDUCATION CORNER

This month, we are proud to highlight **World Patient Safety Day on September 17 as our featured topic**. This focus supports the **ISAPS mission to promote Aesthetic Education Worldwide® and prioritize patient safety**. As a global leader in aesthetic plastic surgery, ISAPS works to **raise standards, educate surgeons, and protect patients** by sharing evidence-based guidance, thorough education, and strong ethical values. We invite you to explore this month's Education Corner articles and video, which reflect our commitment to these goals.

Recently published in
Aesthetic Plastic Surgery...

Safety of Combining Versus Isolated Cosmetic Breast Surgery and Abdominoplasty

Samuel Knoedler • Michael Alfertshofer • Dany Y. Matar • Giuseppe Sofo • Gabriel Hundeshagen • Oliver Didzun • Amir K. Bigdeli • Sarah Friedrich • Thilo Schenck • Ulrich Kneser • Dennis P. Orgill • Leonard Knoedler • Adriana C. Panayi

Introduction

Abdominoplasty and breast surgery are popular cosmetic procedures, often performed as stand-alone or combined procedures. However, the safety of combining these surgeries remains poorly understood.

MONTHLY EDUCATION CORNER

Methods

We analyzed data from the ACS-NSQIP database spanning 2008–2021, focusing on patients who underwent isolated cosmetic breast surgery, isolated cosmetic abdominoplasty, or the combination of both. We evaluated four primary outcomes: general complications (reoperation, readmission, mortality), surgical complications, medical complications, and overall complications (general + surgical + medical). Further analysis considered the specific type of cosmetic breast surgery.

Results

A total of 7865 female patients were identified, of whom 20.5% underwent isolated abdominoplasty, 65.3% cosmetic breast surgery, and 14.2% combined abdominoplasty with concurrent cosmetic breast surgery. Combined surgery was associated with a significantly higher risk of reoperations (OR 2.07; $p = 0.04$) compared to abdominoplasty alone. However, there was no significant difference in overall complications (OR 1.17; $p = 0.40$), surgical complications (OR 0.72; $p = 0.26$), or medical complications (OR 0.97; $p = 0.91$) between these two groups. Comparing combined to isolated cosmetic breast surgery, there was a higher risk of overall complications (OR 1.70; $p = 0.04$) and medical complications (OR 5.30; $p < 0.0001$) but no significant difference in general complications (OR 1.40; $p = 0.33$) or surgical complications (OR 0.85; $p = 0.73$).

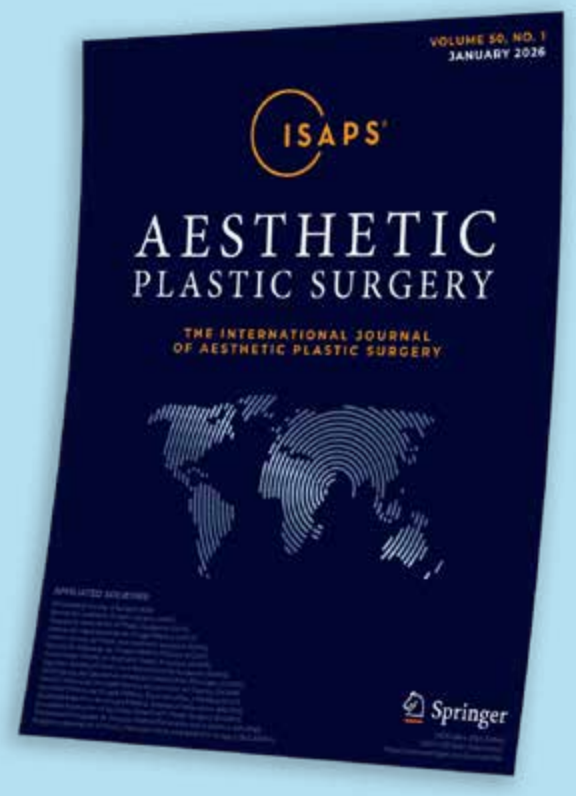
Conclusion

Combining breast surgery with abdominoplasty increases the risk of reoperations but does not elevate the risk of surgical or medical complications. However, patients seeking combined surgeries are more likely to experience adverse events than those seeking isolated cosmetic breast surgery.

