

Official Newsletter of the International Society of Aesthetic Plastic Surgery

FIND YOUR HEART IN SAN FRANCISCO

Catherine Foss – United States*ISAPS Executive Director*

Like any vibrant, growing 40-year-old organization, ISAPS has many traditions both long established and about to be announced. Our most *visible* tradition is our Biennial Congress. Held on a different continent every two years, it brings all these traditions with it to each new venue. Our most *valued* tradition is our mission of excellence in aesthetic plastic surgery education. With such an enormous wealth of talent from among our 80 member nations, the passing on of knowledge from one culture to another, from one generation to the next, and from long established centers of aesthetic surgery to those just emerging, one thing is certain. Each of our Congresses surpasses the last and the 20th Congress of ISAPS will be no exception. Registration already represents 79 countries, more than any previous Congress by far.



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Featuring 32 hours of educational content, and focusing on patient safety throughout, the San Francisco Congress will offer no less than 11 hours of officially recognized Patient Safety programming (and credit) showcased by the opening session on Saturday afternoon: the *ISAPS Global Summit on Patient Safety*. Subsequent sessions include video presentations, panels, special presentations, and free papers grouped by topic into eight half-day sessions in both aesthetic and reconstructive surgery techniques. We are most proud of our tradition of inclusion: faculty and presenters at this Congress come from more than half of our member countries.

Classroom learning is but one important aspect of the many interactions of such a diverse audience at such a global event. So many conversations, teaching-learning moments, and social connections happen in the convention center, in the exhibit hall, during breakfast at the hotel, at the social events, even on a bus traveling to the Opening Ceremony. The challenge for those of us organizing this Congress extends to designing these five days to be educational, of course, but also to allow maximum opportunity for interaction in a variety of the most enjoyable settings this city has to offer. No one attending this Congress will be disappointed in their experiences in San Francisco. That is our tradition and our mission.

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MESSAGE FROM THE EDITOR

J. Peter Rubin, MD – United States
ISAPS News Editor



Welcome to this issue of *ISAPS News*. Preparing the material for this issue made me aware of how proud I am to be a member of the most vibrant international plastic surgery community on the planet. No other organization has the diversity and collective talent of ISAPS. This is sure to make the upcoming 20th Congress in San Francisco, August 14-18, 2010, the educational event of the year.

President Foad Nahai's leadership in bringing together the best and the brightest plastic surgeons from across the globe is exemplary. In addition to the outstanding educational program, I am looking forward to the opportunity for fellowship with my colleagues in the global plastic surgery community during the wonderful social events. And what better place to hold the Congress than the breathtaking city of San Francisco? This issue will reveal exciting information about the meeting, the social events, and about San Francisco. This is an international event not to be missed! I look forward to seeing you all in August.

Also in this issue you will find the results of a survey about international patterns in the diagnosis and treatment of secondary breast problems. This survey was completed by 1,131 surgeons from around the globe, and the results are reported by Belmont F. Eaves III, MD, ISAPS Survey Editor and current president of the American Society for Aesthetic Plastic Surgery, (ASAPS). The results are of great interest to our ISAPS members, and highlight international trends in the management of these breast problems. Importantly, it gives our members the opportunity to benchmark their practice methods with the practice patterns of colleagues in other countries. Riccardo Mazzola, ISAPS historian, presents a wonderful essay on piracy and plagiarism in the medical literature. This piece reveals the surprising "truth" behind some of the most significant medical publications in history. Additionally, our Russian colleague, Kirill P. Pshenishnov, provides an interesting view of legislation of plastic surgery in Russia. This is an important look at how different nations regulate aesthetic practice.

I hope that you enjoy this issue of *ISAPS News* and are as proud as I am to be a member of this great organization. I am excited to gather with my colleagues in San Francisco for the 20th Congress, and experience the exchange of ideas that drives our field forward.

PRESIDENT'S MESSAGE

Foad Nahai, MD – United States
ISAPS President



Celebrating Our Collective Success

This is my final message as president of ISAPS. I can assure you that the satisfaction of serving one's international colleagues and the honor, privilege and responsibility bestowed on me has been one of the highlights of my professional career.

As we approach the 20th Biennial Congress of ISAPS in San Francisco this coming August, we as a society have much to celebrate in this, the 40th year since our founding at the United Nations.

The ISAPS Board of Directors, committee chairs and members as well as our executive staff continue to work with a great spirit of collegiality and to consistently produce extraordinary results and benefits for ISAPS. No single individual accomplishes any of these things by themselves. Our successes and advancement over the last two years have been the result of a team effort, and I take this opportunity to applaud and thank each and every one of them for their service and generosity of spirit.

Looking back over these two years, I realize just how much we have grown and changed since we left our last very successful Congress in Melbourne.

Expanding our reach – In a bold, and what will prove to be a very wise move, the board decided and the membership agreed in overwhelming numbers, to allow any qualified, board certified (or the national equivalent) plastic surgeon with an interest in aesthetic plastic surgery to apply for

ISAPS membership. This will position us to continue our international leadership role for decades to come on all subjects of interest to plastic surgeons – aesthetic as well as aesthetics as it applies to reconstructive surgery. Our collective ethics and integrity are the foundation of this society, and we are further strengthened by our numerical growth.

Growth of the Society – We have increased our membership by over 300 in the last two years and have added several new countries to the ISAPS family. We are now a society of 1,925 members in 87 countries as we continue to add new members every few months.

Focus on Patient Safety – We have addressed our responsibility to our patients with an aggressive, comprehensive and on-going campaign of patient safety. From the society's founding membership in the World Health Organization's *Safe Surgery Saves Lives* initiative, to the inclusion of safety messages in everything we do, from our website to press releases to teaching courses, patient safety is a primary focus. We are already beginning to see the rewards for taking this leadership position.

In San Francisco, ISAPS will host the first *Global Summit on Patient Safety* – a six-hour program that will precede the official opening of the Congress. A world-class panel including leaders in plastic surgery, industry, insurance, government and public safety policy will set the tone for ISAPS efforts for years to come. And we as an organization are certainly up to

the challenge.

Patients ahead of profit – Our profession is sometimes accused of being more interested in profits than results and safety. With the way plastic surgery is portrayed in the popular media, and the stories of bad results that are so often sensationalized by the media, it is understandable that plastic surgery is too often seen in a negative light. Additionally, the commoditization of plastic surgery has not reflected positively on our field.

Committee chairs and board members continue to work in their executive capacities and in their home countries to dispel this perception not just in words, but in everything they do. We are the keepers of the standards, and there is no other international organization that can match what ISAPS members do every day to advance the good name and good works of plastic surgery.

We are increasingly becoming the "go to" organization for the media and patients for questions about international plastic surgery information and statistics. By concentrating on safety first, we have become a reliable and indispensable source of information for the media and the public about plastic surgery.

Engaging China – As the largest growing market in the world, China and its 1.2 billion people are relatively new territory for plastic surgery. In 2009, ISAPS co-hosted a very well attended, major teaching course in Beijing. It was an overwhelming success and an opportunity for ISAPS

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Cover story, continued from page 1

The *San Francisco Opera House*, world renowned for its architectural beauty and the artistry of its musicians, is closed in August. It's rehearsal time. No one is allowed entry. Nonetheless, we were able to secure this magnificent gem for our Opening Ceremony and Welcome Reception through the intervention of our Local Arrangements Chair, Dr. Bryant Toth, through his connection to the Opera's Board of Trustees. When we were concerned that we would not have the best setting for this special event, suddenly the doors were opened to us. We have planned an amusing, educational, inspirational, musical, and altogether unforgettable evening for you. And the food service will be spectacular, too. We have invited the most famous restaurants and vineyards in the city and region to give you a true "taste" of San Francisco. If you thought you would forego this event, don't.

Our industry colleagues are growing in number daily and we anticipate a record-breaking exhibit hall thanks to our generous sponsors, chief among them, Mentor Corporation, who has supported us as our first Master Sponsor from even before we left the last Congress, and has been both generous and gracious in their advice and friendship throughout. Joined more recently by Sientra and Allergan, we applaud their salute to ISAPS through their participation and support as Master Sponsors.

We have planned a special outing for accompanying guests and families to the famous *Filoli* on Tuesday of Congress Week. This charming, historic mansion with its spectacular gardens is just 30 minutes from downtown San Francisco. Tours of the house and gardens will be provided in multiple languages, as will a delightful lunch on the grounds. The very reasonable cost is well worth it.

An ISAPS tradition that has undergone some change in the past few years is our Gala, our grand finale event. We made this free-flowing and informal, in an educational and entertaining setting, with great food and varied entertainment to allow everyone to relax and spend some time with friends and new acquaintances. The *California Academy of Science* is in a class by itself and will offer something for everyone—and our first class caterer will offer truly amazing food. Recently re-opened after a three-year renovation, the CAS has a resident albino alligator, a delightful swimming penguin exhibit, a planetarium, an indoor rain forest, a green roof with a great view, an amazing underground aquarium, and plenty of room for dancing and enjoying our special entertainers. If you plan to bring your children, of any age, they will love this event. As with the Opening Ceremony, if you have not bought tickets yet, do it today.

None of this would be possible without a small army of planners who have been working on every little detail for nearly three years. From the social events to the exhibits; from the innovative scientific program development to the website design; from the food selection to the contents of the Congress bags; from the invitation, confirmation, and re-confirmation of over 200 faculty and presenters to the publicity planning and even the hotel room key design—nothing has been left to chance. It is impossible to include the list of details involved.

Our reward for all this effort? Your attendance at this Congress will make all our work worthwhile and you will not be disappointed. Old traditions will be honored, and new ones will be established. Old friends will be welcome, and new ones will be encouraged. If you have visited San Francisco before, you know what a delightful, diverse and vitally alive place it really is. If you have not, you have many adventures awaiting you.

Join us in the *City by the Bay* in August. You will find your heart in San Francisco. Really! You will. 

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CURRENT STATUS IN LEGISLATION OF PLASTIC SURGERY PROCEDURES IN THE RUSSIAN FEDERATION

Kirill P. Pshenishnov, MD – Russian Federation

Since the collapse of the Soviet Union in the 1990s, plastic surgery and cosmetology appeared to be the most prominent emerging markets in medicine in the Russian Federation. These two specialties were officially recognized as independent entities in March 2009; however, there were no institutions for the proper training of plastic surgeons in Russia. Since 1982, the license provided by local medical authorities has been given not for plastic surgery, but for “surgical cosmetology” procedures. This license is not given to individual surgeons. It is awarded to hospitals or private clinics if one of the employees has a certificate as a maxillofacial surgeon and once every five years goes through one month of postgraduate courses on so called “surgical cosmetology.” So according to the law in Russia, patients interested in breast augmentation or abdominoplasty with hernia repair must find a stomatologist or maxillofacial surgeon who has spent 144 hours in lectures on aesthetic surgery. There is still no residency training in plastic surgery in Russia. At the same time, international diplomas in plastic surgery are not valid for national certification and licensure in the country.

