

ISAPS NEWS

Official Newsletter of the International Society of Aesthetic Plastic Surgery

OVER 20 MILLION COSMETIC PROCEDURES WORLDWIDE

On July 8, ISAPS released our Annual Report on global cosmetic procedures to the international media and added the information to the ISAPS website. Media interest has been very keen since.

Over 20 million cosmetic surgical and nonsurgical procedures were performed worldwide in 2014, according to data received for the 2015 ISAPS Global Survey. This includes 9,645,395 surgical procedures and 10,591,506 non-surgical procedures.

Botulinum Toxin remains the most popular cosmetic procedure overall for both men and women. For surgical procedures, breast augmentation is highest among women while eyelid surgery is prevalent among men. Procedures in men increased from 12.8% in 2013 to 13.7% in 2014.

The ISAPS website provides the full report on all procedures, the press release in twenty-two languages, and Quick Facts about the findings. To see this information, go to www.isaps.org and click on the NEWS section in the top menu.

“We have improved our survey methodology to reflect a statistically valid picture of our field,” noted Susumu Takayanagi, MD, ISAPS

president. “Our society is committed to following sound analytical practices in creating this valuable report.”



Global Survey

The countries that performed the most surgical and nonsurgical procedures in 2014 include:

- United States – 4,064,571 (20.1%)
- Brazil – 2,058,505 (10.2%)
- Japan – 1,260,351 (6.2%)
- South Korea – 980,313 (4.8%)
- Mexico – 706,072 (3.5%)
- Germany – 533,622 (2.6%)
- France – 416,148 (2.1%)
- Colombia – 357,115 (1.8%)

Rankings are based solely on those countries from which a sufficient survey response was received and data were considered to be representative and statistically valid. Invitations to participate were emailed to our

extensive list of over 35,000 plastic surgeons and extended to national societies around the world to enlist their help through our 85 national secretaries. We thank them for their assistance in encouraging all plastic surgeons to participate. The focus was on reaching as many Board Certified (or the equivalent) plastic surgeons as possible.

ISAPS is the only organization that collects this type of data on a global scale and the study is viewed as a valuable resource in our field. Those who participate in the survey play a large role in helping us achieve the best representation worldwide. In turn, this helps us promote ISAPS members to the public.

The top ten countries with the highest number of plastic surgeons are: United States, Brazil, China, Japan, India, South Korea, Russia, Mexico, Turkey and Germany according to numbers provide by national societies of plastic surgery.



GLOBAL AESTHETICS
FOUR AESTHETIC SPECIALITIES—ONE WORLD



RENATO SALTZ, MD FACS AND
S. RANDOLPH WALDMAN, MD

invite you to attend the

1st Annual Global Aesthetics Conference

**October 28 - November 1, 2015
at The Loews Miami Beach Hotel**

Up to 42 CME Credits Available

please visit our website for more information

www.globalaestheticsconference.com

ENDORSED BY



MESSAGE FROM THE EDITOR



Welcome to this issue of *ISAPS News*. Our cover story reports results of our 2015 Global Survey highlighting the growth of cosmetic surgical and non-surgical procedures worldwide with over 20 million performed in 2014. Additionally, we see the distribution of cases across a number of countries. Seeing this data emphasizes the importance of the mission of our Society to promote excellence in aesthetic surgery and the highest standards of patient safety

for our patients. The ISAPS website (www.isaps.org) provides the full report.

This issue also focuses on our broad educational efforts including ISAPS programs in Israel, Ecuador, Argentina, and Turkey. Additionally, this issue includes an update on the ISAPS Fellowship Program, as conveyed by Eric Auclair, chair of the Fellowship Committee. You will also find reports about several of our ISAPS Visiting Professors: Dr. Osvaldo Saldanha in Uruguay, Dr. Enrico Robotti in India, and Drs. Vakis Kontoes and Renato Saltz in South Africa. I have very fond memories of my own Visiting Professor trip to Botucatu, Brazil. Of course, we all look forward to the next ISAPS Congress in Kyoto, Japan in 2016, as ISAPS's major biennial event.

Our highly successful Global Perspectives Series continues with this issue's topic of optimizing wound healing and scar quality. We are pleased to have contributions from Mexico, Romania, Bolivia, Japan, Israel, and the US in which authors give their perspectives on trends and practice patterns in their region.

Dr. Denys Montandon from Switzerland has contributed another interesting story about facial surgery in the ancient world. All this and much, much more will be found in this issue of *ISAPS News*. In fact, this is our largest issue yet, representing the richness in activities and contributions of our International Society of Aesthetic Plastic Surgery. 

Warmest regards,



J. Peter Rubin, MD, FACS
ISAPS News Editor

CONTENTS

Global Survey	1
Message from the Editor	3
Message from the President	4
Global Alliance.	5
Breast Implant Registry	6
Surgical Facility Accreditation	7
Strategic Planning	8
Education Council Report	9
Communications Committee	10, 15
ISAPS Course Reports	11
National Secretaries	14
Fellowship Program	16
Practice Management	18
Where in the World?	20
Guess Who!	20
Feature: Rhinoplasty	22
Insurance Changes	23
Road to Kyoto	24
Visiting Professor Program	26
Psychology	30
Journal Update	33
Global Perspectives	34
ISAPS-LEAP Update	42
Facial Surgery in the Ancient World	44
Members Write	48
In Memoriam	50
Calendar	52
New Members	55

BOARD OF DIRECTORS

PRESIDENT
Susumu Takayanagi, MD
Osaka, JAPAN
info@mega-clinic.com

PRESIDENT-ELECT
Renato Saltz, MD
Salt Lake City, Utah, UNITED STATES
rsaltz@saltzplasticsurgery.com

FIRST VICE PRESIDENT
Dirk Richter, MD
Köln, GERMANY
d.richter@krankenhaus-wesseling.de

SECOND VICE PRESIDENT
Nazim Cerkes, MD, PhD
Istanbul, TURKEY
ncerkes@hotmail.com

THIRD VICE PRESIDENT
W. Grant Stevens, MD
Marina del Rey, California
UNITED STATES
drstevens@hotmail.com

SECRETARY
Gianluca Campiglio, MD, PhD
Milan, ITALY
info@gianluccacampiglio.it

TREASURER
Kai-Uwe Schlaudraff, MD
Geneva, SWITZERLAND
schlaudraff@concept-clinic.ch

ASSISTANT TREASURER
Eric Michael Auclair, MD
Paris, FRANCE
dr-auclair@orange.fr

PARLIAMENTARIAN
Thomas S. Davis, MD
Hershey, Pennsylvania, UNITED STATES
drtomdavis@aol.com

NATIONAL SECRETARIES CHAIR
Peter Desmond Scott, MD
Benmore, SOUTH AFRICA
peters@cinet.co.za

EDUCATION COUNCIL CHAIR
Lina Triana, MD
Cali, COLOMBIA
linatriana@drlinatriana.com

PAST PRESIDENT
Carlos Oscar Uebel, MD, PhD
Porto Alegre, BRAZIL
carlos@uebel.com.br

TRUSTEE
Lokesh Kumar, MD
New Delhi, INDIA
drlokesh2903@gmail.com

TRUSTEE
Sami Saad, MD
Beirut, LEBANON
samsadmd@gmail.com

EXECUTIVE DIRECTOR
Catherine Foss
Hanover, New Hampshire
UNITED STATES
isaps@isaps.org

MESSAGE FROM THE PRESIDENT



What do we, as ISAPS members, expect the world to be like? Our mission is to achieve safety and satisfaction of patients which means patients' smiles. In order to deliver this mission, we must, above all, keep on making an effort to deepen our knowledge and improve techniques we can use.

For this purpose, ISAPS provides many education programs. In addition to biennial ISAPS Congresses, there are ISAPS courses and symposia that take place worldwide, as well as beneficial programs such as Visiting Professor Programs and Fellowship Programs.

The dedicated work of Visiting Professors has been highly valued, and we are receiving words of appreciation from all over the world. ISAPS is ready to send the best qualified professors to any country in the world. For this purpose, we provide financial support to send our Visiting Professors. If your clinic or hospital is in need of a Visiting Professor, feel free to contact us. The current chair of the committee in charge of sending Visiting Professors is Renato Saltz, who has been doing excellent work.

ISAPS courses and symposia have been very successful as well. They can be hosted in any country in the world. If you are interested, you can contact Lina Triana, chair of the Education Council. I hope to organize more diverse courses and symposia in the future, often discussing the possibility with Lina.

We expect the entire world to be a place where surgeons who have not been properly trained are prohibited from arbitrarily performing any aesthetic plastic surgery. Our recent survey has revealed some serious problems such as that in South America breast augmentation and face-lift are being performed by a number of dermatologists. ISAPS members in South America are dealing with this problem, and all of us, as the whole society, must support them.

In April, I was invited to attend the Argentinean Society's Congress (Congreso Argentino de Cirugia Plastica, SACPER), where I had discussions with board members of the society including Dr. Francisco Fama, Dr. Javier Vera Cucchiario, Dr. Mario Millet, Dra. Cristina Picon, Dr. Jorge Herrera and Dr. Abel Chajchir. With their good

understanding of ISAPS' policy, we reached an agreement to work together for the purpose of achieving our ideal world. I'm grateful to everyone concerned for contributing to the success of the conference.

Furthermore, during the conference period I met Dr. Guillermo Vazquez (President-Elect of FILACP), Dr. Julio Kirshbaum (President of FILACP) and Dr. Prado Neto (President of SBCP, the Brazilian Society of Plastic Surgery), and we reached a mutual understanding as to what opinions we had on various issues.

I am pleased to have confirmed, through the discussions I had with leaders of FILACP, SBCP and SACPER, that these societies and ISAPS are going in the same direction. I extend my gratitude to everyone who was involved in arranging these meetings.

Also, I have to tell you that the ISAPS Symposium in Salta, Argentina was a great success. I thank Dr. Javier Vera Cucchiario, Dra. Cristina Picon, Dr. Abel Chajchir and other organizing committee members and all the faculty members for supporting this important ISAPS event. As ISAPS President, I was so happy to see many attendees in the room all the time and we had many questions and discussions.

The ISAPS Kyoto Congress will be held from October 23 to 27 in 2016. On October 23, both the Board meeting and the National Secretaries' meeting will take place. The NS meeting will be an all-day meeting, and the Board meeting is scheduled for the afternoon. All of the EXCO members are going to attend the NS meeting in the morning. This is a valuable opportunity to exchange opinions with representatives from around the world.

We have also arranged a free lecture for residents and fellows in the afternoon of October 23. Experienced surgeons will give lectures to young surgeons on basic procedures. The ISAPS Congress (as a congress of the whole society) will be held for four days, from October 24

continued on page 5

GLOBAL ALLIANCE IS GAINING MOMENTUM

Catherine Foss – United States

ISAPS Executive Director

The seeds of this concept were planted by João Sampaio Góes (Brazil) during his term as President of ISAPS in 2004-2006. His dream was to create an alliance of aesthetic societies that would work together to create a strong multi-national group with influence in the world on many levels.

