

# ISAPS NEWS

Official Newsletter of the International Society of Aesthetic Plastic Surgery

1st, 5th, 18th & 22nd Congresses  
Rio de Janeiro, Brazil



3rd & 12th Congresses  
Paris, France



9th & 13th Congresses  
New York City



7th Congress  
Montreal, Canada



17th Congress  
Houston, Texas



## 23rd Congress Kyoto, Japan



10th Congress  
Zurich, Switzerland



21st Congress  
Geneva, Switzerland



6th & 15th Congresses  
Tokyo, Japan



8th Congress  
Madrid, Spain



4th Congress  
Mexico City, Mexico  
11th Congress  
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2nd Congress  
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16th Congress  
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# ISAPSNEWS

## MESSAGE FROM THE EDITOR



### Welcome to this edition of *ISAPS News!*

This is our biggest issue yet with 72 pages packed full of useful and interesting information about the activities of our great international society. We are especially pleased to unveil the new design which is more polished and crisp. We could not be more proud of our international society and we are always striving to make our newsletter the highest quality possible.

In this issue, you will find a feature article on non-surgical body contouring by W. Grant Stevens, MD, ISAPS's third Vice President and surgeon from the United States. We have thought-provoking commentaries on the BREXIT written the day after the vote by Drs. Nigel Mercer, Paul Harris, Naveen Cavale, and the Director of ISAPS Insurance, Alison Thornberry, all from the United Kingdom. We have news of the continuing success of our ISAPS Visiting Professor Program, with Alain Fogli, MD traveling from France to Ukraine. Our ISAPS education program is as vital as ever with recent courses in Agra, India; Mykonos, Greece; Buenos Aires, Argentina; Cairo, Egypt; Fuzhou, China; Tunis, Tunisia; Florence, Italy; and Doha, Qatar. Congratulations to Lina Triana, MD, Chair of the ISAPS Education Council for her incredible leadership in our education efforts.

Our Global Perspectives theme this time focuses on Fat Grafting: What am I Doing in 2016. This compelling section gives cutting-edge perspectives on what our colleagues from around the globe are doing in their practices. Very few topics are hotter right now than fat grafting, and here you will read a "world view" on this topic.

Finally, we have a wonderful feature on plans and preparations for our 23rd Congress in Kyoto. Already, surgeons from 83 countries have registered. Our President, Susumu Takayanagi, MD, presents an incredibly useful guide on special places to stay and visit in Kyoto. I am eagerly awaiting this event, and I look forward to seeing all of you there for this wonderful educational event and the always enjoyable opportunity for camaraderie with our colleagues from around the world.

You will find additional features on remarkable humanitarian efforts by ISAPS members, and an outstanding historical article on the history of blepharoplasty by renowned medical historian, Riccardo Mazzola, MD from Italy.

I hope you enjoy this issue of *ISAPS News* and I look forward to seeing you in Kyoto.

With Warm Regards,

J. Peter Rubin, MD

## CONTENTS

Message from the Editor .....	2
Message from the President.....	3
Feature: Set Sail .....	6
Feature: Non-Surgical Body Contouring .....	7
Where in the World? .....	8
Feature: Returning to Japan .....	9
Feature: BREXIT Reactions in UK .....	10
Global Alliance Spotlight .....	14
Patient Safety .....	18
Visiting Professor Program .....	19
EC Course: Agra, India .....	20
Education Council Report .....	22
EC Course: Mykonos, Greece .....	23
EC Course: Buenos Aires, Argentina .....	24
EC Course: Cairo, Egypt .....	25
EC Course: Fuzhuo, China .....	26
EC Course: Tunis, Tunisia .....	27
EC Course: Florence, Italy .....	28
EC Course: Doha, Qatar .....	29
National Secretaries Report .....	30
Marketing .....	34
Global Sponsors .....	36
Road to Kyoto .....	38
Journal Update .....	42
Global Perspectives .....	44
ISAPS Humanitarian .....	56
History of Blepharoplasty .....	60
In Memoriam .....	64
Calendar .....	65
New Members .....	69

# MESSAGE FROM THE PRESIDENT

Susumu Takayanagi, MD, PhD - Japan



## Relations with Other Societies

Recently, I received a letter from Dr. Howard Clarke (Canada), Chair of the Board of Directors, informing me that the global plastic surgery community has formed a new International Confederation of Plastic Surgery Societies, ICOPLAST, that was officially launched in March during the 21st Congress of the Ibero-Latinamerican Federation of Plastic and

Reconstructive Surgery (FILACP) in Punta del Este, Uruguay by sixty-two founding members. Dr. Clarke told me that the mission of ICOPLAST is to improve patient outcomes worldwide and to communicate, advocate and advance the specialty of plastic surgery globally. In addition to communicating the news that their Confederation is officially open for business, the Board of Directors of ICOPLAST wishes to convey their sincere interest in establishing a collegial and collaborative relationship with ISAPS.

I forwarded this letter to ISAPS board members and all of them are happy to know that the global plastic surgery community has formed a new international organization. As IPRAS had a big problem that seems to be unresolved, we were waiting for news about this new international organization.

While I was attending the FILACP meeting, I was so happy to meet most of the ICOPLAST board members there and have frank discussions with some of them. I place much hope in the future of ICOPLAST as do the excellent people who contributed to found it. As all ISAPS members are originally from plastic and reconstructive surgery, it will be a wonderful idea to establish a collaborative relationship between ISAPS and ICOPLAST.

Dr. Dan Mills, President of ASAPS, recently sent us a proposal to collaborate in the ASAPS Cruise in 2017 in the North Sea. I forwarded the e-mail to all ISAPS board members to obtain their opinions. All of the board members fully agreed with and supported the proposal to endorse the education portion of the cruise. We want to see how it works and perhaps we will be able to expand our participation in the future. I am very happy to know that Dr. Mills and his Board are moving forward with support for ISAPS.

## Spirit of ISAPS

ISAPS holds courses and symposia worldwide to carry out our mission, Aesthetic Education Worldwide. The faculty members are lecturers who have a key role in education of plastic surgeons. A doctor with good knowledge and skills plays two important roles; one is providing his or her patients with the best medical

treatment and the other is insuring that as many doctors as possible become contributors to patients' safety and satisfaction with their outcomes through their surgeon's continuing education. ISAPS invites excellent doctors all over the world to be part of ISAPS faculty who deliver lectures at our courses and symposia or educate doctors at courses with cadavers and through live surgeries.

It is essential for ISAPS to maintain the highest level of faculty at all times. For this reason, the Education Council evaluates all members of faculty and those with low evaluations are excepted from future faculty assignments.

I would like to make it clear that every doctor who is invited to be part of our faculty bears the travel costs. The case is the same with the ISAPS Board members and Education Council members and at biennial congresses, where I, as the president, also attend paying my own travel expenses and registration fees.

Furthermore, I would like to emphasize that it is the essence of the ISAPS spirit that excellent doctors contribute their knowledge and skills to other doctors in the world, bearing a financial burden. The higher evaluations doctors receive, the more frequently they are invited. I express my sincere gratitude to their great contribution to ISAPS with heavy financial burdens.

## ISAPS Kyoto

The 23rd Biennial Congress of ISAPS will be held at the Miyako Messe Conference Center in Kyoto from October 23rd to 27th. I am very glad to tell you that Dr. Shinya Yamanaka, the Director/Professor at the Center for iPS Cell Research and Application, Kyoto University, a Nobel prize winner, will speak at the Opening Ceremony. While Dr. Yamanaka receives many, many requests to speak, he accepts very few. Our member, Dr. Bryant Toth, his research collaborator at the University of California, San Francisco, helped us by inviting Dr. Yamanaka to our congress. I am very grateful to Dr. Toth.



Dr. Takayanagi visits Dr. Yamanaka

I am very pleased with the amazing program that Dr. Kunihiro Nohira, the Program Chair, and Dr. Lina Triana, Chair of the Education Council, have planned including a new, full day, ISAPS Business School (practice management and marketing) where not only doctors, but also their nurses and office staff are welcome.

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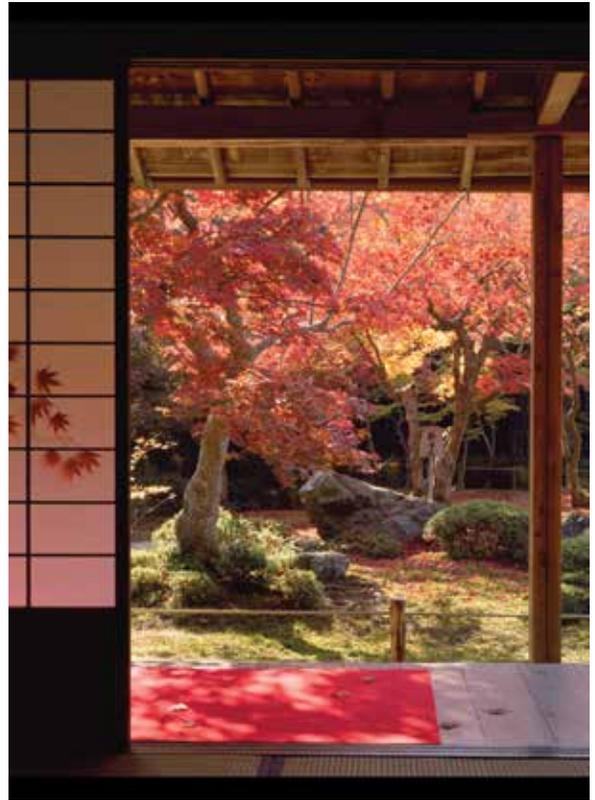
## PRESIDENT'S MESSAGE CONTINUED

A special ISAPS Course for Residents and Fellows will be held on Sunday afternoon, October 23rd. This course is free of charge and we expect many Residents and Fellows to participate.

As Kyoto City is relatively small, it will take 10 or 20 minutes by subway or taxi from your hotel in the city to the congress venue. Your prompt hotel booking is strongly recommended because very soon it will be difficult to reserve hotels close to the Miyako Messe.

The most reasonable accommodation I can recommend to you is Kyoto University housing named Shiran-Kaikan. We are holding 18 single rooms (5,000 Yen per night - US\$45) and 4 twin rooms (10,000 Yen per night), with no meals. If you would like to stay there, please send an email to [info@mega-clinic.com](mailto:info@mega-clinic.com). I will be glad to make a reservation for you. As a graduate of Kyoto University, I can book the accommodation.

We look forward to seeing you in the most beautiful city in Japan.



## 2015 Global Survey of Aesthetic Procedures

*Doctors, THANK YOU!*

The results of the 2015 Global Survey on Aesthetic and Cosmetic Procedures will be released this month.

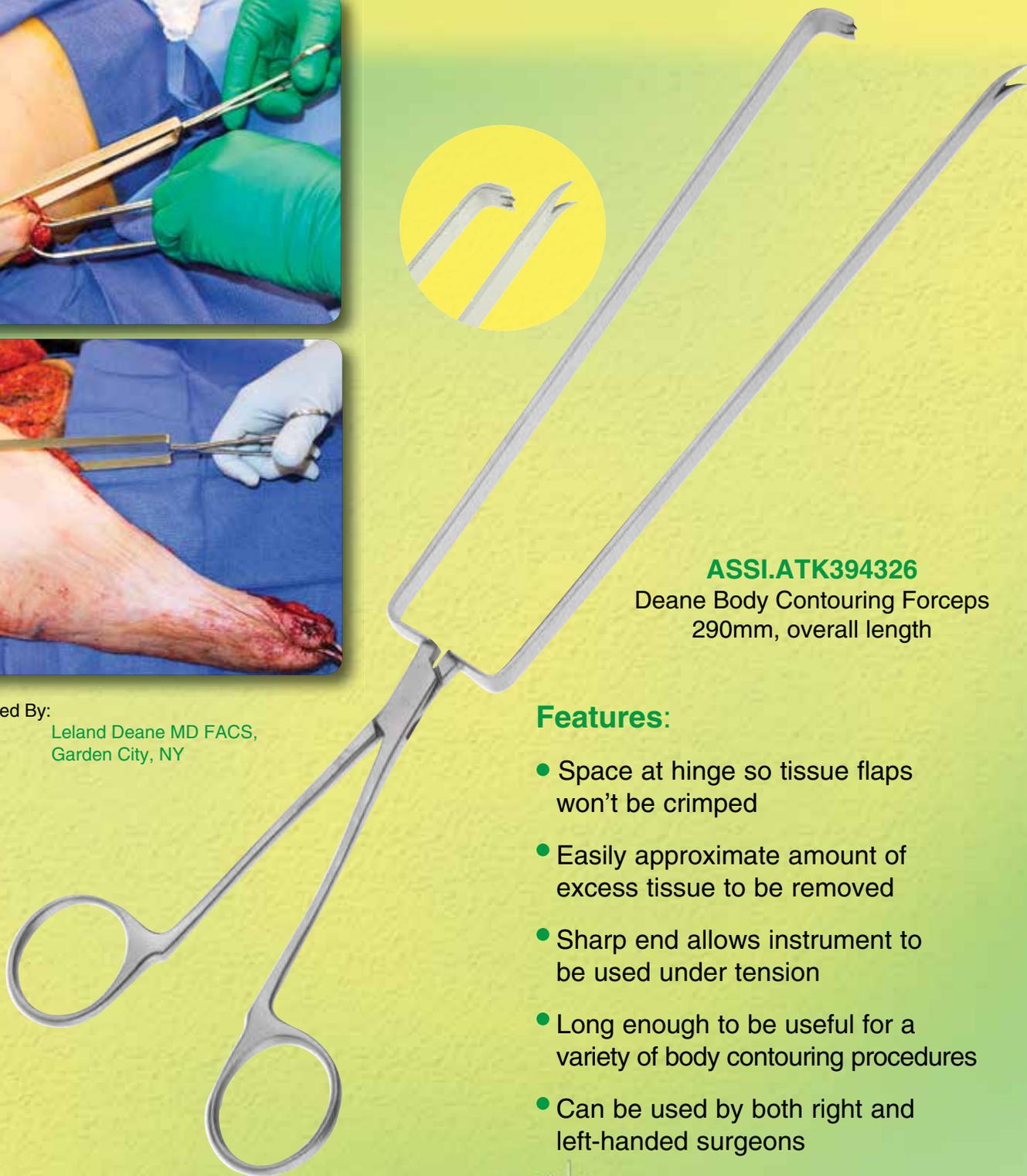
Thank you to all plastic surgeons who took time out of their busy schedules to complete this year's survey and congratulations to the plastic surgeons from the countries listed below. We had enough responses from these countries to be statistically valid and have included them in this year's results along with the worldwide totals: Brazil, Colombia, France, Germany, India, Italy, Mexico, South Korea, and the United States.

See the full report on our website at this link:  
<http://www.isaps.org/news/isaps-global-statistics>

# ASSI Deane Body Contouring Forceps



Designed By:  
Leland Deane MD FACS,  
Garden City, NY



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# FEATURES

## SET SAIL FOR ADVENTURE, EDUCATION AND CAMARADERIE



**Daniel Mills, MD – United States**  
President, The American Society for  
Aesthetic Plastic Surgery

## ISAPS Endorses ASAPS Aesthetic Cruise 2017



We at the Aesthetic Society are delighted that ISAPS is endorsing our Aesthetic Cruise 2017. The Aesthetic Cruise offers a great learning experience, the opportunity to build new friendships and reconnect with old colleagues, and a fabulous ship and itinerary.

This year we will be sailing the North Sea, starting in Southampton, UK and cruising spectacular Norway. Our educational program is chaired by Grant Stevens, MD and co-chaired by Melinda Haws, MD. Did I mention that the menus on board is designed by Jacques Pepin? Or that the acclaimed Canyon Ranch Spa Club is on board?



Both in-coming ISAPS president Renato Saltz, MD and I encourage all ISAPS members to consider this remarkable opportunity. For more information, please visit [www.surgery.org/cruise2017](http://www.surgery.org/cruise2017)



### JIDAI MATSURI

The Jidai Matsuri is a festival that takes place every year on October 22, the anniversary of the foundation of Kyoto. It consists of a large parade that travels from the Imperial Palace to Heian Shrine. Jidai Matsuri is Japanese for "Festival of Ages", and the participants of the parade are dressed in accurate costumes from almost every period of Japanese history, as well as famous historical figures.



**W. Grant Stevens, MD, FACS – United States**  
ISAPS 3rd Vice President

## NON-SURGICAL BODY CONTOURING

CoolSculpting is a non-surgical procedure based upon cryolipolysis, the application of controlled cooling to selectively target undesirable subcutaneous fat. I first wrote about my experience with CoolSculpting in a retrospective study which described our clinical and commercial experience with the first 528 CoolSculpting patients at Marina Plastic Surgery.<sup>1</sup> The article became the most widely read article ever published in the *Aesthetic Surgery Journal* and revealed the new patient population for a non-surgical body contouring procedure and how it could help grow a plastic surgery practice.

Many plastic surgeons took note of non-surgical body contouring for the first time when they read that 66% of the cryolipolysis patients were new to the practice, 62% were aesthetic neophytes, and 40% of my new “Freeze the Fat” patients stayed with the practice in the following years. The data showed that CoolSculpting is a gateway procedure, particularly for male patients, and these new patients remained with my practice and enjoyed additional services and goods, such as skin rejuvenation procedures, injectables, laser hair removal, and skin care over the ensuing years.

Since that first ASJ article, I wrote about my experience with 11 non-surgical devices and why CoolSculpting remains my procedure of choice for body contouring.<sup>2</sup> I discussed the dangers of counterfeit devices which cause patient injury<sup>3</sup>, shared cryolipolysis case studies<sup>4</sup>, discussed observations of possible cryodermadstringo, skin tightening following cryolipolysis<sup>5,6</sup>, and conducted a clinical study leading to the introduction of a non-vacuum cryolipolysis applicator and FDA clearance for treatment of the thighs.<sup>6</sup>

Over the past few years, enthusiasm for CoolSculpting has grown as it has proven itself to be a steady source of practice revenue and continues to bring new patients to my practices, Marina Plastic Surgery and Body by Orange Twist. Targeted advertising, understanding of male patients’ needs, and creation of Marina Manland, our male-friendly facility, has increased our number of male patients. The introduction of the CoolMini small cup applicator has allowed us to non-surgically address small deposits of fat and it’s especially well-suited for reducing submental fat.

Believe the double chin is the new love handle, an area of highly undesirable fat that male patients are very eager to reduce. Figure 1 shows a patient pleased with his non-surgical reduction of submental fat.



Figure 1: This 42 year old male was unhappy with his excess submental fat. The patient is shown pre-treatment and three months post-treatment following two CoolSculpting procedures. Procedure by Dr. W. Grant Stevens at Marina Plastic Surgery.

And as male patients have been brought to the practice by CoolSculpting and realized how comfortable they feel in Marina ManLand, they’ve also been introduced to secondary procedures. Many have opted for injectable fillers and neuromodulators, discovered procedures such as MiraDry and NeoGraft, and been introduced to medical facials and professional skincare products for the first time. Eventually, some of these male patients have opened up and asked about surgical options, too.

While CoolSculpting has brought new male patients to the practice, it also continues to address the needs of my female patients. By contouring the whole body, as shown in Figure 2, aesthetically pleasing results can be achieved without surgery. With several treatment visits and applicator placements to multiple areas of the body, dramatic liposuction-like results can be achieved.

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Figure 2: This 55 year old female was pleased with her noticeable fat reduction and new body contours. She received two CoolSculpting treatments to her flanks and lower abdomen. Procedure by Dr. W. Grant Stevens at Marina Plastic Surgery.

The latest development from CoolSculpting is the CoolAdvantage applicator, a contoured cup applicator that offers greater comfort and shorter treatment times. Following the successful introduction of the CoolMini applicator, the small cup applicator evolved to a larger cup for treating areas such as abdomens and flanks. The CoolAdvantage cup geometry maximizes tissue contact with the cooling surface, which increases treatment efficiency. The lower temperature protocol and applicator geometry reduce treatment time from 60 to 35 minutes. The targeted tissue seats fully against the cooled cup and the reduced skin tension results in greater patient comfort during treatment.

With the interchangeable contours, as shown in Figure 3, one applicator can treat a variety of body areas. With the CoolFit Advantage flat contour, we can treat the inner thighs and arms. The CoolCurve+ Advantage contour addresses sharply curved areas such as the flanks. And the CoolCore Advantage contour is suited for the abdomen.



Figure 3: The CoolAdvantage applicator features a cooled treatment cup and interchangeable contours for flat and curved treatment sites.

By reducing treatment time and increasing patient comfort and convenience, I anticipate the CoolAdvantage will produce more satisfied patients and grow my practices even further. CoolSculpting is a safe, effective, very tolerable non-surgical body contouring procedure that attracts new patients and continues to grow my surgical and non-surgical practices.

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CoolSculpting is a product of Zeltiq, an ISAPS Gold Sponsor. Dr. Stevens is an investor, a clinical research investigator, and receives research support and speaker fees from the company. 