Read the entire article here.

MONTHLY E-MAGAZINE

MONTHLY EDUCATION CORNER



Become a member to have full access of **APS Journal**

For questions, please contact **memberservices@isaps.org**.

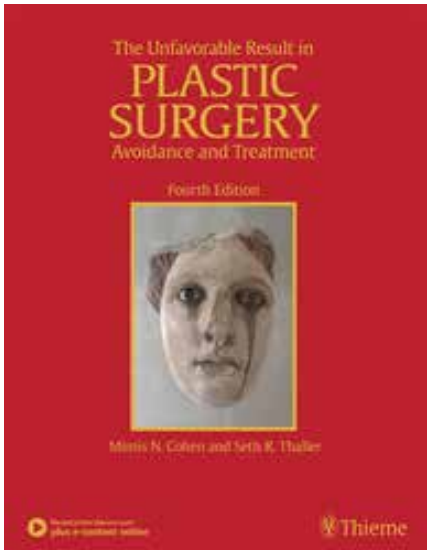
New Patient Safety Update

Check out the latest patient safety resource: **Informed Consent for Gynecomastia Surgery**. This ISAPS Informed Consent outlines the classification of gynecomastia, the nature of the surgery, procedural goals and expected outcomes, preoperative instructions, potential risks and complications, postoperative care and recovery, and alternatives to surgery. **Learn more here**.

MONTHLY E-MAGAZINE

September 2026 MedOne Feature:

The Unfavorable Result in Plastic Surgery: Avoidance and Treatment Chapter: Organizational Culture and Adaptation



Organizational Culture and Adaptation

OR safety does not just "happen." At its core, it is the result of creating and maintaining the appropriate culture and adaptability at the organizational level to ingrain key behaviors and attitudes into the involved individuals so **safety supersedes all other concerns**. In such a culture of safety, all necessary resources are devoted to support safety; an openness regarding recognition of errors and problems exists; communication is candid and frequent within and between all levels of the organization; and learning and improvement within the organization is encouraged[1].

To read more, become a member today.

State-of-the-art multimedia platform.
Your a destination for clinical education and reference.

MedOne

Learn more about the complications of combining abdominoplasty and breast reduction surgery in the session, **Minimally Invasive Surgery and Patient Safety**, moderated by ISAPS President Dr. Arturo Ramirez Montañana, held during the **ISAPS Olympiad 2023 in Athens**. Specifically, an award-winning lecture:

Does Combining Abdominoplasty with Bilateral Breast Reduction Surgery Increase the Risk of Complications: A 10-Year Retrospective Analysis - Award-Winning Lecture
- Todd Dow

Click here to see all speakers and lecture topics featured in this session.

Don't miss more **exclusive on-demand content** from ISAPS Congresses, ISAPS Official Courses, the innovative ISAPS L.I.F.T. Program, and a variety of insightful ISAPS webinars. Elevate your expertise and stay up-to-date!
Not a member? **Join today**

Video Library

PRACTICE MANAGEMENT

What Your Patients Really Mean When They Say "I Need to Think About It"

If you have a private practice, you probably hear comments like these every week:
"It's too expensive."
"I need to think about it."
"I have to discuss it with my partner."
"Another surgeon offered me the same procedure for less."

For many plastic surgeons, these are the words they hope not to hear. The moment they hear them, they assume the patient is saying no.

But objections are not obstacles. They are a natural part of the decision-making process. You should expect them—and both you and your team should be trained to respond to them.

Behind every objection, there is a concern that hasn't been addressed yet.

Most surgeons are extremely well prepared to explain procedures, alternatives, risks, and expected outcomes. But neither they nor their teams are always prepared for the conversation that comes next.

Here are some of the most common objections and how to approach them:

"It's too expensive."
"Expensive" doesn't mean "I can't afford it."
It may mean that the perceived value is lower than the price you presented. Or simply that they were planning to invest less.

Your first job is to understand that gap. Ask the patient how much they were expecting to invest.