Nine years later, the alliance Joca proposed is a reality. Eleven societies have now joined this new group and more than ten others have been invited and are considering it. The benefits include public relations collaboration, ISAPS aesthetic surgery symposia during societies' annual meetings, use of the logo to identify each society as a partner, affiliation with our

journal, dedicated space in *ISAPS News* to promote each society's annual meeting, fast track admission for members of the society who wish to also join ISAPS, the society's logo on the home page of www.isaps.org and a forum of alliance partners at each biennial congress.

ISAPS Global Alliance Participating Societies:

- 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)

- European Association of Societies of Aesthetic Plastic Surgery (EASAPS)
- Korean Society of Aesthetic Plastic Surgery (KSAPS)
- Romanian Aesthetic Surgery Society (RASS)
- Schweizerische Gesellschaft für Aesthetische Chirurgie (SGAC)
- Société Française des Chirurgiens Esthétiques Plasticiens (SOFCEP)
- Svensk Förening för Estetisk Plastikkirurgi (SFEP)
- United Kingdom Association of Aesthetic Plastic Surgeons (UKAAPS)
- Vereinigung der Deutschen Aesthetisch Plastischen Chirurgen (VDAPC)



President's Message, continued from page 4

to 27. Joint sessions with FILACP, OSAPS and EASAPS respectively are planned in the above congress period. I am very grateful to the presidents of FILACP, Dr. Julio Kirshbaum, EASAPS, Dr. Nigel Mercer and OSAPS Dr. Chien-Tzung Chen for having agreed to this plan. We have sent an invitation to ASAPS in the hope that ASAPS will attend the congress as well, and now we are waiting for their reply.

During the ASAPS meeting held in Montreal in May, we hosted an informal ISAPS National Secretaries meeting, an ISAPS Strategic Planning meeting, and ISAPS EXCO meeting and our spring Board meeting. We had a lively and fruitful exchange of views at each of these meetings.

According to some National Secretaries, they are at times having trouble understanding what some of the faculty members are saying in English (the official language of ISAPS) when they speak too fast. This statement has a point, for many of the ISAPS members, including myself, are non-native speakers of English. Besides, English pronunciation differs from country to country, and

intonation often varies even inside the US. I hope that, in the future, a simultaneous interpreting system will be in place to resolve this problem, but, for the time being, why don't we all try to speak more slowly at all meetings of ISAPS including Congresses, Courses and Symposia? Also, the whole faculty is advised to use more videos for presentations so that the audience can get a better understanding of your techniques. That is to say "Speak Slowly, Use More Videos."

In conclusion, I'd like you all to know that to improve ISAPS we welcome any comments or suggestions. ISAPS is your society. Like me, I am sure you are proud member of this special organization.

Susumu Takayanagi, MD
ISAPS President 2014-2016

NEW BREAST IMPLANT REGISTRY GAINS MOMENTUM

Ivar van Heijningen, MD – Belgium

ISAPS National Secretary for Belgium and Membership Committee Chair



ICOBRA is the International Collaboration of Breast Implant Registry Activities. It was initiated by Rod Cooter (Australia) on behalf of the Australasian Foundation for Plastic Surgery to use one standardized dataset for registration of breast implants. Plans to expand this program include applications for research funding from the FDA and NIH and development of outcome tracking suitable for registry patients in collaboration with Memorial Sloane-Kettering in New York.

Many governments demanded implant registries after the PIP crisis; however, instead of reinventing the wheel in every country, it is proposed to use one standardized data-set which has been set up with registry experts to facilitate the exchange of data on a global scale.

Breast registries established after the Dow Corning crisis have proved to be unreliable in many cases because they were based on a voluntary opt-in systems. On the other hand, cancer, orthopaedic and cardiac implant registries have demonstrated the usefulness of a strong registration system. It has become a science in itself to create a proper program, but the results of good data are very worthwhile. For instance, catching a rare complication such as ALCL can be done every two months if we all register together. If we do so country by country, it may take years to identify one



case. Of course, this only works if we use the same dataset otherwise useful data exchange is not possible. Registries in Australia and the Netherlands have been established already with the same dataset as a pilot study since spring 2015.

ISAPS member Rod Cooter states, "ICOBRA has developed a core spine dataset that each country uses, but if they wish, countries can add extra data items. The Dutch added ASIA syndrome, for example. It is important that the definitions of each data item are the same internationally and we have developed a data dictionary for that purpose. The core spine of data elements will be reviewed annually so all ICOBRA members will have a say."

The ICOBRA program was developed initially with a grant from the Australasian Foundation for Plastic Surgery and is offered for free to keep the threshold to join as low as possible. They provide a registry Starter Pack to every country that

is setting up breast registries that request core data. All the data will be accessible and comparable for each country. Surgeons always have access to their personal data as well as any country's data.

This topic was the focus of a four and a half hour session during a joint meeting of the British and Belgian societies held in Bruges, Belgium at the end of June. Representatives of several European governments and of the European Commission were present and were very interested in this project.

ISAPS offered support since as an international organisation we can suggest to our members in 96 countries that they join this initiative. This was very well appreciated and after discussions with Rod Cooter and Hinne Rakhorst, the two key presenters, we concluded that a presentation during the Kyoto Congress next year could be very helpful to spread this message and encourage participation in this important initiative.



SURGICAL FACILITY ACCREDITATION EXPANDING UPDATE

Ronald E. Iverson, MD – United States

President AAAASFI



ISAPS and AAAASFI share a long and illustrious history, working closely together in the pursuit of the advancement of health care quality and safety delivery worldwide. We share a commitment to build high quality standardized international care supported through the delivery of meaningful education.

An exciting example of an AAAASFI success story is that of Dr. Otto Ziegler of Clinica Ziegler Centro de Cirugia Plastica in Lima, Peru. In 2013, Dr. Ziegler enrolled in a course presented by the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) at the annual Congress of the American Society for Aesthetic Plastic Surgery in New York. Following his participation Dr. Ziegler said, "I really liked the way it focused on the issue of security for patients and I wanted to apply this AAAASF certification to my clinic."

In 2014, Dr. Ziegler applied for AAAASFI certification, looking to raise the standards of his clinic. He wanted to offer higher quality service in alignment with international patient safety protocols.

"It was very useful, especially to confirm and reinforce learning in quality ser-

vice ISO 9001 certification," Dr. Ziegler said. "To this day, we continue to reinforce safety issues for our patients. Accreditation with AAAASFI continues to provide other advantages for us. In fact, by placing accreditation information on our website, we increased consultations and by placing the information on our Facebook page, we increased likes and favorable comments." AAAASFI accreditation has also helped physicians like Dr. Ziegler position themselves for success within a growing medical tourism market segment.

AAAASFI recognizes the growth in medical tourism in Latin America, due in part, to its close proximity to the United States and its Westernized culture. Official estimates from PROMED, Costa Rica's medical tourism promotion agency, show that in 2010 more than 30,000 foreigners visited Costa Rican facilities for all kinds of medical and dental care. Medical tourism in Costa Rica is growing at a rate of more than 50 percent per year.

During recent visits to five clinics in Costa Rica, AAAASFI conducted meetings and completed accreditation surveys. AAAASFI leaders also presented a certificate to the Rosenstock Lieberman

Center in San Jose, Costa Rica for achieving AAAASFI accreditation. In Peru, AAAASFI completed two accreditation surveys and visited another six clinics. AAAASFI issued a certificate to the Instituto Kirschbaum De Cirugia Plastica y Estetica S.C.R.L. in Lima, Peru for achieving AAAASFI accreditation. Two additional plastic surgery facilities have been accredited by AAAASFI since the beginning of the year. They are Borlones S.A. in San Jose, Costa Rica and Orange Medical in Mexico City, Mexico.

About AAAASFI

AAAASFI is one of several programs of the American Association for Accreditation of Ambulatory Surgery Facilities, Inc. (AAAASF) and promotes the highest level of patient safety in outpatient care. The AAAASFI accreditation program is peer based. Physicians and dentists who understand local customs and culture perform onsite surveys and interact with others to review subtle nuances, along with vast differences in AAAASFI standards appropriate for each country. For more information visit AAAASFI.org.



REPORT: 3RD STRATEGIC PLANNING MEETING

Renato Saltz, MD, FACS – United States

ISAPS President-Elect & Chair, Strategic Planning Committee



The 3rd ISAPS Strategic Planning Meeting took place in Montreal on May 14th, 2015 during the ASAPS Annual Meeting. Dirk Richter (Germany) co-chaired with me and we were joined by the following participants: Susumu Takayanagi (Japan), Nazim Cerkes (Turkey), Grant Stevens (US), Lina Triana (Colombia), Kai Schlaudraff (Switzerland), Gianluca Campiglio (Italy), Eric Auclair (France), Lokesh Kumar (India), Sami Saad (Lebanon), Peter Scott (South Africa), Arturo Ramirez-Montanana (Mexico), Antonio Graziosi (Brazil), Peter Rubin (US), Ozan Sozer (US) and Catherine Foss.

The busy full-day agenda included topic presentations, group discussions and a call for action. The day started with a full review of the topics discussed and later implemented by the Board of Directors during the 2nd Strategic Planning held in New York City in 2013.

This year, three main top topics discussed by the group included **Education, ISAPS Marketing and Branding,** and **Membership** issues. The results are reported here.

1. EDUCATION

Aesthetic Education Worldwide is our primary mission. Under the leadership of Lina Triana, during 2015-2016 the Education Council plans to repeat the phenomenal past two years when the EC provided over 30 courses and symposia worldwide. Many new education projects were derived from this year's Strategic Planning including inviting guest faculty from the top related core specialties (dermatologists, facial plastic surgeons, and oculoplastic surgeons) to present at our meetings. Combining these core specialty faculty with traditional plastic surgery presenters will attract younger surgeons, new members, and more industry support thus providing greater financial assistance for our mission of educating our members, and especially young plastic surgeons.

A major emphasis will be in place to attract fellows and residents to our meetings. It is critical we take the international lead and offer them an introduction to Aesthetic Surgery—an important part of their education often missed in many residency programs worldwide. The sooner they get involved in ISAPS and learn, the better they will be prepared to face the harsh competition in the real world.

The same strategy will be utilized to attract young surgeons to our meetings and future membership. Social Media will be an important tool to achieve this goal.

We will empower our National Secretaries, representing our 96 member countries, to help the EC identify new, young

speakers and add them to our courses and symposia. We must renovate our faculty and continue to innovate in our education mission

2. MARKETING AND BRANDING ISAPS

A Task Force appointed by President Takayanagi is currently searching for a new marketing and public relations company to represent us. The goal is to hire an experienced professional group to help us increase our visibility not only among plastic surgeons, but the public, too. We have great expectations to increase our presence, our mission, and membership benefits by expanding ISAPS branding worldwide.

New programs like *ISAPS Skin Care*, a new education track to be offered to members and office staff, and *You Are Not Alone*, a mentorship program dedicated to new young members, were also introduced during this strategic planning meeting and will be implemented soon.

3. MEMBERSHIP

Many ideas were discussed under this topic including new benefits that can be offered to ISAPS members.

How can we increase the number of qualified members to make ISAPS financially viable, attract industry support, and provide all the products and programs we would like to offer our members?