There is no doubt that in this situation a lot of complaints appear concerning those who refer to themselves as plastic surgeons as well as against plastic surgery on the whole. Surgeons without proper training advertise in the mass media as experts in the field of aesthetic plastic surgery, and especially in the late 1990s, were offering many procedures that were not medically and scientifically approved. Among these were injections of fibroblasts of unknown origin and so called “stem cells” without any verification of the product. Those injections were made at any time of the day, even during house calls. In this situation, the medical community could only support the law that appeared in 2004



limiting application of new procedures, especially in plastic surgery and cosmetology. But local medical bureaucrats began using this law against all the specialists thus demonstrating their power over them with an obvious strong will to manipulate physicians and private interests mostly for monetary benefits.

The branch of the Ministry of Health Care called ROSZDRAVNADZOR (Supervision Over Health Care) insists that they should approve ANY kind of surgical procedure. Bureaucrats in this organization require registration of each procedure including meticulous written explanation of the stages and all the equipment and medication used. ROSZDRAVNADZOR postulates that it is now necessary to approve all surgical procedures from the regular textbooks including appendectomy. According to them, even historical stomach resection after Bilroth should be approved because new sutures (PGA or Vicryl instead of Catgut) are applied. The change of any prescription in approved surgical technology (for example from Vicryl to Dexon, from Fraxiparin to Clexan, from blade 10 to blade 15) is illegal unless it is defended as a new technology. Companies that bring new equipment to Russia have to pass through certification of their devices and also register the new technology for its specific application. In the list of approved technologies, one can find plenty of similar explanations of the same technologies; for example, skin resurfacing procedures for the lasers of different providers. So every surgeon who has a slight modification of surgery must register it individually. It is a very time-consuming process and includes a lot of paper work. For instance, surgical activities at the oldest and the largest Institute of Plastic Surgery in Moscow were blocked for almost three months because the director of that institute ordered his employees to write descriptions for all the surgical technologies they use in aesthetic practice. That paper work was waiting for the approval of ROSZDRAVNADZOR for one year.

In a country where the quality of surgery depends on government-approved technologies, most plastic surgery procedures appear to be illegal and most surgeons are not defended in court. Surprisingly, some old and even ridiculous procedures that were described in official letters of the Ministry of Health Care in the

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Dr. Pshenishnov, *continued from page 6*

past such as breast enlargement via polyacrylamide gel (PAAG) injections and Joseph rhinoplasty technique are approved by the new authorities. But breast augmentation, with modern silicone breast implants and open non-destructive rhinoplasty, are not registered as legal medical technologies in Russia. It is difficult to believe, but it's true that hand massage of the head was recently approved as a new medical technology.

The international plastic surgery community is aware of malpractice by their colleagues all over the world. But international opinion should take into account that nowadays, nearly all world-wide recognized plastic surgical procedures are not recognized by the medical authorities in the Russian Federation. Creation of an advisory committee, organized by the members of the national plastic surgery society for the Ministry of Health Care, could be helpful in the problem of legislation of plastic surgery procedures in the Russian Federation. 

Discussion of legislation affecting plastic surgery in five additional ISAPS member countries will be the focus of the first of three panels during the Global Summit on Patient Safety on Saturday, August 14, preceding the ISAPS Congress in San Francisco.

Can you guess which ISAPS member is pictured here??



Find the answer on page 22.

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LIFE OUTSIDE THE OR: ONE SURGEON'S LITERARY JOURNEY

Tristan de Chalain, MD – New Zealand

I have always been an avid reader, still managing to get through a novel or two a week. This habit has persisted from my school days and despite reading-for-fun being put (relatively speaking) on the back burner during my residency days and during peak exam pressure times at university and medical school, my reading is a constant source of relaxation, distraction and even inspiration. Rather than fretting when a patient is delayed getting to the OR, I pick up a book and read a few pages of the *livre du jour*, and preserve my coronary arteries; at night, I prepare myself for sleep by a bit of reading and when required to wait, I never really object as long as I have my current book handy. As to my tastes, I am a very catholic reader and enjoy pretty much anything from highbrow literature, through poetry, to escapist claptrap of the most lurid “airport thriller” variety. I used to consider it a point of honor to finish a book once started, but I have since matured and decided that life is too short to waste on a book I’m not enjoying and now, if the author can’t hold my interest after a chapter or two, I move on.

Hand in hand with reading, goes writing. I have always enjoyed the written word and putting ideas on paper, creating characters and then fleshing them out in a realistic way, can be a fascinating hobby. I started by writing short stories, when I was still at medical school. I wrote fiction, popular science and the occasional op-ed piece for women’s magazines and these helped considerably towards paying the bills. Many years ago, I began a novel and actually finished it, but then lost the manuscript in London (probably a blessing in

disguise), and fiction writing took second place to scientific output for several years. However, while a resident in plastic surgery, I heard about an event in the UK in which a plastic surgeon and his senior registrar were murdered by a disgruntled patient and this started me thinking. After psychiatrists, plastic surgeons enjoy the dubious distinction of being the group of medical people most likely to be harmed by disaffected patients and in this salient fact I believed I could discern the germ of a story. At the time I began *Wolf’s Paw* I was working in Atlanta as a surgical fellow and I found the entire experience both deeply stirring and altogether remarkable.

I was privileged to work under and alongside some of the giants of the profession and I was impressed by the courtesy and friendliness of all the people we met, as much as by the awesome surgical skills and the institutional expertise we encountered. I made friends and had mentors during that period who will remain so for

life. Nevertheless, although born in Canada, I had grown up in South Africa; as an English-speaking immigrant to the USA, I suffered enormous culture shock, which considerably surprised me as I had had a long exposure to American cultural values in literature and film. A major part of the motivation to write the book was to process this whole experience of intensely-felt cultural alienation I had had in moving to the United States. Besides this, I found the American medical model very different to the British system under which I had trained; it was both exhilarating and terrifying and I felt that it was a system more open to the possibilities of chance, which is another theme the book explores. Besides, I needed a good villain and there was no doubt in my mind that my villain, Ryan, was an essentially American villain. Accordingly, I set out to convert the substance of my years in Atlanta into a tale which would allow me to deal with the emotional impact of a seminal

continued on page 9



In Wolf’s Paw, the city of Atlanta is being terrorized by someone who is killing doctors. Why is this happening and how can the killer be stopped?



Members in Print, continued from page 8

experience. To do this, I created characters loosely based on aspects of individuals I had known and set the scene in the time and place I was most familiar with. There are superficial resemblances to individual people, but really, there is no attempt to write a “factional” story and I would be disappointed to hear that anyone had seen him or herself complete in any of the characters in the book. In summary, the story revolves around the experiences of a South African Fellow, Neill Proctor, in the Plastic Surgery Unit at Emory Hospital, who falls foul of the disgruntled relative of a deceased patient. This relative, Aaron Ryan, is employed as a covert agent by a shadowy government department and once he becomes convinced that his stepmother’s death was the result of medical malpractice, he sets out, using his dark

skills, to mete out punishment to every doctor who had been involved in her care and ultimate demise. This is, from first to last, a fictional thriller, but set, realistically I hope, against a recognisable background. The plastic surgery is real, but the events which make up the plot, and the characters who drive the story, are not.

As we all know only too well, clinical practice is time-consuming and family life equally so. In consequence, the book was written in fits and starts over several years, worked at diligently for a few weeks, then put aside for a few months. After ruthless editing and seemingly endless re-writes, it was finally published in May 2010.

It was great fun to write, since as a writer, one is not constrained by consequences and one is therefore free to do the most unspeakable things to one’s protagonists, but fun aside, it has been a great learning

experience and some of these lessons I am bringing to the writing of my next book which hopefully, now that I know more, won’t take me ten years to write. Again, I’m using plastic surgeons as protagonists, on the principle that one should, as we say in New Zealand, “stick to one’s knitting,” or as a mentor once told me, “write what you know about,” and really, plastic surgery is replete with stories that cry out to be told.

Readers interested in acquiring a copy of *Wolf’s Paw* can go to Amazon to place an order or to www.strategicpublishinggroup.com/title/WolfsPaw.html

ISAPS Member, Dr. Tristan de Chalain lives in Auckland, New Zealand, where he is a plastic and reconstructive surgeon. He is working on his next novel.

ISAPS member GIOVANNI BOTTI – Italy has published *Midface and Neck Aesthetic Plastic Surgery*.

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ISBN: 978-88-8465-063-4.

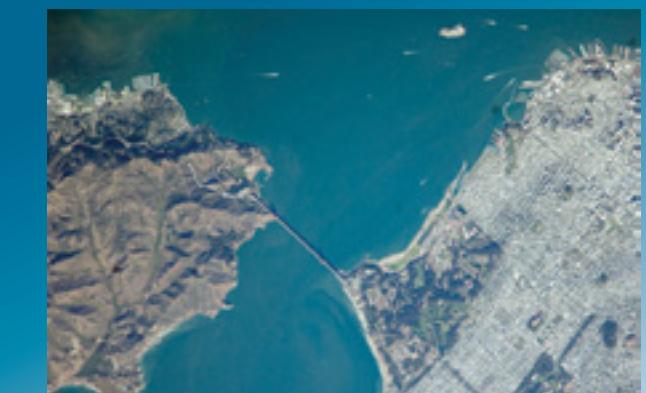
Published in July 2010.

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ISAPS Members: To include a new book you have published in ISAPS News, send information as above to isaps@conmx.net

Where in the world is this?



Find the answer on page 29.

INTERNATIONAL PERSPECTIVE: SECONDARY PROCEDURES WITH BREAST IMPLANTS

Felmont F. Eaves III, MD, FACS – United States

ISAPS Survey Editor

Herein are the results of the most recent ISAPS international survey on practice patterns and attitudes in aesthetic surgery. This survey looked at secondary procedures involving breast implants concentrating primarily on the management of capsular contracture and late seroma. Complete results, along with the results of the prior survey on regional variation in breast implant practices, will be presented at the Biennial Meeting of ISAPS. The editors of ISAPS News and the Board of Directors would like to thank all of the members and plastic surgeons worldwide who participated in the survey.