# WHERE IN THE WORLD?



See page 70 for the answer



**Catherine Foss – United States**  
ISAPS Executive Director

## RETURNING TO JAPAN

As many of our members, non-members, exhibitors and guests are preparing to travel to Japan, some are experiencing fond memories of previous visits.

**Dr. Jozef Doornaert (Belgium)** sent me these “then and now” photos. I asked if anyone else had such memories. They did.



I visited Japan before starting my residency at the occasion of the World Fair in Osaka in 1970.

This other photo was taken in Gent last year.



**Dr. Darryl Hodgkinson (Australia)**

I have visited Japan in every season about 15 times and have always enjoyed the unique culture and hospitality.

**Abel Chajchir (Argentina)** and a friend on the Ginza (we think) in Tokyo.



**Dra. Maria Cristina Picon (Argentina)**

1980, when I was in microsurgery training with Dr. Kitaro Ohmori, the Chief was Past President Seiichi Ohmori.



**Dr. Vakis Kontoes (Greece)**

June, 2002 - Visiting Nikko, Japan on the occasion of the International Society of Lasers in Medicine and Surgery Congress, ISLMS Congress

2016, during the 3rd ISAPS One-Day Symposium 46th SACPER Congress.



February, 2016 - ISAPS Course, Agra, India with colleagues



**Catherine Foss 2000** - during the 15th ISAPS Congress in Tokyo, I had recently read *Memoires of a Geisha* by Arthur Golden – the story of a Geisha working in Kyoto. I was so fully attired in kimono dress, hair and make-up, my husband did not recognize me when I walked out of the dressing room. It took hours to put it all on. 

# BREXIT Reactions in the UK on June 24, 2016



**Nigel Mercer, MD – United Kingdom**

President, the British Association of Plastic, Reconstructive and Aesthetic Surgeons  
Past President, BAAPS and EASAPS

‘Europe’ has enormous impact upon medicine in the United Kingdom in terms of personnel, legislation and regulation of devices.

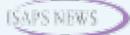
Almost every European learns English (i.e. American) to a very high level and, because the UK is ‘mad’ for the latest aesthetic trends and our patients melt when confronted by an outrageous foreign accent, it is well worthwhile for surgeons traveling to the UK to work either in single handed practice or for the ‘large advertising’ cosmetic surgery businesses. In the EU, any European medical qualification is valid in any other EU country although we are all aware the standard of training could vary enormously. As BREXIT means ‘out’ that will stop and European surgeons will not have automatic rights to work in the UK any longer. It will not stop patients travelling abroad for surgery, nor will it stop patients travelling to the UK. I think all surgeons over 55 years of age lament the loss of reciprocity of surgical training with Canada, Singapore, Hong Kong, Australasia and South Africa, which happened when we joined the EU.

The bottom line is that BREXIT should be good news for our ‘home grown’ aesthetic surgeons.

The loss of EU regulation of devices could be an issue, but ‘standards’ are now international with ISO being the ‘Gold Standard’, which our British Standards Institute would still follow. In any case, we have long argued for the UK to increase our level of regulation to that of the FDA. That move would be a much stronger alignment than CE marking!

The loss of EU legislation is unlikely to have great impact at this stage. EU laws are incorporated into our national law and so would need to be repealed, which is unlikely to happen. New EU laws would, obviously, not apply hence forth.

All we can hope is that this ‘leap in the dark’ is not into shark infested water!



**Paul Harris, MD – United Kingdom**

ISAPS National Secretary for the UK

It was an enormous shock for us to wake in the morning, 24th of June 2016, to discover that the nation had voted to leave the EU. This decision will have wide reaching consequences on almost all aspects of our lives, some of which will be predictable and some not so. Whilst, many of us are apprehensive about the future in economic and social terms, within the arena of aesthetic surgery, I believe that most are relieved.

We have long been dogged by the unscrupulous behaviour of the commercial cosmetic surgery ‘clinics’ in the UK. These businesses on the whole import surgeons from mainland Europe to undercut UK-trained surgeons. Such ‘fly in - fly out’ surgeons are not usually the most reputable in their resident country and hence the need for them to travel to find employment. When in the UK, they are often forced to work to time constraints and standards set to achieve maximum profit rather than high quality patient care. Such practices lead to horror stories that tarnish the entire sector.

Being free to set our own standards of regulation and training will mean that in the future, such businesses will be forced to employ surgeons that are trained to a UK-defined standard, and who must abide by codes of practice stipulated by their UK-based indemnity schemes and professional associations. These surgeons will force the clinics to up their game with respect to standards of care, which will not only benefit patients but also all the professionals that work within the sector.

The risk, of course, is that the UK becomes too inward looking and isolated. The challenge is therefore to look towards our international aesthetic surgery colleagues to forge greater links and collaboration. The benefits of the global community in aesthetic surgery cannot be underestimated and it is critical that we continue to grow our professional connections with other European states and beyond. Clearly, ISAPS should be at the centre of this global community and I hope to see a greater engagement from the UK in the years to come.





**Naveen Cavale, BSc(Hons), MBBS, MRCSEd, MSc, FRCSEd(Plast) – United Kingdom**  
ISAPS Assistant National Secretary for the UK

We in the UK are ‘living in interesting times’ as an old English curse goes. Or put another way, “Be careful what you wish for!”

My personal and professional view is the same - putting this issue to a referendum vote was wrong in the first place. This should have been a decision of Parliament. But it is too late to complain about that. We now need to look forwards, roll up our sleeves, and get on with making this work for our patients as well as the specialties of Plastic, Reconstructive & Aesthetic Surgery.

I am not going to speculate on details as these will all become clear with time. Brexit vs. Remain were never clear cut issues; there are benefits and downsides to both. We now need to make the most of the benefits.

As Assistant National Secretary for the UK, my main concern is for the future generation of aesthetic surgeons in the UK. The vast majority of voters in the referendum were those who (myself included) will not live long enough to see the effect of a Brexit vote. It is the next generation that have to live with the consequences, and my feeling is that their views have largely been overruled by their ‘elders and betters.’

As a specialty association, we must therefore ensure that Brexit does not ignore the views and desires of the next generation of aesthetic surgeons. We must protect and serve them, first and foremost. 



**Alison Thornberry – United Kingdom**  
Chief Executive Officer, Sure Insurance  
Director, ISAPS Insurance

Winston Churchill, speaking in Zurich on 19th September 1946, called for a United States of Europe stating that there would be no limit to the happiness, to the prosperity and to the glory which its three or four hundred million people would enjoy.

The European Union (EU) can trace its origins to the European Economic Community (EEC), formed in 1951 by the Inner Six countries of Belgium, France, West Germany, Italy, Luxembourg and the Netherlands. The EU was established under its current name in 1993 following the Maastricht Treaty. By 2016, the EU has 28 member countries (until 24th June 2016). Each country is independent, but agrees to trade under the agreements made among nations. Over 507 million people were recorded as members in January 2014.

The economy of the EU generates a gross domestic product (GDP) of around 14,500 trillion euros according to the International Monetary Fund (IMF) and it can be argued that this has made it the largest economy in the world if treated as the economy of a single state.

Britain leaving the EU has now encouraged other member states to question their membership with possible referendums of their own which in turn could cause a domino effect. Without Britain, the EU is less attractive to rich northern states such as the Netherlands and Denmark. The French were amongst the first yesterday to start debating the possibility of their leaving the EU.

On 25th March 2017, the European leaders will celebrate 60 years of the signing of the Treaty of Rome, the EU’s founding document. It will be an anxious celebration with the future of the EU in the balance.

continued on next page

# BREXIT Reactions in the UK on June 24, 2016

Those who work in the City of London (the financial district within London) are treating Britain's leaving the EU as a political and financial earthquake that will need the skills of seismologists and structural engineers to assess the damage and build for the future.

Medicines & Healthcare Products Regulator Agency (MHRA) in the UK will now have to decide if they want to continue working with the European Medicines Agency (EMA). The EMA is based in London with over 600 full time employees and will now have to relocate and move out of Britain.

The MHRA are to issue a statement next week and EMA spokeswoman Rebecca Harding states "We respect the UK

citizens' decision to no longer be a part of the EU. It is now up to the UK government to decide how to act upon the outcome of the referendum."

A number of questions remain to be answered particularly whether the EMA would lose access to the MHRA experts who as the Financial Times points out, led the review of more drug applications than any other domestic EU regulator in 2014.

With Prime Minister David Cameron resigning and calls for the opposition leader Jeremy Corbin to also resign, the leadership of Britain is in turmoil. However, the British stiff upper lip remains. 



## Seiryō-ji (Seiryō Temple)

Seiryō-ji, also known as Saga Shaka-do, is one of a few ancient temples, even in the Sagano region. A national treasure and considered one of Nihon-san-nyorai (three Tathagata of Japan), the Shaka-nyorai-ritsuzo (standing statue of Shak-yamuni Tathagata) is the principle idol of Seiryō-ji. The Rei-ho-kan, or treasure room is open to the public in the spring and autumn during which on display are: Gozoroppu, or internal organs of the principle idol (Shaka-nyorai-ritsuzo), made of silk and originally stored within the statue; Amida-san-sonzo (sitting statue of Amida Tathagata), a statue made to resemble the then poet and statesman Minamoto-no Toru, and considered later to have served as the model for Hikaru Genji of The Tale of Genji. Both are national treasures, and considered to be extremely valuable as cultural and historical artifacts.

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# GLOBAL ALLIANCE



## S P O T L I G H T



CSAPS



**Julie Khanna, MD – Canada**

President, Canadian Society for Aesthetic Plastic Surgery

Since its founding in 1972, the Canadian Society for Aesthetic Plastic Surgery has championed the quest to merge the latest in techniques and technology with the highest possible level of patient safety. More than ever before, our members are focusing their educational and research activities on patient safety and risk reduction to maintain the highest surgical standards of clinical practice. These are themes that will be reflected at our upcoming 43rd Annual Meeting in Vancouver from September 16-17, 2016. It is my privilege as this year's President to be able to highlight for you some of the wonderful speakers and presentations from this year's meeting program.

We will open our meeting this year by examining two different facelifting techniques presented by Richard Bensimon, MD and Stephen Mulholland, MD. Our unique format of showcasing video surgery presentations followed by a panel discussion with the presenting surgeons is always well received. In the afternoon, we are proud to welcome Charles Randquist, MD and Lorne Rosenfield, MD who will be focusing on facial rejuvenation procedures and techniques, including rhinoplasty, pinch blepharoplasty and rhytidoplasty.



SACPER



**Javier Vera Cucchiaro, MD – Argentina**

President, Sociedad Argentina de Cirugía Plástica Estética y Reparadora

Last April, at the time of the Argentine Plastic Surgery Congress, the 3rd One-Day ISAPS Symposium was held. Just before the Congress, both societies signed the ISAPS-SACPER Alliance Agreement. As President of the Argentinean Society, I signed this document with Dr. Susumu Takayanagi, President of ISAPS, who introduced the Alliance to the community of plastic surgeons during the meeting in Buenos Aires.

The local host of the 3rd ISAPS Symposium was Dra. Cristina Picon, National Secretary of ISAPS in Argentina. ISAPS provided several faculty members who gave numerous presentations throughout the Congress.

Dr. Jorge Patané, President of the Argentine Congress, recognized the time and effort of those ISAPS members who came to Buenos Aires to share their knowledge and experience: Drs. Susumu Takayanagi (Japan), Carlos Uebel (Brazil), Lina Triana (Colombia), Bryan Mendelson (Australia), Jose Tariki (Brazil), Carlos Alberto Rios (Colombia), Ying Chia Chang

## CSAPS

### Continued

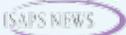
Secondary breast augmentation will be the focus for the morning of Day 2. Presented via video surgery, Mark Clemens, MD will be looking at Fat Transfer of the Previously Augmented Breast and Mitchell Brown, MD will be speaking to Complicated Secondary Breast Augmentations and strategies for correction. Dr. Clemens will also be lecturing on Epidemiology, Etiology and the Essentials of Breast Implant-Associated ALCL.

Also on Day 2, we are looking forward to presentations from Lina Triana, MD (Vaginal Rejuvenation), Mathew Mosher, MD (Evidence-Based Approach to Outpatient Abdominoplasty) and Jackie Yee, MD (Fillers...Deep or Superficial?).

New for this year, we will also be offering a Symposium on Thursday, September 15th prior to the start of our main meeting that offers an opportunity to learn how to update your nonsurgical practice. Whether it be through injectables, evaluating technology purchases and their potential, achieving practice excellence or the effective approach to product sales, this session will be highly interactive and informative and help you increase the profitability of your practice. There will also be a panel debating the Perfect Treatment for Submental Fat. Don't miss out on this one!

Although our primary focus is always education, we also look forward to our Saturday night event which allows time for socializing with both peers and industry. Our "James Bond" themed event for 2016 should not be missed!

We hear from so many of our attendees that our Annual Meeting is one of their favourite meetings to attend because of the unique mix of video presentations and live lectures. The intimate nature of the meeting ensures that all attendees have plenty of face time with all of our presenting surgeons. We dedicate ourselves to creating a meeting that offers an open forum for discussion and education and this year will be no different. More information can be found at [www.csaps.ca](http://www.csaps.ca)

The Canadian Society for Aesthetic Plastic Surgery is honoured to be part of the ISAPS Global Alliance and we look forward to welcoming many of you to our meeting this September. If you have never joined us at a meeting before, we would love to see you in Vancouver! 

## SACPER

### Continued

(Brazil), Nuri Celik (Turkey), Christopher Patronella (USA), Marcos Sforza (Brazil), Banchool Goo (Korea), Debra Johnson (USA), Arturo Ramirez-Montañana (Mexico).

More than 900 attendees enjoyed four full days of lectures and round tables at the Buenos Aires Sheraton Hotel and Convention Center. Furthermore, there was an agenda of social events including a Tango Show – also very successful. The newly signed Alliance Agreement also helped to increase the number of ISAPS members from Argentina. More than 20 SACPER members applied to be ISAPS members taking advantage of the Fast Track format.

Dra. Cristina Picon and Dr. Fabian Cortiñas, the new National Secretary, are now awaiting the arrival of Dr. Joseph Hunsted (US) as ISAPS Visiting Professor. He will come to Buenos Aires in September to teach body contouring surgery in the Hospital Italiano of Buenos Aires and in the Four Fronteras meeting in Puerto Iguazú, Misiones. This will be a great opportunity to update concepts in body contouring surgery as well as having a journey to the Iguazu Falls, one of the World's Wonders.

Finally, an ISAPS Cadaver Course for Botulinum Toxin and Fillers is scheduled for the 8th and 9th of July. Dra. Triana and Dr. Cortiñas are promoting this course to enhance quality and accuracy in facial filler injections, one of the areas of expertise with rapid development of new products and techniques as well as an increase in public demand.



**First global alliance  
forum of presidents  
will be on  
Monday, October 24  
at the Kyoto Congress.**



## SOFCEP



**Armand Azencot, MD – France**  
President, Société Française des Chirurgiens Esthétiques Plasticiens

This year, the annual national SOFCEP Congress was held in Bordeaux from May 12 to 14, 2016. It again included an ISAPS Symposium on the preceding day.

This scientific meeting which has become a must-see happening, was very rich on a scientific level, and thanks to the participation of 400 surgeons and 50 office staff, with as a main theme “plastic surgery of the future,” about 60 foreign surgeons were there as speakers or participants representing 25 countries including the UK, Belgium, Italy, Switzerland and the United States.

The ISAPS Symposium, very appreciated by both our French and overseas colleagues, was only in English while the rest of the meeting was simultaneously translated (English/French). The ISAPS program opened with medio facial and frontal temporo facelifts, followed by a great rhinoplasty session. Then, an update about fat transfer in breast augmentation took place, followed by a nice session about fundamental research. Finally, a session on silhouette surgery provided the latest data about progress regarding abdominoplasties, body lifts, brachioplasties and genital aesthetics.

The rest of the congress was very intense with sessions about regenerative surgery, buttocks surgery and a confrontation between South America and Europe, face lift, eye surgery, genital surgery and hair transplant.

On Saturday morning, a fascinating session about the aesthetic market, medi-spas and aesthetic medicine practices, surgical tourism and the media was a great success thanks to an international audience and faculty and the quality of the presentations.

Several international associations’ representatives had exhibit booths including ISAPS, BAAPS, and IMCAS. The exhibit hall was full of life and very crowded with industry well represented in about 50 booths and many symposia.

A great social program enabled participants to discover wonderful Bordeaux and its surrounding areas including a riverside dinner on the first evening, a gala dinner at the famous Château Giscours, and of course wine tasting during a visit to the local wineries.

We are looking forward to welcoming you in Marseilles next year for an ISAPS Symposium again joined with the SOFCEP meeting chaired by our incoming President, Richard Abs. Our next meeting will be held in association with the Mediterranean Society of Plastic Surgery. We invite you to attend. 

## ISAPS GLOBAL ALLIANCE PARTICIPATING SOCIETIES

- American Society for Aesthetic Plastic Surgery, Inc. (ASAPS)
- Asociación Española de Cirugía Estética Plástica (AECEP)
- Association of Plastic and Reconstructive Surgeons of Southern Africa (APRSSA)
- Associazione Italiana di Chirurgia Plastica Estetica (AICPE)
- Australasian Society of Aesthetic Plastic Surgery (ASAPS)
- Canadian Society for Aesthetic Plastic Surgery (CSAPS)
- Dansk Selskab for Kosmetisk Plastikkirurgi (DSKP)
- Egyptian Society of Plastic and Reconstructive Surgeons (ESPRS)
- European Association of Societies of Aesthetic Plastic Surgery (EASAPS)
- Hellenic Society of Plastic, Reconstructive and Aesthetic Surgery (HESPRAS)
- International Society of Aesthetic Plastic Surgery (ISAPS)
- Indian Association of Aesthetic Plastic Surgeons (IAAPS)
- Iranian Society of Plastic and Aesthetic Surgeons (ISPAS)
- Japan Society of Aesthetic Plastic Surgery (JSAPS)
- Korean Society of Aesthetic Plastic Surgery (KSAPS)
- Lebanese Society of Plastic, Reconstructive, and Aesthetic Surgery (LSPRAS)
- Romanian Aesthetic Surgery Society (RASS)
- Royal Belgian Society for Plastic Surgery (RBSPS)
- Schweizerische Gesellschaft für Aesthetische Chirurgie (SGAC)
- Serbian Society of Plastic, Reconstructive, and Aesthetic Surgery (SRBPRAS)
- Singapore Association of Plastic Surgeons (SAPS)
- Sociedad Argentina de Cirugía Plástica Estética y Reparadora (SACPER)
- Sociedad Boliviana de Cirugía Plástica Estética y Reparadora (SBCPER)
- Sociedad Chilena de Cirugía Plástica, Reconstructiva y Estética (SCCPRE)
- Sociedad Colombiana de Cirugía Plástica, Estética y Reconstructiva (SCCP)
- Sociedad Dominicana de Cirugía Plástica Reconstructiva y Estética (SODOCIPRE)
- Sociedad Española de Cirugía Plástica Reparadora y Estética (SECPRE)
- Sociedad Peruana de Cirugía Plástica (SPCP)
- Sociedad Venezolana de Cirugía Plástica, Reconstructiva, Estética y Maxilofacial (SVCPREM)
- Società Italiana di Chirurgia Plastica Ricostruttiva ed Estetica (SICPRE)
- Société Française des Chirurgiens Esthétiques Plasticiens (SOFCEP)
- Svensk Förening för Estetisk Plastikkirurgi (SFEP)
- Turkish Society of Aesthetic Plastic Surgery (TSAPS)
- United Kingdom Association of Aesthetic Plastic Surgeons (UKAAPS)
- Vereinigung der Deutschen Aesthetisch Plastischen Chirurgen (VDAPC)

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# PATIENT SAFETY



**Alberto J. Arguello Choiseul, MD – Costa Rica**  
ISAPS National Secretary for Costa Rica  
Chairman of International Relations, AAAASF

## WHY IS GLOBAL HEALTH CARE ACCREDITATION IMPORTANT?

More and more consumers are travelling internationally for health care reasons, partnered with vacation time, so it's more important than ever that every country provide quality patient care. That's why the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) is working hard to educate global health care providers on the importance of American accreditation.



In my new role as chairman of AAAASF's International Relations, I'm looking forward to spreading the word about our international program. It can positively impact patient safety, as well as boost global economy.

It's important for global health care providers to know that AAAASF accreditation requires continuous quality improvement. Our standards focus largely on the clinical capacity and effectiveness of the facilities we assess. It's also important they realize that AAAASF requires 100 percent compliance with all of its accreditation standards and if a facility fails to meet any standard, it must correct the deficiency or risk denial or loss of accreditation. We don't mean to scare anyone away with our strict standards. We simply want to make sure patients can be confident that our accredited facilities meet the same high standards for safety all over the world.

We realize our standards are tough. That's why we also provide a hands-on, step-by-step approach to guiding facilities through the accreditation process. Anyone seeking accreditation through

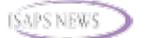
AAAASF will be assigned a personal accreditation specialist who will remain the primary point of contact through the entire process.