The group unanimously supported the concept of inviting top core specialists to become ISAPS members. Results of the latest survey were carefully reviewed during the meeting. It is clear that this is a “hot topic” with many supporters in Europe and North America with many against it in South America. We plan to continue to educate our members about the many benefits of such an action and hope to remove the fear based on misunderstanding that such core specialists (dermatologists, facial plastic surgeons and oculoplastic surgeons) will “learn from us and therefore compete with us.” Only top core specialists will be invited to become members and—*au contraire*—they would be teaching us and enriching our Society. Once again, for clarification, the Strategic Planning Committee and Board of Directors has never considered inviting cosmetic medicine doctors, general practitioners, family doctors, or other unqualified individuals to teach at our meetings or to become members of ISAPS!

I welcome your comments and would appreciate your volunteering to work for ISAPS in the near future. The Board of Directors and committee members work as volunteers for the Society. They have the fiduciary responsibility to “serve” for the benefit of the specialty, ISAPS and its Members—YOU! 

WORKING FOR THE BEST FOR OUR PATIENTS

Lina Triana, MD – Colombia

Chair, Education Council



The Education Council and many National Secretaries have been busy organizing meetings all over the world to maintain the ISAPS mission of Aesthetic Education Worldwide. Since the end of 2014 we have had meetings in Belgium, Israel, Argentina, Ecuador, and France. We are also working hard to plan a superb scientific meeting in the beautiful city of Kyoto, Japan for the next biennial ISAPS World Aesthetic Congress in October 2016. We have 186 international faculty who have already accepted our invitation to participate.

In June, plastic surgeons including many ISAPS members attended the Vegas Cosmetic Surgery meeting

The new three-day international breast and body track at this multi-specialty meeting got great reviews. Tightly monitored attendance at these daily sessions included over 200 board-certified plastic surgeons from the US and abroad.

In today's globalized world, plastic surgery cannot be isolated from the growing trend of shared information across aesthetic core specialties. We now know for certain that our members want this scientific information and that is why you will see us including multispecialty lecturers from excellent faculty including facial plastics, oculoplastic surgery and dermatology at our meetings.

We heard you during our last member

survey. From now on, our meetings will bring top core specialists to teach in the fields of aesthetic surgery, non-surgical procedures and patient safety. We will continue to work together to deliver excellent scientific content that will serve us all. How to achieve this type of ideal and stay within our specific specialty domains is still a big question. I urge you to have your eyes and minds open for ways to make it possible.

Only time will tell us how to have better meetings, how to provide the best scientific content possible, and how to creatively enrich our members' skills. In the end, the real winners of our scientific meetings are our patients. 



endorsed by ISAPS. Attendance exceeded 1800, the most in the eleven year history of this meeting where four different core specialties, plastic surgeons, facial plastic surgeons, dermatologists, and oculoplastic surgeons, learned from each other. Excellent sessions in non-surgical treatments and practice management were on the program as well. All four core aesthetic sub-specialties participated and helped to enhance the scientific content. Both surgical and non-surgical sessions were all very well attended, in some cases with standing room only.



ISAPS members at the inaugural International Breast and Body Symposium endorsed by ISAPS: Giorgio Rafanelli (Italy), Ozan Sozer (US), Lina Triana (Colombia), Kai Schlaudraff (Switzerland), Tunc Tiryaki (Turkey), Renato Saltz (US), Mehmet Bayramicli (Turkey), Nazim Cerkes (Turkey), Gianluca Campiglio (Italy), Ricardo Ribeiro (Brazil), Catherine Foss (US)

TOP TEN REASONS TO BE PROUD AND SAY “THANKS, ISAPS”

Arturo Ramirez-Montanan, MD – Mexico

Chair, Communications Committee



1. AESTHETIC EDUCATION WORLDWIDE No one else provides as many academic events in aesthetic plastic surgery in the world as ISAPS. From 2012-2014, the Education Council (EC) organized 28 Official Courses and Symposia in Argentina, Bolivia, Brazil, Cyprus, Ecuador, France, Germany, Greece, India, Indonesia, Israel, Italy, Japan, Jordan, Mexico, Peru, Philippines, Poland, Russia, South Africa, Tunisia, Turkey, the UAE, Uruguay and Venezuela. Twenty-five educational programs provided by other organizations were endorsed by ISAPS. The EC was in charge of two biennial Congresses (Geneva in 2012 and Brazil in 2014). The new EC Chair is Lina Triana from Colombia. Lina and her committee have already organized 15 ISAPS courses, 8 symposia, and endorsed 20 programs. In the next few months, the EC will be working closely with the Scientific Program Chair on the coordination of the next Congress in Kyoto. With the high level of academic commitment that Lina has, I have no doubt that all our future events will be great scientific successes.

2. NEW PR AGENCY To remain competitive we need to continually upgrade our communications having as our main target to put the society in the best possible web position and working from a sound marketing and public relations strategy. The ISAPS Board is in the process of hiring a new marketing/PR agency. We are seeking the best option: an agency with global reach that can represent us in different languages, and with a special knowledge of aesthetic surgery in different corners of the world.

3. THE BLUE JOURNAL The ISAPS Board and the editorial staff headed by Henry Spinelli have worked hard to elevate the quality of papers published in our journal, *Aesthetic Plastic Surgery*. As a result, the last issue showed a clear rise in quality of articles and a better journal will be the result.

4. MAKING HISTORY IN THE USA For the first time in ISAPS history, a multi-disciplinary aesthetic surgery event was endorsed by ISAPS in the United States. The Vegas Cosmetic Surgery meeting (VCS) took place at the Bellagio Hotel in Las Vegas in June 2015. Lina Triana and Renato Saltz chaired the three-day *International Breast & Body Session* was attended by over 200 plastic surgeons. This amazing multi-specialty educational event had 170 exhibitors, 2000 physicians from the four core aesthetic sub-specialties (dermatology, oculoplastics, facial plastics and plastic surgery). I was there and can

testify that the respectful, collegial atmosphere we saw during the event with peers from other specialties contributed to the high scientific level of the meeting. After this event, I feel I'm a much better surgeon than before. ISAPS members' exposure to multidisciplinary events like this will bring a new and greater educational role to our Society and certainly new members as we saw many new plastic surgeons applying for membership at the ISAPS booth managed by Catherine Foss.

5. BEST AESTHETIC SURGEONS AND DERMATOLOGISTS IN THE WORLD Recognizing current trends and listening to our members, ISAPS opened the doors to other core specialists to teach in our meetings. Now we have a great new opportunity to learn from the best in others disciplines. As a very visionary strategy, our president proposed to the board to invite the best oculoplastic surgeons, facial plastic surgeons and dermatologists as faculty in Kyoto. Our recent member survey endorsed this new concept. VCS was a clear example of coexistence with other specialists from which we will see the results pretty soon: having a higher quality discussion among panelists and the best speakers at our educational activities can only improve our programs.

6. COMING SOON: MIAMI ISAPS is also endorsing a second aesthetic education meeting in the United States—Global Aesthetics. It will bring together the best aesthetic surgeons and dermatologists in the world, from the four core aesthetic sub-specialties—plastic surgery, dermatology, oculoplastics and facial plastic surgery. ISAPS, as an endorser, will be part of this amazing world class event. This multidisciplinary meeting will be held in Miami Beach in October, an ideal place to bring your family for the fun location and your staff to attend the state-of-the-art practice management sessions.

7. PRACTICE MANAGEMENT This important and innovative topic will be included in a full day session during the Congress in Kyoto. The information we will present is much needed to help members run their practices better. Bring your staff and register them to attend the practice management session in Kyoto. While you are learning surgical and non-surgical techniques, they will be learning how to improve your practice and how to make your business more successful. This important component will be a regular feature of all ISAPS educational activities from now on.

ISAPS COURSE IN EILAT, ISRAEL

Marcos Harel, MD – Israel

ISAPS National Secretary for Israel



A two-day ISAPS Course was run in the beautiful city of Eilat, Israel at the five star Royal Beach Hotel. Eyal Gur who is the current president of the Israeli Society, Lina Triana, ISAPS Education Council Chair and I assembled a superb faculty from all over the world with 20 international faculty members from the USA, Europe and South America who presented top-quality and up-to-date lectures in their fields of expertise.



Faculty members in the relaxation pools of the Dolphins Reef

The course was attended by 248 plastic surgeons from Israel and abroad and followed the traditional two-day Plastic Surgery Red Sea Meeting, a biennial event held in Eilat since the early nineties. The course provided a very balanced program that covered rhinoplasty, facial rejuvenation, periorbital rejuvenation, breast augmentation, reduction mastopexy and body contouring. In addition, there were lectures about lasers and fillers. Joining us on the organizing committee were Dr. Yoav Barnea and Dr. Dudi Leshem together with the excellent assistance of Einat Bar Ilan from Duet Events.

Besides the outstanding scientific part



Part of the faculty, from left to right: Dennis Hurwitz, Marcos Harel, J.C. Parreira, Enrico Robboti, Timothy Marten, Aldo Mottura, Eyal Gur, Lina Triana, Tunc Tiryaky, Dudi Leshem and Yoav Barnea

8. NEW ISAPS GLOBAL ALLIANCE Many national societies are joining the new ISAPS Global Alliance. This program will allow aesthetic surgery organizations to work together to strengthen our position and share information, as a group. To date, eleven societies have joined. You can see their logos on the homepage of our website. More than ten additional societies have been invited and are currently considering the many benefits.

9. ISAPS ECONOMIC HEALTH Did you know that thanks to our financial health and the disciplined philosophy under which we manage our expenses, ISAPS fees have remained the same since 2012 – and remain the lowest of any major International Society? It sounds incredible to imagine that a new car, a house, a pair of shoes, a dinner in a nice restaurant, or any other item did not have a price increase in the last four

of the meeting, there were three unforgettable social events. The faculty dinner was held in the Dolphins Reef, where the faculty members had the opportunity to swim in the relaxation pools and receive pampering from the water team staff while floating on the water and listening to underwater music. The reception took place at the Three Monkeys Pub where the participants ate, drank and danced to the rhythm of disco music late into the night. The Gala Dinner was held in the Camel Ranch, a desert resort where we were welcomed by Bedouin hosts and wandered along a food market buffet that included a large variety of Middle Eastern cuisine. The event was crowned by an excellent show of the puppet band called Red Band that delighted the audience.

We received excellent feedback from the attendees and this being the second time I have been involved in the organization of an ISAPS course, I must say that this is the best way for ISAPS to keep growing and remain a relevant leader in the field of Plastic and Aesthetic Surgery.

years. That can only be attributed to the strict rules and very good and careful management of our finances. Kudos go to our Executive Office staff and to our Treasurer.

10. WHAT NEXT? KYOTO Situated in the central part of Japan, Kyoto has a population of 1.5 million and is a World Heritage Site. Formerly the capital of Japan for thousands of years, the city is now the capital of Kyoto Prefecture, located in the Kansai region. Kyoto is well known as the City of a Thousand Shrines. This beautiful, ancient, and friendly city will host the 23rd Congress of ISAPS in October 2016. Our president has issued an invitation to all of us to come to his home town to attend an outstanding scientific program and wonderful social events, surrounded by one of the most traditional and beautiful cities in the world. For more information, please visit our Congress website: www.isapscongress.org

ISAPS COURSE IN GUAYAQUIL, ECUADOR

María Isabel Cadena Rios, MD, PhD – Colombia

ISAPS National Secretary for Colombia



An ISAPS Course titled *Excellence in Face, Body and Breast* was held on April 24 and 25 in Guayaquil, Ecuador.