The management of secondary procedures involving breast implants can be a challenging problem. In order to gain insight into international patterns in the diagnosis and treatment of common secondary breast procedures a survey was developed and electronically completed by 1,131 surgeons from around the globe. A diverse group of

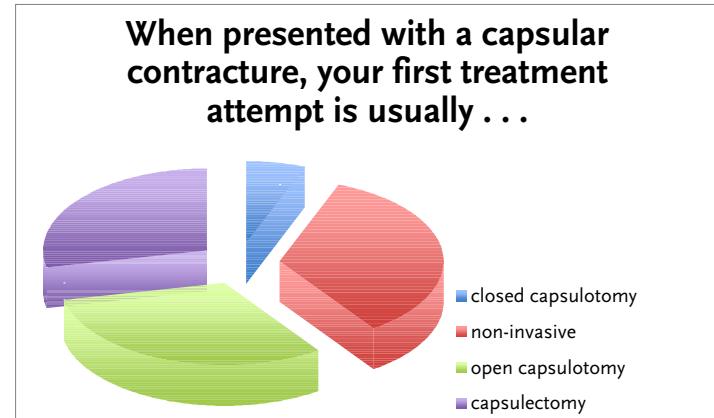
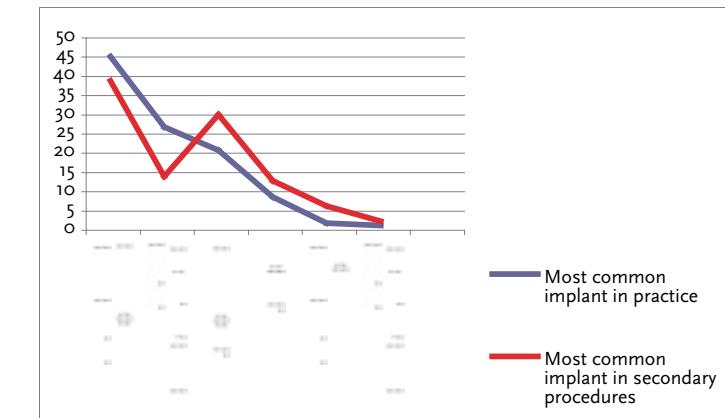
surgeons responded. Half were ISAPS members (583, 51.5%) and the largest number of respondents were from Europe (445; 39.3%), followed by North America (245; 21.7%), South America (182; 16.1%), and Asia (13.0%). The respondents had a range of length of practice and practice types, with most surgeons working solo or in small group practices (648; 57.3%) although academic (211; 18.7%) and hospital based (132; 11.7%) practices were also well represented.

The most common type of implant used worldwide for primary cases were textured silicone gel (round textured gel, 495/1115; 44.4%, shaped/anatomical gel 291/1115; 26.1%) followed by

smooth silicone gel (223/1115, 20.0%) with only 9.4% of surgeons using saline implants most commonly. Similar to the previous ISAPS survey, there were marked regional differences with the greatest number of surgeons from the United States using smooth silicone gel implants as their first choice in primary breast augmentation (57.6%) and 31.3% using smooth saline implants as their first choice, with only 8.5% using any type of textured implants. However textured silicone implants are the first choice in the vast majority of European (93.9%), South American (88.6%) and all other regional groups of surgeons. Yet within textured gel use there were also significant differences, with South American surgeons much more likely to use round silicone devices (70.4% round, 18.3% shaped) versus European surgeons (48.0% round, 45.9% shaped).

Despite the regional differences in implant selection for primary procedures, the shifts of first choice implant selection for secondary procedures tends to be much more consistent across the globe ...

half in secondary procedures, regardless of region (Europe 45.9% to 23.0%; South America 18.3% to 8.3%; Asia 18.5% to 9.7%; Australia/NZ 41.4% to 13.8%). When making such a change, most surgeons seem to switch to a smooth silicone implant, as the gains in percentages of "first choice" are greatest with these devices (Europe 3.2% to 21.6%; South America 11.4% to 29.8%; Asia 21.9% to 36.3%; ANZ 17.2% to 48.3%), with little to modest gains in the use of saline devices (Europe 3.0% to 9.4%; Asia 4.1 to 17.2%; SA and ANZ unchanged) and no change in the percentages of round textured silicone gel implants. In the US, where smooth devices predominate in primary cases, there is a modest trend to exchange from smooth silicone gel (57.6% to 35.3%) to a textured saline device (2.6% to 19.5%).



Regardless of geographic region or type of implant preferentially chosen in primary procedures, the most common indication for secondary implant procedures continues to be capsular contracture, accounting for the most common indication in 60.6% of surgeons' practices. The rate of capsular contracture as the primary indication for secondary surgery did not change significantly whether smooth round silicone gel (59.0% most common indication, 26.9% second most common indication), smooth saline (54.9% most common indication, 18.3% second most common indication), textured round silicone gel (60.0% most common indication, 21.7% second most common indication), or shaped/anatomical gel (63.7% most common indication, 20.8% second most common indication). Similarly, there were no significant differences between these groups for malposition or elective size change as the first most common (or summed first and second most common) indication.

There were differences, however, in the reported rates of seroma between these groups, with a decreased incidence as most common indication in smooth (4.0% smooth silicone gel, 0.0% smooth saline; summed first and second rankings 23.8% and 10.5%) as compared to textured (13.5% round silicone gel, 9.0% anatomical/shaped silicone gel; summed first and second rankings 40.1% and 31.4%).

When initially presented with a capsular contracture, surgeons try a variety of procedures with no consensus in terms of the best first treatment attempt. Non-invasive treatments (e.g. ultrasound, massage, etc.; 34.4%) open capsulotomy (31.3%), and capsulectomy (28.4%) were used with similar frequency, while closed capsulotomy was used much less frequently (5.8%). Regardless of the initial treatment, most surgeons (60.0%)

chose open capsulectomy with implant exchange as the treatment of choice for a severe (Baker IV) contracture with open capsulotomy with exchange as the second most frequent treatment (20.2%). Only 19.8% of surgeons state that they try to reuse the existing implant in these circumstances. When performing a capsulectomy, most surgeons use drains (always 57.5%, sometimes 27.3%, never 15.2%).

Late seromas, defined for purposes of the survey as occurring three or more months postoperatively, had been seen by half of the respondents (49.7%). Surgeons reported having seen seromas in all implant locations (subpectoral 62.3%; subglandular 63.1%; subfascial 10.3%). Furthermore, seromas were seen with all types of implant surfaces, with 38.3% of surgeons having diagnosed seromas in smooth surfaced implants, 67.4% in "moderate" textured surfaces, and 28.3% in "aggressive" textured surfaces. Because the denominator of total implants shell types and surgical positioning is not known, it is impossible to infer any differences in the seroma rate by location or surface, rather one can strongly infer that these

occur in all implants and in all locations. When presented with a seroma, like seen in capsular contracture, initial treatment varies significantly, with half (46.8%) trying drainage only, 10.5% draining with an implant exchange, and 35.0% being more aggressive with capsulectomy or capsulotomy with implant exchange and drainage.

When performing secondary implants surgery, surgeons vary significantly in when and how they evaluate seroma fluid or capsular tissue.

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PIRACY AND PLAGIARISM IN MEDICAL LITERATURE

Riccardo F. MAZZOLA, MD – Italy

ISAPS Historian

In 1436, Johannes Gutenberg (1398-1468), a goldsmith from Mainz (Germany), invented movable types. Fifteen years later he began his Bible project and in 1455, 200 copies of the two volume Bible were printed and sold.

The impact of the invention on the development of education, science and culture was enormous. Printing spread rapidly from Germany throughout Europe to Switzerland, The Netherlands, France and Italy and printers established their firms in centers of commerce. Before 1500, more than 3,500 cities had acquired

presses, but the capital of printing became Venice. The opportunity for profits offered by this city, considered the marketplace of the world, attracted people from Germany, France and Italy.

In 1480, there were 22 firms operating in Venice and by the turn of the century their number rose to 200, the highest concentration of printers in the ancient world. To have an idea of the importance of the business of printing in Venice from this period, it is enough to know that no other city could rival the quantity of book production. The most renowned presses used more than 30 employees: highly skilled craftsmen, apprentices, tradesmen, operators, but also and especially scholarly people to revise the proofs. And this took place



Fig. 1 – The famous Tagliacozzi's illustration on nasal reconstruction as it appears a) left, in the original edition; b) right, in the pirated edition.

in early 1500! The 200 Venetian presses, printed three times more than Paris and 300 times more than Florence, Milan and Rome combined! For this reason, Venice attracted numerous authors. Their works sold well.

The darker side of all this activity was that books were copied and printed clandestinely with fake title pages, authors and place of publication. In an attempt to regulate this massive industry, legislation protecting works against piracy was passed. Thus the Senate and the Council of Ten, one of the major governing institutions of the Republic of Venice, granted copyright, imprimatur or right to print, and certificate of registration for each book issued in the Republic.

The pirated edition of Tagliacozzi's book—Despite these strict procedures necessary for publishing a book, piracy still continued, although to a lesser extent. One of the most famous examples concerns the history of Plastic Surgery. When the Bolognese Gaspare Tagliacozzi (1544-1599) had finished his manuscript on nasal reconstruction, *De curtorum Chirurgia per insitionem* (On the surgery of injuries by grafting), he chose Venice rather than his native city Bologna for publication. Why Venice? For the reasons elucidated above, Venice had numerous advantages, buyers, skilled workers in the field of printing, and last but not least numerous people in its community were cultivated readers. In summary, a good start towards editorial success. Thus Tagliacozzi entrusted the Venetian printer Gaspare Bindoni with the task of printing his work. The folio volume was issued in 1597, with numerous attractive woodcut illustrations showing the different steps of the procedure for reconstructing the nose using the arm flap, the so-called Italian method. The book was a true best seller and despite the numerous printed copies, probably 1,000, it soon went out of press. The printer, Roberto Meietti, already known for similar transgressions, took advantage of the situation by secretly publishing a pirated edition the same year (1). On comparing the two issues, it appears that in Meietti's version, the paper and the art work are lower [are of lower quality (fig. 1 a,b). Moreover, the dedication to the Duke Vincenzo Gonzaga, Tagliacozzi's patron, as well as the right to print (or imprimatur) are missing. On the title page appears the emblem of Meietti, an oval with a plant in the middle, beside the plant a cock with the head erect, and a hen eating the grains fallen to the ground. Around it the motto says: "you will not eat the fruits of lying", that means, "if you read the books printed by me, you will be reading the truth, not lies" (fig. 2). Something incredible for a printer issuing a pirated book!