In the United States we accredit more than 2,400 facilities. We also accredit facilities in the following countries: Australia, Belgium, Brazil, Columbia, Costa Rica, El Salvador, Finland, Lebanon, Mexico, and Peru.

Facilities in Guatemala and South Africa have also begun their accreditation process. In addition, AAAASF accredits the world's only Flying Eye Hospital through Orbis. It is a state-of-the-art training and treatment hospital and the only non-land-based hospital in the world that is accredited by AAAASF. The Flying Eye Hospital will visit Shenyang, China in September.

It's important for global health care providers to know that AAAASF has earned accreditation by The International Society for Quality in Healthcare (ISQua), known as the "accreditor of accreditors." ISQua accreditation of our standards provides evidence to ministries of health, patients and health providers that the facilities using the AAAASF standards meet international requirements. ISQua's mission is to inspire, promote and support continuous improvement in the safety and quality of health care worldwide. It features a network that spans 100 countries and five continents.

So regardless of the language you speak, the size of your facility, your specialty or location, our common denominator is patient safety. If you're ready to expand your global health care market, please contact me directly at [aarguello@aaaasf.org](mailto:aarguello@aaaasf.org).



# VISITING PROFESSOR PROGRAM REPORT



Alain Fogli, MD – France

## ISAPS VISITING PROFESSOR PROGRAM KIEV, UKRAINE

This very successful event was organized on May 19-20 by the ISAPS National Secretary for Ukraine, Dr. Pavlo Denyshchuk with the presence of Dr. Pinchuk, President of All Ukraine Association of Plastic, Reconstructive and Aesthetic Surgeons. Iryna Sysoenko, the deputy of Verkhovna Rada and a member of the Healthcare Committee opened the Program. The welcome letter of Vitaliy Klytchko, the head of Kiev administration, was read during the opening ceremony. Then the video-invitation to the Congress in Kyoto from the ISAPS President, Susumu Takayanagi, and the video about Kyoto were shown.

The Visiting Professor Program (VPP) helps to improve and standardize knowledge in all member countries. It is unique and irreplaceable as it imposes a level of excellence and facilitates professional and friendly links beyond any political problems. This event in Ukraine was a perfect illustration. I was accompanied by my two excellent colleagues and friends who were also invited speakers, Dr. Alexis Verpaele (Belgium) and Dr. Nuri Celik (Turkey).

The organization and accommodation at the Intercontinental Hotel in Kiev and the video transmission from the operating theater at the clinic were excellent. We also thank Dr. Denyshchuk and his team for their warm social program highlighting the Cossack spirit.



Drs. Daniel Cassuto, Nuri Celik, Alexis Verpaele, Alain Fogli, Nicolay Serdev and Pavlo Denyshchuk

On our arrival, we met the patients on which we would perform surgery for a pre-operative video analysis. During the two days, we had both live surgeries and lectures.

The first day, the surgical program included temporal lift by galeapexy and face and neck lift and simultaneously in the other operating theater lipofilling and nanofilling.

We also had lectures on techniques of face lift, early reconstruction of lower blepharoplasty, surgical solutions for upper blepharoplasty, different modalities of lipofilling microfat, SNIF and nanofat. All the moderators were members of ISAPS and the interactivity with the audience was abundant.

This long and very studious day ended with a Round table conference on the subject of plastic operations, complications and security.

The following day we again had live surgeries which consisted of upper and lower blepharoplasty and lectures on neck lift, eyebrows and temporal lift, and a session on minimally invasive facial surgery and non-surgical methods of facial rejuvenation presented by our Italian colleague, Dr. Daniel Cassuto.

I hope this event will accelerate the official recognition process of Plastic, Reconstructive and Aesthetic Surgery in Ukraine. During the educational program, many plastic surgeons were interested in joining ISAPS, so probably the number of Ukrainian members in ISAPS will increase. 



# EDUCATION



**Lokesh Kumar, MD – India**  
Course Chairman & ISAPS Trustee



**Vakis Kontoes, MD – Greece**  
Course Director & ISAPS  
Education Council Vice-Chair

## ISAPS COURSE: **AGRA, INDIA**

The ISAPS Course in Agra, India was organized in January at this world famous tourist town located about 150 miles from capital city of Delhi. The Course was sanctioned by the ISAPS Board by popular demand of Indian plastic surgeons following two very successful courses in Goa in 2012 and Jaipur in 2014.

Dr. Lokesh Kumar was the organizing Chairman of the course and Dr. Vakis Kontoes was the Course Director. The City of Agra was chosen because of its heritage value and its proximity to New Delhi. The venue was the Hilton, a five-star hotel with excellent conference facilities that provided a comfortable stay for delegates and faculty members. Agra is a very popular tourist destination amongst international travelers for its proximity to the Taj Mahal and other ancient monuments and shopping for traditional Indian jewelry and precious stones and leather goods.

The Course faculty included known names from various countries, as well as members of the Indian plastic surgery community, who covered the entire spectrum of aesthetic surgery in a very elaborate scientific program spread out over three and a half days. The faculty members who participated in the conference included International faculty: Vakis Kontoes (Greece), Susumu Takayanagi (Japan), Eric Auclair (France), Luis Toledo (UAE), Yasushi Sugawara (Japan), Tim Papadopoulos (Australia), Ivar van Heijningen (Belgium), Peter Scott (South Africa), Klaus Ueberreiter (Germany), Marcos Harel (Israel)

and Kenichiro Imagawa (Japan). National Faculty: Ashish Davalbhakta, Lokesh Kumar, Sandeep Sharma, Kuldeep Singh, Kapil Dua, Suneet Soni, Krishnamurthy Ramachandran, Manoj Khanna, Niti Khunger, Lakshyajit Dhami, Rakesh Kalra, and Sukhbir Singh.

The pre-course operative workshop was organized at a local hospital with Professor Rahul Sahai, a plastic surgeon from Agra, as the coordinator. He did an excellent job in making arrangements for live demonstrations that were telecast live to the Hilton Hotel conference hall. Drs. Vakis Kontoes, Peter Scott and Klaus Ueberreiter operated four cases and had direct interaction with the delegates to answer their queries. That evening, faculty members and their spouses attended a dinner at a very famous local restaurant.

The first day of the main course started with introductory remarks by Dr. Kontoes and an address by our President, Dr. Susumu Takayanagi, who presented an ISAPS power point for the benefit of the delegates. Facial aesthetic surgery and breast aesthetic surgery were covered in 19 lectures and videos on this day.

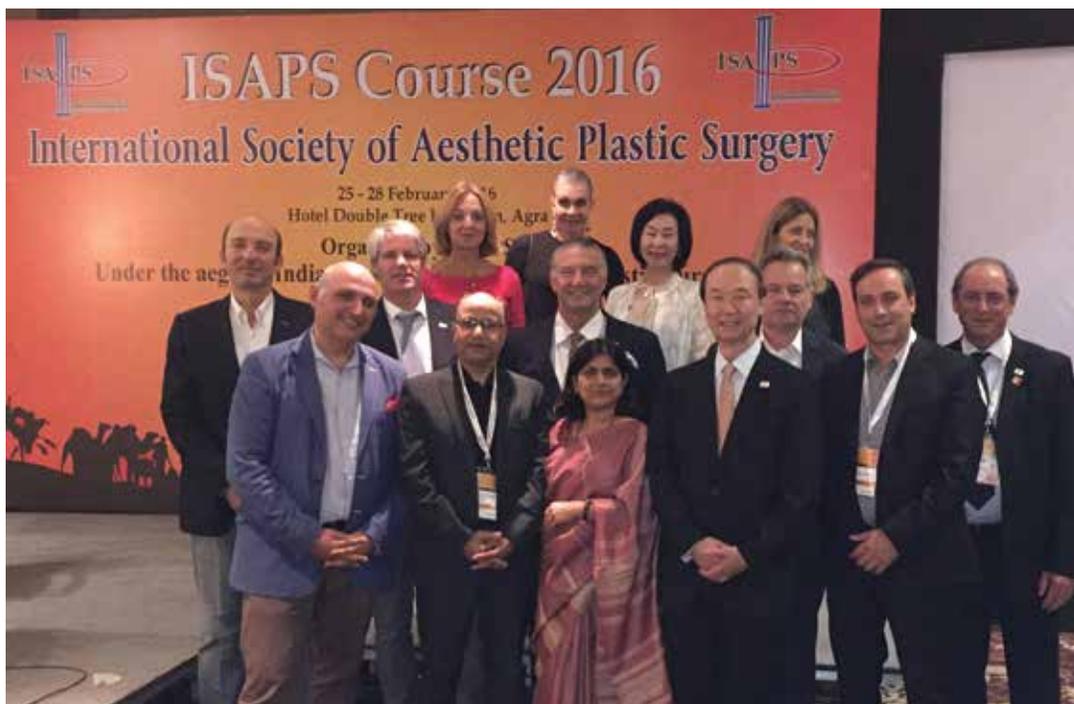
In the evening, an inauguration function and gala dinner were organized on the lawns of the Hilton Hotel. All faculty members were honored with plaques, mementoes and gifts. Guests enjoyed performances by a local Indian troupe.



On the second day of the course, various topics on breast, rhinoplasty, minimally invasive techniques and hair transplantation were covered in 19 lectures. The evening was kept free for delegates and faculty to explore Agra and visit various historic monuments.

The last day of the meeting was devoted to sessions on body contouring and miscellaneous other topics. A total of 13 lectures covered these areas. The meeting concluded after lunch.

The richness of the course content was evident from the packed meeting hall throughout the event until the last session of the meeting. Content of the program was rated excellent by most of the delegates. We are very thankful to our sponsors. It is because of their support that we were able to keep registration fees very low for residents in order to assure large participation. We are also thankful to endorsing society, the Indian Association of Aesthetic Plastic surgeons (IAAPS) and Dr. Manoj Khanna, President of IAAPS, for support of this meeting. 



International Faculty – ISAPS Course Agra



**Lina Triana, MD – Colombia**  
Chair, ISAPS Education Council

## EDUCATION COUNCIL REPORT

We are coming to the end of this Board of Directors' term and with it the Education Council's term, too.

Our biennial meeting in Kyoto, Japan concludes Dr. Takayanagi's presidential term. I really need to thank Dr. Taka, as we call him, for his wisdom and hard work. He has reminded us that if we believe in and love our organization, we must always remember why we are here: to enhance it by strengthening our alliances and by continuing with our worldwide education efforts - and that is what has been proven in these last two years.

Our Board, led by Dr. Taka and our president-elect, Dr. Renato Saltz, has shown that working as a true team we are taking ISAPS to new levels. I really believe our ISAPS Board of Directors and Executive Committee are all true ISAPS servants, leaders that truly want the best for our society.

Our Education Council has organized meetings all over the world. So once again, let's thank our EC, starting with Vice Chair, Vakis Kontoes (Greece), Advisor Nazim Cerkes (Turkey), and our Regional Chairs: Europe – Vakis Kontoes (Greece); Americas – Ozan Sozer (USA); Asia, Africa, Australia – Tim Papadopoulos (Australia); and Middle East – Jamal Jomah (Saudi Arabia & UAE).

Of course, thank you to our hardworking EC members and Course Directors: Maria Isabel Cadena (Colombia), Rolf Gemperli (Brazil), Gabriel Obayi (Venezuela), Lee Pu (USA), Arturo Ramirez-Montanana (Mexico), Ricardo Ribeiro (Brazil), Gianluca Campiglio (Italy), Nuri Celik (Turkey), Ivar van Heijningen (Belgium), Dana Jianu (Romania), Dirk Richter (Germany), Enrico Robotti (Italy), Nina Schwaiger (Germany), Patrick Tonnard (Belgium), Nimrod Friedman (Israel), Bouraoui Kotti (Tunisia), Sanguan Kunaporn (Thailand), Kumar Lokesh (India), Florencio Lucero (Philippines), Woffles Wu (Singapore) and of course, Kunihiro Nohira (Japan) the 2016 Congress Program Chair.

Also we must never forget our national secretaries who have worked together with local leaders and plastic surgery societies in their countries to produce such a large number of successful courses.

Since our term started in 2014, we have had ISAPS courses and symposia in: Argentina, Australia, Belgium, Bolivia, Cambodia, Chile, China, Colombia, Czech Republic, Dominican Republic, Ecuador, Egypt, France, Greece, India, Israel, Italy, Japan, Korea, Mexico, Portugal, Qatar, Romania, Serbia, South Africa, Taiwan, Thailand, Tunisia, United States, and Uruguay, not to mention many Endorsed Programs.

Looking forward, we have already planned ISAPS courses and Symposia until 2018 in:

Argentina, Australia, Bahrain, Belgium, Chile, Colombia, Ecuador, Egypt, El Salvador, Germany, India, Israel, Japan, Jordan, Korea, Lebanon, Mexico, Monaco, Panama, Peru, Portugal, Saudi Arabia, South Africa, Thailand, United Arab Emirates, United States and Vietnam.

We are already organizing a superb group for our next two-year Education Council term. I am sure they will continue the hard work done by our current team.

I would also like to thank those among our membership who have suggested how we can better serve you and our specialty. We have not only kept up with our aesthetic plastic surgery education, going wherever we are invited, always with the help of our faculty and local organizers, but we have also bonded with local societies through our new Global Alliance program and with industry through our new sponsorship program.

We must never forget that we humans are all about connections and ISAPS, as an international society, must work harder each day to better serve our membership, to build bridges to connect one another – and to continue learning and teaching our special skills as aesthetic plastic surgeons.

ISAPS NEWS



**Panagiotis (Panos) Mantalos, MD, PhD – Greece**  
ISAPS National Secretary for Greece

## ISAPS COURSE: **Mykonos, Greece** In the years of financial crisis and “against all odds”!

Having spent in the past the two best years of my life as a rural medical doctor, during my compulsory countryside service, on Mykonos island, I was more than sure that I will seize the opportunity to organize an ISAPS course there.

After agreement with my co-organizer, Dr. Apostolos Mandrekas who took on and accomplished the difficult scientific program, and my Course Director, Dr. Vakis Kontoes, we started organizing this event a year ago.

Mykonos is a small, beautiful and unique island among the Cyclades complex of islands in the Aegean Sea with a population of 4,000 people in the winter and exceeding 250,000 during the summer. There are only two hotels with the capability to organize a conference. Both of them are 5-star hotels. There is no 4-star hotel with the capability to accommodate conferences on the island.

During our efforts to organize this course, we had to face several unexpected issues. The most important was the sudden new direction of our National Organization for Medicines in Greece, in cooperation with the Hellenic Association of Pharmaceutical Companies, that suspended the sponsorships of pharmaceutical companies to medical conferences if they are taking place in tourist destinations and 5-star hotels. Exactly our case! As a result, of the 25 companies we were expecting to sponsor us, almost none did and those who came provided minimal amounts of funding. As you probably understand, we couldn't change the hotel venue at the last minute, because there weren't any 4-star hotels with the ability to accommodate conferences, according to the new law.

Moreover, the financial crisis which obviously has affected our lives in this country in recent years has played an important role, diminishing the number of the Greek and especially trainee attendees.

Nevertheless, the course was attended by 103 plastic surgeons from 15 countries. A twelve-member International faculty included Gianluca Campiglio (Italy), Nazim Cerkes (Turkey), Javier de Benito (Spain), Joachim von Finckenstein (Germany), Ivar van Heijningen (Belgium), Alfredo Hoyos (Colombia), Bryan Mendelson (Australia), Constantino Mendieta (US), Nigel Mercer (UK), Renato Saltz (US), Susumu Takayanagi (Japan), and Carlo Tremolada (Italy).



Figure 1 - Faculty members Mendelson, van Heijningen, Campiglio, Saltz, Mantalos, Takayanagi, Kontoes, Mercer, de Benito and von Finckenstein

In the opening ceremony, the Mayor of Mykonos, Konstantinos Koukas, welcomed us. The two and a half day ISAPS postgraduate course, hosted by HESPRAS (Hellenic Society of Plastic Reconstructive and Aesthetic Surgery), provided a balanced educational program that covered facial rejuvenation, face lift, rhinoplasty, profiloplasty, fat grafting, oculoplastic, hair restoration, cosmetic and reconstructive breast surgery, post bariatric surgery and body contouring. There were three oral presentation sessions, as well.

At least the weather was the best we could expect, so the majority of the attendants had the opportunity to experience the clear blue of the Aegean Sea. The night before the official opening, we had casual dinner at a Greek tavern in Chora of Mykonos, in “Lakka” square. Traditional local Mykonian food and wine with Greek music and hospitality.

The following night was the faculty dinner which was my personal preference to take place in “Nammos” restaurant (Psarou beach) one of the best beach-bar-restaurants in the world. Cocktails on the beach,



Figure 2 – Faculty dinner at Nammos on the beach. Drs. de Benito, Kontoes, Cerkes, Saltz, Mantalos, and Campiglio

continued on page 43



**M. Cristina Picon – Argentina**  
Past ISAPS National Secretary

## ISAPS COURSE: Buenos Aires, Argentina

A one-day ISAPS Symposium was held on April 12, 2016, before the 46th Annual Meeting of the Argentinean Society of Plastic and Reconstructive Surgery (SACPER), in Buenos Aires City, Argentina. The venue was the Sheraton Hotel and Convention Center with the view to the Rio de la Plata (Silver River). The scientific program covered most of the aesthetic surgery topics, and the idea was that the attendees could see the present and future of plastic surgery.

The guest faculty included ISAPS Members: Bryan Mendelson (Australia), Nuri Celik (Turkey), Lina Triana (Colombia), Carlos Uebel (Brazil), Arturo Ramirez-Montañana (Mexico), Christopher Patronella (United States), Marcos Sforza de Almeida (Brazil and UK) and Jose Tariki (Brazil), and non-members: Debra Johnson (United States), Bancheol Goo (South Korea), and Ying Chia Chang (Brazil). I want to extend special thanks to all our invited faculty members for their high quality presentations. Without their generous participation, we would not be able to have a great scientific program.

We would like to thank the more than 900 attendees, who arrived early in the morning, and the numerous companies that supported the four-day meeting.



An excellent gastronomic Argentinean dinner was organized every night that included a Tango night. The lunch was served in the 24th floor lounge where the faculty members could share experiences and ideas in the most relaxed environment with a spectacular view to the river.

Thank you to everyone who made this Symposium so successful, especially Dr. Jorge Patane, President of the 46th Argentinean Congress of Plastic Surgery, Dr. Lina Triana, Chair of the ISAPS Education Council, and Dr. Javier Vera Cucchiario, President of the Argentinean Society of Plastic Surgery.



Buenos Aires Catalinas



**Hussein S. Abulhassan, MD – Egypt**  
 President of ESPRS  
 ISAPS National Secretary for Egypt

## ISAPS COURSE: Cairo, Egypt

On behalf of the Egyptian Society of Plastic and Reconstructive Surgeons (ESPRS) - and our newly formed EGYPTIAN ISAPSIANS group - I extend my gratitude to everyone in ISAPS who supported our society. The very successful meeting held in Cairo in early March showcased the peacefulness and viability of my country and my fellow Egyptian people.

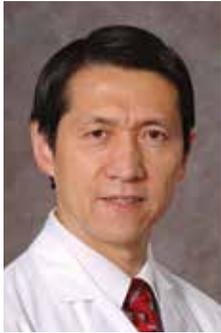
The great work conducted at the highest standards by our ISAPS team, Dr. Dana Jianu from Romania, Dr. Jamal Jomah from Saudi Arabia, Dr. Ricardo Ribeiro from Brazil and Dr. Sebastien Garson from France, along with the members of our national society who participated with me, demonstrated the work required to create a specialized course – the first such focused course in the history of ISAPS – in our case on the topic of Dimensional Fat Grafting.

The final attendance included 645 plastic surgeons from Egypt, Kuwait, Saudi Arabia, Kenya, Libya and Iraq. This was by far the largest number of ESPRS attendees showing the great potential for future successful courses in this region in the near future.

The benefit of our promotion of ISAPS membership to my colleagues, and their new trust in the intentions of this society, resulted in a wave of new applications to join ISAPS during the course. Our membership has increased from 15 to 95 since September. My intention is to exceed 100 members soon, representing 25% of our total active membership in ESPRS (450).

Now, as I am enjoying the success of the whole ESPRS conference and especially the ISAPS course, I will start preparing for the upcoming three-day course at the end of this year. I extend special thanks to our President, Dr. Takayanagi, and to Drs. Saltz, Triana, Jianu, Ribeiro, Garson and to our great regional chairman, Dr. Jomah, who's efforts and personal kindness were the cornerstones of his efforts to help me arrange such a big event. Thanks to all of you. I wish to see many more ISAPS colleagues and friends in Egypt lecturing and touring my country soon.