We had a great welcome by the plastic surgeons from Ecuador with 90 professionals of this specialty attending, about 75% of the plastic surgeons in Ecuador. This course had the support of Dr. Priscilla Alcoser and her team as local organizers.

The scientific program awakened a huge interest, creating discussion forums about the various subjects that were presented. The invited faculty included Ozan Sozer (USA), Arturo Ramírez-Montanana (Mexico), Erhan Erylmaz (Turkey), Carlos del Pino Roxo (Brazil), Jorge E. Perea (Colombia), and María Isabel Cadena Rios (Colombia). Due to the excellence of the first course, we had to keep ISAPS stan-



Drs. Isabel Cadena, Ozan Sozer, Priscilla Alcoser, Carlos del pino Roxo, Erhan Erylmaz and Marcela Yepes

dards high in our most recent course.

In Latin America, there exists great potential of plastic surgeons with capabilities and desires to increase and improve their knowledge and skills. It's our purpose in ISAPS to continue making efforts to take this faculty throughout Latin America and also to keep developing a patient safety culture between the plastic surgeons and the community.

The participants at this event were very motivated and enthusiastic to be part of ISAPS; 18 new members initiated their membership process.

We want to thank Dr. John E. Villegas, President of the Plastic Surgeons Ecuadorian Society for his support and to Dr. Ozan Sozer who shared the responsibilities of Course Director with me. 

ISAPS SYMPOSIUM – SALTA, ARGENTINA

Maria Cristina Picon, MD – Argentina

ISAPS National Secretary for Argentina



On April 14, 2015, with warm summer weather, although we were in autumn, the one day ISAPS Symposium, followed by the 45th Argentinean Congress of Plastic Surgery, met in Salta, Argentina, 1485 km, (922 miles) from Buenos Aires. It is a lovely place, very near the Andes. There were 365 participants, most of them from South America.

Scientific sessions covered seven topics, body contouring, abdominoplasty, breast surgery, facial rejuvenation, rhi-



noplasty, gluteal reshaping and hot topics. The opening remarks were given by the president of ISAPS, Dr. Susumu Takayanagi. There were 23 faculty members who came from Brazil, Canada, Japan, the United States and Argentina.

Social events included a welcome reception, with delicious food and fine wine, at the elegant Convention Center. The ISAPS booth generate a great deal of interest and new memberships.

The warm and sincere atmosphere gave a seal of approval to the Congress. 

STEM CELLS IN AESTHETIC SURGERY: WHY THE FUTURE IS REGENERATIVE AND WHY WE SHOULD BE INVOLVED

Kai-Uwe Schlaudraff, MD – Switzerland

ISAPS Treasurer



This year's 11th Vegas Cosmetic Surgery Meeting held in June in Las Vegas, Nevada featured the 1st Annual Meeting of the Aesthetic Stem Cell Society (ASCS) underlining the increasing importance of this topic for plastic and aesthetic surgeons.

An international panel of researchers, clinicians and legal experts that included Vinay Aakalu, MD; Joel Aronowitz MD; William Beeson, MD; Greg Keller, MD; Neil Riordan, PhD; Gordon Sasaki MD; Renato Saltz, MD; Kai Schlaudraff, MD; Nikolay Turovets, PhD; Rachal Winger, PhD; Erik Woods, PhD; Kotaro Yoshimura, MD; and Shelly Zacharia, DVM came to Las Vegas to present to the audience the current status and future of stem cell research and therapies in regenerative surgery and aesthetic medicine. Kotaro Yoshimura was given the ASCS President's Award and Dr. Ivo Pitanguy was presented the Governor Emeritus Award in recognition of their significant contributions to stem cell therapy and research. We applaud our ISAPS mem-

bers for their achievements in this field.

The scientific lectures covered evidence-based information on a wide variety of aesthetic regenerative medicine activities as well as fundamental research in growth factors, Platelet Rich Plasma (PRP), technical aspects of fat harvesting and purifying the stromal vascular fraction (SVF), a comparison of various devices available on the market for both PRP and SVF and potential applications for the patient. Furthermore, the panel elicited in-depth discussions about current regulatory trends in Europe, Japan and the US and made the audience fully aware of the ramifications of the FDA proposal and ASCS's response.

Our specialty is at the very forefront of this exciting new field and should reinforce its leadership in politics, patient education and research. Most importantly, we should continue our close collaboration with the national regulatory bodies to allow for continued scientific research and ethical clinical use. 

ISAPS ENDORSED COURSE – TURKEY

Cemal Senyuva, MD – Turkey



The Ultrasound-Assisted (VASERlipo) Body Contouring course was held in Istanbul, Turkey on 1-3th May 2015. This training was attended by five plastic surgeons from Turkey and the Middle East. The Ultrasound-Assisted (VASERlipo system) Body Contouring program was endorsed by the International Society of Aesthetic Plastic Surgery and each participant was certified afterwards.

In the 1st day of the program, classroom training was provided by Dr. Cemal Senyuva in the Valeant EMENA's International Training Center. Also, participants performed infiltration, vaser and suction on an animal tissue model.

The three-day program included classroom training accom-

panied by surgical experience in the Liv Clinics Hospital's operating theatre. The patients were evaluated by surgeons accompanied by Dr. Senyuva. Surgeons were trained and performed patient positioning, scrubbing with disinfectant and draping in the procedure, and practiced the following procedures: incision, infiltration, VASERlipo ultrasound, emulsification, lipoaspiration and fat grafting on the cases. Fellows became adept at current techniques and instrumentation by participating in hands-on training. 

The author is a consultant for VASERlipo Valeant.

MESSAGE FROM THE CHAIR OF NATIONAL SECRETARIES

Peter Scott, MD – South Africa

Chair of National Secretaries

Greetings to all our National Secretaries. I have just returned from the ASAPS meeting in Montreal where I attended a number of ISAPS business meetings. For the first time, I was involved in the Strategic Planning Meeting under the chairmanship of Renato Saltz. This was a wonderful opportunity to brainstorm ideas with members of the Board and Education Council about training programs for both senior ISAPS members, junior members, and a program to encourage residents to become associate members of ISAPS.

In the board meeting, we discussed a uniform web address to be used for ISAPS meetings and instructional courses in our various countries. ISAPS in its own right is a very powerful brand name as we know from Googling ISAPS.org. To avoid diluting hits on this brand name, website addresses that will be acceptable to the board in future will be similar to the official congress website, which is www.isapscongress.org. For example a Brazilian ISAPS Course website would be www.isapscourse.br. A course in France would be www.isapscourse.fr. The board will require this type of uniformity in the future.

We would request that this website have a mandatory advertisement for the upcoming biennial Congress in Kyoto in 2016, a link to ISAPS.org, and an invitation to join ISAPS and how to do it.

New areas where ISAPS could become involved include Vietnam and Cuba. Sanguan Kunaporn from Thailand is looking at the training levels in Vietnam and has made contact with Dr. Le Hanh, president of the Ho Chi Minh City Society of Plastic and Cosmetic Surgery. He will be visiting their training programs in due course. Cuba may well be an aesthetic tourism destination in the future and it would be good for ISAPS to get a foot hold there so that we may identify good Cuban plastic surgeons.

I have approved, on behalf of the Membership Committee, a number of new members in Ecuador and Lithuania. Lithuania now has three members and we will be organising an election for a NS in the near future. Dr. Aldo Muirragui resigned recently as NS for Ecuador and we thank him for his service and again an election will be held there in the near future.

As part of the Education Council, I have enjoyed working with Lina Triana on organising various symposia and instructional courses and recently South African plastic surgeons were treated to a Masterclass in aesthetic surgery by President-Elect,



Renato Saltz, and EC Vice Chair, Vakis Kontoes. The focus of the Meeting was “Reality Check” and apart from superb lectures on the usual surgery that we perform, attention was paid to non-surgical procedures and the fact that this is the fastest growing area in aesthetic surgery and that we are playing catch up with our non-surgical colleagues.

In addition to this meeting, in their role as Visiting Professors, Dr. Saltz and Dr. Kontoes ran a residents’ symposium with live surgery at the Tygerberg Hospital (where the first successful long term penis transplantation had just been performed). Allergan sponsored 24 senior residents from around the country to attend this meeting and the response from the residents who attended has been extremely gratifying.

In my position as chair of NSs, I would encourage the NS to reply promptly to e-mails send out either by the Education Council, the Membership Committee, our Executive Director, Catherine Foss, and myself. If you are invited to attend a National Secretaries meeting please reply either “yes” or “no” so that we may book and plan the meeting room and meals. We had an extremely productive National Secretaries meeting in Montreal. All but one of the Executive Committee members attended and spoke about the future directions for our Society with a report on the Strategic Planning meeting and the ISAPS Board meeting that had taken place the day before. The advantage of this is that the NSs who were present were able to ask direct questions to the Board members and have a fruitful meeting. Dr. Spinelli, the Editor of our Blue Journal, stressed the importance of contributions from our members and building the strength of the Journal. Alison Thornberry presented changes to the ISAPS Insurance program and Dr. Iverson updated us on changes at the AAAASFI. Ryan Snyder Thompson gave us an update on the ISAPS-LEAP Programs that are ongoing at present and the fact that there are no shortage of volunteers to help with the Nepal earthquake disaster. It is very gratifying to see our members bring their expertise to this wonderful humanitarian program.

In summary ISAPS needs the input of our NSs as you are our eyes and ears on the ground in your country. Please encourage your members to support the various ISAPS meetings and causes and make a note in you diary for Kyoto, Japan 23-27 October 2016.

continued on page 17

HAVING A GOOD IDEA IS NOT ENOUGH. EXPLAINING IT CLEARLY IS THE KEY

Arturo Ramirez-Montanana, MD – Mexico

*ISAPS National Secretary for Mexico
Chair, Communications Committee*

Let’s try to imagine 50 years ago when the ISAPS Founders had a dream to organize some meetings and create an international society—with no internet, no Skype, no e-mail, no Facebook, no What’s App—only a piece of paper, a pencil, and a great idea. The most important element that they had was the ability to communicate in a proper manner by mailing each other messages internationally. Can you try for one day to communicate with your colleagues, relatives and friends, properly, with a piece of paper and a pencil? It sounds almost impossible these days. I have no doubt that our founders were gifted and courageous guys; they were real heroes.

Some of our most difficult challenges we face as an international society are to find the best ways to communicate our ideas no matter how many communication tools we have to help us.

Whether in our native language or in a language we acquired by study, we have to be very careful if we want to share an idea clearly. We all have at least one experience where there was a difference between the sender’s intention and the receiver’s interpretation or perception of the message. How many times have we wanted to explain something and the person who is in front of us understands a totally different idea than what we want to transmit.

In a very big and varied community such as ISAPS, it is mandatory to keep in mind that we are different as people, even though we have ideas, skills, jobs, purpose and goals in common.