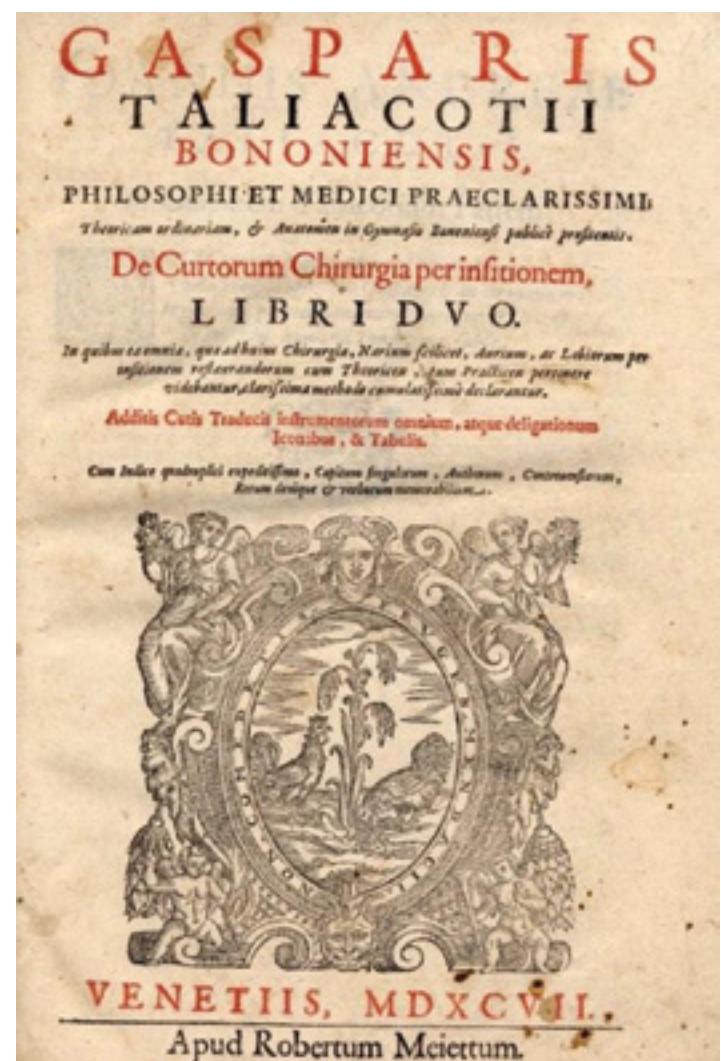


Fig. 2 – Title page of the pirated edition of Tagliacozzi's Book, issued at Venice in 1597

There is no information regarding Tagliacozzi's reaction, nor if Meietti was taken to court. We are aware that the clandestine edition is very rare on the market, suggesting that the printer sold a few copies quickly and cheaply, before the book was withdrawn from sale.

Cowper's "Anatomy," an example of plagiarism – The "Anatomia Corporum Humanorum" (Anatomy of the human bodies) by the English William Cowper represents one of the most striking examples of plagiarism in the history of Medicine. The superb large folio plates which illustrate the Atlas, were originally prepared by Gérard de Lairesse (1640-1711), a Belgian painter of great repute who rivalled Rembrandt in popularity in his time, for the Dutch anatomist Govard Bidloo (2,3).

continued on page 14

Piracy, continued from page 13



Fig. 3 – Comparison of the two title pages of the anatomical Atlas a) left the original bearing Bidloo's name; b) right, the plagiarized copy with the name of Cowper pasted on the one of Bidloo.

Bidloo (1649-1713), a native of Amsterdam, studied Medicine in France and in The Netherlands. In 1676, he obtained his medical degree and started his work as a surgeon. In 1688, he was appointed Professor of Anatomy at The Hague and a few years later, in 1694, he became Professor of Anatomy at Leyden. Bidloo started the project of an anatomical Atlas with de Lairesse about 1676 and it took several years to prepare the 105 large drawings. They were probably completed about 1682, after which they had to be engraved. Plates, drawn after nature, dramatically represent the different parts and organs of the human body as they appear on dissection. Objects of everyday life, cords to hold the body and limbs in position, pins used to maintain skin flaps open, dissection knives, even a fly, are often associated with the cadaver representation in a crude though realistic combination.

In 1685, Bidloo published his fine Atlas reflecting the baroque style, in Amsterdam. But despite the enormous work involved, it was not well received. Short explanatory text and crude images were probably responsible for moderate success. Conversely, William Cowper (1666-1709), British anatomist and surgeon, known for having described the bulbo-urethrales glandulae, named Cowper's glands after him, was much impressed by the quality of the illustrations. During his visit to Leiden, he proposed to Bidloo to reissue the text in English, thereby guaranteeing wider circulation. He published the 105 plate Atlas in

1698 in Oxford, without acknowledging Bidloo, adding nine plates of his own. Moreover, in the cartouche on the engraved title Cowper pasted on his own name and added his own portrait (fig. 3). Bidloo strongly objected, despite the fact that plagiarism was more tolerated at that time, and wrote a letter to the Royal Society of London, of which Bidloo and Cowper were fellows, "Gulielmus Cowper, criminis literarii citatus . . ." (Leyden, 1700).

The ensuing controversy between Bidloo and Cowper about plagiarism is one of the most famous in medical history and continued for several years. Cowper published his own defence, but the Royal Society refused to take any decision against one of his members. Nevertheless, Cowper's Atlas was well received and went through four editions.

History shows that plagiarism is an old, chronic plague and after more than 300 years it remains one of the most common causes of controversy in science and medicine (4).

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HAITI: A Plastic Surgeon's Experience Three Months after the Earthquake

Brian KNEAFSEY, MD – Ireland

We present this article as a followup to the coverage in the previous issue concerning the earthquake that decimated Haiti at the beginning of this year. Like so many other medical volunteers from many countries who went there to help, Dr. Brian Kneafsey joined a team from Ireland and provides a glimpse of the work and daily life of some of these dedicated professionals and the status of the country and its people as they found it all these months later.

The fragile infrastructure of the poorest country in the Western Hemisphere was destroyed on January 12th, 2010. The epicenter of the earthquake was close to Port au Prince, and it is estimated that 230,000 people died, 300,000 were injured, and 1 million were rendered homeless or now live in unimaginable conditions. (Fig. 1)



Fig. 1 – The Present.

The main hospitals in Port au Prince were destroyed, including the largest general hospital, three hospitals run by Médecins Sans Frontières (MSF), several other medical facilities and the nursing schools. Many doctors and nurses died in the earthquake. Millions of dollars of aide have been pledged and many foreign doctors, nurses and other professionals have volunteered to help, but the scene remains grim. Like many other surgeons,

I wondered if there was anything I could do to help.

As a practicing plastic surgeon in Ireland, some of my colleagues and I were asked by the Royal College of Surgeons in Ireland if we would be interested and willing to help in a practical way, by volunteering to join Irish Orthopaedic surgical teams going to Haiti. Three Irish plastic surgeons, all ISAPS members - Richard Hanson, Peter Meagher, and I - each spent a week working as part of one of these teams.

Irish Orthopaedic surgeons had liaised with Partners in Health (PIH), a Boston-based charity which is one the largest providers of free healthcare in Haiti. PIH was founded in 1987 by a Harvard physician, Dr. Paul Farmer, who was recently appointed UN Deputy Special Envoy to Haiti. PIH's largest hospital in Haiti is in Cange, 40 miles north of Port-au-Prince in the central highlands which escaped most of the destruction. After the quake, PIH decided to use this hospital to centralize more definitive treatment for the multitude of severe limb injuries.

Cange has a 104-bed hospital with two operating theatres with adult and pediatric wards located in a secure compound which included living accommodation, two schools and a church. The church accommodated extra emergency beds after the earthquake, bringing capacity up to 200 beds. Reaching Cange entails a three-hour hot and uncomfortable drive in a 4WD vehicle over mainly unpaved roads and dirt tracks. There is a single rudimentary non-mobile X-ray machine, but no imaging is available in theatre.

Laboratory facilities are basic and there is no microbiology service. There is a small single room emergency department and a single room out-patient "clinic." Electricity and running water are often interrupted, especially in the afternoons. The surgical



Fig. 2 – Theatre Scrub area.

theatres are very small; there was one sink that was used for both scrub and sluice purposes (Fig 2). Maintaining sterility in such an environment was a challenge.

Several 8-10 member teams of orthopedic and plastic surgeons volunteered to travel to Cange, each spending 1-3 weeks. Teams from Harvard and other hospitals from North America as well as Irish teams staffed the hospital in a sequential way to deal with limb injuries. Handover of care from one travelling team to the next was provided by two outstanding Haitian medical students who had just qualified from Harvard and returned to Haiti after the earthquake. The team on the week I travelled (April 10th – 17th) consisted of two orthopedic surgeons, one plastic surgeon, two physiotherapists, two anesthetists, and three operating theatre nurses.

The mix of cases we dealt with could be divided into several groups of patients: 1)

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1 June 2010

Dear Colleagues,

I would like to invite you to attend the ISAPS Biennial Congress in San Francisco, August 14-18, 2010.

The Education Council has worked very hard during the past year to bring you one of the best scientific programs in aesthetic and reconstructive surgery ever assembled. Each morning and afternoon session will cover one, and only one, major topic in aesthetic surgery. Each session will include an edited video presentation and discussion by experts, a full panel, and free papers related to that specific topic. All in one great ballroom so you will not miss anything!

On Saturday afternoon, August 14th, we have planned a six hour *Global Summit on Patient Safety* as the kick-off to this five day international CME event. This unique and novel educational session will cover several different aspects of Patient Safety, Global Regulations and Medical Tourism. The faculty includes distinguished authorities and colleagues from many different countries with expertise in patient safety and medical tourism worldwide. The Congress has been approved for 34 hours of CME credit, including 11.5 Patient Safety hours.

Faculty and free paper presenters from 44 countries will make this meeting unlike most you have attended in your life. Furthermore, registration already includes attendees from 79 countries.

I urge you to visit the ISAPS Congress website today - www.isapscongress2010.org - to register and book your hotel room at the Marriott Marquis San Francisco.

You do not want to miss this great Educational and Social event and see all your international colleagues and friends in the beautiful *city by the bay*.

Best regards,

Renato Saltz MD
Scientific Program Chair ISAPS 2010-SFO





Sunday, August 16, 2010
San Francisco War Memorial Opera House

Join us at Opening Ceremonies for dynamic performances of opera, acrobatics, music and more.

Keynote Speaker: Dr. Charles Elachi, Director, NASA Jet Propulsion Laboratory.

After the ceremonies, indulge in a unique California food and wine extravaganza. Listen to outstanding musical performances while sampling gourmet treats from two-dozen top-rated restaurants and over 60 distinctive California wines.




2010 CLOSING NIGHT GALA

Tuesday, August 17, 2010
The California Academy of Sciences

Don't miss this opportunity to explore the endless wonders of San Francisco's fascinating world-class museum! Enjoy exciting entertainment, dance to the international beat of Wobbly World, and dine on delectable food and beverage provided by San Francisco's premier caterer.