**Lee L. Q. Pu, MD, PhD, FACS – United States**  
Past ISAPS National Secretary

## ISAPS Course: Fuzhou, China

### Another Successful ISAPS Teaching Course in China

The 5th ISAPS Advanced Symposium on Aesthetic Surgery was held in Fuzhou, China on November 20, 2015. I served as the course director and Dr. Li Yu, the National Secretary for China, served as a local chair of this symposium. The symposium was held one day before the 14th Annual Meeting of the Chinese Society of Plastic Surgeons (CSPS). A total of seven renowned aesthetic surgeons from six countries participated. They were: David S. Kung, MD (USA), Gordon H. Sasaki, MD (USA), Dae-Hwan Park, MD (South Korea), Woffles T.W. Wu, MD (Singapore), Luiz Toledo, MD (UAE), Yukio Shirakabe (Japan), and me.

This whole day symposium was divided into four panels: Breast Surgery, Facial and Periorbital Rejuvenation-Part I, Body Contouring, and Facial and Periorbital Rejuvenation-Part II. More than twenty lectures were delivered by seven ISAPS teaching faculty members. About 500 Chinese plastic surgeons and plastic surgery trainees attended. Each faculty member delivered several remarkable lectures on aesthetic surgery that were followed by a stimulating discussion.

As requested by the CSPS, no Chinese faculty was invited for the symposium. However, many well established Chinese plastic surgeons, even the very senior ones, were in the audience. This was the fifth ISAPS teaching course, but it was the second time that such a program was held in combination with the annual meeting of the CSPS. Most of the Chinese audience felt that they had learned many new concepts and advanced techniques in aesthetic surgery, particularly in breast surgery and fat grafting.

On the night of the symposium, our local host organized a faculty dinner for all invited ISAPS faculty members. Everyone enjoyed local cuisine and savored the famous Chinese wine (Maotai) during the dinner. On November 21, there was also an ISAPS panel during the general session of the CSPS annual meeting. Four of the invited ISAPS faculty members participated

in this panel which started with an introduction of ISAPS followed by four lectures including “Breast Reconstruction: A US Perspective” (Lee L.Q. Pu, MD); “Safety of Fat Grafting and Adipose-derived Stem Cells” (Gordon H. Sasaki, MD); “Mini Botox Injections for Facial and Neck Rejuvenation” (Woffles T.W. Wu, MD); and “Brazilian Buttock Augmentation” (Luiz Toledo, MD). The ISAPS panel was again well received.

On the afternoon of November 21, our local host organized a sight-seeing excursion for the visiting faculty. We visited a popular historic street in Fuzhou and a museum that highlighted one of the most important historic events in the past, the Anti-opioid war. We were also able to visit one of the private cosmetic surgery hospitals in Fuzhou and enjoyed some of the local cuisine as was suggested by our local organizer.

On behalf of the ISAPS Education Council, I extend our appreciation of the collaboration and support by the CSPS to organize such an important aesthetic surgery teaching course.

ISAPS and CSPS will likely work together to promote aesthetic surgery education in China. There is no doubt that more Chinese plastic surgeons will benefit from such teaching courses and will be eager to join ISAPS as active members of the society. I would personally like to express my heartfelt

appreciation to the leaders of the CSPS: Professors Zuoliang Qi, Shuzhong Guo, and Jie Luan for their visionary support and our local chair Dr. Li Yu for his hard work and tireless effort.



A group photo of invited ISAPS teaching faculty and several leaders of the Chinese Society of Plastic Surgeons (CSPS) during the symposium.





**Bouraoui Kotti, MD – Tunisia**  
ISAPS National Secretary for Tunisia

## ISAPS Course: Tunis, Tunisia

One of the major scientific events that happened in Tunisia this year is surely the ISAPS Course that took place in the north suburb of Tunis between the Carthage ruins and the Gammarth golden beaches in the Residence Hotel on May 26 and 27. The course was immediately followed on May 28 by the annual national meeting of the Tunisian Society of Aesthetic Surgery (STCE) which was focused this year on abdominoplasty.

Organizing this second edition wasn't a cup of tea, five years after the "Jasmine Revolution" that started the "Arab Spring." Despite the unique distinction of Tunisian political and social evolution, compared to the other countries that experienced such popular revolutions; despite the good and important achievements of Tunisian society and civil organizations to stabilize the economy, pluralize the democracy and re-boost the growth and trust of our overseas friends; and despite a Nobel Peace Prize in 2015, Tunisia as a destination is still suffering the after affects of its revolution and only two foreign colleagues honored us by their attendance at this course. The STCE was also aware of these difficulties and offered their total involvement in the organization and financial support.

I want to thank the STCE board for this support that gave us the opportunity to invite world renowned and high quality plastic surgeons from the USA, Colombia, Brazil, France, Belgium, Norway and Turkey. It's always difficult for such busy plastic surgeons to stop their daily practice, buy their airline tickets and travel to share and teach others their skills. This is definitely one of the major achievements we are so proud of in ISAPS: allowing these educational courses all around the world to spread our high quality standards on different continents with different National Secretaries, but always well-orchestrated by our Education Council Chair, Dr. Lina Triana.



Figure 1 - The ISAPS EC chair Dr TRIANA receiving her mosaic welcome gift from the ISAPS NS for Tunisia Dr KOTTI

I really want to take this opportunity to thank her and to thank all the invited faculty that gave us such high scientific quality sessions and debates around fat grafting, face rejuvenation, breast enhancement, body contouring and female genitalia rejuvenation

and that offered us the possibility of being accredited by the UEMS/ EACCME for 15 CME credits realizing for the first time in TUNISIA and AFRICA an accredited live scientific program.

I want also to think our Ministry of Tourism who supported some cultural activities and offered our speakers easy customs welcome at the airport and nice souvenir books from Tunisia and also to facilitate, with the support of the Minister of Culture, some social events like the welcome ceremony in the national Bardo Museum (the richest bank of mosaics in the world) and a wonderful Gala dinner with Tunisian dishes and music.



Figure 2 - The ISAPS faculty in the old town for the faculty dinner

This meeting was not possible without our sponsors and exhibitors that continued their engagement despite the low number of attendees and allowed these wonderful scientific and social events to be a unique chance for every speaker and attendee to share human and scientific experiences during three unforgettable days.



Figure 3 - STCE executive board

Thanks to the STCE for helping me to do that and thanks ISAPS for allowing us to live that! 



**Gianluca Campiglio, MD – Italy**  
ISAPS Secretary

## ISAPS Symposium: **Florence, Italy**

On March 17th, the 1st International ISAPS Symposium entitled “New trends in Aesthetic Plastic Surgery” was held in the beautiful new congress center in Florence, Italy. An international faculty of eleven distinguished speakers from eight countries was organized by me, as Course Director, locally supported by Giovanni Botti, ISAPS National Secretary and Adriana Pozzi, assistant National Secretary.

The faculty included: Eric Auclair (France), Laurie Casas (USA), Claudio de Lorenzi (Canada), Jose Luis Martin del Yerro (Spain), Vakis Kontoes (Greece), Apostolos Mandrekas (Greece), Toma Mugea (Romania), Foad Nahai (USA), Frank Lista (Canada) Kai Uwe Schlaudraff (Switzerland) and Patrick Tonnard (Belgium).

All the presentations were complemented by panels of experienced Italian aesthetic surgeons who contributed to the discussion and

triggered the audience to ask questions. More than 90 participants registered for the symposium, most of them from Italy, but also from other countries such as Belgium, Brazil, Colombia, Czech Republic, France, Germany, Israel, Morocco, Poland, Slovenia, Syria, Tunisia, and the UK.



Figure 1 - Every lecture was complemented by a panel of Italian surgeons who triggered discussion with the audience

The intensive scientific program included 22 lectures about breast augmentation, tuberous breast, mastopexy, face lift, eyelid surgery and body contouring. A session on non-surgical treatments, including injectables and deep peelings, closed the event.

The ISAPS Symposium preceded the 4th Annual Meeting of the Italian Society of Aesthetic Plastic Surgery (AICPE) and was also endorsed by the European Association of Societies of Aesthetic Plastic Surgery (EASAPS). 



Figure 2 - Dr. Andrea Grisotti and I were both ISAPS National Secretaries for Italy in the past.



Figure 3 - The faculty dinner was held in one of the most exclusive restaurants in Florence.



Ozan Sozer, MD – United States

## ISAPS Symposium: Doha, Qatar

An ISAPS Aesthetic Symposium took place in the capital city of Doha in Qatar on March 10-12. We had outstanding faculty from the USA, Brazil, Canada, Turkey, Norway, Lebanon and Mexico.

The lectures covered almost all aspects of aesthetic surgery and the meeting was well organized. Although the attendance was slightly lower than desired, it created a more intimate atmosphere which allowed good interaction among the faculty and the audience. Doha is a beautiful city by the Persian Gulf. We had a chance to visit some of the local attractions, and taste delicious cuisine. I would like to thank our local host Dr. Habib Al-Basti for his hard work and great hospitality. I am looking forward to future courses in Qatar. 



Figure 2 - Faculty members: Nazim Cerkes, Ruth Graf and me



Figure 1 - Faculty and Attendees



Figure 3 - Doha at night



## MEMBERS, SEND US YOUR PHOTOS!

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

Send photos to: [ISAPSMembership@conmx.net](mailto:ISAPSMembership@conmx.net)

# NATIONAL SECRETARIES



**Peter Scott, MD – South Africa**

## MESSAGE FROM THE CHAIR OF NATIONAL SECRETARIES

Greetings to all the National Secretaries and a warm welcome to the 13 re-elected National Secretaries, 3 new National Secretaries and 5 new Assistant National Secretaries.

My thanks go to the outgoing National Secretaries. We thank them for their hard work during their term of office.

Already 65 of you have accepted our invitation to join us at the 23rd Congress of ISAPS in Kyoto, Japan 23-27 October 2016 and attend the very important National Secretaries Meeting on Sunday, 23 October at the Westin Hotel, Yamashiro-No-Ma meeting room, second floor, 08h30 – 16h00. This is undoubtedly the most important meeting on our National Secretaries calendar where we have a chance to introduce the newly elected NS's and ANS's to the rest of the NS family who are currently in office as well as to the Board Members. You will have the opportunity to hear presentations from a range of speakers including our President Susumu Takayanagi, President-Elect Renato Saltz, Chairman of the Membership Committee Ivar van Heijningen, Chair of the Education Council Lina Triana as well as ISAPS updates on Insurance from Alison Thornberry and our new Chief Marketing Officer Julie Guest. If you have specific topics that you would like to add to the agenda, please let Catherine Foss and myself know ahead of time.

At this meeting we will elect the Chair of National Secretaries and the Assistant Chair of National Secretaries. Each nominee will have time to make a short presentation on why they feel they would be the best candidate for the position. Only those National Secretaries who are present may vote. I have indicated to the Board that I will stand for re-election as Chair of National Secretaries at this meeting.

Lina Triana has again put together excellent ISAPS Courses and Symposia worldwide and in my own case I attended the excellent ISAPS Course in Agra, India as a faculty member. Lokesh Kumar organized a very strong faculty and a superb social program. We were able to offer the 250 attendees live surgery with procedures performed by myself, Vakis Kontoes, Ivar van Heijningen and Klaus Ueberreiter. I was very impressed by the enthusiasm of

the young surgeons who asked detailed and searching questions both during the meeting, lecture schedules, live surgery, lunch and tea breaks. The local wives did a wonderful job in entertaining our spouses and one of the highlights was a faculty visit to the Taj Mahal.

This was followed soon after by an ISAPS Course in Cape Town, South Africa, chaired by myself and Lina Triana and again South African surgeons and some overseas visitors were treated to a series of Masterclasses on the State-of-the-Art of Aesthetic Surgery. A highlight for the faculty was a 3-day visit on safari to the Thornybush Game Reserve where we enjoyed the fellowship of the ISAPS family – and a pachydermal welcoming committee.

We will always involve the local National Secretary in any course that would happen in your country and I would strongly encourage the local organising committees to offer a comprehensive program for the spouses and if possible a short two-day trip to one your country's highlights. We all travel to these meetings at our own expense and without the support of our spouses we would not be able to offer the high standard that we like to achieve.

At the ISAPS South Africa Meeting, Alison Thornberry attended and was able to sign up 25 new members in the various categories. There is a huge advantage in having an on-site/on-line membership application process. On this note however, I would request all our National Secretaries to respond in a timely manner to Jordan Carney's requests that you review your country's new members once they have completed all the paperwork. If after a reasonable time this is not done, Ivar van Heijningen and I must review the application and will approve on behalf of ISAPS. This removes your control over who joins ISAPS from your country.

The other area where the National Secretaries have been of great assistance is collection of annual dues. When two of our member countries had a high percentage of unpaid fees, the NS and Assistant NS got their staff to e-mail and telephone members directly and we were able to persuade them to pay ahead of the deadline.

continued on page 32



**Kirill Pshenisnov, MD – Russia**  
National Secretary for the Russian Federation

## RUSSIAN ISAPS ACTIVITIES

In May 2016, it is one year since I was chosen to be the National Secretary of ISAPS in Russia.

We started our activities with a survey of Russian members to find out the structure of our group and their interests in ISAPS. Fifty-six percent of our members are older than fifty. Sixty-five percent have aesthetic plastic surgery as their main practice. Half of respondents perform more than 300 procedures a year. Seventy-three percent work in private practice and half of us own clinics.

The goals for my term as NS were postulated as: 1. To grow with well educated plastic surgeons with ethical behavior. 2. Formation of comfortable professional environment between ISAPS members to the benefit of aesthetic surgery patients. 3. Inform the international community of our scientific, practical and social activities and achievements.

During this year, the ranks of our membership were replenished with new members including: S. Grischenko, O. Kononets, M. Afanasiev, S. Plaksin, A. Iskornev, A. Mikhailov, E. Verbo. The guru of Russian plastic surgery, Prof. Alexey Borovikov, became a Life Member. Currently he is an Editor-in-Chief of a plastic surgery journal that is the official organ of our Russian ISAPS group. This way the composition increased almost by 20 percent during the year. This is the first time in our history that we crossed the threshold of 50 active members of the organization (52), which made it possible to elect Dr. Denis Agapov as the Assistant National Secretary. It is pleasant to note, once again, that all the surgeons of our Russian group paid an annual fee in 2016 and have kept all the privileges of membership in ISAPS. At the same time, we blocked the attempts of some commercial companies to make groups of surgeons with no valid plastic surgery diplomas to be ISAPS members with one purpose: to have group discounts for their registrations at our meetings.

For all of us, it is extremely important to have a strong and comfortable professional environment. During this period, the first time in the 16-year history of ISAPS in Russia, we held an organizational meeting of the members of our national section (in June 2015, St. Petersburg). We set and confirmed several goals, statements, plans and all of them have been reached or are being reached at the moment.

For consistent communication among members a closed group «ISAPS in Russia» was created in the social network Facebook. Forty-four surgeons - members of ISAPS or their personal representatives (for those, who don't use social networks based on their own personal policy considerations) participate in this group, not only in Russia, but also from Russian-speaking countries: Georgia, Belorussia, and Ukraine. Besides informational purposes such as announcements of different events and conferences and noting new, interesting publications in the Blue



ISAPS members from Georgia, Marlen and Constantin Sulamanidze after their lectures for Russian members in Gudauri.

Journal, we talk about difficult clinical cases, discuss the candidacies of new ISAPS members and pose other questions related to our professional activities.

In the beginning of March, at the initiative of Dr. Kazbek Kudzaev, we held the first conference of Russian members of ISAPS in our history, combining the scientific program with

our joint holiday at a ski resort and lively companionship. We had guests from the host country of Georgia with us with their lectures and presentations. One day it was a family of ISAPS members: Sulumanidze, father and two sons. On the other day it was Kuzanov family: well-known Georgian plastic surgeons. We plan to make this Spring Club of Russian ISAPS members an annual event.

Continuing the theme of scientific and educational conferences, we were the organizers of the rhinoplasty section of the National Congress of Plastic Surgery in December in Moscow. In March in St. Petersburg, we had the ISAPS Endorsed Course featuring Bryan Mendelson, MD from Australia with scientific chair Irina



ISAPS Professor Bryan Mendelson lecturing to Russian ISAPS members in St. Petersburg.

continued on next page

## NATIONAL SECRETARIES

Khrustaleva, MD, the former ISAPS NS. On June 2 to 5, had another ISAPS Endorsed Course in St. Petersburg with an international faculty: Mustapha Hamdi (Belgium), Mario Pelle-Ceravolo (Italy), Alexis Verpaele (Belgium) and other ISAPS professors. All the master classes were prepared by Russian ISAPS members. Our member colleagues were also the main speakers at many sessions, especially on facial rejuvenation, rhinoplasty and breast augmentation. We plan to do the same as in the past year, spend our second business meeting to discuss how our members fulfill Bylaws and the Code of Ethics, the role of concurrent societies and educational centers, the influence of commercial companies on our professional life. Dr. Kazbek Kudzaev will deliver a message about scientific, cultural and sporting results of our first Spring Club ISAPS in Gudauri, Georgia.



NS in Russia, Kirill Pshenisnov, and former NS, Irina Khrustaleva, at the ISAPS endorsed course. March 2016

We have a plan for the next year to be involved in the ISAPS Visiting Professor program. During this year, we are also preparing for the Congress in Kyoto. Doctors Natalia Manturova, Kirill Pshenisnov, Alex Rubin and Denis Agapov were chosen as faculty members and speakers. It is pleasant to note that oral presentations by six of our members were accepted. Two of our members were nominated as candidates for work in the future two years in the new ISAPS committees.



Georgian plastic surgeons Alexander and Ivo Kuzanov with Russian ISAPS members

ISAPS has an individual membership of mature plastic surgeons. In the countries where there is a lack of strong pure professional plastic surgery societies, this sort of organization as we do by our ISAPS group is effective and prospective.

ISAPS NEWS



At ski resort of Gudauri, Georgia in March 2016

National Secretary, Scott continued from page 30

At the ASAPS Meeting in Las Vegas we had a very enjoyable and productive NS Meeting at the Mandalay Bay Hotel Conference Center. There were 12 attendees including myself with real time updates from our President Susumu Takayanagi, the Future of ISAPS by President Elect Renato Saltz, the EC Chair Lina Triana and ISAPS Insurance updates by Alison Thornberry with Kai-Uwe Schlaudraff imparting important information about the business of running ISAPS. Catherine Foss updated us on the dues payment status and the ISAPS Global Survey. We were then able to interact on the educational needs of each country and what those NSs present felt ISAPS could offer each country. It was indeed a very positive meeting.

Catherine Foss has been very busy with the next stage of elections and we welcome the following re-elected NS, new NS and new Assistant NS.

### Re-elected National Secretaries

Bulgaria	Yolanda K. Zayakova
Canada	Wayne R Perron
China	Li Yu
Hungary	Csaba Molnar
Ireland	David A. O'Donovan
Israel	Marcos Harel
Mexico	Arturo Ramirez-Montanana
Serbia	Violeta Skorobac Asanin
South Korea	David Dae Hwan Park
Spain	Enrique O. Etxeberria
Sweden	Brigit Stark
Switzerland	Daniel F. Kalbermatten

### New National Secretaries

Argentina	Fabian E. Cortinas
Bosnia-Herzegovina	Alija Agincic
Saudi Arabia	Fuad Hasham

### New Assistant National Secretaries

Argentina	Gustavo Gulberto Abrile
Egypt	Hisham El Minawi
Russia	Denis Agapov
Switzerland	Dominik Feinendegen
Turkey	Reha Yavuzer

I look forward to meeting you all in person in Kyoto.

ISAPS NEWS

# ISAPS AT A GLANCE

ISAPS MEMBERS FROM  
**102 COUNTRIES**



**35,000+**  
SIZE OF ISAPS PHYSICIAN  
EMAIL DATABASE

YEAR ISAPS  
FOUNDED  
**1970**



**10,000+**  
NUMBER OF PAGES OF  
ISAPS WEBSITE

**45,000+**  
AVERAGE WEBSITE  
VISITORS PER MONTH

**3**

ISAPS NEWS ISSUES  
PRINTED AND MAILED TO  
MEMBERS EACH YEAR  
35,000 DIGITAL COPIES

**30**

ANNUAL ISAPS COURSES,  
SYMPOSIA AND ENDORSED  
PROGRAMS ANNUALLY

**5**

SOCIAL MEDIA PLATFORMS USED TO  
CONNECT AND ENGAGE WITH ISAPS  
MEMBERS AND GLOBAL PATIENTS



**12**

E-MAGAZINE ISSUES  
SENT TO MEMBERS &  
NON-MEMBERS  
EACH YEAR

**6**

ISAPS SCIENTIFIC JOURNAL  
ISSUES PRINTED PER YEAR



**76**

AVERAGE NUMBER OF PAGES  
IN EACH ISAPS NEWSLETTER



## Higashiyama District

The Higashiyama District along the lower slopes of Kyoto's eastern mountains is one of the city's best preserved historic districts. It is a great place to experience traditional old Kyoto, especially between Kiyomizudera and Yasaka Shrine, where the narrow lanes, wooden buildings and traditional merchant shops invoke a feeling of the old capital city.

## CHECK YOUR ADDRESS ON THE ISAPS WEBSITE



Have you looked at your listing on our website lately?