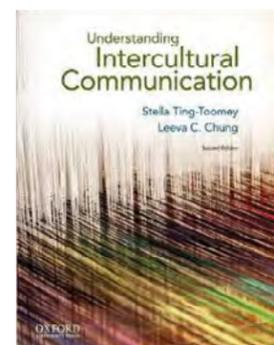
We have members around the world with different incomes, different sur-gical skills, different cultures, different religions, and different ages. Beyond these important differences among all of us, we have to find the correct language to transmit the right message in the right manner at the right time.

As a society, whenever we see a problem, we have to find a solution. First, we must understand the problem we are facing; second, we have to find a reasonable solution; and third, we need to share this solution by sending a clear message at the right time, in the right language, to the right people.

Consider this passage from an excellent book that should guide us in communications within ISAPS and may prove beneficial in your own practice, too.



Effective communication occurs when a desired thought is the result of intentional or unintentional information sharing, which is interpreted between multiple entities and acted



on in a desired way. This effect also ensures that messages are not distorted during the communication process. Effective communication should generate the desired effect and maintain the effect, with the potential to increase the effect of the message. Therefore, effective communication serves the purpose for

which it was planned or designed. Possible purposes might be to elicit change, generate action, create understanding, inform or communicate a certain idea or point of view. When the desired effect is not achieved, factors such as barriers to communication are explored, with the intention being to discover how the communication has been ineffective.

Barriers to effective human communication

Barriers to effective communication can retard or distort the message and intention of the message being conveyed which may result in failure of the communication process or an effect that is undesirable. These include filtering, selective perception, information overload, emotions, language, silence, communication apprehension, gender differences and political correctness.

This also includes a lack of expressing “knowledge-appropriate” communication which occurs when a person uses ambiguous or complex legal words, medical jargon, or descriptions of a situation or environment that is not understood by the recipient.

- Physical barriers are often due to the nature of the environment. An example of this is the natural barrier which exists if staff is located in different buildings or

continued on page 21

ISAPS FELLOWSHIP PROGRAM

Eric Auclair, MD – France

Chair, Fellowship Committee & ISAPS Assistant Treasurer



Teaching is one of the missions, if not the primary mission, of a scientific society such as ISAPS. It includes the continuing medical education of our members, and can provide postgraduate education for the younger generation of plastic surgery trainees. Our president, Susumu Takayanagi, and our immediate past-president Carlos Uebel, hold this mission close to the heart and have manifested their desire to organize an ISAPS Fellowship Program (FSP) by creating an ad hoc committee dedicated to its development. I have had the privilege and honor to be named chair of this committee which is composed of esteemed colleagues to help me in this endeavor: Lina Triana, Gianluca Campiglio, Nazim Cerkes, Jamal Jomah, Irina Khrustaleva, Lokesh Kumar, Ivar van Heijningen, Peter Scott, and Renato Saltz.

The main goal of the FSP is to provide clinical, hands-on teaching in aesthetic surgery to young board-certified plastic surgeons prior to entering their aesthetic practice. During the last committee meeting in Montreal, it was decided to pursue a mentorship-based FSP program to fully immerse successful fellows for a few weeks in a busy aesthetic practice. The first step of this program would be to identify appropriate surgical sites, based on strict criteria: surgical site run by an ISAPS member, this member having a history of publications, and suitable aesthetic surgery volume.

The committee is confident that the development of such a structured, quality FSP has several advantages:

- Providing young surgeons the opportunity to deepen their knowledge of aesthetic surgery, which although

important in private practice, is not necessarily a main focus of plastic surgery training programs' curricula and training objectives.

- Providing mentors the opportunity to exchange ideas with recently trained plastic surgery graduates, to expand horizons and contrast approaches, for mutual benefit.
- Establishing contact with the younger generation of plastic surgeons to improve recruitment and retention as members of the ISAPS family.

Although organizing such an FSP is challenging, the committee feels that it is important work, benefiting many, and an important investment in the education and future of aesthetic surgery. There is firm belief amongst committee members that there is substantial demand for aesthetic training at the highest level, as the testimonial below illustrates. Recent graduates of well reputed plastic surgery programs are eager to gain knowledge from established experts in the field of aesthetic surgery, especially

continued on page 17

Testimonial of a recently graduated, board-certified Canadian plastic surgeon: Aesthetic Surgery Fellowship Program, Paris

Dr. Eric AUCLAIR

The fellowship provides unique, hands-on learning from the pioneer of composite breast augmentation. A strong patient volume affords ample exposure to other breast procedures such as lipomodeling, breast reduction, mastopexy, and symmetrization procedures. Lipofilling is performed throughout the body, and optimized fat preparation and grafting strategies are taught.

A well-rounded practice ensures exposure to many other aesthetic procedures including rhinoplasty, facelift, neck lift, blepharoplasty, and body contouring, all conducted in a modern, fully staffed plastic surgery center.

Challenging cases, referred complications, and international patients add to the breadth and value of the fellowship.

The fellowship also acquaints the fellow with the "French Touch," a philosophy that centers a patient's individuality in procedure selection, and strives for non-stereotypical, natural results.



Eric Auclair, Thomas Constantinescu



Cleavage fat injected in left side during composite breast augmentation procedure



Fat prepared by washing and decanting.

Survey, continued from page 1

The top five surgical procedures performed in 2014 were:

- Eyelid Surgery (1,427,451)
- Liposuction (1,372,901)
- Breast Augmentation (1,348,197)
- Fat Grafting (965,727)
- Rhinoplasty (849,445)

These top five surgical procedures were followed by Abdominoplasty, Breast Lift, Facelift, Breast Reduction and Breast Revision in that order. Eyelid surgery and Facelifts showed an increase over last year and Fat Grafting and Breast Revisions were new procedures added to the survey this year.

The top five non-surgical procedures performed in 2014 were:

- Botulinum Toxin (4,830,911)
- Hyaluronic Acid (2,690,633)
- Hair Removal (1,277,581)
- Chemical Peel (493,043)
- Laser Skin Resurfacing (480,271)

Botulinum Toxin is nearly half of the total non-surgical procedures at 45.6%. The highest countries performing at least 100,000 Botulinum Toxin procedures are

the United States, Brazil, South Korea, Japan, Mexico, and Germany. Japan also performed the highest number of Hair Removal, Laser Skin Resurfacing and Dermabrasion procedures.

Women had more than 17 million cosmetic procedures; 86.3% of the total. The most frequent surgical procedures in women were:

- Breast Augmentation
- Liposuction
- Eyelid Surgery
- Fat Grafting
- Abdominoplasty

The top five countries performing Breast Augmentation are United States, Germany, France, Colombia, and Brazil.

Men had more than 2.5 million cosmetic procedures; 13.7% of the total. The most common procedures in men were:

- Eyelid Surgery
- Rhinoplasty
- Liposuction
- Gynecomastia
- Fat Grafting

The top five countries performing Eyelid Surgery are Japan, South Korea,



Global Survey

Germany, Brazil, and Mexico.

ISAPS' latest statistics indicate that cosmetic surgery is diversifying with new techniques and trends in procedures, especially in non-surgical options as evidenced by the number of non-surgical procedures that continues to grow when compared to last year's results.

Providing procedural statistics on a global scale is at best a daunting task. Data submitted to ISAPS by plastic surgeons in 91 countries was used to provide information on trends and totals; however, the threshold for statistically relevant data was maintained by our experienced analysts in this study. We hope that in the future, increased participation will allow us to include data from many more top tier countries.

We thank our partners in this project, Industry Insights, Inc., for the countless hours spent in collecting, analyzing and reporting the outcome.



Fellowships, continued from page 16

in the hands-on setting of a mentorship. Such professional collaboration is mutually beneficial, and will also help augment the exposure and membership of ISAPS.

All comments and suggestions concerning the FSP are invited and encouraged, and should be addressed to:

dr-auclair@orange.fr.

National Secretaries Report, continued from page 14

New National Secretaries

We welcome newly elected National Secretaries:

Brazil	Luis Perin, MD (Asst NS)
Italy	Adriana Pozzi, MD (Asst NS)
Mexico	Bertha Torres Gomez, MD (Asst NS)
Russia	Kirill Pshenisnov, MD
Spain	Jesus Benito-Ruiz, MD, PhD (Asst NS)
Turkey	Akin Yucel, MD

We thank the outgoing NSs for all their hard work over the last four years.

TIPS TO IMPROVE YOUR WEBSITE

Jon Hoffenberg – United States

President of SEOverSite.com and YellowTelescope



Have you ever listened to a speech by an online marketing company? Did you notice that the information provided was a bit vague, without any specifics, and lacked any steps you could take to improve your patient inquiry volume? I felt that way for years while running a large practice with monthly internet budgets averaging in the tens of thousands. I remember thinking to myself: *I am responsible for the budgets paying for website builds, SEO, & PPC. I sense that my web team is doing very little and I wish somebody could tell me if they are doing their job. They say that “blue is a color of trust so make websites blue,” and that “patients like to hear real-life stories so get photos and testimonials,” but what about optimization and security for which I am paying a lot of money every year? My team’s reports seem meant to confuse not to enlighten me, and the team is rarely responsive. I need help.*

I made a promise to help by offering lectures and articles with information that any doctor can implement to improve results immediately without over simplifying the information. What follows are some tips to help you improve the safety and rankings of your website and ensure that it performs well and does not simply look good.

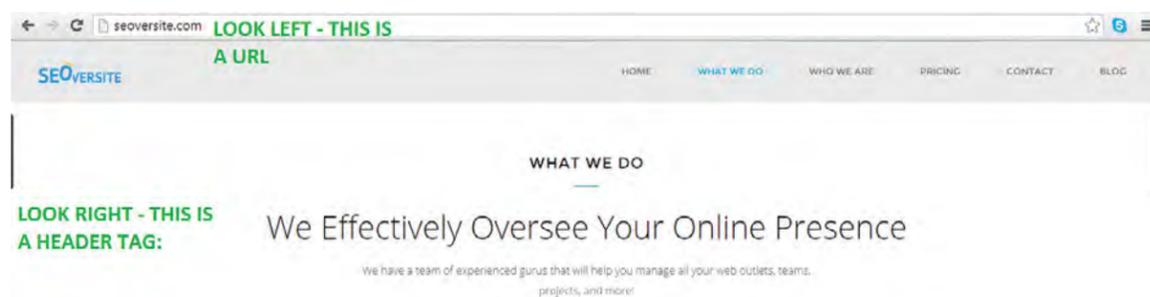
Two websites can be identical visually, but completely dissimilar in functionality and safety.

Two visually indistinguishable websites can be coded in completely different ways. Ask your web professionals the following questions.

- Is any part of my website “hard coded” or is it 100% dynamically coded? Hard coding is not only challenging to change quickly, but often leaves your website more susceptible to hackers and viruses, which can lead to a meltdown of your entire website. In the last six months, our team has fielded

six calls from practices dealing with a hacked site, rendering it useless in a split second.