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SAN FRANCISCO TOURS

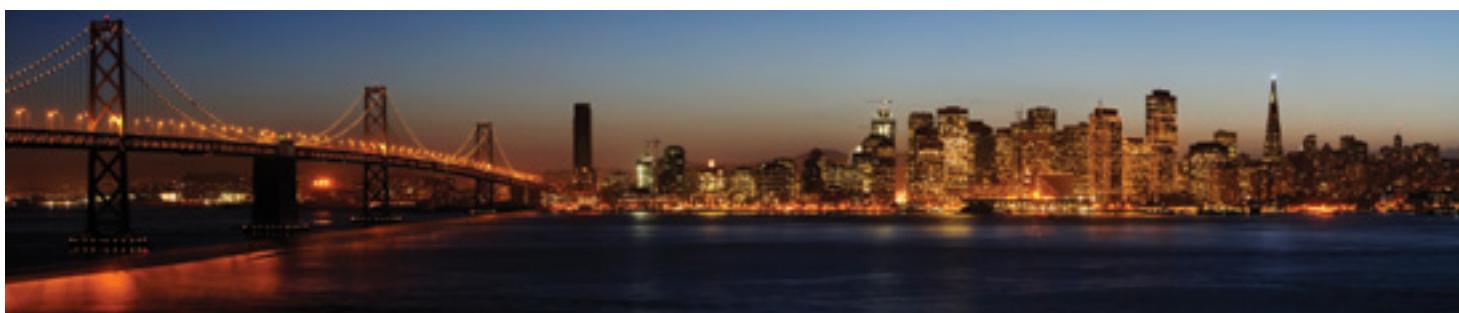
Earl Davis - Casto Travel

For anyone about to visit San Francisco for the first time, you will discover that this 'City by the Bay' has much to offer. From the bay on one side of the city to the Pacific Ocean on the other, San Francisco is a unique and beautiful place.

While **Fisherman's Wharf** and **Alcatraz** are must see destinations for many visitors, San Francisco offers many opportunities to explore the city's unique character. Hop onto the side of a cable car as it descends California Street from the mansion hotels atop Nob Hill down to the **Embarcadero** and the new **Ferry Plaza** with its indoor farmers' market. Climb the Filbert Street Steps from the Embarcadero to **Coit Tower**, enjoying the quaint houses and gardens around you and the stunning Bay view behind you. Other sights are best seen as you stroll through **Golden Gate Park** or the hiking paths above the Pacific Ocean in the **Presidio**.

San Francisco is fortunate to have several world-class museums. The **Museum of Modern Art** in the downtown area, The **deYoung Museum** in Golden Gate Park (which has the privilege of hosting a special exhibition this summer featuring Impressionist Art from the Musée d'Orsay in Paris), the **Legion of Honor** in a historic Beaux Arts building housing 4,000 years of ancient and European art, and the **Asian Art Museum** which is one of the largest museums in the western world devoted exclusively to Asian Art. Other world-class museums include the **Exploratorium** with its hands-on exhibits and the recently reopened **California Academy of Sciences** with its Planetarium and four-story living rainforest – the site of the ISAPS Gala Event on Tuesday evening.

Experience our vast cultural diversity as you stroll through the streets of **Chinatown** with its many little shops and restaurants and enjoy great Italian food as you sit outside at a café in **North Beach**. Walk the paths from Chrissy Field along the bay to Fort Point situated right under the **Golden Gate Bridge** and then continue up into the hills to see some of the most beautiful vistas of



the bay, ocean and bridge. And, popular with many visitors, is a stroll across the **Golden Gate Bridge**, though not for the faint-hearted who are afraid of heights! Remember that the famous San Francisco fog can roll into the city at any time, so be prepared with a jacket or sweater at all times.

San Francisco also has great shopping, from the designer shops around **Union Square** to the small boutiques in neighborhoods such as Union Street and Hayes Valley. Whether your preference is to wander the aisles of Saks Fifth Avenue and Bloomingdales or visit some of the more local boutiques in the neighborhoods, you will find it in San Francisco.

While one can easily spend a full week sightseeing in San Francisco, there is also much outside the city to do. Drive across the Golden Gate Bridge and hike the headlands along the ocean in Marin while also visiting the quaint towns of **Sausalito** and **Mill Valley**. Head further north and spend a day tasting the variety of wines of the **Napa and Sonoma Valley** wine regions or feel like you are in Africa at **Safari West** with its 400 exotic mammals and birds.

Alternatively, head south to the beautiful beaches along the coast and charming towns such as **Half Moon Bay**. Further south is the **Monterey Peninsula** with its world-class aquarium as well as the famous golf courses of **Pebble Beach**.

If you have more time, experience the wonders of **Yosemite National Park** or the beauty of the **Lake Tahoe** region. Both areas are long drives that would best be made with overnight stays, but are truly representative of the beauty of Northern California.

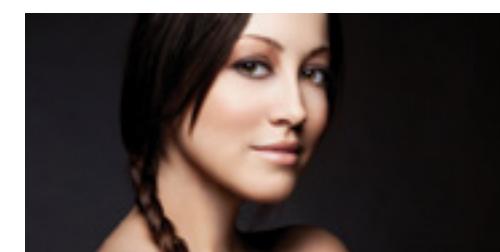
Whatever you decide to do, whether to remain in San Francisco and enjoy the unique sights of the city or explore the many wonderful destinations conveniently located outside the city, your visit here will be memorable. Like many visitors to San Francisco, you will want to return for more in the future. This will be just a first taste of all that this great city offers you. 



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Robert M. Goldwyn (1931-2010)Surajit Bhattacharya – *Editor, Indian Journal of Plastic Surgery*

Every day the sun rises and after energizing the green earth, almost unnoticed, and without any fuss, sets over the far horizon. Across the seven seas, again unnoticed and silently, yet another sun has set. After doing what he did best, stimulate, uplift and energize the world of plastic surgery, Prof. Robert M. Goldwyn, the grand old man of Plastic, Reconstructive and Aesthetic Surgery, slipped into the pages of history on March 23, 2010.

Prof. Goldwyn was an accomplished surgeon, and outstanding teacher, and an iconic editor of the most reputed Plastic Surgery journal, *Plastic and Reconstructive Surgery*, since 1979. His bold and brutally frank editorials were always a clarion call to lesser mortals in the field, to attempt a course correction, whenever he felt they were erring or being led astray. He wrote ten books and over 350 papers, his final book published just last year *Retired, Not Dead* on various subjects in his inimitable, humorous tone. His unforgettable masterpiece, *The Unfavorable Result in Plastic Surgery: Avoidance and Treatment* (Lippincott Williams & Wilkins, 2001) is a collector's item with each chapter identifying complications and problems associated with a particular procedure and then suggesting steps and precautions to avoid them. He also authored *Avoidance and Treatment* (now in its third edition), *Reconstructive Surgery of the Breast, Long-Term Results in Plastic and Reconstructive Surgery*, and *Reduction Mammaplasty, The Patient and the Plastic Surgeon* (two editions) and *The Operative Note*, a collection of his editorials, as well as a book for the general public: *Beyond Appearance: Reflections of a Plastic Surgeon*. With J. Saxe as translator, he wrote an introduction to G. Baronio's *Degli Innesti Animali*, (On Grafting in Animals). He also wrote the introduction for the first complete English translation by J. H. Thomas of G. Tagliacozzi's *De curtorum chirurgia per inisionem*, 1597 (On the Surgical Restoration of Defects by Grafting, a facsimile edition).

Prof. Goldwyn did his internship and residency in general surgery at the Peter Bent Brigham Hospital in Boston from 1956 to 1961. During this time he was the Harvey Cushing Fellow in Surgery at the Peter Bent Brigham Hospital and spent two months in 1960 working with Dr. Albert Schweitzer in Gabon, West Africa. His plastic surgical training was at the University of Pittsburgh Medical Center from 1961 to 1963. At Harvard

Medical School he became Senior Surgeon at the Peter Bent Brigham Hospital and at the Beth Israel Hospital where he was Chief of the Division of Plastic Surgery from 1972 to 1996. He continued to participate in humanitarian missions throughout his career.

In 1972, Dr. Goldwyn founded the National Archives of Plastic Surgery, housed at Harvard Medical School, thus preserving the history of 20th century plastic surgery. He served as Chairman of the Archives Committee of the Plastic Surgery Educational Foundation. He was a founding member of Physicians for Social Responsibility and had written articles on world peace, opposition to chemical and biological warfare, and medical ethics.

He had been visiting professor to more than 70 institutions, universities, and hospitals in his own country and abroad and was an honorary member of more than a dozen national and international societies of plastic surgery. He delighted in accepting his many accolades in the language of the country that was honoring him. His other awards included the Dieffenbach Medal, the Honorary Kazanjian Lectureship, Clinician of the Year of the American Association of Plastic Surgeons, and the Special Achievement Award and the Presidential Citation of the American Society of Plastic and Reconstructive Surgeons.

Prof. Goldwyn is survived by his loving wife Tatyana (Tanya) and his daughters Linda Goldwyn and Laura Goodgame, step-son Peter Robson, and six grandchildren. The Association of Plastic Surgeons of India will always remain grateful to him for his guidance and care, which he showered on our members whenever they interacted with him. To me personally, he will always be the gold standard in the business of editing a plastic surgery journal. 

Trudy Vogt-Suter (1924-2010)

ISAPS Honorary Member Trudy Vogt of Switzerland passed away at her home after a long illness on March 19th in Maui, Hawaii. She is survived by two daughters, Manuela Christener and Giovanna Crivelli and her sister Annabeth Katz. She was 85.

Dr. Vogt was born on June 22nd, 1924 in Horgen, near Zurich where her father was a surgeon. She studied medicine at the University of Zurich and married Dr. Crivelli, Chief of Medicine in the Italian Hospital in Lugano.

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Trudy Vogt, continued from page 20

Dr. Vogt was a surgical assistant under Prof. Buff in Solothurn and Prof. Bettex, and first assistant in a hospital in Zurich under Dr. Kaiser. She studied plastic surgery in Paris under Prof. Dufourmentel and Dr. Mouly.

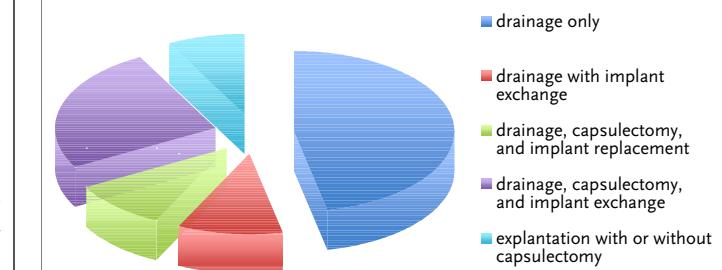
In 1961, she married Prof. Bruno Vogt and had a daughter, Manuela. In 1964, she opened a private practice in aesthetic plastic surgery in Zurich and founded the Bellevue-Klinik in Zurich.

During the years 1987 to 1990, Dr. Vogt was the ISAPS National Secretary for Switzerland, Chair of the Ethics Committee, Chair of Public Relations and Chair *ex officio* of the Finance and Endowment Committee. She chaired the Local Arrangements Committee for the 10th Congress of ISAPS in 1989 in Zurich. Trudy was also a member of the Scientific Program Committee chaired by Dr. Freddie Nicole (UK) and chaired the presentation on Complications in Body Contouring and Liposuction, a theme of her specialty.

Friends and colleagues from all over the world mourn her passing. 