Patients will find you if your contact information is correct. Be sure the email, telephone and address are up to date. If you have not added your practice website link to your isaps.org profile, you can do that when you pay your dues.



Delta airlines and their code share partners, Air France and KLM, are our travel partners for the Kyoto Congress.

The Account code is: NMMSU

The group ticket designator is NGEFS

Reservations and ticketing are available via [www.delta.com/meeting](http://www.delta.com/meeting)

Select Book Your Flight to access the Book A Flight page. Enter the meeting code in the box provided.

Reservations may also be made by calling our Delta Meeting reservations at: 1-800-328-1111 Mon-Fri 7am-7pm CDT.

Certain restrictions apply.



**Julie Guest – United States**  
ISAPS Chief Marketing Officer  
CEO, Premier Physician Marketing

When it comes to inexpensive marketing strategies, it's hard to beat email marketing. It's free, it's instant, and at the click of a button, your message can be broadcast to thousands of people. However, email marketing is also a two-edged sword. Because it's free, everyone uses it, so it's harder than ever to get your message to stand out. Most people scan their inbox with their finger hovering over the delete button. Here are seven easy tips to ensure your email actually gets read.

## SEVEN helpful tips to ensure your **MARKETING EMAILS** *are not deleted*



### START WITH A COMPELLING, CURIOSITY AROUSING SUBJECT LINE

Your subject line is THE most important part of your whole email. Keep it short. I always recommend about 7-10 words maximum. Try to include a benefit or arouse curiosity. For example,

- The Top 10 Questions My Patients Ask Me About Having a Facelift
- Does Freezing Your Fat Using CoolSculpting® Really Work?
- Why Radiesse is My Favorite Filler (See Our Specials This Month)
- How Long Will My Motiva Breast Implants Last?



### PERSONALIZE THE EMAIL

Most people write mass emails like, well, broadcast emails that are speaking to people in one big group instead of personal communications written to an individual. One of the biggest turn offs when opening an email is getting a broadcast message. When writing your email - even if it is being sent to thousands of prospective patients - make sure it sounds like a friendly conversation you'd have with them over a cup of coffee. The friendlier and warmer you make the language you use, the more prospective patients you will attract because your communications will be different from your competitors, and you will sound like a real person.

## 3

**MAKE YOUR EMAIL A COMPELLING READ**

I often get asked how long an email should be. Simply, it should be as long as it needs to be to tell your story or get your message out. Anyone who tells you the shorter the better clearly doesn't understand the power of a good advertising message. If someone is reading a good email, just like a good book, they'll be devouring every word and won't be able to put it down. The old sales adage "the more you tell the more you sell" is so true - but it must be interesting to read.

## 4

**KEEP IT SIMPLE**

Forget slick email templates and fancy headers. While we still use these for many of our private clients because they request them, hands down the emails that get opened the most are the ones that look just like they're composed as a personal email - from you to me. Plain black font (no multi colors).

Remember this one golden rule: the more personalized you can make your email look and feel, the higher the response rate.

## 5

**TALK ABOUT BENEFITS NOT FEATURES**

An example of a feature is: "our lamp has 6 different dimmer settings." The benefit is this: you won't strain your eyes from harsh light enabling you to read for longer periods of time.

Where possible, describe the benefits instead of features in your emails. Another example is: as an ISAPS member and Board-Certified Plastic Surgeon, I have performed over 20,000 facial plastic surgeries. The benefit is: "You can relax knowing that your facelift is being performed by one of the most accomplished and experienced plastic surgeons in Europe."

## 6

**ALWAYS INCLUDE CLEAR INSTRUCTIONS FOR A CALL TO ACTION**

The call to action is what you would like people to do once they have read your email. For example, do you want them to click on a link and visit your website or would you like them to call your office and schedule an introductory consult? The simpler you can make your call to action, the better. For example: Please call Selma, our office manager, to schedule an initial consult at 101-123-5555.

## 7

**AVOID USING COMPLEX MEDICAL TERMS OR LENGTHY WORDS**

All your marketing communications (not just your email campaigns) should be written in language that can be easily understood by a 12-year old. If your 12-year old son has a hard time understanding what you're trying to say, then the vast majority of your patients won't understand what you're saying either. There is no need to try to impress people with your vast medical knowledge in your marketing. That's not what is going to get your phone to ring. Instead, it will get them to ignore your marketing and take a look at what your competitors are offering instead. The most successful plastic surgeons are those who can make patients feel at ease and explain complex medical subjects in a way they can really understand.

Armed with these helpful tips, your email marketing campaigns will be far more effective bringing you more new patients and keeping the patients you already have even more loyal!



*Julie Guest is ISAPS' newly appointed Chief Marketing Officer. She is also the CEO of Premier Physician Marketing and a best selling author. Her most recent book is called 67 Marketing Secrets to Ethically Attract New Patients and Grow Your Aesthetic Practice and is available at [www.PremierPhysicianMarketing.com](http://www.PremierPhysicianMarketing.com) or on Amazon.com*

# GLOBAL SPONSORS

**Julie Guest – United States**  
ISAPS Chief Marketing Officer  
CEO, Premier Physician Marketing

## Welcome to Our Premier Global Sponsors! Announcing the Official Launch of the ISAPS Premier Global Sponsor Program

Earlier this year in Las Vegas, the ISAPS Executive Committee hosted a very special “by invitation only” event for the Executives of fifteen companies whom we had identified as being leaders in the field of aesthetics. During the next sixty minutes, our President-Elect, Dr. Renato Saltz, and I presented them with many options for unique exposure to our 3000+ ISAPS members in a way that our guests had never seen before.

From hosting podcasts to putting their branding on an ISAPS-LEAP mobile hospital tent to be deployed internationally on disaster relief missions, their opportunities for reaching our members with their unique message are varied and numerous. As the premier international organization for plastic surgeons in aesthetics, ISAPS’ global reach is significant, with members in 102 countries. As a result of this meeting, we are delighted to announce that ISAPS has one new Platinum Global Sponsor: **Polytech Health & Aesthetics**, three new Gold Global Sponsors: **Merz**, **Zeltiq** and **Motiva Implants**, and one Bronze Global Sponsor: **NeoGraft**.

You will be hearing a great deal more from each of these sponsors in coming weeks and months, and each company is planning a spectacular booth presence at our congress in Kyoto, Japan in October. 

Companies interested in information about the ISAPS Premier Global Sponsor Program should contact the Executive Office at [isaps@isaps.org](mailto:isaps@isaps.org)



## ISAPS Premier Global Sponsor Program



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implants



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# The Road to Kyoto



**Susumu Takayanagi, MD, PhD – Japan**  
ISAPS President

## How to come to Kyoto, where to stay

As I receive many questions about Kyoto from many members around the world, I will provide some information here.

There are several **ways to travel to Kyoto**. Probably the best way is to arrive at **Osaka (Kansai) airport** and then take the JR express train (Haruka) to Kyoto station. It will take 1½ hours. The train leaves every thirty minutes and you can buy tickets in the Kansai airport station.

See <http://www.kansai-airport.or.jp/en/access/train/>

You may also **reserve a shuttle or taxi** from the airport to your hotel.

For shuttle services, go to <http://www.yasaka.jp/english/shuttle/>  
The best taxi service is <http://www.mktaxi-japan.com/#!kyoto-kansai/c1duk>

**If you prefer to fly to Tokyo**, you will arrive at Narita (Tokyo)

airport and take the express train into Tokyo. It will take one hour. In Tokyo JR station, you can change to the Bullet train (Shinkansen)--Nozomi to go to Kyoto. Nozomi departs every 10-15 minutes and you can buy tickets in Narita airport JR station or in Tokyo station. If you have a lot of luggage it is better to reserve rear seats to get the space for the luggage.





I recommend that you reserve seats on the right side to see beautiful Mt. Fuji. However, this will depend on the weather. By Nozomi, it will take 2 hours and 15 minutes from Tokyo to Kyoto. Or you may prefer to stay a night or two in Tokyo before proceeding to Kyoto.

**For hotel, tour and travel assistance, contact:**

JTB Western Japan Corp  
23rd Biennial Congress of the International Society of Aesthetic Plastic Surgery Desk  
TEL: +81-6-6260-4360  
FAX: +81-6-6260-4359  
E-mail: [h\\_tatsuta349@west.jtb.jp](mailto:h_tatsuta349@west.jtb.jp)  
Office Hours: 9:30-17:30 (weekdays only)

**Regarding hotels in Kyoto,** the headquarter hotel is the Westin Miyako, about a 10-15 minute walk from the Miyakomesse Conference Center. Kyoto Hotel Okura and Ritz Carlton Hotel are also close to the Convention Center. We will provide buses in any case. If you prefer less expensive hotels, you can check the Congress website or you may ask JTB (Japan Travel Bureau) directly. Reservation information to book hotels is now on the Congress website, [www.isapscongress.org](http://www.isapscongress.org)





**Susumu Takayanagi, MD, PhD – Japan**  
ISAPS President

## National Treasures

Kyoto has no less than 17 World Heritage Sites. You can see many national treasures in Kyoto – in 48 buildings and 178 specific objects. It takes much more than one week to see all of them. I am pleased to let you know my favorites among them.

**Nanzenji** is a few minutes' walk from the Westin Miyako Kyoto, the headquarter hotel of our congress. This temple has one building which is designated as a national treasure, with a garden landscaped by Japan's most famous gardener, Kobori Enshu, about 400 years ago.



Nanzenji Temple



**Sanjusangendo** is a temple next to the Hyatt Regency Kyoto Hotel. The 120-meter-long temple itself is a national treasure. One thousand life-size golden statues of multi-armed deity stand in a perfect array. Every statue has a different face. A big statue in the center is a national treasure. 28 statues of various gods stand in front of 1000 statues and guard them. On either side, there are a god of wind with a bag of wind across his shoulder and a god of thunder with drums making thunderclaps.



Senju Kannon - Sanjusangendo Temple



**Ginkakuji** was built by Yoshimasa Ashikaga, a leader of warriors, in 1486. It is also called the Silver Temple, ranking with the Golden Temple. While the Golden Temple is covered with gold leaves, the Silver Temple doesn't have any silver. A likely explanation is that the leader didn't have enough money. Without showiness, the silent presence of this temple attracts many people.



Ginkakuji (Silver) Temple



The street named Hanamikoji is famous for Maiko, apprentice geisha, who can be seen around 6 pm. In the neighborhood of this street, there is **Kenninji**. Known as the Oldest Zen Temple, it is not a large temple, but it is stately. One of the paintings on its sliding door is a national treasure "Rairyu" meaning clouds and a dragon. ISAPS NEWS



Maiko - Hanamikoji

### KYOTO EXHIBITORS - As of June 30, 2016

- Adipsulpt - France
- American Society for Aesthetic Plastic Surgery – USA
- Awesome Consulting Corporation – Japan
- Canfield Scientific Inc. – USA
- Dermato Plastica Beauty Co. Ltd – Taiwan
- Euromi - Belgium
- FAGA Medical – Brazil
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# JOURNAL UPDATE



**Henry M. Spinelli, MD, FACS – United States**  
Editor in Chief, *Aesthetic Plastic Surgery*

Firstly, on behalf of *Aesthetic Plastic Surgery* (The Blue Journal), I hope you are having a productive yet restful summer. On that note, APS continues to receive high quality manuscripts from around the world and has maintained and even increased selectivity. In keeping with our policy of calling attention to several accepted upcoming manuscripts, which have yet to be published, I would like to recommend a few.

Please look for:

1. **“The Impact of Resident Participation in Outpatient Plastic Surgical Procedures”** by Benjamin B Massenburg

This study from the United States analyzes the effect of resident participation on the outcomes of outpatient plastic surgery procedures from 2007 to 2012. While the incidence of overall complications, wound complications, and return to the OR were increased with resident participation in the early years, by 2011 and 2012 the trend disappeared, suggesting that plastic surgical training is successfully continuing to improve in both outcomes and safety.

2. **“Early intervention with highly condensed adipose-derived stem cells for complicated wounds following filler injections”** by In Suck Suh

This study from Korea details the promising results of using adipose-derived stem cells (ASCs) for tissue regeneration in patients with filler-related complications such as necrosis.

3. **“A Novel Supra-brow Combined with Infrabrow Lift Approach for Asian Women”** by Maoguo Shu

This Chinese paper describes a novel brow lift technique via a supra-brow combined with an infra-brow approach, which provides a simple and safe surgical repair of lateral brow ptosis, upper eyelid hooding, and crows’ feet in Asian women.

4. **“A Randomized Controlled Trial Comparing Endoscopic-Assisted vs. Open Neck Tissue Expander Placement in Reconstruction of Post-Burn Facial Scar Deformities”** by Kamran As’adi

This study from Iran compares outcomes between open and endoscopic-assisted neck tissue expander placement in reconstruction of post-burn facial scar deformities. The results show that endoscopic neck tissue expander placement significantly reduced operative time, postoperative complication rate, length of hospital stay, and time to achieve full expansion.

5. **“Stromal Vascular Fraction from Lipoaspirate Infranatant. Comparison between Suction Assisted Liposuction and Nutational Infrasonic Liposuction”** by Robert Bowen

This study from the United States shows that regenerative cells can be isolated from the lipoaspirate infranatant from either suction assisted liposuction or nutational infrasonic liposuction, introducing a promising alternative to enzyme digestion that could be accessible to more physicians and patients.

6. **“An Islanded Rabbit Auricular Skin flap Model of Hyaluronic Acid Injection Induced Embolism”** by Chunjun Liu

This study from China successfully created a rabbit auricular skin necrosis model of HA embolism to study the pathophysiological progress of HA injection induced embolism, which is a rare yet devastating complication reported in literature.

7. **“Potential Safety Loophole of Fat Grafting in Breast Cancer Patients”** by Jiguang Ma

This study from China examines autologous fat grafting in breast cancer patients and the relationship between adipose stem cells and cancer recurrence. It provides recommendations and guidelines for AFG use in breast reconstruction to aid with clinical decision-making, as screening guidelines for breast cancer patients’ pre- or post- AFG are currently nonexistent and no rigorous evaluation has been conducted to determine the long-term safety outcomes of AFG among breast cancer patients.

8. **“The Effect of Patient Positioning On Amount of Intraoperative Bleeding in Rhinoplasty: A Randomized Controlled Trial”** by Mehmet Ozkose

This study from Turkey used a randomized control trial of 71 patients who underwent elective rhinoplasty to investigate the effects of patient position on the amount of intraoperative bleeding during surgical procedures. The study found that the reverse Trendelenburg position at 15 degrees is the optimal position for rhinoplasty procedures as it both reduces intraoperative bleeding and provides comfortable working conditions for the surgeon.

9. **“Bone Resection Versus Setback in Reduction Malarplasty: A Quantitative Analysis of the Migration of the Summit of the Zygoma”** by Yeon Woo Jeong

This manuscript from Korea details a retrospective, qualitative study to examine if the amount of bone resection and setback together controlled the effect of reducing the zygomatic body during reduction malarplasty. The results indicated that both bone reposition and bone resection were important factors in maximizing the surgical results of this procedure.

10. **“Aesthetic and Non Aesthetic Indications for Orbicularis Oculi Myectomy”** by Fausto Viterbo

This study from Brazil highlights the technique evolution for surgically treating Crow’s feet wrinkle over a 13-year span in which the authors operated on 134 patients. The results conclude that orbicularis oculi myectomy is an effective long-term treatment of crow feet wrinkles with low risk of complications and high patient satisfaction.

Finally, on behalf of our reviewers, the editorial office staff and Springer, we look forward to personally interacting with you all in the upcoming academic year. I want to wish you a healthy and happy summer! 

**Education, Mantalos**, continued from page 23

that was covered with Persian carpets, and the wonderful gourmet cuisine and service of this outstanding restaurant were enjoyed by our guests.

The third night was the gala dinner in the hotel. The traditional Greek way of celebration, breaking dishes, took place after the dinner when everyone started dancing Syrtaki, Chasapiko, Zormpas, Chasaposerviko, and tsiftenteli. Between others, ISAPS president, Dr. Susumu Takayanagi with his wife Misako showed great

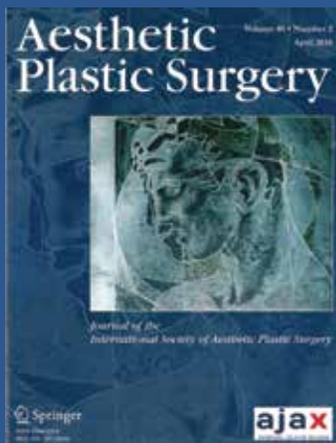


Figure 3 – Gala Dinner - dancing Syrtaki over thousands of broken dishes. Drs. Mantalos and Takayanagi

capabilities in Greek Syrtaki dancing. On the last night, some of us had dinner in Chora mixing international and local faculty and developing friendly relations in downtown Mykonos amid the famous windmills, Little Venice, yalos, and the old harbor.



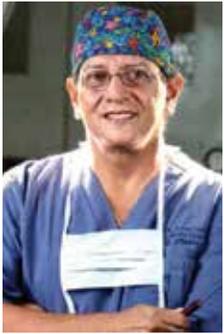
Figure 4 - Mykonos Port and the famous windmills



## DID YOU KNOW?

If non-ISAPS members subscribe to our blue journal, *Aesthetic Plastic Surgery*, the cost is \$585. Our membership fee is \$350 which includes an annual subscription to the journal. It’s a great benefit.

## FAT GRAFTING - WHAT ARE WE DOING IN 2016?



Patricio Centurion, MD – Peru

### Global Perspectives: South America

#### S. AMERICA



#### PERU

What is the ideal technique for harvesting adipose derived stem cells (ASC) and adipocytes for fat grafting? We have developed a technique that preserves a high number of adipocytes while stimulating and preserving a high number of ASCs. Moreover, this technique involves little manipulation

of adipose tissue without disposal of any obtained cells.

Our technique uses “wet” infiltration at 4°C followed by application of a laser to the subcutaneous tissue. After this is accomplished, adipose tissue is aspirated, produces an infranatant fluid that is less than 1% of the total aspirated material. For this reason, we do not decant the aspirated material, thus preserving all tissue, including growth factors present in subcutaneous tissue.

This technique, called the “One Step Technique”, uses a 1210-nm laser novel wavelength (1, 2, 3, 4), which possesses great affinity for lipid rich tissue. Moreover, this laser denaturalizes connective tissue through photochemical property, while preserving 98% of obtained adipocytes by stabilizing the cytoplasmic membrane. This laser also attains a high percentage of ASC preservation and stimulates their multiplication. These two important accomplishments differentiate the One Step Technique from conventional liposuction (LAL), as the latter’s mechanism is a mechanical disruption and induces trauma to the subcutaneous tissue, as seen in molecular biology studies. (4,5,6)

An important characteristic of Lipolaser 1210-nm is the study of the ASC phenotype CD 90+, 105+, 34-, 45-. We have found the expression of the CD 105+ an endoglin that is very important in angiogenesis, whose expression is 90% with Lipolaser 1210-

nm vs. 5% with conventional liposuction. This shows that the 1210-nm laser provides better cell viability with optimal ASC phenotypes. (5,6)

For this procedure, we use 3.5mm cannulas to obtain the adipose cells during corporal liposculpture through a closed circuit into a collecting bag. After collection, we graft 10cc using 1mm cannulas into the following areas of the face: infraorbital, supraorbital, nasolabial furrow, marionette lines and glabella. We do not overcorrect or retouch, and we do not infiltrate on the recipient site. We graft in slow reverse movements, using curved and straight cannulas, into a deep plane. The changes in skin quality, spots, and wrinkles in the face are clearly evident 40 days after the procedure and take up to 6 months to achieve the completed result. (5,6,8)

When grafting into the gluteal area, we inject 90% of the volume into the intramuscular plane and 10% into the sub dermal plane. We use a 2mm curved cannula, with a maximum grafting volume of 240cc (always obtained using the One Step Technique). The entry area for grafting is the intergluteal fold, using slow, reverse movements for fat graft. Using ultrasound technology, it is possible to observe multiple micro oil-cyst in the sudermal plane, while there is an absence of such cysts in the intramuscular plane of the gluteus maximus. For this reason, we avoid grafting a large volume into the subdermal plane.

In the tuberous breast grafting technique, we apply the laser sub-dermally through a small incision in the lateral border of the inferior pole of the breast in order to denaturalize any fibrotic ring. This is followed by the dissection of a retro glandular pocket for the implant. Finally, we perform deep and subdermal lipoinjection into the inferior pole of the breast, thus increasing its volume and shaping around the silicone implant. This technique is less traumatic than glandular flaps.

continued on page 46



**Adriana Pozzi, MD – Italy**  
ISAPS Assistant National Secretary for Italy

## Pushing the Boundaries of Science

### EUROPE



### ITALY

My first encounter with lipostructure was thanks to a workshop with Dr. Sydney Coleman that I attended in Dallas in 1996, during the ASPS Annual Meeting.

At that time, I was a young board certified plastic surgeon and while performing liposuction, I used to correct the residual depressions by re-injecting the fat with the same diameter cannulas that I had used for extraction, instead of forcing it through a narrower cannula. With this concept it seemed very logical to me that the fat was more likely to survive.