- Is my website “Responsive”? A responsive website means it conforms visually to all screens—tablets, phones, laptops and desktops. Having a mobile-friendly website is important for two reasons. First, without a responsive site, as of April 21st, 2015, Google can penalize your website. So far, the penalties have been minimal, but we suspect that with time your site will lose authority unless you invest in a responsive website. Second and more importantly, nearly 50% of all internet traffic and searches are coming from mobile sources. While we believe most serious “shoppers” use desktops and laptops, clearly you are losing business if your website is not visually appealing and easy to navigate for patients searching on tablets and phones.



- **Do I have exceptional “Onsite SEO”?** The many tasks that create “onsite SEO” (on website search engine optimization) would be too lengthy to list, but here are a few tasks your web team can work on that a layperson can manage:

Header Tags—This is a fancy term for the bigger, bold paragraph headers on each page of your website. Google and other search engines read these instantaneously and give the heaviest weight to the paragraph headers at the top of the

page. Make sure each header has your location or a key word that people might search for, or both, and see your rankings improve. For example, if a home page header says “Welcome” then Google sees only that word. Now, imagine if it said “San Francisco’s Top Doctors for Plastic Surgery.” Which of these do you think will help Google realize you should be ranked highly for plastic surgeon searches in the San Francisco area?

continued on page 20

ONLINE PLASTIC SURGERY CONSULTATIONS: PEARLS AND PITFALLS

Gary D. Breslow, MD – United States



Like most other plastic surgeons, time is my most precious commodity. Wasting it on cosmetic consultations that do not result in a procedure can be extremely frustrating. For the average plastic surgeon, only about one-third of all cosmetic consultations actually result in a procedure being performed. On a typical day, that may translate into three to four hours being spent on consultations that go nowhere. The reasons are varied. Some patients are interested in a procedure that is not appropriate for them. Others are appropriate candidates, but cannot afford the procedure they desire and do not realize this until the consultation. Still others are just shopping around for the best price. The list goes on and on.

Years ago, some colleagues and I began referring to this issue as the Consultation Conundrum. The crux of the conundrum is that it is generally not apparent the consultation was a waste of time until it is over—after the time has already been spent. And it is a waste of time for patients, too. 90% of all cosmetic patients are women, most of whom have jobs, children or both, and they do not have time to go on multiple consultations to find out which procedure and which cosmetic doctor is right for them. Popular strategies like charging for consultations do very little to address this, as that effectively creates a barrier and diverts serious cosmetic patients to doctors who do not charge a fee.

In the age of online living, there may be a solution to the Consultation Conundrum after all. As the Internet and its various social media outlets have now become the primary source of information for all things consumed, there is actually a viable way for plastic surgeons to effectively and efficiently interact with potential patients and transform the consultation process – *online consultations.*

With online consultations, we can bridge the communication gap between cosmetic patients and doctors, streamlining the consultation process. Your online consultation can be as simple as a common Contact Us form on your website where patients send comments on what they are interested in to more elaborate virtual consultation platforms. In this scenario, patients can add photos to the description of what they would like done to full, live video-chats, almost as if they were in your office.

However, while online consultations may seem like an easy solution to the Consultation Conundrum, the reality is that there are pitfalls and limitations to its widespread use and acceptance. To begin, most online interfaces in use today are either too simple with insufficient pertinent information being elicited by potential patients to make them useful to the doctor. Sometimes they are too complex, creating an onerous, exam-like experience that is largely shunned by the patients. Secondly, unless online consultation interfaces can assure potential patients that the online portal is private and secure, few will feel comfortable participating. Lastly, depending upon the country and/or state in which you are licensed to practice medicine, online consultation platforms must be formatted in a way that adheres to the laws regarding the practice of telemedicine, to the extent that they may apply. As a result, online consultations have yet to find a solid footing in cosmetic medicine.



Zwivel, a free, user-friendly, interactive online consultation platform that plastic surgeons can place on their own websites. This enables them to interact with and prescreen for potential patients prior

to a full, in-office consultation, thereby saving both patients and doctors valuable time. With Zwivel, patients select their concerns and desired procedures, upload photos and record videos, and answer some basic questions about their medical history, budget and time frame for a cosmetic procedure. The plastic surgeon can review the information and respond with their recommendations and estimated fees, and even record their own video response. The patient can then review the recommendation and decide if they want to come in for a full, in-office consultation. The entire process is completely HIPAA/HITECH compliant, private and secure, and one-to-one between each doctor and each patient.

Beyond using online consultations as a tool to prequalify your patients, they can also be a great option for plastic surgeons who have a more international practice, with patients who cannot easily come in for multiple appointments prior to arranging for surgery. The ISAPS website contains a planning check-list for people considering going overseas for surgery. The very first bullet on that check-list is to plan a pre-consultation with the doctor. Imagine how much easier it would be if you could get all of the pre-consultation details wrapped up, including discussions regarding financing, recovery and after-care needs without an in-office visit.

As the digital world continues to shrink our global village, the healthcare industry will come to embrace the use of online consultations and patients will continue to push for more opportunities to communicate with and investigate potential providers. Virtual pre-consultations and follow-up care can help your practice work more efficiently by freeing up your time so you can focus on performing procedures, building your practice or maybe even just relaxing.

Blogs—Does your web team write at least one or two blogs every month? Are they on-topic and rich with the key word ideas outlined above? Do they all include a photo or video, plus header tags that showcase your services? Are they at least 500-1000 words so Google will want to index them?

URL Title Tags—The URL is simply the name of the page in your web browser, for example, www.drperu.com. If you click on your site's Facelift page, it will usually change the URL to some-

thing similar to one of the following two examples: www.drperu.com/162.xy-bz-123 or www.drperu.com/plastic-surgeon-lima Which would you guess will optimize your rankings?

As a university student in finance and economics, I learned that unless I worked 80 hours each week as a wealth manager, there would be people more knowledgeable than me to whom I should entrust my investments. The skills necessary to properly code a website, optimize onsite and offsite SEO including the execu-

tion of link building, directory submissions, white papers, landing pages, press releases, inbound marketing campaigns, and much more are equally difficult to master and to maintain competence. Most of this work must be entrusted to professionals who largely lack any checks and balances. The murky waters can be illuminated by following a few of these tips, reading regularly for new knowledge, and considering hiring an oversight company or internal marketing manager, depending on budgets, to supplement your practice's marketing efforts. ISAPS

on different sites. Likewise, poor or outdated equipment, particularly the failure of management to introduce new technology, may also cause problems. Staff shortages are another factor which frequently causes communication difficulties for an organization.

- System design faults refer to problems with the structures or systems in place in an organization. Examples might include an organizational structure which is unclear and therefore makes it confusing to know whom to communicate with. Other examples could be inefficient or inappropriate information systems, a lack of supervision or training, and a lack of clarity in roles and responsibilities which can lead to staff being uncertain about what is expected of them.
- Attitudinal barriers come about as a result of problems with staff in an organization. These may be brought about, for example, by such factors as poor management, lack of consultation with employees, personality conflicts which can result in people delaying or refusing to communicate, the personal attitudes of individual employees which may be due to lack of motivation or dissatisfaction at work, brought about by insufficient training to enable them to carry out particular tasks, or simply resistance to change due to entrenched attitudes and ideas.
- Ambiguity of words/phrases. Words sounding the same but having different meaning can convey a different meaning altogether. Hence the communicator must ensure that the receiver receives the same meaning. It is better if such words are avoided by using alternatives whenever possible.
- Individual linguistic ability. The use of jargon or difficult or inappropriate words in communication can prevent the recipients from understanding the message. Poorly explained or misunderstood messages can also result in confusion. However, research in communication has shown that confusion can lend legitimacy to research when persuasion fails.
- Physiological barriers. These may result from individuals' personal discomfort, caused, for example, by ill health, poor eyesight or hearing difficulties.
- Cultural differences. These may result from the cultural differences of communities around the world, within an individual country (tribal/regional differences, dialects, etc.), between religious groups and in organizations or at an organizational level where companies, teams and units may have different expectations, norms and idiolects. Families and family groups may also experience the effect of cultural barriers to communication within and between different family members or groups. For example: words, colors and symbols have different meanings in different cultures. In most parts of the world, nodding your head means agreement, shaking your head means no - except in some parts of the world."

Understanding Intercultural Communication

2nd edition, 2012

S Ting-Toomey, LC Chung

The best communication

The best and most effective communication requires that we exchange information on both sides. Having this in mind, I strongly believe that we must improve the communication methods we use in our 96 member countries. As the Chair of the Communications Committee, I can assure our members that WE DO LISTEN. Our internal family of National Secretaries serves as our primary communication link between our members and the board and our active committees. Any member of the board with a suggestion, idea, criticism or solution.

For example, to request academic events in your community, you can contact our Education Council. For questions concerning our journal, you can contact the Editor, or the Executive Office. If you have a question that needs the Board's attention, you can contact your National Secretary or any of our Board members. If you need professional support for a difficult case, you can contact another member. Our Executive Office can always help you, or they will find the right person within our membership to ask.

In the end, understandable communication is crucial for ISAPS. ISAPS

Where in the World?



See page 54 for the answer.

Guess who!



See page 41 for details.

AN OVERVIEW OF REVISION RHINOPLASTY FROM PAST TO PRESENT DAY

Saffet Örs, MD – Turkey



Septorhinoplasty is the most frequently performed surgery in my clinic, just as it is in the rest of the world. Rhinoplasty makes up 40% of all of my operations. While revision rhinoplasty accounted for only 5-10% in 1995-2005, it quickly increased to 50-60% in the last 10 years. There are two reasons for this increase. First, patients are choosing to have revision rhinoplasty due to my level of experience. The other reason is that the number of surgeons performing rhinoplasty has increased thus increasing the number of complications.

Rhinoplasty is a very popular surgery. It is natural that both young plastic surgeons and otolaryngologists are drawn to it. I have operated on patients who have had up to six rhinoplasty surgeries prior to seeing me. I was the one to perform the final surgery. Today, the number of tertiary and subsequent rhinoplasty surgeries has reached that of secondary surgeries. The reason is doctors performing a large number of surgeries without sufficient experience. Young surgeons may encounter hundreds of complications all of a sudden, so secondary and tertiary rhinoplasty becomes necessary. Unfortunately, we have begun to see irreparably bad cases on a regular basis.

A large portion of our revision patients are those who have previously undergone septoplasty. The rate of complications following rhinoplasty is lower than that of complications following septoplasty. The problems I encounter most frequently include insufficient nasal valve, uncor-

rected septal deviation, over-resected hump, hump and tip incompatibility, and irregular lateral osteotomy. Of these, the most difficult problems to correct are irregular lateral osteotomy and skin-related issues.

The number of septoplasty patients who still have difficulty breathing is quite high. The nose is a complex organ. The septum concha and aesthetic unit should be handled by a single surgeon in one sitting. Upon evaluation of past cases, it is clear that rhinoplasty alone was not sufficient for a great number of patients (90%). For this reason, for the past 10 years, my standard protocol has been to perform both septorhinoplasty and radiofrequency concha on all of my patients. In a majority of patients, the thickening of the septum above the vomer results in a narrowing of the passage. When lateral osteotomy is performed, the lateral wall of the nose is moved inward a bit, also resulting in narrowing of the passage. I compensate for this by performing a partial excision of the vomer and excising the bottom portion of the thick quadrangular cartilage.