If the patient expected to invest $8,000 and your treatment's value is $10,000, the real objection is the additional $2,000.

Put that difference into perspective. Divided over one year, $2,000 is approximately $5.50 per day.

You could say:
"If you think about it, the difference is the cost of one coffee a day for a year—for a result you'll enjoy for the rest of your life."

"I need to discuss it with ..."
Ask:
"Does your partner know how you feel about this and how important it is to you?"
"Does your partner know you came to this consultation today?"
"When you make important decisions for yourself, does your partner usually support your choices?"

You are trying to understand whether the patient really needs their opinion or their permission.

PRACTICE MANAGEMENT

"Isn't there a cheaper option?"
Immediately offering something cheaper can undermine your original recommendation.

Answer:
"There are less expensive alternatives. But based on your diagnosis, your goals and lifestyle, and my clinical judgment and experience, I recommended this option because I believe it will give you the best long-term result."

"I need to think about it."
Don't fight it. Explore it.

Answer:
"Absolutely. On a scale from 1 to 10, how confident are you that this is the right treatment for you?"

If they answer eight or nine, ask what they still need to evaluate. If they answer a lower number, ask:
"What's missing for you to feel completely confident about this decision?"

Another surgeon charges less."
Ask:
"If you took price out of the equation, who would you choose?"

If the answer is you, ask why. Let the patient verbalize the reasons: your expertise, trust, results, team, or experience.

Then simply say:
"And that's exactly where the difference in value comes from."

Instead of fearing objections, welcome them. Once you understand them, you have the opportunity to address them. And that conversation is exactly what gives them the confidence to move forward.

Paz Martorell, MD – ARGENTINA

Interested in more practice management tips?

- Check our **L.I.F.T. program** online
- Login and listen to the recording from the **ISAPS Business School: Leading the Patient Journey – from Marketing to Patient Conversion** webinar, free for members in our **Online Video Library**.

QUAD A Webinar — Where Patient Safety Breaks Down: The Consultation-to-Outcome Gap | September 11, 2026 @ 15:30 UTC

Click here *for your local time*.

We warmly welcome both ISAPS members and non-members to take part in our **free webinar**, presented through the **Global Accreditation Initiative in partnership with QUAD A**.

In this webinar, **Dr. Foad Nahai** discusses the **misalignment between patient expectations, informed consent, and outcomes**.

We invite **physicians and non-physician staff, including nurses, assistants, and technicians**, to join us. This webinar will include a live Q&A session during which you can engage directly and have your questions answered.

Register

September 17, 2026 | The GLP-1 Era: Rethinking Safety in Plastic Surgery | 18:00 UTC

Click here ***for your local time***.

SPEAKERS:
Andre Cervantes, MD, Patient Safety Committee Chair
Andrea Margara, MD, Patient Safety Committee Member
Babis Rammos, MD
Pat Pazmino, MD

Stay tuned for more details, coming soon!

September 30, 2026 | ISAPS Global Survey Results 2025-Landmark Insights From 51 Global Markets and Official Press Release | 14:00 UTC

Click here ***for your local time***.

Discover fresh perspectives as our outstanding panel unpacks what these results could mean for your practice and our specialty.

Instagram Live

MONTHLY E-MAGAZINE

September 26, 2026 I Rethinking Thrombosis Prevention in Aesthetic Surgery I 13:00 UTC

Click here ***for your local time***.

Join moderator **Dr. Sergio Korzin** to discuss the following paper: ,"**ISAPS Patient Safety Update: Deep Venous: Thrombosis and Pulmonary Embolism: Stratification and Proophylaxis in Aesthetic Surgery**" - Dr. Jesus Benito Ruiz (et al.)

FREE for ALL ISAPS Members and only $50 for non-members.

Mark your calendars!

- November 21, 2026: **Glidelift™ - A No Visible Scar Approach**

***All times are at 13:00 UTC unless otherwise noted.**

Recordings of previous webinars are available on the ISAPS Video Library.

Register

October 10, 2026 I Abdominoplasty and Lower Body Lift I 13:00 UTC

Click here *for your local time*.

Details coming soon!

FREE for ALL ISAPS members and only $100 for non-members.