During professional meetings, I used to discuss this topic with my colleagues and most of them did not believe in fat grafting survival, even though they used fat grafting as a “last minute remedy” to correct irregularities of the skin after liposuction, or to increase volume deficiency in the subcutaneous tissue. For lip augmentation, I used a gun loaded with the syringe that I had used to take the fat. This gun was a useful device for transplanting the fat in even deposits, an idea that already seemed to be shared by many authors, to ensure more volume retention.

The idea of fat grafting is not recent at all; it has existed since the end of the nineteenth century. A German surgeon, Dr. Gustav Neuber (1850-1932), was the first to describe the technique and since then, scientific literature has reported the use of fat grafting for numerous applications, including breast reconstruction and improvement of atrophic scars.

Dr. Coleman can be credited with standardizing a protocol for harvesting, processing and placing the lipoaspirate; something that nobody had done until then. In particular, Dr. Coleman

inspired the scientific community to investigate the various stages of the process to understand how they can influence the viability of adipocytes.

The lipostructure course with Dr. Coleman opened a new world to me; first of all, it introduced me to the concept of tissue regeneration induced by adult stem cells and it also encouraged me to standardize the procedure utilizing a small amount of lidocaine in the donor area which has been demonstrated to affect the viability of fat by many authors. I have also started harvesting with smaller cannulas connected to 10cc syringes with low negative pressure to avoid stressing the adipocytes, and then processing and placing the fat in the same way that Dr. Coleman advised.

In 2006, I went to visit Dr. Gino Rigotti who was doing a great job performing breast lipostructure after breast cancer surgery both in irradiated breasts and in capsular breast contractures. Basically, he used the Coleman protocol and released contracted scars using needles (that he named Rigottomies) before fat injections.

Despite the standardization of the technique, and despite the fact that I had applied what I had learned, my results were erratic and after discussing this with colleagues, I realized that I was in good company.

In 2009, I attended the QMP Aesthetic Symposium in Chicago where Dr. Patrick Tonnard and Dr. Alexis Verpaele presented micro fat grafting, harvesting the fat with multiport 3-mm cannulas with sharp-sided holes of 1 mm in diameter, and injecting with very small cannulas of 0.6- 0.7 mm diameter, suitable for filling areas of the face like the tear trough, where bigger particles of fat would leave irregular fat deposits.

continued on page 46

## Perspectives, Centurion, continued from page 44

After eight weeks, graft biopsies show mature adipose tissue mixed with some isolated inflammatory elements such as histiocytes and lymphocytes, characteristic cells of a residual inflammatory response in its final phase.

Twelve months after grafting, there is only mature adipose tissue without evidence of inflammatory response, fibrosis or necrosis. Using the immunofluorescence technique, it is possible to observe homogeneous and viable adipose tissue. (7,8)

Comparative studies between conventional liposuction and Lipolaser 1210nm, for obtaining subdermal tissue for fat grafting, show the advantages of the LL 1210-nm over conventional liposuction thus providing a new concept for harvesting adipocytes and ASCs for posterior grafting.

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2. Centurion P, Noriega A. "Laser Stimulation on Adipose Stem Cells (ASC) and Adipocytes". *IPRAS Journal* 12th Issue April 2013. ISSN:2241-1275 p 46.7
3. Second World Congress, International Society of Plastic & Regenerative Surgery (ISPRES) Laser Selective Photothermostimulation in Adipocyte and Stem Cells (ASC). 5-7 Jun. Berlin – Germany 2013

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5. "Celulas Tronco: O Real, o atual e o Mito" 34 Jornada Carioca de Cirurgia Plastica. Sociedade Brasileira de Cirurgia Plastica – Regional do Rio de Janeiro. 5 a 8 de agosto 2015
6. Enxerto de Gordura na Face". 34 Jornada Carioca de Cirurgia Plastica. Sociedade Brasileira de Cirurgia Plastica – Regional do Rio de Janeiro. 5 a 8 de agosto 2015
7. 17th World Congress of the International Confederation for Plastic, Reconstructive and Aesthetic Surgery. Master Class Professor: "Laser Selective Photothermostimulation in Liposuction & Regenerative Medicine. 2013 Chile
8. "Nuevo concepto en Liposuccion: de la disrupcion mecanica a la tecnica "Fat friendly". XXI Congreso Ibero-latinoamericano de Cirugia Plastica y Reconstructiva. FILACP. Punta del Este – Uruguay. 9-12 marzo 2016
9. "Lipoinyeccion Facial" XXI Congreso Ibero-latinoamericano de Cirugia Plastica y Reconstructiva. FILACP. Punta del Este – Uruguay. 9-12 marzo 2016 

## Perspectives, Pozzi, continued from page 45

After the symposium, I bought the set for micro grafting and I also started to perform micro fat grafting which in some patients gave excellent results, especially in the facial areas where the skin is thinner; in other patients the results were not as consistent.

More recently, Dr. Tonnard and Dr. Verpaele have introduced nanofat grafting derived from mechanically processing the microfat to obtain an emulsion which can be injected with a 27 g needle under the dermis of the rhytides. Nanofat is not suitable to build up volume because it does not contain adipocytes, but it corrects the rhytides and improves the overall quality of the skin in one to four months after treatment. The studies of Dr. Tonnard and Dr. Verpaele report that isolated cells of the nanofat have been cultured and a large number of good quality mesenchymal stem cells have been found, and since there are no adipocytes, the effect on skin improvement is related to stem cell activity.

While we plastic surgeons keep on injecting fat and adjusting our techniques of macro, micro and nanofat grafting, the unpredictable results have stimulated ground-breaking investigation into how the various steps of the procedure can impact the viability of adipocytes, and also investigation into adult stem cells, considered responsible for the survival of fat grafts. According to very recent studies, supplementation of

adipose derived stromal cells (ASCs) seems to be the key for fat graft retention.

In Italy, in 2014, 28,500 autologous fat grafting procedures were performed, up 20% compared to 2012. It has become the fourth most popular procedure, according to data of the Aesthetic Italian Society of Plastic Surgery (AICPE). Autologous fat grafting is prevalent among women. 





**Dr. Jamal Jomah, MD, FRCSC, FRCSEd, ABHRS, FACS**  
**Saudi Arabia & Dubai, UAE**

## Global Perspectives: Saudi Arabia

### 3D Evaluation of Fat Graft Retention and Distribution

#### MIDDLE EAST



#### SAUDI ARABIA

The last decade has witnessed a transformation of fat from being a foe to becoming a friend. And now, fat grafting has become one of the most popular procedures performed worldwide. Its simplicity and versatility along with the aesthetic and the reconstructive uses for fat grafting has made it the most rapidly growing procedure. The technique has been described in several publications and the list of indications is expanding rapidly. Various types of fat grafting have been described: classic fat grafting, micro fat grafting, and most recently, nano fat grafting. In addition, various supplements have also been described namely the use of stem cells, growth factors and plasma to enhance the viability and the retention of fat grafts. Despite the growth of the research, it is limited in a very important aspect which is the objective assessment of the outcome of fat grafting.

The current method is to analyze 2D photographs in various time points to assess viability and retention, but this is not a completely accurate tool as it does not give information regarding the morphology, volume, and contour; therefore, its use is very limited. Other more scientific methods of assessment including MRI, CT Scan, and Ultrasound are also effective tools, but their cost and availability along with technical feasibility has made these modalities unpopular.

Recently, 3D photography and 3D printing was introduced in the cosmetic surgery world and its uses have become widespread. As an objective tool, it can be used to measure the volume

differences between a pre and a post-operative picture. The picture is normally taken with a 3D camera that gets the view of an object from three different points, X, Y, and Z which allows one to gain information on depth and contour. The pictures are then transferred into computer software where images are overlapped to create a 3D view that enables the observer to also measure distances and check volumes. Then the pre-op and the post-op pictures are compared and registered, i.e. the views have to be identical in terms of the size and distances of certain landmarks, normally bony landmarks, to make precise comparisons. The pictures are then analyzed by the software in two methods. First by color photometric measurements where different areas are given different colors and the changes reflect approximate volume size. The second method is to select areas of the face or the body and select the same area on the before and after and the software will measure the differences.

3D evaluation enables the surgeon to:

1. Assess the volume change
2. Assess for volume differences and asymmetry
3. Use the images as a guideline to know how much to use to correct any differences
4. Measure retention at different time points

The ability to print out a model has also given a boost to this method and now surgeons can obtain life-sized prints of body parts and actually and physically touch and feel the differences.

In conclusion, this emergent technology is evolving rapidly and will provide an objective tool for measurement of fat distribution and retention. 

### Global Perspectives - Future Themes

**November 2016**  
**March 2017**

**Abdominoplasty**  
**Gluteal Contouring**

**Deadline October 1**  
**Deadline February 1**

To contribute an article of 500-750 words, please forward it to [ISAPS@isaps.org](mailto:ISAPS@isaps.org) with the subject line: ISAPS NL Series. This should be a non-referenced opinion piece of several paragraphs giving your observations and perspectives on the topic. What do you do in your practice? What unique approaches do you use? What do you see your colleagues doing in your country or region? Photos are welcome, but must be high resolution JPG files and limited in number.



**Charalambos K. Rammos, MD; Bill G. Kortesis, MD; Joseph P. Hunstad, MD – United States**  
 Hunstad/Kortesis Plastic Surgery Center, Huntersville, North Carolina

## Global Perspectives: United States

### N. AMERICA **Fat Grafting of the Face, Hands and Buttocks**



According to the American Society for Aesthetic Plastic Surgery 2015 National Data Bank Statistics, there were 48,059 fat grafting procedures to the face and 18,487 to the buttocks. Fat transfer to the face was the 9th most popular aesthetic surgical procedure in 2015.

Fat grafting is a widely accepted and frequently used procedure in modern plastic surgery with applications in facial rejuvenation and body contouring. Fat is ideal for adding projection and contour, and has the advantage of being a permanent solution.

There are a variety of techniques for harvest, processing and injection, and there is continuous disagreement between plastic surgeons when comparing the different approaches. We present our approach to improve facial and body aesthetics with the use of fat transfer.

#### Clinical Applications

##### • Fat Grafting of the Face (micro and nano fat grafting)

Fat grafting of the face may be performed alone or at the same time with a facelift procedure. The areas to be grafted are marked in a topographic manner and are reviewed with the patient.



Figure 1

The donor area, which is usually the part of the body that is the most abundant in fat, is injected with dilute lidocaine with epinephrine. Syringe liposuction is utilized for fat harvest until an appropriate amount is obtained for the fat grafting to the face. The fat is strained for preparation, centrifuged, and placed into syringes. An 18-gauge needle is used to gain access and fat grafting to the face is then commenced using blunt tip cannulas, with micro fat grafting to the areas that had been marked. A

portion of the fat is emulsified to create nano fat, and this is injected into the perioral areas intradermally with the use of a 27-gauge needle (Figure 2). A clinical result of fat grafting of the face is shown in Figure 3.



Figure 2

Figure 3

##### • Fat Grafting of the Buttocks

Fat injections are best suited for patients who have excess trunkal adiposity. The patient's goals for volumetric enhancement of the buttocks are discussed during consultation and reviewed again at the day of the operation. The markings are placed and reviewed with the patient. (Figure 4).



Figure 4

The patient is turned prone and tumescent solution is infiltrated through a central and paired lower back incisions. Power assisted liposuction (PAL) of the back is performed. For higher volume fat grafting (>500 ml), the fat is prepared by removing the excess fluid with a strainer. For lower volume fat grafting (<500 ml), the REVOLVE™ system (LifeCell) is used (Figure 5). Fat grafting is performed using a 4 mm cannula attached to a 60 ml syringe. The fat is placed in bilateral buttocks, in the subcutaneous layer and intramuscular, in a retrograde fashion. End point is firmness of the tissue. A clinical result of fat grafting of the buttocks is shown (Figure 6).



In conclusion, there are many well-described approaches to address atrophy with fat grafting. There is no general agreement as to which of these techniques is the most effective, and the debate of which one is the best is ongoing, without clear and direct evidence supporting the use of one approach over the other.

Figure 1: Preoperative markings are completed and reviewed by the patient and the surgeon.

Figure 2: Intraoperative view of the harvest cannulas, centrifuge device, emulsifier and injection cannulas.

Figure 3: Preoperative frontal and lateral views of a 59-year-old female with facial atrophy (above). Image obtained at 4 months follow up after pan facial fat grafting (below).

Figure 4: Preoperative markings are completed and reviewed by the patient and the surgeon.

Figure 5: Intraoperative view of the REVOLVE™ system. The fat is harvested, processed and re-injected.

Figure 6: Preoperative frontal and lateral views of a 37-year-old female with small buttock volume (above). Image obtained at 4 months follow up after fat grafting of the buttocks (below).

Figure 7: Preoperative views of a 64-year-old female with aging of the hands (above). Image obtained at 4 months follow up after bilateral hand fat grafting (below). 



Figure 5



Figure 6

### • Fat Grafting of the Hands

The body area with the most abundance of fat is selected as the donor site. For the hands, a stab incision is made in the 2nd and 4th web spaces, and micro fat is injected into the dorsum of the hand with a blunt cannula. A clinical result of fat grafting of the hands is shown (Figure 7).



Figure 7

## DID YOU KNOW?

All ISAPS Board members including the President pay the registration fee and their own travel and hotel costs to attend ISAPS Congresses.



Rodrigo Rosique, MD, PhD – Brazil

## Global Perspectives: Brazil

### 30 Years of Buttocks Fat Graft

**S. AMERICA**



**BRAZIL**

This year, 2016, we complete thirty years from the first buttocks fat graft publication by Gonzalez in the Brazilian Journal of Surgery, followed by the first English publication by Matsudo and Toledo in ISAPS's blue journal, *Aesthetic Plastic Surgery*, in 1988. Nowadays, it has become the fastest growing trend in

plastic surgery worldwide.

Although this technique became widely accepted first in Brazil during the 80s and later throughout Latin America during the 90s, it met resistance from many colleagues, wary about its stability and long-term effectiveness. Since many reports continued to show the technique's high degree of satisfaction, colleagues from the rest of the world started to embrace it during the 00s.

During these three decades, some authors defended that the fat should be manipulated, processed or grafted in a specific manner in order to achieve long-term stability. But in our practice, we have changed very little compared to the way that Gonzalez, Matsudo and Toledo originally described. Indeed, our machinery is pretty much the same.

The technique consists of:

1. Epidural anesthesia and antibiotics prophylaxis
2. Wet Infiltration (1:1) for liposuction with adrenalin 1:1.000.000, without local anesthetics
3. Liposuction of flanks, sacral area, saddlebags and thigh roots with 4 and 5mm cannulas in prone position
4. Fat decantation in a closed system
5. Fat grafting with 3 or 3.5 mm blunt cannulas, in different planes, delivering small aliquots of fat in each pass to avoid lakes of fat
6. The majority of fat (approx. 70%) is injected, at first, superficially, to improve the shape, from lateral to center
7. The remaining fat (approx. 30%) is grafted, later, deeper, to augment buttocks projection but avoiding the injection deep in the medial part to prevent damage to buttocks large vessels and fat embolism.

Over the last 3 years, several reviews have been published confirming that there is no strong evidence about any specific

way to harvest, process or graft the fat that is superior and increases adipose cells availability. These findings relieved us, because, although we have seen its effectiveness clinically, we lacked the scientific evidence that such a simple approach could also be so effective.

Along procedure's popularity increase, some reports of fat embolism associated with deep gluteal muscles fat graft came to public in recent years. To avoid that, we published some safety advices:

1. When patient's subcutaneous tissue lacks width and it would be necessary to inject fat mainly into the muscles, we prefer to perform gluteal silicone implant into the muscular plane and then, complement the result with fat injection in the subcutaneous plane.
2. Prioritize the buttocks' contour through the subcutaneous plane injections first. Later, projection augmentation by intramuscular injection, with a smaller percentage of the total lipoaspirate.
3. Avoid injecting into the muscles in the danger zone, which is the central pyramidal area where is located most of the bigger vessels. If needed, in this area, lipoinject in the subcutaneous tissue.
4. Use only blunt cannulas with, at least, 3mm in diameter attached to low-pressure syringes.
5. Keep the patient well hydrated with colloids maintaining a urinary output between 1 and 2 cc per kilogram per hour (cc/Kg/h) throughout the first 24 hours to diminish the osmotic pressure towards the gluteal vessels.
6. Fat graft in a retrograde fashion and centrifugal orientation, using a slow movement to prevent vessels damage and the entrance of fat into the bloodstream.

One major difference that we see between colleagues in Brazil and colleagues from other parts of the world is that we do not avoid associating gluteal fat graft with anterior body contouring procedures like mastopexy or abdominoplasty. Since the publication by Pereira and Radwanski in 1996, also in ISAPS's Blue Journal, we have no restriction about patient position during recovery time, which allow us to keep the patient in the supine position in order to do the anterior procedures. Interestingly, we haven't noted clinically that lying over the buttocks prevents the graft take.

continued on page 54



**Marzia Salgarello, MD – Italy**  
 Professor and Chief, Department of Plastic Surgery, University Hospital “Agostino Gemelli”- Università Cattolica del Sacro Cuore



**Giuseppe Visconti, MD – Italy**  
 Plastic Surgeon, Department of Plastic Surgery, University Hospital “Agostino Gemelli”- Università Cattolica del Sacro Cuore

## Massive Superficial Fat Harvesting for Large Volume Breast Augmentation with Fat Grafting: New Concepts in Fat Grafting for Predictable Results and Extended Indications also in Slim Patients

### EUROPE



### ITALY

The main limits in breast fat grafting outcomes are the unpredictability of volume maintenance and the wide differences in rate of taking among patients (ranging from 20% to 80%).

To overcome these drawbacks, the scientific community has focused on both refining the Coleman technique

and introducing “enhancers” of the taking process. Besides, while no general consensus exists yet on the ideal harvesting/processing technique or on the ideal chemical “enhancer,” a general agreement does exist on the effectiveness of external tissue distraction and cell-assisted lipotransfer in enhancing graft take.

### *Three-dimensional analysis of fat donor-sites and the concept of naturally-enhanced fat*

Nevertheless, many studies have been conducted to investigate the best donor-site in terms of adipocyte viability and higher SVF concentration, the best fat donor-site has not yet been ruled out. All that those studies have in common is the “bi-dimensional” approach to the subcutaneous tissue anatomy that is seen just as a tissue comprised between skin and muscular fascia. This simplistic consideration of subcutaneous tissue anatomy is very likely due to the technical wrong dogma that Superficial Adipose Tissue (SAT) should be minimally or not at all, suctioned because there is the potential risk of higher complication rates (up to 8.6%), including skin necrosis.

Subcutaneous fat is a three-dimensional, anatomical complex fibro-adipose tissue where two anatomically different tissues, the SAT and deep adipose tissue (DAT), are clearly identifiable above and below SFS. (1,2) (figure1) The anatomic differences between SAT and DAT go with their different function and biological properties. According to our prospective histological study, SAT revealed significantly more stemness

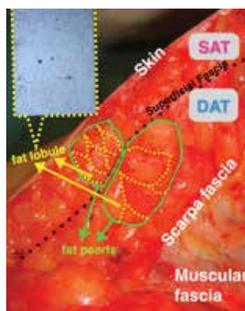


Figure 1

features than DAT: a) higher amount of the stem/stromal surface antigen CD105; b) increased expression of both adipo- and osteo-specific genes; c) higher level expression of stemness maintenance genes (SOX2, NANOG and POU5F) and VEGF. (3) Briefly, SAT carries more stemness features than DAT as well as a higher VEGF expression that may have a positive impact on the neoangiogenesis of the grafts. (3)

Donor-site analysis of each area should be approached by looking at both SAT and DAT with the aim to harvest as much SAT as possible and eventually collect deeper fat if more tissue is needed. This results in a naturally-enhanced (i.e. higher stemness features and higher VEGF expression of SAT versus DAT) lipoaspirate that may explain the high fat graft take found in our experience.

### *Cannula-related trauma and the concept of fragmentation*

Cannula holes and caliber will influence the dimension of fat tissue fragment harvested. A micro-cannula will harvest more fragmented fat tissue than a macrocannula does. According to our cellular study, the fragmentation is clearly visible after using micro and Coleman cannulas and it does not have any impact on tissue trauma. (3) On the other hand, we believe that fragmentation may further increase the fat graft take as the graft dimensions are reduced and consequently the graft-to-recipient interface is augmented. As adipocyte dimension is between 50 and 150µm, the 1-mm opening of our cannulas does not damage cells, but just fragments the adipose tissue. The resulting ribbons will be smaller than the one with larger cannulas. (figure 2) As we passed from core fat grafting to lipostructure, micro-fragmentation may represent the natural evolutionary concept in graft-to-recipient interface.