Following septorhinoplasty, concha growth is common. For this reason, limited concha radiofrequency is very important. Concha hypertrophy recurrence rate is very low in patients who have undergone radiofrequency. Following septorhinoplasty and concha radiofrequency, there are two causes of passage obstruction: insufficient nasal valve and excessive mucosa. If necessary, some of the excess

mucosa can be removed and the remaining excess mucosa can be spread and sutured over the cartilage.

Breathing comfortably is necessary for a healthy life. Cartilage grafts can be obtained from the ear, septum, or ribs. In revision rhinoplasty, it is often impossible to find cartilage in the septum and ear cartilage is both non-uniform and very fragile, and therefore difficult to use. It is my opinion that costal graft should be the first choice for all revision rhinoplasty patients requiring a graft. In fact, costal cartilage is generally my preference for revision rhinoplasty. Since costal cartilage is flatter, it provides better support. It can also be harvested in greater volume. Compared to ear cartilage graft, it is more resilient. When used as a spreader graft, it corrects both insufficient nasal valve and improves septal deviation. In cases of insufficient hump, I place the spreader graft first, creating a flat foundation. Then, if needed, I place crushed cartilage wrapped in a dermal graft on the dorsum. I obtain the dermal graft from the same incision as the costal graft. By using dermal graft and crushed cartilage together, I am able to achieve greater volume. If I don't need a large volume, I place crushed cartilage wrapped in surgical. Costal cartilage loses less volume compared to the other types of cartilage. The need for osteochondral cartilage has decreased considerably. The cartilage graft serves almost the exact same function in most patients. The remaining

continued on page 23

ISAPS INSURANCE CHANGES HAVE ARRIVED

Jose Carlos Parreira, MD – Portugal

Chair, ISAPS Insurance Committee & National Secretary for Portugal



Once again, ISAPS Insurance is pleased to announce further improvements

ISAPS Insurance – Revision Cover

We are pleased to announce the release of improved benefits and reduced premiums for patients in your home country.

What Does This Mean?

ISAPS Insurance has always been for all patients regardless of their country of residence. However, patients who travel outside their own country for their surgery have different requirements, especially if they need a revision once they are back in their home country. As an ISAPS member, you have been charged the same premium for your patients, regardless of whether or not they are medical tourists.

Therefore, ISAPS Insurance for your medical tourist patients will now be a completely separate cover, with the premium for patients from a surgeon's home country reduced to reflect this change.

The premium will now be calculated as 4% of the chosen level of cover, reduced from 6%. Additionally, the revision cover for all your home country patients will now benefit from the following:

- Revision cover from the date of procedure for 24 months.
- All procedures that you undertake may now be covered under the policy.
- The cost of the ISAPS Insurance revision cover is to be reduced to 4% of the chosen level of cover—for example;

Level of Cover	Cost of Cover
€ or \$	€ or \$
1250	50
2500	100
3750	150
5000	200
6250	250
7500	300
8750	350
10000	400



You should contact our insurance office for any amounts of cover over 10,000. The cost of cover for your medical tourist patients will remain at 6% of the chosen level of cover.

Please contact Stephanie@isapsinsurance.com or call +44 (0)207 374 4022 for further information including full policy wording together with terms and conditions. As long as you are an ISAPS member you may join the ISAPS Insurance scheme free of charge and start to insure your patients.

ISAPS Insurance Committee

Jose Carlos Parreira, Portugal – Chair
Gianluca Campiglio, Italy
Alison Thornberry, UK – Ex officio

ISAPS Insurance is managed by our partners at Sure Insurance in London and is underwritten by certain underwriters at Lloyd's.

Rhinoplasty, continued from page 22

costal cartilage can provide support to the upper and lower lateral cartilages, and can be used as L strut grafts.

To prevent complications, it is necessary to avoid aggressive surgical procedures. In Turkey, the rate of revision cases resulting in complications is much higher for otolaryngologists than for plastic surgeons. This is because plastic surgeons receive rhinoplasty training as a primary component of their education. Otolaryngologist education is insufficient in this aspect, however, so complica-

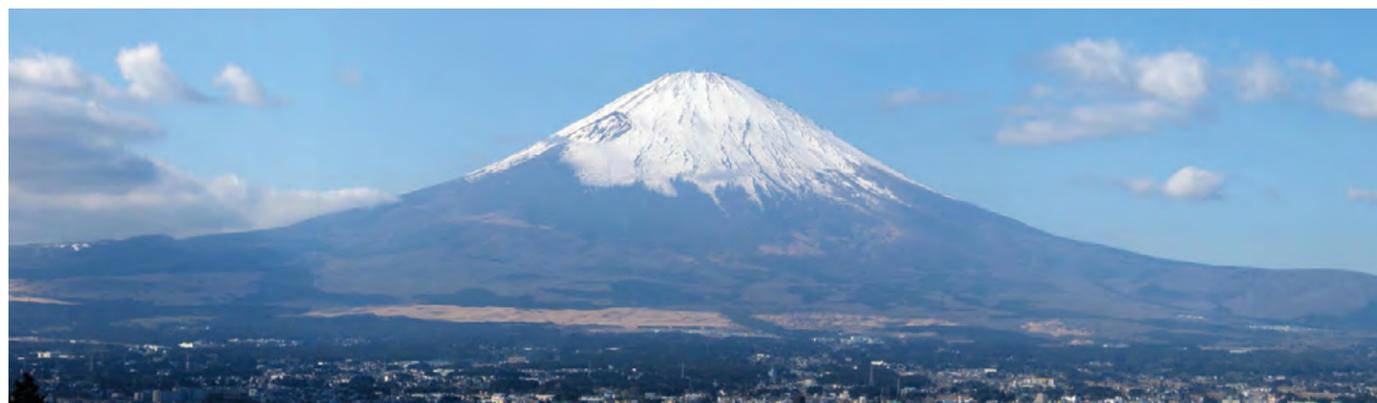
tions are inevitable. Plastic surgery includes a wide variety of surgeries so it is impossible for a young surgeon to know enough about everything. It is my opinion that postgraduate training should continue with a fellowship of at least 2-3 years. With adequate pre-operative planning, it is possible to achieve excellent results in revision rhinoplasty, which we see with most of our patients. Barring nasal dermal complications, anything is possible in revision rhinoplasty - the sky is the limit.



THE ROAD TO KYOTO: HOW TO COME TO KYOTO, WHERE TO STAY

Susumu Takayanagi, MD – Japan

ISAPS President



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/ciduk>



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.

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

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
Office Hours: 9:30-17:30 (weekdays only)



THE ROAD TO KYOTO: TEMPLES AND SHRINES

Susumu Takayanagi, MD – Japan

ISAPS President



In Kyoto, there are many temples and shrines with beautiful gardens and lanes, among which I am choosing three of my favorites.

First, I would like to tell you about *Ryoanji Temple*. I have visited this temple many times, ever since I was a little child, as my parents' house was nearby.



On a portion of the spacious grounds of Ryoanji Temple lies the famous stone garden. It is a small garden covered with white sands in which 15 stones are arranged—and nothing else. There are different interpretations as to what these stones represent. No human eye can see, from any angle, the whole picture of all the stones at the same time. Some people say the stones are indicating that humans can merely see what is in front of their eyes and that the truth of things is known solely by God. Other people think that the garden serves as, so to say, a large mirror and that we look at ourselves when looking around the garden. Being a Christian, I am not familiar with Buddhism or Zen, but nevertheless I love to spend time in silence viewing this stone garden. What I try to find in the shapes of the stones varies from time to time, reflecting my mental state.

Even if you don't care that much for discovering hidden meanings or imagining, you may be interested in the technique to make the garden look larger than its actual size by making the wall surrounding the garden become lower with the increasing distance from the veranda of the temple structure.

You are advised to visit Ryoanji Temple in the morning when there are usually fewer visitors. Normally the temple is open to the public from 8:00 am, but please confirm before you go there. In addition, the scenery around the garden has seasonal beauty such as cherry blossoms in the spring and colorful leaves in the autumn. If you visit the garden during your visit to Kyoto in October and find it attractive, you will surely be pleased to visit again in a different season.



Secondly, *Heian Shrine* is only a few minutes' walk from the conference venue. As I noted its beautiful gardens earlier, I hope you'll enjoy the attached photo this time.



Lastly, let me point out the narrow lane leading to *Koto-in Temple*, a small temple that constitutes Daitokuji Temple.

Koto-in Temple was built by Tadaoki Hosokawa, husband of Tamako Hosokawa, a Christian who lived in the age of provincial wars in Japanese history and is known for her beauty and tragedy. Tadaoki, who was a disciple of Sen no Rikyu (master of the tea ceremony), was a sophisticated man of refined taste. When entering the tea-ceremony room in Koto-in Temple, you will know the kind of aesthetic consciousness called "Wabi" that set the tone for Rikyu and Tadaoki. For want of better words, I define "Wabi" as "beauty found in simplicity that may evoke a slight feeling of loneliness."

I like the narrow lane leading to Koto-in Temple. The lane is surrounded by a beautiful bamboo grove. It is said that Steven Spielberg visited this temple, and according to the driver who took him there, the film director kept standing there, for more than 30 minutes, being fascinated by the sight of the bamboo grove. I am sure you will enjoy it just as much.



VISIT TO URUGUAY

Oscar Jacobo, MD

ISAPS National Secretary for Uruguay

On March 6 and 7, 2015, an ISAPS Visiting Professor Program was held in Montevideo, Uruguay at the Cátedra de Cirugía Plástica, Hospital de Clínicas with ISAPS Visiting Professor Dr. Osvaldo Saldanha from Brazil.

With the presence of 20 residents and 67 members of the Uruguayan Society of Plastic Surgery, the first day was dedicated to four conferences and meetings with residents, and the next day another session and a demonstrative live surgery. The meeting room was crowded from early in the morning to the end of the day of work during the whole course.

Dr. and Prof. Héctor Juri and I organized a program that included: Structured Breast Reduction, Predictive Factors of Complications in Plastic Surgery, Breast Reconstruction with Reverse Abdominoplasty, and Rhytidectomy with Anatomical Undermining with the live surgery focused on Lipoabdominoplasty.



Dr. Saldanha during his lecture about patient security and predictable factors.



The crowded meeting room at Hospital de Clínicas.



On Saturday morning, the group had the pleasure to see Dr. Saldanha in the operation room performing a lipoabdominoplasty on a patient he had previously selected. As it was a live surgery, the attendees had the opportunity to ask him all their questions in a great interactive session.

Dr. Saldanha was always opened to the exchange of opinions and answered all the questions from the audience, especially the ones from our residents, with extreme clarity and passion.

As life is not only about work, on Friday night we indulged ourselves with the pleasures of food and wine visiting The Juanicó Winery where we enjoyed a superb soiree and introduced Dr. Saldanha and his wife, Loretta, to our exclusive red wine grape: the Tannat.

continued on page 27



Drs. Saldanha & Jacobo after Saturday morning surgery.