International Perspectives, continued from page 11

If a patient presented with a late seroma, your initial treatment would be ...



capsular tissue. When operating primarily for capsular contracture, for example, 39.0% of surgeons always send the excised tissue for pathological analysis but 48.7% of surgeons do so only if there is some abnormality noted, such as a mass effect. When operating for an indication of seroma, a quarter (23.8%) would not obtain cytology, a similar number would (29.4%), and 41.2% would send both fluid for cytology and excised capsule for pathology. Most (59.8%) would obtain cultures of seroma fluid routinely, even in the absence of clinical or laboratory indications of infection, although a significant number (19.4%) would send only if clinical or laboratory signs of infection were present. Most surgeons had not seen a significant diagnosis (acute or atypical bacterial infections, evidence of prior hematoma or trauma, adenocarcinoma, or lymphoid abnormalities) either from cytology/culture of seroma fluid (65.1%) or capsular pathology (62.2%), suggesting that the relative rate of positive results is relatively low for these studies. Recently a few scattered cases of lymphoid abnormality or proliferation associated with breast implants has been reported. Of note, only a small minority of responding surgeons had ever seen such an occurrence (3.2-3.6%).

The survey asked about treatment for implant exposure and the use of dermal matrix materials. There was certainly no consensus on how to initially treat implant exposure, with conservative treatment (antibiotics, closure under local – 24.7%), surgical exploration with salvage (18.7%), surgical exploration with implant exchange (18.3%), and explantation with or without capsulectomy (33.0%) all being used with similar frequency. Finally, surgeons were asked if they had ever placed an acellular dermal matrix material during secondary surgery with breast implants either for malposition, capsular contracture, or synmastia. Only 13.9% of respondents have done so. 

ISAPS International Survey: Aesthetic Procedures Performed in 2009



This survey has been sent by email previously. If you have already participated we thank you.

If you have not yet taken part, please do so now. The accuracy of the Global Statistics we are collecting depends on you!

Go to <https://www.iisecure.com/ISAPS/survey.asp> to take the survey.

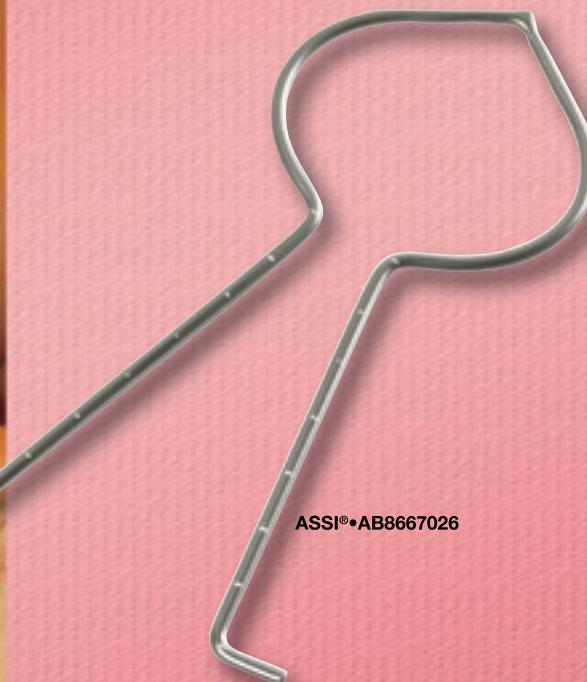
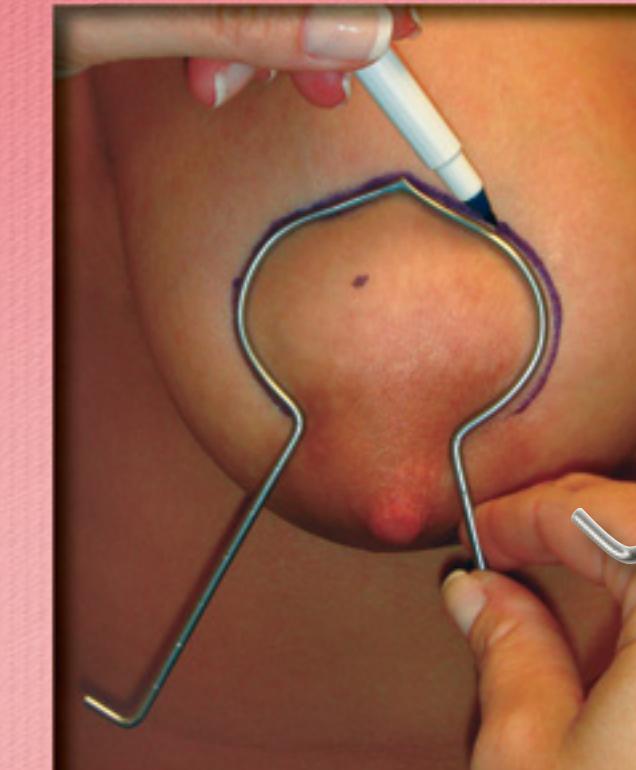
This professionally developed instrument is completely anonymous.

No one will know how you responded.

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Antonio FUENTE DEL CAMPO, MD	MEXICO	Michael SCHEFLAN, MD	ISRAEL
Rolf GEMPERLI, MD	BRAZIL	Yukio SHIRAKABE, MD	JAPAN
Alan H. GOLD, MD	USA	Ghaith F. SHUBAILAT, MD	JORDAN
Raul GONZALEZ, MD	BRAZIL	Maria Z. SIEMIONOW, MD, PhD	USA
Ruth M. GRAF, MD, PhD	BRAZIL	Henry M. SPINELLI, MD	USA
Robert GRANT	USA	Renée-Marie STEPHANO	USA
Andrea GRISOTTI, MD	ITALY	Ithamar Nogueira STOCCHERO, MD	BRAZIL
James C. GROTTING, MD, FACS	USA	James M. STUZIN, MD, FACS	USA
Ronald P. GRUBER, MD, FACS	USA	Susumu TAKAYANAGI, MD	JAPAN
Jose GUERREROSANTOS, MD	MEXICO	Tunc K. TIRYAKI, MD	TURKEY
K. Guler GURSU, MD	TURKEY	Patrick L. TONNARD, MD	BELGIUM
Farid HAKME, MD	BRAZIL	Bryant TOTH, MD	USA
Per HEDÉN, MD, PhD	SWEDEN	Lina M. TRIANA, MD	COLOMBIA
Jorge HERRERA, MD	ARGENTINA	Carlos Oscar UEBEL, MD, PhD	BRAZIL
Joseph P. HUNSTAD, MD	USA	Ivar VAN HEIJNINGEN, MD	BELGIUM
Yves-Gerard ILLOUZ, MD, FACS	FRANCE	Alexis VERPAELE, MD	BELGIUM
Glenn W. JELKS, MD, FACS	USA	Theodore VOUKIDIS, MD, FACS	GREECE
Mark L. JEWELL, MD	USA	Richard WARREN, MD	CANADA
Geoffrey KEYES, MD	USA	Linda WHITNEY	USA
Daniel A. KNUTTI, MD	SWITZERLAND	Leila WILCOX	UNITED KINGDOM
Abdennasser LAHLALI, MD	MOROCCO	Woffles T. L. WU, MD	SINGAPORE
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Jennifer L. Walden, MD, NY, NY

to present its point of view and to cross barriers of culture and language by bringing knowledge and standards to the table. We were warmly received by our Chinese colleagues. We hope that this course will be the first of many, and that our involvement in China in this way will dramatically impact on increasing the number of ISAPS members from China.

International regulations, standards and certification – To support the ISAPS effort promoting public safety, the board has continued to push for effective standards within various countries, as well as for the consistent certification of doctors and facilities throughout the world. This is a growing trend. National governments are beginning to realize the importance of certification and are working with our partners to change the *status quo* and improve standards not on a case-by-case basis, but as they are now doing in Costa Rica for example, as a national policy.

Transition of our journal – *Aesthetic Plastic Surgery*, the official journal of ISAPS, gained a new Editor-in-Chief who, in his short tenure since taking over on April 1, has already made so many positive changes. We welcome and applaud his efforts to take our journal to the next level.

Aesthetic Education Worldwide – The ISAPS Education Council's activities have grown dramatically in the last 24 months, increasing its reach to deliver independent and co-sponsored courses in more than 15 countries, among them: Australia, Belgium, Brazil, China, Colombia, Germany, Greece, Holland, India, Israel, Lebanon, Russia, Singapore, Sweden, and Turkey.

As we begin planning the next ISAPS Congress in Geneva (September 2012), the Education Council is scheduling courses into 2011 and beyond that will bring the latest techniques to plastic surgeons around the world. We appreciate the Education Council and its members for their diligent efforts in keeping these courses restricted to plastic surgeons.

Medical Procedures Abroad™ – As this newsletter goes to press, ISAPS is involved in one of the most dramatic and profound efforts it has ever undertaken in the realm of patient safety and public health. Working with one of the world's leading insurance underwriters, ISAPS is pioneering a new approach that will change the discourse from "medical tourism" – a phrase that does not reflect well on any medical specialty – to Medical Procedures Abroad™. For the first time ever, a system is about to be launched that stresses results and surgeon competence first,

as well as the patient's appropriateness for surgery – ahead of hotel and airline reservations.

It's Surgery – Not a Vacation has become our mantra. And at the forthcoming Congress, we will be announcing how by providing moderately priced insurance for patients who travel for medical procedures, we force the issue of safety from the background to front and center. This has the potential to save lives and protect both surgeons and patients from unscrupulous practices. For this we must all take a collective bow. It is an extraordinary achievement that would not be possible without a supportive Board of Directors with real vision and the tireless efforts of committee chairs and executive staff to make this concept a reality.

Someone once said, "When you are a leader, you act like a leader." And that is how the ISAPS board has acted over the last two years: as leaders in this profession we all love. When we hand over the presidency to Dr. Jan Poell of Switzerland, we will be well served by this talented and dedicated professional who as a member of the ISAPS board for more than ten years, is thoroughly aware of the importance of his position and is clearly ready to lead. My personal thanks to Dr. Poell for taking on this responsibility and continuing the efforts we have collectively championed over the last two years.

My profound thanks go out to all of you for allowing me to represent ISAPS as your president. I look forward to seeing you all in San Francisco, and hope that when you visit the United States you will take advantage of its many wonders and, its natural beauty, and enjoy some recreational time before and after we meet in *the City by the Bay*.

Safe travels.

(Handwritten signature of Foad Nahai, MD)

Foad Nahai, MD

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CALI BEAUTIFIES THE WORLD

CALI EMBELLECE AL MUNDO

Lina Triana, MD – Colombia



From September 15 to 18, 2010, Cali, Colombia will be the headquarters for the most important plastic surgery meeting ever produced in our country. It is the *XVI Colombian Plastic Surgery National Meeting: Cali Beautifies the World* (XVI Curso Internacional de Cirugía Plástica Estética: Cali embellece al mundo) organized by the Colombian Plastic Surgery Society and endorsed by ISAPS.

As part of the Colombian Plastic Surgery Society's Board of Directors, Pacific Chapter, the organizing committee of this meeting has made it an international event. We have been working very hard for two years to plan this meeting and are proud to present it to the ISAPS family.