Figure 2

continued on next page

**Surgical technique**

After infiltration of donor areas according to the super-wet technique, the adipose tissue is aspirated using custom-made 1.8- and 2-mm Mercedes cannulas connected to a sterile canister in line with an external surgical vacuum machine set at 500-mmHg. Fat harvesting is massively performed in the SAT in order to maximize fat collection from this layer. If further fat is needed, the DAT is addressed with the same microcannula. A resulting combination of SAT and DAT is usually collected with the SAT usually constituting the 70%-80% of the harvested fat volume.

Fat is compartmentally grafted from deep (pectoralis major muscle/subglandular space) to subdermal layer, spreading the fat diffusely in the recipient to maximize graft-to-recipient interface and avoid fat bolus development. Over-correction/over-injection is strictly avoided. Ancillary diffuse percutaneous aponeurotomies are performed during the grafting session to address skin constriction and reduce interstitial recipient pressure.

**Summary**

Compartmental fat harvesting is a safe and effective technique that allows to harvest large amount (i.e. combination of SAT and DAT) of microfragmented fat for macrovolume breast fat grafting. Our 6-years experience with this technique shows an interestingly high graft take with acceptable narrow spread of data for rate of volume maintenance (less unpredictability), very low donor and recipient-site complications, improved donor site shape and high surgeons' and patients' satisfaction. (figure3)



Figure 3

**References**

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adipose-derived stromal cells from superficial and deep subcutaneous lipoaspirates: a matter of fat. *Cytherapy.* 2015 Aug;17(8):1076-89.1.

**Figures**

Figure 1: Anatomy of subcutaneous fat. Subcutaneous adipose tissue is macroscopically divided by the fascia superficialis (FS) in two main compartments, the areolar or superficial fat tissue (SAT) (i.e. fat superficial to FS) and the lamellar or deep fat tissue (DAT) (i.e. fat deep to FS, either above and below Scarpa fascia). This classification differs from the descriptive not-functional anatomy of subcutis in which three layers are identified: superficial, intermediate and deep.

Figure 2: For demonstrative purposes, we harvested in two separate canisters with in-line vacuum system the Superficial adipose tissue (SAT), the Deep adipose tissue (DAT) with our Mercedes 1.8mm cannula and Deep adipose tissue (DAT) with Coleman cannula and 10-cc syringe from inner thigh of the same patient. The SAT and DAT were transferred from the canister to 10-cc LuerLok syringes. (Above) Each syringe has been named with letter C (Coleman), MS (Mercedes SAT) and MD (Mercedes DAT) and are shown before centrifugation. (Below) The same three syringes after centrifugation at 3000 rpm for 1 minute. The macroscopic appearance of the centrifuged fat highlights the differences among the three samples. The amount of oil is higher in the Coleman DAT sample than in the Mercedes SAT and DAT samples. This is an indirect sign of tissue trauma (i.e. more free oil, more fat tissue trauma) The texture of fat in Coleman sample is characterized by visible particles of fat whereas in the samples taken with Mercedes 1.8mm cannula the fat appears like an emulsion with no macroscopic visible particles. The differences in fat texture are related to the fragmentation (i.e. visible particles are sign of lower fragmentation when compared to emulsioned fat). This illustrative picture is a macroscopic, live-surgery demonstration of our experimental study results.

Figure 3: (Above, left, center and right). Preoperative pictures of 17 year old patient with breast asymmetry seeking breast augmentation without implants. (Above, right and intermediate, left). (Below, left, center and right) 18-month postoperative result after one bilateral breast fat grafting session (155cc of fat transferred in right breast and 250 cc in left breast) and bilateral percutaneous aponeurotomies. Rate of fat volume maintenance is 78.9% from baseline.





Sandip Jain, MD – India

## Global Perspectives: India Autologous Fat Grafting

### ASIA



### INDIA

Autologous fat grafting (AFT) entails three essential steps: 1. Aspiration, 2. Processing and 3. Injecting. Aspiration is done from areas of fat deposit, which are diet and exercise resistant. Aspiration is done from both sides to preserve symmetry. Infiltration at the site of aspiration is 1:1 million adrenaline and 0.05% lignocaine.

For areas such as breast and buttocks where large volume fat grafts are required, I use an AquaShape® device for aspiration of fat. Most of the techniques for AFT have separate instrumentation for harvesting and processing. In large volume fat grafting, this 2-step procedure prolongs the warm ischemia time and is also cumbersome. An AquaShape® with lipocollector® device consolidates the step of harvesting and processing into one. Lipocollector® (figure 1) is a jar with a sieve (200um pore size) at the bottom. The fat aspirated by AquaShape® flows into the Lipocollector® and the sieve at the bottom allows the aqueous component to pass through into the suction bag retaining the fat in the jar. The fat retained in the jar doesn't need further centrifuging or filtering.

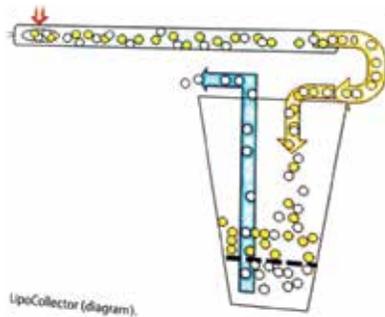


Figure 1. The aspirate (yellow and white bubbles) flows into the jar and the sieve at the bottom allows the aqueous component (white bubble) to pass through retaining the fat in the jar.

The fat from the Lipocollector® jar is withdrawn into 50 cc syringes which are placed on a syringe rack. I have observed that even after ½ hour or so if the syringe remains on the rack there is absence of aqueous and oily layer. The absence of oily layer is testimony to the gentle nature of fat harvesting by AquaShape®. The fat in a 50cc syringe is then transferred through female to female adaptors to 10 cc syringes. Spoon tip 2.1mm by 15 cm single-hole Tulip® injector attached to a 10 cc syringe is used for injecting fat into the recipient site. Through a stab incision, the

tulip injector is introduced into the recipient site. I use rapid to and fro movement while injecting to prevent pooling of fat. It is important to deposit the fat in multiple planes, starting in superficial subcutaneous plane to subfascial. I avoid intramuscular plane due to risk of fat embolism<sup>1</sup>. Deposits are made from at least two directions, which are at right angles to each other to avoid a “sausage string” appearance. A case of buttock AFT is shown in Figure 2.



Figure 2. Left image: irregular buttock contour. Right image: following AFT :375 cc left buttock and 425 cc right buttock giving a smooth round contour.

For areas such as the face and dorsum of the hand where a small volume of fat graft is required, I prefer syringe liposuction. 10 cc leur lock BD syringe with Coleman™ harvesting cannula is used for aspiration of fat. The plunger is withdrawn 3 cc at a time to avoid inadvertent increase in vacuum pressure. With the plunger at the 3 cc mark, approximately ½ atmosphere of negative pressure is generated<sup>2</sup>. As the syringe fills up, it is placed on the syringe rack in an upright position until the requisite volume of fat is harvested. The 10 cc syringe is then centrifuged manually for 3 minutes.

For injecting, I use 1 cc BD leur lock syringe with spoon tip 1.2 mm single hole Tulip® injector. The face is a highly vascular area and incidence of blindness and cerebral stroke has been reported<sup>3</sup>. Therefore, it is paramount that safety guidelines are followed. Inject using only blunt tip needles, inject only during withdrawal, deposit small aliquots at a time using minimum pressure. It

continued on next page

Perspectives, Jain, continued from page 53

usually takes 20 to and fro movements to empty out 1 cc syringe over 1 minute.

Injecting the fat follows the same principle as described above. For the periorbital area, no fat injection is given over the tarsal plate and for the rest of eyelid, the deposit is only deep to orbicularis oculi. Subcutaneous grafts in the eyelid area will be visible and therefore avoided.

Figure 3 shows a satisfying result following pan facial AFT. AFT if judiciously performed, all the while adhering to safety guidelines, is a rewarding procedure, both for the surgeon and for the patient.



Figure 3 - Left Image: 40 year old deflation of face due to weight loss. Right Image: Following 23 cc of AFT to each side of face from periorbital to jawline.

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



Perspectives, Rosique, continued from page 50

Scientific evidence has proved the fat graft is reliable and effective (figures 1 and 2). It also has proved that there is not a specific way to do it. So, I think that our focus will shift from *how to do it* to *how much* and *where do we put it*, since, like all plastic surgery, there is a lot of art and craft involved.

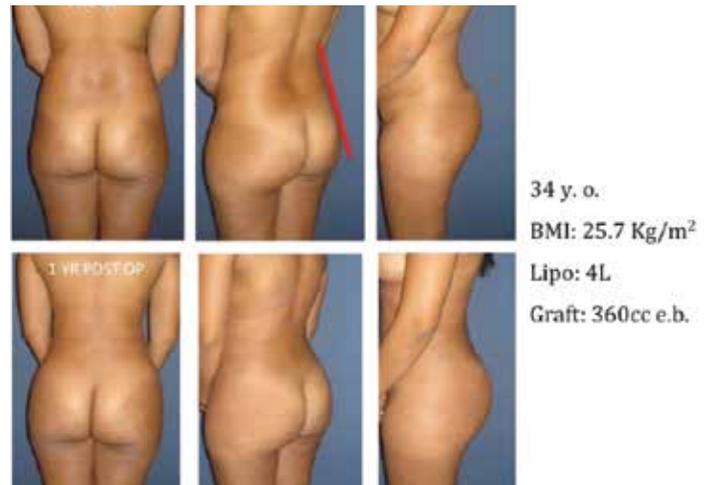


Figure 1- 34 y. o. patient, pre-op and 1 year post-op, underwent liposuction (4 liters) and fat graft of 360 cc in each buttock.



Figure 2 - 29 y. o. patient, pre-op and 6 months post-op, underwent liposuction (4 liters) and fat graft of 540 cc in each buttock.

# THE CUTTING EDGE 2016

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**Volker Wedler, MD – Switzerland**  
ISAPS Member

## Performing Breast Reduction in Third World Countries and Crisis Areas

Interplast Switzerland e.V. was founded seven years ago by Swiss plastic surgeons on the model of “Interplast”, national associations known in other countries for many years. Four of the founding members currently make up the executive committee: Urs Hug, Volker Wedler, Abed Jandali and Florian Jung. We are more than proud that Jan Poell, our former Swiss President of ISAPS, joined the team one year ago. The core activities of our association ([www.interplast-switzerland.ch](http://www.interplast-switzerland.ch)) are surgery missions that focus on reconstruction covering the entire range of our speciality. At the heart of what we do are reconstructions as a result of Noma, tumors, accidents (particularly burns) and congenital malformations. Our main target areas are currently northern Burkina Faso (Ouahigouya, 40km from the Mali border) and Ethiopia (Jimma), where we organise outreach two to three times a year with teams of 10-20 participants (team make-up: plastic surgeons, anaesthetists, nursing personnel and children’s animation services).

In addition to tremendous poverty, Burkina Faso reflects many of today’s political and terrorism problems. Our missions are at times disrupted even in the planning stage by acts of violence domestically or in neighbouring Mali. In addition to fundraising and materials and drug supplies, fears of terrorist attacks and kidnappings have been using up more and more resources in the last two years. We triage our patients from Switzerland via e-mail with doctors and nursing personnel in the field. Quantitatively speaking, we operate mainly on facial defects caused by NOMA, accidents, tumors and clefts (local and microsurgical flaps), full hand contractures due to burns and chronic wounds.

During our last surgical mission, I was introduced to two young women (14y and 15y), who due to a pronounced gigantomastia could no longer take part in everyday life or, more importantly, attend school (Patient 1 + 2). We performed a breast reduction with a free nipple-areola complex reconstruction on both patients, with a resection weight of 6500g (Patient 1) and 7200g (Patient 2). Follow-up was ensured during a hospitalisation of

five days and outpatient visits after 14 days and 21 days. All free nipple transplants healed 100%; (partly with hypopigmentation) to date there have been no complications and both girls are attending school again and taking part in the social life of their villages.



Patient #1 - Pre-Op - Age 14



3 weeks Post Op



Patient #2 - Pre-Op - Age 15



3 weeks Post Op

As an ISAPS member, I would like to generate interest among my international colleagues in our projects and encourage them to offer our treatment techniques in less privileged countries. I have been undertaking this work since the genocide in Rwanda (1993) and have never regretted it. 



**Vakis Kontoes, MD – Greece**  
Course Director & ISAPS  
Education Council Vice-Chair

## The Aegean Team

*Omada Aigaïou* - in English, Aegean Team ([www.omadaaigaiou.gr](http://www.omadaaigaiou.gr)) - is a volunteer group of medical doctors and other professionals established 22 years ago targeting relief of the conditions of life and support of the inhabitants of the small and remote islands of the Aegean archipelago. We are a group of friends who travel together, many of us owners of a rigid inflatable boat (RIB). Our love of the sea and our mutual interest for RIBs (even as a means of travel) gave us the opportunity to co-navigate most of the Greek coastal waters and visit most of our islands. Experiences and concerns shared amongst us enabled us to take a close look at the many problems of small and remote islands in the Aegean Sea area. The activities of the Aegean Team focus on the islanders who are stranded and isolated on the remote islands, those who nowadays need our support, while we are in need of their existence and prosperity on these islands where they live on the forgotten islands of the Aegean Archipelago, which the Aegean Team consciously chose to support “against all weather.”

On those islands which, despite the permanent adverse natural conditions that they face due to their geographic location as well as the restrictions and difficulties of their problematic borders, they insist on remaining the “Guards of Thermopylae” guarding their post, despite inadequate state support.

These islands are not just monumental rocks with pearl coasts, gorgeous nature and a rich sea bottom. Most of all, the Aegean Team strives to restore and strengthen a union with their people, our compatriots and fellow human beings, offering as many means possible for modern living conditions, medical care, education and progress, contributing this way to equal treatment and promoting the special meaning they have for our country.



The Aegean Team runs on a purely volunteer basis, through the availability of its members and friends and the spirit of solidarity. Its activities provide missions of humanitarian, social, environmental and cultural aspects to the Aegean islands with additional activities and functions that are based on the goals of the team. Specifically, missions include a yearly tour of the Aegean Sea in early May with RIBs joined by the sea ambulance *Minas E* which belongs to the team, as well as 2-3 days of separate winter missions to islands that are not included in the main mission.

Activities during these missions include screening tests and medical services for children and adults provided by the volunteer medical group of our team consisting of more than 15 specialties: Internal Medicine, Cardiology, Obstetrics/Gynecology, Pediatrics, Orthopedics and Pediatric Orthopedics, Neurology, Psychiatry, Dermatology, Urology, ENT, General and Plastic Surgery, Vascular Surgery, Oncology, Microbiology.

Medical procedures are realized by transporting all necessary equipment for the medical specialties to local island medical centers. The equipment consists of medical instruments,

modern portable diagnostic machines and routine medical supplies used in the process. As a plastic surgeon, I am mainly dealing with skin cancer surgery and skin lesion excisions as well as other soft tissue surgical problems.

Average surgeries under local anesthesia only of small and medium severity reach the number of 25-30 during a 10-day mission. All specimens are collected for pathology and the patients are updated in cooperation with the local country service doctor.

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## HUMANITARIAN

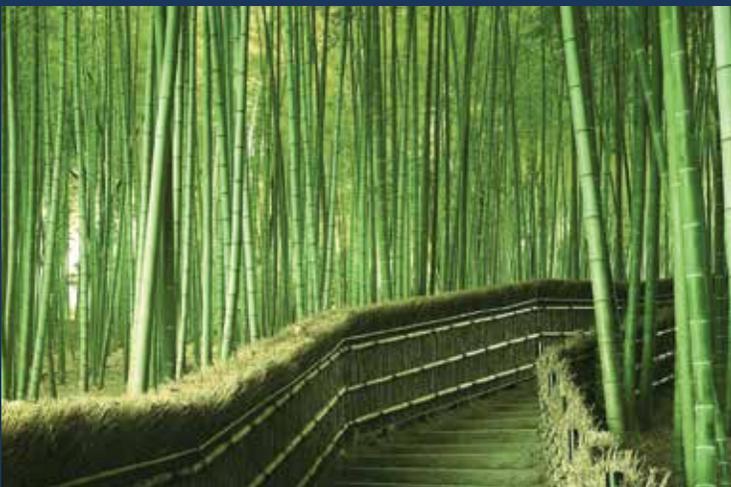
The introduction of plastic surgery to the Aegean Team's services 12 years ago, when I voluntarily joined the team, dramatically contributed to the treatment of neglected skin problems (mainly SCC, BCC, MM and other malignant skin conditions) in elderly patients who were not willing to leave their small island, travel to a bigger one, and from there to Athens, to be examined in a major hospital and of course, scheduled for surgery after a 3-5 month wait. Due to the geographic distribution of the Greek islands in the Aegean Sea and the transportation difficulties during winter, these patients would encounter long absences from their family. Family members would need to escort them adding to the expense and meanwhile a deterioration of their health problem. The plastic surgery service solved numerous similar problems and the elderly people of the remote islands are grateful.

In addition to the medical services provided by the volunteer medical group and its member doctors, the Aegean Team is also contributing with infra-structure construction and cultural programs by offering to the remote islands the support of private sector contributions which the team negotiates every year according to the needs of each island. Examples of such assistance include:

- Construction of 5x5 soccer fields, children's playgrounds, school gyms, closed space gyms, and water desalination units in small islands suffering from water insufficiency;
- Educational, cultural, entertainment and sports materials for all school levels, school furniture, books, toys, musical instruments, communication and information equipment such as computers, fax machines, projectors, and photocopy machines; and
- Shadow theater performances and music concerts.

It is really a very great honor that after so many years of volunteer work in the remote islands, the team has received awards from the Presidents of the Hellenic Democracy, twice, by several organizations of public benefit, and by the Greek Ministries of Health and Defense. However, the most impressive thing is the friendship that has developed among the members of the team and the local people of the small and remote islands who know us all by our first names. It is really an uplift to the soul this special relationship that has been established with these people and the gratitude they show for our volunteer efforts, support and offers of help.

The Aegean Team is an open non-profit organization, officially certified by the Hellenic State and Government and welcomes any individual who would kindly decide to offer services or otherwise contribute to its scope. 



## BAMBOO FOREST

A must for any visitor of Arashiyama is a stroll through its bamboo forest. Countless bamboos that shoot straight into the air, slightly tilting atop to encroach into the path is a rare sight to behold. The bamboo forest of Arashiyama is particularly majestic, imparting a cool, breezy and somewhat surreal feel to its visitors.



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# HISTORY

## History of Blepharoplasty – An Overview



Riccardo F. Mazzola, MD – Italy

Until the second decade of the twentieth century, the term *blepharoplasty* indicated an operation devised for the repair of eyelid defects using skin flaps or for the correction of complications such as ectropion, entropion, or lagophthalmos. With the development of aesthetic surgery, the term *blepharoplasty* was used mainly for cosmetic purposes, to remove upper eyelid folds or unpleasant lower lid bags.

It is beyond the scope of this article to show the different procedures to restore a missing or deformed eyelid. J. F. Dieffenbach (1792-1847) used to say that an eyelid must be reconstructed by an operation to exactly achieve what it was before. In particular, he said, an eyelid should be able to move, close the eye, and protect the globe: tasks difficult or almost impossible to achieve. Treatment of ectropion was one of the major concerns over the centuries. A variety of different procedures, including the V-Y plasty, have been described with the aim of reducing the lid aperture and overcoming the conjunctiva eversion by sliding two lateral local flaps toward the midline, where the retracted scar was previously released and excised. In 1865, the Latvian surgeon Julius von **Szymanowsky** (1829-1868) in his “*Operatzij poverchnosti...*” (*Handbook of Operative Surgery*) (1) reported an original method to correct ectropion by excising a full thickness wedge of skin, tarsus and conjunctiva at the level of the external canthus and suturing the margins together. The technique, with some improvements made later by H. Kuhnt (1850-1925), is still used nowadays and named the Kuhnt-Szymanowsky procedure.

About the same period, the French surgeon Pierre-Édouard **Cruveilhier** (1835-1906) wrote a seminal thesis “*De l’Ectropion*” (On Ectropion), where he classified the different causes of the deformity and discussed the reconstructive procedures available at that time (2).

### The Origin of Cosmetic Eyelid Surgery

The first illustration in the medical literature of removal of protuberant skin folds which impaired eyesight, goes back to 1583. Georg **Bartsch** (1535–1607), oculist to the Elector August of Saxony, used a curved clamp in the form of a guillotine and published it in his book “*Ophthalmodouleia, das ist Augendienst*” (Ophthalmodouleia, or the Service of the Eyes) (fig. 1).

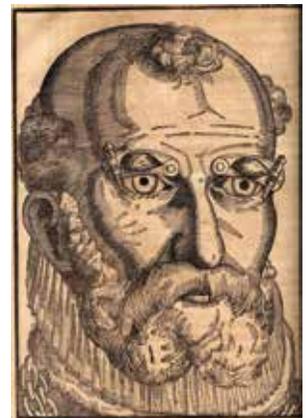


Figure 1

We are indebted to the Austrian ophthalmologist George Joseph **Beer** (1763-1821) who reported the description of skin folds and baggy lower eyelids in 1817 in his textbook *Lehre von den Augenkrankheiten* (Knowledge of Ophthalmic Diseases) (3), accompanied by an image of this clinical situation, the first appeared in the medical literature (fig.2).