Save the Date!

December 12, 2026:
Male Genitalia Surgery and Female to Male Gender Reassignment

***All times are at 13:00 UTC unless otherwise noted.**

Recordings of previous webinars are available on the ISAPS Video Library.

Register

GUEST ENTRY FROM ISAPS SILVER GLOBAL SPONSOR:

Aptos Threads for Correction of Facial Asymmetry: A Minimally Invasive Approach to Functional and Aesthetic Rehabilitation

APTOS

Introduction

Facial asymmetry is a prominent manifestation of facial paresis resulting from impaired function of the seventh cranial nerve. Its etiology may be neurologic, autoimmune, congenital, traumatic, or iatrogenic. Permanent paresis may follow head trauma, stroke, head and neck tumors, or direct nerve injury. Temporary facial weakness may arise from facial nerve inflammation, resulting in unilateral muscle weakness[1]. Treatment includes pharmacologic therapy, physical rehabilitation, and surgery[1-4]; however, each approach has limitations[5,6]. This has created a need for less invasive methods that can improve both function and appearance. Aptos thread methods provide an alternative to static surgery[7]. offering durable functional and aesthetic improvement. Potential indications include paresis, persisting for more than one year without improvement, electroneurographic or electromyographic evidence of absent electrical excitability and voluntary motor-unit activity, or the need for additional correction after dynamic or static surgery[8].

Procedure details

Subcutaneous Aptos thread placement permits elevation, fixation, and restoration of volume in affected areas. Designs tailored to different indications enable treatment across multiple facial regions. The thread fixators promote a connective-tissue capsule, capsule that anchors and stabilizes tissue, limits migration, and supports durable correction[9].

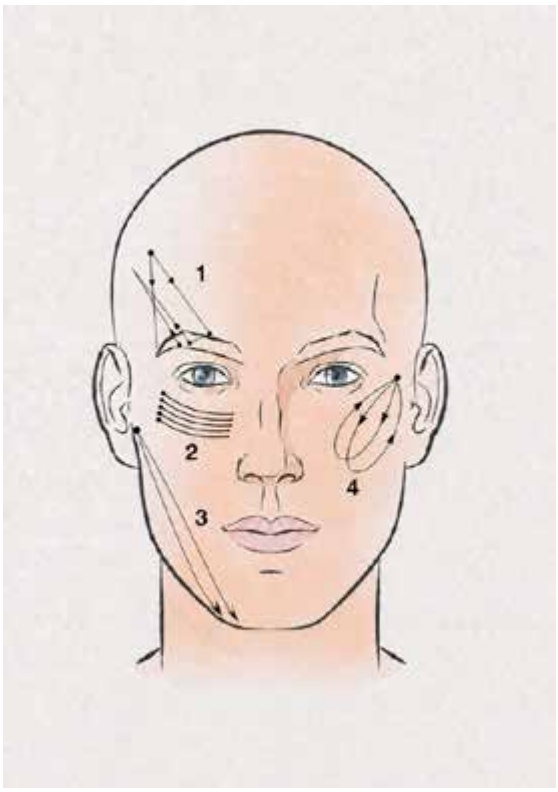
The Aptos method used for the periocular region, in the case mentioned below, was the Nano Spring Method. It comprises USP 5.0 spiral thread mounted on a 23G blunt-tip cannula for reinforcement and lifting around the eyes and upper face. Tissue engagement between the spirals stabilizes the thread. Available in absorbable and nonabsorbable versions, the thread retains its elasticity and configuration after insertion, making it suitable for highly mobile facial areas. Its design enhances tissue-holding capacity and permits use across facial and body regions. Procedures are performed under local anesthesia. Entry points are created with an 18G needle, and introducers are tunneled subdermally along premarked vectors to achieve the intended fixation and correction.

Case Report

This report describes a 64-year-old man with complete facial paresis and no improvement after two years of pharmacological and physical therapy. Electromyoneurographic showed absent electrical and graded potentials. Classical static and dynamic surgery and minimally invasive Aptos treatment were discussed. Aptos Needle Method procedure was performed for Brow region and Nano Spring Method for lower eyelid ptosis treatment, after two years of facial paresis onset.