We have developed a very good scientific program and we want to share this event with you. This will be a perfect opportunity to experience quality aesthetic plastic surgery and also a great time to see some of our beautiful city, Cali, and why not some other areas of our country and continent, too. We Colombians, and especially people from Cali, my city, have ensured a very good social program. Salsa lovers will have a great time.

We have invited very well known plastic surgeons from all around our globe who have kindly agreed to lecture on the most advanced themes of aesthetic plastic surgery. For us, since the beginning of the organization of this meeting, our principal purpose was to offer a high quality scientific program for Colombian and international plastic surgeons so that it would be irresistible to come to Cali. You can access our scientific program through our meeting webpage: www.cursocaliembellecilmundo.com

I encourage you to visit it and learn more about our meeting. Hope to see you all here in Cali, Colombia. 

Invited lecturers:

ARGENTINA

Ernesto Moretti

BELGIUM

Alexis Verpaele

BRAZIL

Ivo Pitangui
Ewaldo Bolívar de Souza

Pedro Martins

Henrique Radwanski
José Tariki

COLOMBIA

Julio Cesar Escobar
Carlos Mejia

Juan Santamaría
Lina Triana

Marco Zambrano
Jaime Zapata

FRANCE

Jean Pascal

A MESSAGE FROM TUNISIA

Bouraoui KOTTI, MD – Tunisia

It gives me great pleasure to write these few words to introduce Tunisia to the ISAPS family.

Located in North Africa, Tunisia is a premier tourist destination especially because of its sunny climate and golden sandy beaches. It lies on the shores of the Mediterranean Sea and has about 35% of its 163,610 square kilometres located in the Sahara desert. Tunisia's varied terrain, coupled with its multi-ethnic history, makes for a pleasant stay that will fulfill almost anyone's taste. In the past, Tunisia was part of the Roman Empire and various medieval Islamic states. The north suburb of the capital city of Tunis was the famous Phoenician city of Carthage.

Apart from being renowned as a sun-and-sea holiday destination with a solid tourist infrastructure behind it, including the world's second largest destination for thalassotherapy, the country is demonstrating from year to year its capability of offering high quality medical tourism packages. Tunisia is a relatively small medical tourist destination when compared with other countries like India, Thailand and Singapore; however, the medical tourism sector has already become the country's second highest foreign currency earner and the second largest employer in Tunisia. Most foreign patients come to Tunisia to undertake specialized surgical operations in the fields of cardiology, gynecology or urology. However, Europeans and more and more Africans from Libya, Algeria, Mauritania and also increasingly sub-Saharan Africa, are particularly attracted by the good reputation of Tunisian doctors in the field of cosmetic surgery and ophthalmologic, orthopaedic and dental care. Cosmetic surgery is currently the country's speciality.

So for me, it's an honour to be the first National Secretary for Tunisia and be so well received by all the ISAPS family. I look forward to meeting you in San Francisco this August. 

ITALY

Jean Luca Campiglio

Sam Hamra

Jeffrey Kenkel

UNITED STATES

William Little

Renato Saltz

Timothy Marten

Al Aly

Foad Nahai

Marco Zambrano

Nazim Cerkes

Thomas Biggs

Felmot Eaves

Jack Friedland

Alan Gold

James Grotting



Haiti, *continued from page 15*

those still undergoing definitive treatment of their quake injury, 2) late presentation of earthquake injuries, 3) complications of treatment, and 4) non-quake injuries.

Group 1: When we arrived nearly three months after the earthquake, many patients still had unhealed wounds and/or non-union or delayed-union of limb fractures. Some patients had already had previous surgery and had plaster casts and/or dressings, especially VAC® dressings in situ still undergoing or awaiting definitive treatment. The VAC® had proved extremely useful in Haiti in managing many wounds, but the volume and complexity of such cases meant that many VAC® dressed wounds still required closure, by direct suture, grafts or flaps. Many patients had external fixators. A large number of the cases which remained at this stage were complex non-unions, with or without infection. These problems, which would be challenging even in first world facilities, would ideally require interventions not currently possible in Haiti.

Group 2: Even during our time in Cange, new patients arrived with unhealed and untreated fractures and wounds. One young man with a fractured hip had heard that treatment was available in Cange. He had lost all his family, all his possessions, and had spent two months walking/dragging his leg from Port-au-Prince to Cange. The next day, one of the orthopedic surgeons with one of the anesthetists and two nurses drove him to another American charity hospital near Port au Prince that has a more sterile operating theatre and an image intensifier. He was lucky. The hospital was not being used as the American orthopedic team couldn't come to Haiti that week. After fixing the three month old fracture, the team travelled

back with him in the 4WD which functioned as the recovery room. Round trip: 9 hours. As his only possessions were the rags he wore, the surgeons gave him their spare clothes.

Group 3: Limited facilities meant impaired sterility. Some patients had infected wounds requiring removal of orthopedic hardware. Pressure sores had developed in patients with spinal injuries, despite early and successful surgical intervention to the spinal injury and were brought to Cange to manage the pressure sores.

Group 4: Not all injuries were directly attributable to the quake and acute cases presented to the single room A&E. One young woman had been tied up and beaten by her husband who then chopped off both her ears with a machete. Like most of our Haitian patients, she was very stoical and appeared to resolutely accept the loss of her ears with great dignity.

Our typical day started at 7am with breakfast of local Haitian food such as rice, porridge or papaya fruit. After a ward round with all the surgeons and the Haitian medical students, we operated all day, every day. Meanwhile on the wards, the physiotherapists and nurses who did all the ward dressings got to work. Physiotherapists were not part of the early teams, but it was quickly obvious that their input was essential. Surgery finished as it was getting dark at 6pm with a final ward round before night fall. There was no food available for the staff in the evening, so energy bars brought from home kept us going. [call out] We often played cards before retiring to sleep in dormitory type accommodation under our mosquito nets. We shared one toilet and one intermittently-running shower with cold water only!

While our individual patients had great personal benefit from our input, we recognize that our efforts played only a tiny part towards correcting the devastation throughout the country. [call out] Much still needs to be done. On a much greater scale, infrastructure, electricity, roads, water supplies, and education needs to be addressed in addition to the medical needs. Much of the anesthetic equipment, instruments, and dressings that had been donated had been put to very good use. But logistical delays and organizational problems mean that many of the very generous donations and deliveries of medical supplies are delayed in reaching their target destinations. The Haitian patients and relatives we met were very welcoming, stoical, and resilient. We saw few western diseases. They might have make-shift living conditions, but it seems mobile phone ownership is almost universal.

My group was the last Irish team to go, but there are plans for further involvement. Unfortunately, our return home was delayed by the eruption of the volcano in Iceland disrupting all flights to Europe for almost a week! (Fig 3) The traumatic earthquake injuries are largely mostly treated now, but general surgical, orthopedic and plastic surgical problems still abound.

Irish Orthopaedic Haiti Fund www.iohf.ie
Partners in Health www.pihi.org 



Fig. 3 – After a 4-day delay due to volcanic ash, our team with boarding cards are ready for the flight home. (Author in pink shirt on right).

CALENDAR

August 2010

DATES: 14 August 2010–18 August 2010 **ISAPS OFFICIAL CONGRESS**
Meetings: 20th Biennial Congress of ISAPS
Location: San Francisco, California, USA
Venue: Moscone Convention Center and San Francisco Marriott Hotel
Contact: ISAPS Executive Office
Tel: 1-603-643-2325
Fax: 1-603-643-1444
e-mail: isaps@conmx.net
Home page: <http://www.isapscongress2010.org>

DATES: 26 August 2010–29 August 2010
Meetings: 2nd European Plastic Surgery Research Council
Location: Hamburg, Germany
Venue: MS Cap Diego, Hamburg Harbor
Contact: Isabelle Laerz
Tel: +49-3641-3533-2702
Fax: +49-3641-3533-22309
e-mail: info@epsrc.eu
Homepage: <http://www.epsrc.eu>

September 2010

DATES: 04 September 2010–05 September 2010
Meetings: Breast Imaging: A comprehensive Review Meeting
Location: Bruges, Belgium
Venue: Congress Centre Old Saint John
Contact: King Conventions
Tel: +32 (0)9 235 22 95
Fax: +32 (0)9 233 85 97
e-mail: BREAST@kingconventions.be
Homepage: <http://www.diagnostic-imaging.be>

DATES: 15 September 2010–18 September 2010
Meetings: 16th International Course of Aesthetic Plastic Surgery
Location: Cali, Colombia
Venue: Convention Center del Pacifico
Contact: Lina Triana
Tel: 57-2-556-0575
Fax: 57-2-518-4444
e-mail: LinaTrianaMD@yahoo.com

DATES: 17 September 2010–19 September 2010
Meetings: Aesthetics Asia 2010
Location: Singapore
Venue: Marina Bay Sands
Contact: Andrew Keable
Tel: +65 6319 2668
Fax: +65 6319 2669
e-mail: andrew.keable@iirx.com.sg
Homepage: <http://www.AestheticsAsia.com>

DATES: 24 September 2010–26 September 2010
Meetings: ISAPS China Course 2010
Location: Xian, China
Venue: Jianguo Hotel
Contact: Dr. Guo Shuzhong
e-mail: guoshuzhong@gmail.com

DATES: 24 SEPTEMBER 2010–25 SEPTEMBER 2010
Meetings: Swedish Society Annual Meeting
Location: Malmö, Sweden

October 2010

DATES: 08 October 2010–09 October 2010
Meetings: 8th International Course. **ISAPS OFFICIAL COURSE**
Advances in Plastic and Aesthetic Surgery
The Evolution Technology. The New Era
Location: Barcelona, Spain
Venue: Instituto Javier de Benito
Contact: Juan Aguiar
Tel: 00 34 650 356 272
e-mail: sandygonsart@hotmail.com
HomePage: <http://www.institutodebenito.com>

DATES: 08 October 2010–10 October 2010

Meetings: 4th International Congress of Plastic, Aesthetic Surgery and Cosmetology of Georgia
3rd Congress of Plastic Surgeons of Armenia
Location: Tbilisi, Georgia
Tel: +995 95 20 20
e-mail: info@aptos.ge
Homepage: <http://www.aptos.ru>

DATES: 13 October 2010–16 October 2010

Meetings: PAN AFRICAN Congress of Plastic and Reconstructive Surgery
Contact: Nikos Antonopoulos
Tel: +30 2111001770
Fax: +30 2106642116
e-mail: nikos.antonopoulos@zita-congress.gr
Homepage: <http://www.pacprs2010.com>

DATES: 14 October 2010–17 October 2010

Meetings: 1st Annual Congress of the Lebanese Society of Plastic, Reconstructive and Aesthetic Surgery and World Congress of Plastic Surgeons of Lebanese Descent