Figure 2

An attempt of surgical correction of upper eyelid drooping was performed a few years later by Baron Guillaume **Dupuytren** (1777-1835), considered one of the most brilliant surgeons of France. In “*Leçons orales de Clinique Chirurgicale faites à l’Hôtel Dieu de Paris*” (Clinical lectures on surgery delivered at Hôtel Dieu of Paris), posthumously issued by two of his pupils (4), one reads:

“We should say a few words about the edema of the eyelids that, after having resisted all known means, produces such

*a drooping of the skin of that region in the long run, that it falls down in front of the eyeball and, more or less completely interferes with vision... As it has been said, all internal therapeutic means and topical remedies used in similar cases are ineffectual. When Mr. Dupuytren was consulted, on several occasions, for lesions of this type, he thought that excision of a strip of skin would be necessary, followed by a scar that would put an end to deformity. The operation, which one uses in this case, is wholly analogous to the one employed for the remedy of the trichiasis."*

The term "blepharochalasis" was coined by Ernst **Fuchs** (1851-1930), Professor of Ophthalmology in Vienna to indicate a herniation of orbital fat and sagging skin above the tarsus, impairing eyesight (5).

An accurate description of the etiology and clinical characteristics of orbital fat prolapse was published by the French physician Jules Frédéric **Sichel** (1802-1868), founder of the first ophthalmic clinic in Paris, who wrote the following in 1844:

*"(fat herniation) is caused by a certain amount of fat deposited between the skin and the orbicularis . . . most often in continuity with cellular orbital adipose tissue . . . Frequently this fat is located under the muscle and after the excision of a strip of fat, it is necessary to incise transversely and parallel in the direction of these fibers to demonstrate the swelling and elevate it . . . The eyelid appears flaccid and swollen and presents a tumor elastic on palpation. Most often this tumor is encircled between the border adhering to the eyelid and its wide transversal fold. Frequently it hangs in front of the lower part of the lid in the form of a bulge or of little horizontal bag. Its weight, more significant than the simple skin fold, makes the movements of the lid more difficult . . ." (6)*

### The Development of Cosmetic Surgery

Cosmetic eyelid surgery developed at the turn of the century, although its explosion occurred in the interwar period.

In the U.S., Charles C. **Miller** (1880–1950), from Chicago, regarded as an "unscrupulous charlatan" by some and "the father of modern cosmetic surgery" by others for having published in 1907 *The Correction of Featural Imperfections*, the first textbook on aesthetic procedures, the removal of excess of upper eyelid skin was shown. "This condition may be easily overcome by simple



Figure 3

*surgical procedures, which are performed painlessly,"* he wrote. On the contrary, baggy eyelid treatment was not reported. In the 2nd edition, published in 1924, he made considerable improvements (7). He advocated bag excision by lower lid approach, close to the margin. However, no detail about the

technique for fat removal was given and no pre- and post-operative photo was supplied, only drawings (fig. 3).

In 1911, Frederick S. **Kolle** (1872-1929) published *Plastic and Cosmetic Surgery*, the second book on cosmetic surgery in terms of priority (8). Under the heading "wrinkled eyelids" he advocated the removal of "the redundant or baggy tissue by excision . . . The superior line of incision in operations of lower eyelid should be made as close to the tarsal line as is practical, so as to show as little of the resulting scar as possible . . . In operations of the upper lid, a somewhat widened elliptical piece of skin is excised with its inferior margin about one fourth to one half inch above the tarsal line..."

Lyons H. **Hunt** (1882-1954) showed his results of cosmetic operations of the eyelids in his book on head and neck surgery issued in 1926 (9). To remove the skin involving the upper lids, he made an elliptical skin incision in the upper eyelid using a special "plastic eye clamp" invented by him, "to pick up the entire amount of redundant tissue." For the lower eyelid he performed a subciliary approach, with a "triangular-shaped section excised from the external side." Despite the accurate details about excessive skin excision, no information was given to deal with fatty bags.

At the end of WWI, in the 20s, Paris became the center of European cosmetic surgery with leading personalities like Suzanne Noël, Julien Bourguet, and Raymod Passot. Suzanne **Noël** (1878–1954) established a successful solo practice in the very exclusive Parisian 16th arrondissement. Her operations were simple but effective, mainly related to facial rejuvenation and always performed on an outpatient basis. In 1926, she published *La Chirurgie Esthétique. Son Rôle Sociale* (10), one of the first textbooks on this topic, and the first written by a woman, where she showed numerous cases of blepharoplasty before and after surgery (fig. 4a,b).



Figure 4a



Figure 4b

Basically, by the year 1926, the techniques for cosmetic blepharoplasty, with pure removal of skin excess, were codified either in the U.S. or in Europe. However, no author described the procedure for taking the herniated fat away. It was Julien **Bourguet** (1876–1952) who in 1928 is credited with having described this excision for the first time using the transconjunctival approach, not the traditional subciliary incision (11).

Raymond **Passot** (1886–1933), one of the leading personalities in the field of aesthetic surgery, removed lower eyelid fat with

the same Bourguet's transconjunctival technique. In his book *La Chirurgie Esthétique Pure* (1931) he gave a detailed description of this procedure (12). In Berlin, Jacques **Joseph** (1864-1934), the father of aesthetic rhinoplasty, was well known for his operations for facial rejuvenation and eyelid correction. The incisions for skin removal of upper and lower eyelids, as illustrated

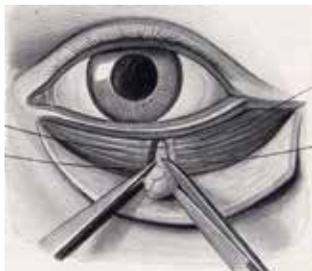


Figure 5

in his book, soon became the standard method, despite the numerous variations proposed in the following years (13). In Vienna, Ernst **Eitner** (1867-1955) was among the first to illustrate the technique for detecting fat herniation and its excision from the lower eyelid in the medical literature (14) (Fig. 5).

A breakthrough in the knowledge of fat herniation of the eyelids, basis for current baggy eyelid treatment, was provided in 1951 by Salvador **Castañares** (1908-2005), with the identification of the fat compartments (15).

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### Legends:

- Fig. 1 – Bartisch G. First illustration of skin fold removal (1583)  
 Fig. 2 – Beer GJ. First image of upper eyelid skin fold (1817)  
 Fig. 3 – Miller CC. Lower eyelid skin excision (1924)  
 Fig. 4 – Nöel S. Lower eyelid skin excision (1926) A) immediate result; B) assessment at day 15  
 Fig. 5 – Eitner E. First illustration of herniated fat removal by subciliary incision (1932) 



Japan's Mt. Fuji is an active volcano about 100 kilometers southwest of Tokyo. Commonly called "Fuji-san," it's the country's tallest peak, at 3,776 meters. A pilgrimage site for centuries, it's considered one of Japan's 3 sacred mountains, and summit hikes remain a popular activity. Its iconic profile is the subject of numerous works of art, notably Edo Period prints by Hokusai and Hiroshige.

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Pre-Course CATBBAS Brussels, Belgium

**Date**

29 September 2016



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Mario Pelle Ceravolo

Moustapha Hamdi

Patrick Tonnard

Alexis Verpaele

Mark Clemens

Marzia Salgarello

José Luis Martín del Yerro

Constantin Stan

Sühan Ayhan

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**Agenda**

<b>WELCOME</b>	<b>9:00h</b>	
	Mario Pelle Ceravolo	How to improve your results and resolve challenges in aesthetic breast surgery with polyurethane covered implants
	Patrick Tonnard	Our 15 year experience with Microthane breast implants and what convinced us
	Alexis Verpaele	Technical guidelines using Microthane <sup>®</sup> breast implants
<b>COFFEE</b>	<b>10:30–11:00h</b>	
	José Luis Martin del Yerro	Implant selection - a simple, safe way to choose the optimal anatomical breast implant
	Constantin Stan	The Diagon gel Implant: Unique features ensuring long-term stable outcomes
	Suhan Ayhan	Microthane breast implants in breast reconstruction
<b>LUNCH</b>	<b>12:30–14:00h</b>	
	Marzia Salgarello	Secondary augmentation mastopexy a true advantage to use Microthane <sup>®</sup> breast implants
	Moustapha Hamdi	The challenge of secondary and difficult cases
	José Luis Martin del Yerro	Complications and how to deal with them
<b>COFFEE</b>	<b>15:30–16:00h</b>	
	Constantin Stan	Basic principle of the multiplane technique and highlights of its importance
	Mark Clemens	Scientific world status of ALCL – how to recognise and treat this disease
	<b>CASE DISCUSSION</b>	Each member of the faculty will bring 2-3 interesting cases and discuss planning and outcomes
<b>ADJOURN</b>	<b>17:30h approx.</b>	

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# IN MEMORIAM



Our dear friend and colleague, Dr. med. Christoph Wolfensberger, passed away in December in Zurich, Switzerland at the age of 75. He left behind his charming and beautiful wife Petra.

Already as a child, Christoph learned to play the piano and later on became a virtuoso on his trumpet that he never left at home during his travels. Many of us have heard him play at different plastic surgery

events. He performed concerts and jazz sessions with different orchestras and well known musicians and entertainers.

His father was a medical doctor in Zurich, where Christoph studied and later became a renown specialist in plastic, reconstructive and aesthetic surgery (FMH). He was fluent in five languages (German and „Schwizerdütsch“, English, French, Italian, and Spanish) which greatly helped him during his travels visiting Professor Ursula Schmidt -Tintemann in Munich, Germany; Tom Rees, Sherrel Aston and Daniel Baker in New York, USA; Ivo Pitanguy in Rio de Janeiro, Brazil; and during his training travels to Asia, Greece, Jordan, France and many other countries. He always strived for perfection in his field. As soon as a new „star“ in plastic surgery appeared, Christoph was the first to visit him, to take home new surgical tricks and ideas.

In 1984, in a very elegant area of Zurich, he founded a practice for plastic surgery which later was transformed into a day clinic. Celebrities from all over the world asked him for advice and benefitted from his extraordinary skills. No personal data was ever revealed, although newspapers and society magazines often tried to find out who his patients were.

Christoph published many articles on aesthetic surgery in the scientific literature as well as chapters in specialist books of high educational quality. At medical conferences, he gave inspiring and humorous talks combining professional scientific actuality with genuine educational intent, always with references to the arts based on a broad approach to his subjects within the historical context.

Petra and Christoph collected contemporary art at home and shared wonderful pieces not only at their home with friends, but also with his patients in his clinic.

Christoph was a member of the Swiss Society of Plastic, Reconstructive and Aesthetic Surgery, ISAPS, the Alpine Workshop, the St. Andrews Workshop, and was co-founder of ICAPS and of the Swiss Society of Aesthetic Surgery.

For several years, Christoph began to feel ill telling nobody anything about the cancer he tried to fight. For his patients and his friends he remained the same energetic youthful man and pretended to lead his normal life. As he would not tolerate a drastic change in his health, he decided to leave our world on the 23rd of October 2015 knowing that his wonderful loving wife Petra would understand him.

We will miss a very kind, generous, skilled, helpful and outstanding colleague and great friend. Good bye, Christoph.

*Goswin von Mallinckrodt, MD - Germany* 

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# ISAPS *Calendar* of International Meetings



## JULY 2016

### 08 - 09 July 2016

ISAPS OFFICIAL COURSE

ISAPS Cadaver Course - Toxina Botulinica y Rellenos  
Faciales

Location: Buenos Aires, ARGENTINA

Contact: Fernanco Felice, MD

Email: [cursos@vesalioestetica.com.ar](mailto:cursos@vesalioestetica.com.ar)

## AUGUST 2016

### 31 August 2016

ISAPS SYMPOSIUM

ISAPS Symposium - Colombia immediately after the 19th  
International Meeting of the Sociedad Colombiana de  
Cirugía Plástica, Estética y Reconstructiva

Location: Cali, COLOMBIA

Email: [cursocirugiaplasticacali2016@gmail.com](mailto:cursocirugiaplasticacali2016@gmail.com)

Tel: 318-827-3556

Website: <http://www.cursocirugiaplasticaesteticaacali2016.org>

## SEPTEMBER 2016

### 08 - 10 September 2016

ISAPS ENDORSED PROGRAM

1st International Meeting of Rhinoplasty Societies

Location: Paris - Versailles, FRANCE

Contact: MCO Congrès

Email: [contact@imrhis2016.com](mailto:contact@imrhis2016.com)

Tel: 33 (0)4 95 09 38 00

Fax: 33 (0)4 95 09 38 01

Website: <http://www.imrhis2016.com/>

### 16 - 17 September 2016

Canadian Society for Aesthetic Plastic Surgery - 43rd  
Annual Meeting

Location: Vancouver, CANADA

Contact: CSAPS

Email: [csapsoffice@gmail.com](mailto:csapsoffice@gmail.com)

Website: <http://www.csaps.ca>

### 30 September 2016 - 02 October 2016

CATBBAS III

ISAPS ENDORSED PROGRAM

Location: Brussels, BELGIUM

Contact: Sofie Saelens

Email: [sofie.saelens@uzbrussel.be](mailto:sofie.saelens@uzbrussel.be)

Tel: 32 (02) 474 91 72

Fax: 32 (02) 474 62 50

Website: <http://www.brussels-seminars.com/>

## OCTOBER 2016

### 06 October 2016

ISAPS SYMPOSIUM

ISAPS Symposium - Australia - Facial Implants: An  
Important Role in Aesthetic Facial Surgery - immediately  
preceding the 39th Annual ASAPS Conference

Location: Gold Coast, AUSTRALIA

Contact: The Production House Events

Email: [info@tphe.com.au](mailto:info@tphe.com.au)

Tel: 61 (03) 9020 7056

Website: <http://asapsevents.org.au/2016-isaps-symposium>

### 06 October 2016

ISAPS SYMPOSIUM

ISAPS Symposium - United Kingdom

Location: London/Olympia, UNITED KINGDOM

### 07 - 08 October 2016

6ème Cours de Chirurgie de la Silhouette et Body Lifts

Location: Lyon, FRANCE

Contact: Géraldine Buffa

Email: [contact@docteur-pascal.com](mailto:contact@docteur-pascal.com)

Tel: 33-4-78-24-59-27

Fax: 33-4-78-24-61-58

Website: <http://www.jfpascalmd.com/meetings>

ISAPS ENDORSED PROGRAM

### 23 - 27 October 2016

23rd CONGRESS of ISAPS

ISAPS CONGRESS

Location: Kyoto, JAPAN

Contact: Catherine Foss

Email: [isaps@isaps.org](mailto:isaps@isaps.org)

Tel: 1-603-643-2325

Fax: 1-603-643-1444

Website: <http://www.isapscongress.org>



## NOVEMBER 2016

### 01 November 2016

ISAPS OFFICIAL COURSE

ISAPS Course - Ecuador

Location: Cuenca, ECUADOR

### 03 November 2016

ISAPS OFFICIAL COURSE

ISAPS Course - Peru

Location: Lima, PERU

Contact: Dr. Otto Ziegler

Email: [drottoziegler@yahoo.com](mailto:drottoziegler@yahoo.com)

Tel: 51-1-224-2171

Fax: 51-1-225-0388

# ISAPS CALENDAR OF INTERNATIONAL MEETINGS

## NOVEMBER 2016

### 11 - 12 November 2016

ISAPS Course - El Salvador

Location: To be determined, EL SALVADOR



### 16 - 17 November 2016

ISAPS Course - United Arab Emirates

The course has been approved for 12 EACCME credits

Location: Dubai, UNITED ARAB EMIRATES

Contact: Dr. Buthainah Al Shunnar

Email: isapsdubai@gmail.com

Tel: 971-439-53033

Fax: 971-439-53034

Website: <http://www.isapscourse.ae>



### 24 November 2016

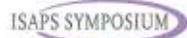
ISAPS Symposium - Monaco

Location: Monte Carlo, MONACO

Contact: Dr. Ricardo Ribeiro

Email: rribeiro@centroin.com.br

Tel: 55-21-2492-1107



## DECEMBER 2016

### 01 December 2016

ISAPS Course - Egypt

Location: To be determined, EGYPT



### 01 - 03 December 2016

The Cutting Edge 2016: 36th Aesthetic Surgery Symposium

Location: New York, NY, UNITED STATES

Contact: Bernadette McGoldrick

Email: bmcgoldrick@nypsf.org

Tel: 1-212-327-4681

Fax: 1-646-783-3367

Website: <http://www.nypsf.org/>



### 09 - 10 December 2016

ISAPS Course - Mexico

Location: Cancun, MEXICO

Contact: Dr. Arturo Ramirez Montaña

Email: Isapscancun2016@gmail.com

Tel: 52-181-825-40041

Website: <http://www.isapscourse.mx>



### 09 - 11 December 2016

ISAPS Course - Viet Nam

Location: Ho Chi Minh City, VIET NAM

Contact: Dr. Sanguan Kunaporn

Email: sanguank@me.com



## JANUARY 2017

### 19 - 21 January 2017

ISAPS Aesthetic Dissection Course

Location: Liege, BELGIUM



## FEBRUARY 2017

### 01 February 2017

ISAPS Course - Bahrain

Location: To be determined, BAHRAIN



### 09 - 11 February 2017

51st Baker Gordon Educational Symposium

Location: Miami, FL, UNITED STATES

Contact: Mary Felpeto

Email: maryfelpeto@bellsouth.net

Tel: 1-305-854-8828

Fax: 1-305-854-3423

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



### 22 - 23 February 2017

ISAPS Course - Saudi Arabia

Location: Mena, SAUDI ARABIA



### 24 - 27 February 2017

ABAM 2017

Location: Park City, Utah, UNITED STATES

Contact: Susan Russell

Email: srussell@hdplanit.com

Tel: 1-435-729-9459

Fax: 1-435-487-2011

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



## MARCH 2017

### 01 March 2017

ISAPS Symposium - Korea

Location: To be determined, SOUTH KOREA



### 01 March 2017

ISAPS Symposium - Thailand

Location: Bangkok, THAILAND



### 10 - 11 March 2017

ISAPS Course - Germany - 6th SOS Course - Secondary

Optimizing Aesthetic Surgery

Location: Cologne, GERMANY

Contact: Dirk Richter, MD

Email: sos@bb-mc.com

Tel: +49 89 1890460

Fax: +49 89 18904616

Website: <http://www.sos2017.eu>



### 28 March 2017 - 04 April 2017

ISAPS Course - Israel

Location: Eilat, ISRAEL



**APRIL 2017**

**07 - 08 April 2017**

7th Body Lift Course  
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 Contact: Géraldine Buffa  
 Email: [contact@docteur-pascal.com](mailto:contact@docteur-pascal.com)  
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**27 April 2017 - 01 May 2017**

The Aesthetic Meeting - American Society for Aesthetic Plastic Surgery  
 Location: San Diego, CA, UNITED STATES  
 Website: <http://www.surgery.org/>

**JUNE 2017**

**30 June 2017 - 01 July 2017**

8th Body Lift Course  
 Location: Lyon, FRANCE  
 Contact: Géraldine Buffa  
 Email: [contact@docteur-pascal.com](mailto:contact@docteur-pascal.com)  
 Tel: 33-4-78-24-59-27  
 Fax: 33-4-78-24-61-58  
 Website: <http://www.jfpascalmd.com/meetings>



**JULY 2017**

**17 July 2017 - 01 August 2017**

ASAPS-ISAPS Cruise 2017  
 Location: North Sea, NORWAY  
 Contact: Bob Newman  
 Email: [BNewman@CruiseBrothers.com](mailto:BNewman@CruiseBrothers.com)  
 Tel: 1-401-223-4711  
 Website: <http://www.surgery.org/downloads/microsite/cruise2017/index.php>



**SEPTEMBER 2017**

**21 - 22 September 2017**

ISAPS Course - Lebanon  
 Location: Beirut, LEBANON  
 Contact: Dr. Elie Abdelhak  
 Email: [elie.abdelhak@gmail.com](mailto:elie.abdelhak@gmail.com)  
 Tel: (+961)3716706



**OCTOBER 2017**

**11 - 13 October 2017**

ISAPS Course - Jordan  
 Location: Amman, JORDAN



**JANUARY 2018**

**19 - 21 January 2018**

ISAPS Course - India  
 Location: New Delhi, INDIA



**APRIL 2018**

**26 - 30 April 2018**

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 Location: New York, NY, UNITED STATES  
 Website: <http://www.surgery.org/>

**JUNE 2018**

**21 - 23 June 2018**

ISAPS Course - Panama  
 Location: To be determined, PANAMA



**OCTOBER 2018**

**31 October 2018 - 03 November 2018**

24th Congress of ISAPS  
 Location: Miami Beach, FL, UNITED STATES  
 Contact: Catherine Foss  
 Email: [isaps@isaps.org](mailto:isaps@isaps.org)  
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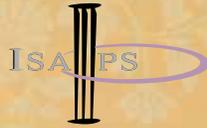
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