Additional correction used was the Needle Method to restore malar volume and the Thread Method to support the lower face.

GUEST ENTRY FROM ISAPS SILVER GLOBAL SPONSOR:



Arrows indicate the planned thread trajectories and corrective vectors. The Aptos Needle Method was used for brow correction (1), the Nano Spring Method was applied to treat lower-eyelid ptosis (2). Additional correction included lower-face support using the Thread Method (3) and restoration of malar volume using the Needle Method (4)

Figure 1: Schematic representation of the Aptos minimally invasive static correction.

Figure 2: Before procedure (A), immediate post-procedure result (B), 1-year follow-up (C).

Figure two compares the baseline with the immediate post-procedure result and one-year follow-up. showing improved brow position, lower-eyelid support, and facial symmetry. It demonstrates maintained correction of periorbital, malar, and lower-face asymmetry.

Conclusion

In this case, minimally invasive Aptos thread treatment provided immediate improvement in facial asymmetry and tissue support. The technique is a useful static option for selected patients with long-standing facial paresis, who have not improved with conservative therapy or who require additional correction after surgery.

References

1. Garcia RM, Hadlock TA, Klebuc MJ, Simpson RL, Zenn MR, et al. (2015) Contemporary Solutions for the Treatment of Facial Nerve Paralysis. Plastic and Reconstructive Surgery 135(6): 1026e-1046e.
2. Lindsay RW, Robinson M, Hadlock TA (2010) Comprehensive Facial Rehabilitation Improves Function in People with Facial Paralysis: A 5-Year Experience at the Massachusetts Eye and Ear Infirmary. Physical Therapy.
3. Brach JS, VanSwearingen JM, Lenert J, Johnson PC (1997) Facial neuromuscular retraining for oral synkinesis. Plastic and Reconstructive Surgery.
4. Monini S, De Carlo A, Biagini M, Buffoni A, Volpini L, et al. (2011) Combined protocol for treatment of secondary effects from facial nerve palsy. Acta Oto-Laryngologica.
5. Henstrom DK, Lindsay RW, Cheney ML, Hadlock TA (2011) Surgical treatment of the periocular complex and improvement of quality of life in patients with facial paralysis. Arch Facial Plast Surg 13(2): 125-128.
6. Mehta RP, Hadlock TA (2008) Botulinum toxin and quality of life in patients with facial paralysis. Archives of Facial Plastic Surgery.
7. Sulamanidze M, Sulamanidze G (2008) Facial lifting with aptos methods. Journal of Cutaneous and Aesthetic Surgery 1(1): 7.
8. Grosheva M, Wittekindt C, Guntinas-Lichius O (2008) Prognostic value of electroneurography and electromyography in facial palsy. Laryngoscope.
9. Sulamanidze M, Sulamanidze G (2009) APTOS Suture Lifting Methods: 10 Years of Experience. Clinics in Plastic Surgery 36(2): 281-306.

MONTHLY E-MAGAZINE

Registration is now open!

MONTHLY E-MAGAZINE

ISAPS Membership

We are now accepting applications for 2027. Join today and get four months free!

ISAPS offers membership to accredited aesthetic plastic surgeons and residents worldwide. We have members in 117 countries and provide them with access to training, e-learning, and networking opportunities within our community of more than 6300 fellow surgeons.

All our members can access:

- *Our ISAPS Aesthetic Plastic Surgery Journal:* all current, future and past articles.
- The video library on our website, with than 2,600 plastic surgery videos.
- Members-only discounts for events, including our annual Congress.

Life, Active and Associate members are included on the **Find a Surgeon Directory** on the ISAPS website.

ISAPS MedOne e-library, printed copies of our Journal sent by post, and the price of registration for our Congress can also be included with your membership as "optional extras".

Membership costs from just $125 for newly qualified surgeons and $350 for more experienced colleagues. Residents can join for free, for up to three years. Applications for membership are available online, through our website.

Apply today to become an ISAPS Member!

If you have any questions, please feel free to contact us at memberservices@isaps.org

www.isaps.org