Location: Beirut, Lebanon
Contact: Dr. Sami Saad
e-mail: info@samisaadmd.com

DATES: 15 October 2010–16 October 2010

Meetings: NEWTEC2010–4th edition
Location: Brugge, Belgium
Venue: COSMIOPOLIS Clinic
Contact: COSMIOPOLIS Clinic
Tel: +32 (0)50 44 33 44
Fax: +32 (0)50 44 33 69
e-mail: info@newtec-medical.be
Homepage: <http://www.newtec-medical.be>

DATES: 31 October 2010–04 November 2010

Meetings: The Faces of Jerusalem
Location: Jerusalem, Israel
Venue: David Citadel Hotel, Jerusalem
Contact: Nirit Kleinman
Tel: 972-3-5639518
Fax: 972-3-5639599
e-mail: nirit@edan.co.il
Homepage: <http://www.facesofjerusalem2010.com>

November 2010

DATES: 01 November 2010–03 November 2010
Meetings: OSAPS with ISAPS Instructional Course
Location: Tokyo, Japan
Venue: Shinagawa Prince Hotel **ISAPS OFFICIAL COURSE**

DATES: 02 November 2010–07 November 2010

Meetings: 34th Annual ASAPS Conference
Location: Melbourne, Australia
Contact: Suzane Ali, ASAPS Executive Office
Tel: +61 2 9437 0495
Fax: +61 2 9437 9609
e-mail: sali@plasticsurgery.org.au

DATES: 12 November 2010–13 November 2010

Meetings: Rhinoplasty in Seville 2010. II International Course
Location: Seville, Spain
Venue: Hotel Barceló Renacimiento. Isla de la Cartuja
Contact: Clínica Luanco
Tel: +34-954-638-719
e-mail: mluancog@terra.es
Homepage: <http://www.cursointernacionalderinoplastia.com>

DATES: 30 November 2010–01 December 2010

Meetings: International Scar Meeting in Tokyo 2010
Location: Tokyo, Japan
Venue: Toshi Center Hotel
Contact: Rei Ogawa, MD, PhD
Tel: +81-3-5814-6208
Fax: +81-3-5685-3076
e-mail: r.ogawa@nms.ac.jp
Homepage: <http://yy.net/r.ogawa/en>

December 2010

DATES: 02 December 2010–04 December 2010
Meetings: 30th MEETH Aesthetic Surgery Symposium: The Cutting Edge
Location: New York, NY
Venue: The Grand Hyatt Hotel
Contact: Lauren Fishman, Program Coordinator
Tel: 1-212-355-5702
Fax: 1-212-308-5980
e-mail: astonbakersymposium@gmail.com
Homepage: <http://www.aestheticsurgeryny.com>

DATES: 03 December 2010–04 December 2010

Meetings: Bariatric and Post-Bariatric Surgery
Location: Munich, Germany
Venue: Westin Grand Hotel-Arabellapark
Contact: Thomas Wiese GmbH
Tel: +49-30-8599-620
Fax: +49-30-8507-9826
e-mail: isps@ctw-congress.de
Homepage: <http://www.ctw-congress.de/isps>

DATES: 04 December 2010–05 December 2010

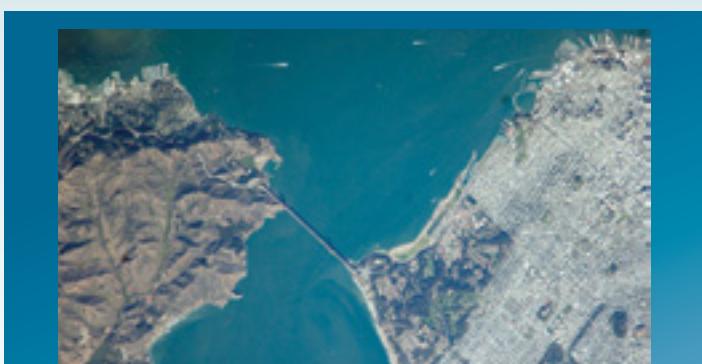
Meetings: ISAPS Board Meeting
Location: London, UK
Venue: The Westbury Hotel
Contact: Catherine Foss
Tel: 1-603-643-2325
Fax: 1-603-643-1444
e-mail: isaps@conmx.net
Homepage: <http://www.isaps.org>

April 2011

DATES: 28 April 2011–01 May 2011
Meetings: 56th Annual Meeting of the Plastic Surgery Research Council
Location: Louisville, Kentucky
Venue: Seelback Hilton
Contact: Catherine Foss
Tel: 1-603-643-2325
Fax: 1-603-643-1444
e-mail: psrc@conmx.net
Homepage: <http://www.ps-rc.org>

May 2011

DATES: 22 May 2011–27 May 2011
Meetings: 16th International Congress of IPRAS
Location: Vancouver, Canada
Venue: Vancouver Convention Center
Contact: Donald Lalonde, MD / Karyn Wagner
e-mail: cpsc_sccp@bellnet.ca
Homepage: <http://www.ipras2011vancouver.ca>



This view featuring the San Francisco Bay Area was photographed by a crewmember onboard the International Space Station. The gray urban footprint of San Francisco, Oakland, San Jose, and their surrounding suburbs contrasts strongly with the green hillsides. Pacific Ocean water patterns are highlighted in the sun glint. Sets of internal waves traveling east impinge on the coastline south of San Francisco. At the same time, fresher bay water flows out from the bay beneath the Golden Gate Bridge, creating a large plume traveling westward. Tidal current channels suggest the tidal flow deep in the bay.

Image credit: NASA

Countries represented at the 20th Congress of ISAPS as of June 10, 2010

Algeria	Czech Republic	Iran	Netherlands Antilles	Slovakia
Argentina	Denmark	Iraq	New Zealand	South Africa
Australia	Ecuador	Ireland	Nicaragua	Spain
Austria	Egypt	Israel	Norway	Sweden
Azerbaijan	Estonia	Italy	Oman	Switzerland
Belgium	Finland	Japan	Pakistan	Taiwan
Belarus	France	Jordan	Panama	Thailand
Bolivia	FYROM	Korea	Peru	Tunisia
Brazil	Georgia	Kuwait	Philippines	Turkey
Bulgaria	Germany	Kyrgyzstan	Poland	UAE
Canada	Greece	Latvia	Portugal	United Kingdom
Chile	Hong Kong	Lebanon	Romania	Ukraine
China	Hungary	Luxembourg	Russian Federation	United States
Colombia	Iceland	Malaysia	Saudi Arabia	Venezuela
Costa Rica	India	Mexico	Serbia	Viet Nam
Croatia	Indonesia	Netherlands	Singapore	

Exhibitors at the 2010 ISAPS Congress

AAAASF/SFR	DPS Refinex Medical Corp.	Palomar Medical	Sciton
ACIGI Relaxation/Fujiiryoki	DRE Medical	Polytech Health & Aesthetics GmbH	Seattle Software Design
Adoderm GmbH	Edge Systems Corporation	Quality Medical Publishing Inc.	Shanghai Kangning Medical Device Co., Ltd.
Advanced Bio-Medical Equipment, Co. Inc.	Elemé Medical	Rainey Compression Essentials	Sientra
Advanced Bio-Technologies, Inc.	Ellman International, Inc.	RGP, Inc.	Silimed
Allergan	Establishment Labs	Richter Ltda.	Silhouette Lift
American Society of Plastic Surgery (ASPS)	Ethicon	SanuWave	Smile Reminder
Anteis	Eurosilicone	Saunders/Mosby (Elsevier)	Solta Medical
ASSI-Accurate Surgical & Scientific Instruments	G. E. Lombardozzi/VOE	Scissor Depot	Sound Surgical Technologies
Axis Three	Grams Medical	Sciton	Syneron/Candela
Bacterin International Inc.	human med AG	Seattle Software Design	The American Society for Aesthetic Plastic Surgery (ASAPS)
BioDermis	Jaczell Medic	Shanghai Kangning Medical Device Co., Ltd.	Tulip Medical Products
BioForm Medical, Inc.	Jan Marini Skin Research, Inc.	Sientra	Ultrashape
Biomedical & Rhosse USA, Inc.	Jessup Cellars	Silimed	Understand.com
Black & Black Surgical	Keller Medical	Silhouette Lift	Viscot Medical LLC
blinc, Inc.	Lekarionline.cz	Smile Reminder	Wells Johnson Company
Breast Implants 411	Marena Group	Solta Medical	
Canadian Society of Plastic Surgeons	MD Resource	Sound Surgical Technologies	
Canfield Imaging Systems	Marina Medical Instruments	Syneron/Candela	
Clear Point Medical	Medicis Aesthetics	The American Society for Aesthetic Plastic Surgery (ASAPS)	
Coapt Systems, Inc.	Megadyne	Tulip Medical Products	
Contura International A/S	Mentor Corporation	Ultrashape	
Cytori	Micrins/ERIEM Surgical, Inc.	Understand.com	
Dermato Plastica Beauty Co., Ltd	MicroAire	Viscot Medical LLC	
Dermik (Sanofi-Aventis)	Microsurgery Instruments, Inc.	Wells Johnson Company	
Design Veronique	NexTech, Inc.		
Designs for Vision, Inc.	Officina Profumo-Farmaceutica di Santa Maria Novella		

ISAPS New Members Admitted in May 2010

Belgium	Greece	Japan	Spain
VANOORBEEK, Jo	ZAMBACOS, George	OHJIMI, Hiroyuki	PLANAS, Jorge
Brazil	ARAVANIS, Georgios	KYRGYZSTAN	RUIZ DE ERENCHUN, Richard
MORAES PRADO, Luis Felipe*	CHRISTOFORIDOU, Christina	OMURZAKOV, Baktybek	Turkey
REZENDE JUNQUEIRA, Leonardo	India	SAADE SAADE, Ale Jalil	TOTAN, Serhat
CARDINALI, Roseli	AGARWAL, Meenakshi	MORALES DE LA CERDA, Rodrigo*	USA
ISHIDA, Luis Henrique	Indonesia	PHILIPPINES	CAMBRE, Athleo
KOSTIC, Velibor Bora	F. MOEGNI, Karina*	LOH, Laurence	SILICH, Robert
China	Isreal	Poland	NEWMAN, Martin
MU, Lan	AD EL, Dean	CHOMICKA-JANDA, Małgorzata	ENNIS, Lawrence Scott
Egypt	FRIEDMAN, Nimrod	Russia	MELE, Joseph
HASSAN, Ahmed Ali	ITALY	MIRHUSEEV, Radik	POZNER, Jason
SAID, Tarek	DAVIDE, Costantino	Saudi Arabia	DAVIS, David
Finland	PIZZONIA, Giuseppe	ALARFAJ, Nawarah*	*Candidate
POPOV, Pentscho	ALIA, Francesco		
France	D'ARPA, Salvatore		
BONNEFON, Alain			

Can you guess which ISAPS member is pictured here??



Answer:

Brazilian member, Dr. Ithamar Stocchero, landing his parasail after a flight around Acapulco, Mexico in 1967.

ISAPS NEWS Management

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