At Juanicó Winery's vineyards

VISIT TO SOUTH AFRICA

Peter Scott, MD – South Africa

Chair, ISAPS National Secretaries



As the local organising chairman of the South African National ISAPS Meeting, I had the privilege of putting together a Visiting Professor Program (VPP) with our Visiting Professors Renato Saltz and Vakis Kontoes in March 2015. This intensive two-day resident training program overlapped and followed on a very successful, well attended meeting where Renato and Vakis presented the spectrum of surgical and non-surgical topics to the local plastic surgery community.

Allergan sponsored the two-day VPP by providing air flights and accommodation for 24 residents from around South Africa. The meeting was hosted at the Tygerberg Hospital where the Stellenbosch University Plastic Department is housed under the chairmanship of Prof. Frank Graewe. They made headline news recently with a successful penis transplantation.

The residents were treated to superb lectures on body contouring, rhinoplasty, breast surgery and face lifting by Renato and Vakis, with contributions by local doctors Marshall Murdoch, Nerina Wilkinson and Deon van der Westhuizen on the art of plastic surgery, how to do a proper consultation and non-surgical treatments.



Uruguay, continued from page 26

After Saturday's surgery and the close of the course, we travelled 100 km east toward Punta del Este, our beautiful main beach. We cannot end our report without saying a word about the fantastic persons that Osvaldo and Loretta are. We had the honor to spend with them their free time in our city, and it was a pleasure to discover the man behind the professor and his adorable wife. We hope this will be the first of many visits.

As the moderator of the live surgery session in a lecture room full of residents, we watched Renato deliver a masterclass in how to do liposuction/abdominoplasty surgery with consummate ease.

The feedback that I have had from the residents is that this was a wonderful teaching program and that they are grateful to ISAPS for providing Renato and Vakis.

This great meeting wound up with a safari to Sabi Sabi Earth Lodge. Suffice it to say it was the perfect two days to wind down from a very intense meeting and to enjoy the companionship of the ISAPS family.



Drs. Renato Saltz (US), Peter Scott (South Africa) and Vakis Kontoes (Greece)

THE ENTITLED PATIENT

David B. Sarwer, PhD – United States

Professor of Psychology, Departments of Psychiatry and Surgery
Consultant, The Edwin and Fannie Gray Hall Center for Human Appearance
Perelman School of Medicine, University of Pennsylvania

Over the last several decades, in research investigating the psychological aspects of aesthetic surgery, a number of authors have written about certain patient types. One of the most commonly described has been the entitled patient. These individuals typically ask for and expect special treatment from the surgeon or clinical staff. Others have a difficult time following the standard procedures of the surgeon's practice. Some would ask for specific appointment times outside of regular clinic hours. Others would ask for additional means to protect their identity from others, such as using special entrances to the practice. Still others would present with a profound air of self-importance and superiority.

The behavior of the entitled patient is consistent with the formally recognized psychiatric diagnosis of narcissistic personality disorder. Individuals with narcissistic personality disorder see the world almost exclusively from their own perspective and have a very difficult time appreciating the thoughts, feelings, and behaviors. They are the centers of their own universe and believe that they are worthy of special treatment from others. They frequently make requests that come across as unrealistic or unreasonable demands, with little insight into how these requests violate the guidelines, rules, and interpersonal boundaries of others. Entitled patients who make requests for appointments outside of office hours, for example, believe that they are worthy of special treatment. They have little ability to appreciate that the surgeon's schedule may have been established with a countless number of other practical and personal considerations in mind.

In the 1960s and 1970s, such behaviors may have been more common in aesthetic surgery practices. This was the time, as politically incorrect as it sounds today, where most individuals who sought aesthetic procedures were likely Caucasian women

of a certain age and station in life and with a large amount of disposable income available to them. In the absence of widespread cultural acceptance of aesthetic surgery, some patients may have been appropriately concerned about the reactions of friends and neighbors who found out that they had "something done." The population of aesthetic surgery patients is much different today, when individuals from a range of ethnic, racial, economic and age groups seek surgery and join the millions of their neighbors and coworkers who have undergone aesthetic procedures. For many patients today, the decision to have surgery is not one of shame or embarrassment, but often pride and satisfaction.

Narcissistic personality disorder is believed to occur in approximately 1% of the general population. Features of the disorder may be found in 5% to 10% of the population and may be particularly common among individuals who are professionally and personally successful. There likely is some relationship between a sense of entitlement and professional success. Many individuals who are successful professionally have developed interpersonal skills that have contributed to their success. They are used to mapping out a plan for their lives and making it happen. A sense of entitlement can develop from that success. Others likely develop their sense of entitlement from their financial situation. If they are used to having the financial resources to purchase whatever they desire, they can easily develop a sense that other situations and people can be similarly influenced by their wishes and money.

There is no doubt that persons with narcissistic personality disorder present for aesthetic surgery. Some may display their sense of entitlement to the surgeon; more likely they will show it to other members of the clinical team such as nurses, program coordinators, and assistants. In this respect, some patients may



Narcissus by Caravaggio, painted circa 1597-1599. Galleria Nazionale d'Arte Antica, Rome

continued on page 32

TREATING CELEBRITY PATIENTS

Ashkan Ghavami, MD – United States



To write an accurate, relevant discussion about the celebrity plastic surgery patient would first require a precise contemporary definition for the world celebrity itself. The dictionary describes the term as simply, "a famous person or the state of being well known." This broad terminology actually holds true today in the world of social media such as Instagram, Snapchat, Vine, Twitter, and reality television where celebrities and "pseudo-celebrities" alike thrive. Of course, the classic entities that come to mind when most of us think of a "true celebrity" include Marilyn Monroe, James Dean, Robert De Niro, Barbara Streisand, or Britney Spears. Nevertheless, having a practice in Beverly Hills, California allows me to see all types, the "true," what I call "traditional" celebrities, the up and comings, and those who are famous mostly because of reality TV and/or social media, but are not necessarily a household name with many talents or accomplishments—yet.

Foreign dignitaries and any royally affiliated persons from outside the US display similarities to "true celebrities." The subtle difference is that while their appearance is important to their lifestyle, there is more a sense of wanting and knowing they can afford a luxury such as plastic surgery. It is seen as just another commodity or service they deserve and can afford.

In these examples of "celebrity," there is a sense of entitlement and narcissistic traits in most, if not all of them, and this almost always comes into play during

the consultation. However, this should never influence implementing the appropriate treatment plan. It is interesting to postulate whether it is those with narcissistic traits or tendencies who seek out fame. For this reason, and based on the fact that celebrities are essentially selling themselves to a mass audience, improving, enhancing, and/or maintaining their



appearance via plastic surgery makes perfect sense.

One thing that seems to be universal is that all celebrity patients do at least partially associate the outcome of their surgery with further success in their careers. In many instances, those who are on the way up and not completely established are most critical and anxious about the outcome. Many of the more seasoned actors or performers come by way of referral and have been "around the block." They seem to simply trust their referral source and go for it with the same energy and outlook that perhaps got them to be so successful in the first place. They also ask fewer questions and have less time to deal with all the nuances. They just want it done and in the time frame they require. When the results are delivered with high satis-

faction, the surgeon can gain their trust for life in some cases.

We have seen less than stellar plastic surgery results on some of the biggest names out there. Having access to any surgeon you like, or whatever surgeon you are referred to, clearly may not translate to excellent, seamless, and aesthetically appropriate plastic surgery.

Here is where all the complex dynamics come into play between the celebrity's desires, the surgeon's skill and taste, and actual outcomes. It has seemed at least in my practice that the bigger names want specific treatments and do not want to be dissuaded. Ethical standards dictate that a patient, regardless of how VIP they are, should not undergo unnecessary or improper treatment.

In essence, all patients should be treated the same with the same ethical and medical standards and guidelines.

In Los Angeles, as surgeons have various opportunities to socialize and rub elbows with celebrities of all sorts, the celebrity patient can end up in literally any surgeon's office, or worse, the office of a non-board-certified plastic surgeon. Here is where the unfortunate circumstance can occur where a surgeon (often younger) wants the privilege to work on someone famous and listens to whatever the patient dictates and throws ethics out the window. This is the trap that I have seen around me. Seasoned surgeons can also gain the trust of celebrity patients and continue with surgical and other

continued on page 32

“split” the clinical team—treating the surgeon as the “good” member of the team and the rest of the staff as the “bad” or “incompetent” members who will experience the wrath of the patient at the slightest frustration. Individuals with narcissistic personality disorder who are successful in doing this can create havoc among clinical colleagues. Skilled narcissists can easily put surgeons under their spell. Patients who are quick to flatter while criticizing other surgeons or those who come from great distances for treatment because “you are the best” may be tipping their hands to their narcissism. Other patients may be local or national celebrities who are used to being treated differently than the rest of the population. Treating them differently can be a dangerous precedent to set. If the treating surgeon subsequently fails the narcissist in the future, with a less-than-perfect result, unanticipated complication, or excessive delay for an appointment, the pedestal will quickly be pulled out from under the surgeon and the disparagement will begin.

Interestingly, while persons with narcissistic personality disorder act as if they have an abundance of self-esteem, most actually have low self-esteem. Their self-focus and dramatic presentation is often a gesture to camouflage their diminished sense of self-worth. The patients in a clinical practice who have a healthy sense of self-esteem likely appreciate, at least on some

level, that their surgeon is busy and that they are not his or her only patient. They typically treat the entire clinical team professionally, and if they themselves are treated respectfully, they will create no drama in the practice.

There is no high quality, contemporary evidence for the rate of narcissistic personality disorder among aesthetic surgery patients. Furthermore, there is no evidence suggesting a relationship between narcissism and postoperative outcomes. For these reasons, as well as others, formal preoperative screening for personality disorders is not warranted. However, if the treating surgeon or staff member witnesses entitled behavior with a patient, the team is encouraged to work together to maintain the typical standards of care of the practice and to maintain appropriate personal boundaries in all patient encounters. This may minimize the effect of the narcissistic behavior and reduce the resulting stress on individuals in the practice. Deviations from the practice’s typical standard of care in response to the demands of the entitled patient can introduce great stress to the practice and, in some cases, can become part of legal proceedings if the entitled patient experiences a complication and brings a malpractice claim against the surgeon. Not bending to the will of the entitled patient minimizes these risks. ISAPS



treatment plans that may not be in the best interest of the patient.

It is best to always apply similar principles and guidelines to all who walk through our practice doors. There is the reality, however, that some patients (celebrity or otherwise) are “needy,” feel more entitled, and can simply be more challenging to treat. We must use our personal judgment and intuition just as we would in saying no to an unrealistic, ter-

tiary rhinoplasty patient who cries incessantly about a 1 mm problem.

Having stated all of the above, there are plenty of delightful celebrities, and in my practice, most are extremely pleasant, entertaining, and a pleasure to have around the office. Many feel like a friend as they trust you with their livelihood (their appearance), and once you deliver, most will stay loyal to you. Let’s face it, in this world loyalty and consistency is

becoming more and more elusive in an ever-distracted and inattentive society focused on the next image or text tone that appears on their smartphone. Celebrities know this as they deal with many people who want something from them. It is imperative to show them our ethical and most true colors and always deliver our best work to keep them as patients and to see many, many more. ISAPS

JOURNAL UPDATE

Henry M. Spinelli, MD, FACS – United States

Editor-in-Chief, *Aesthetic Plastic Surgery*

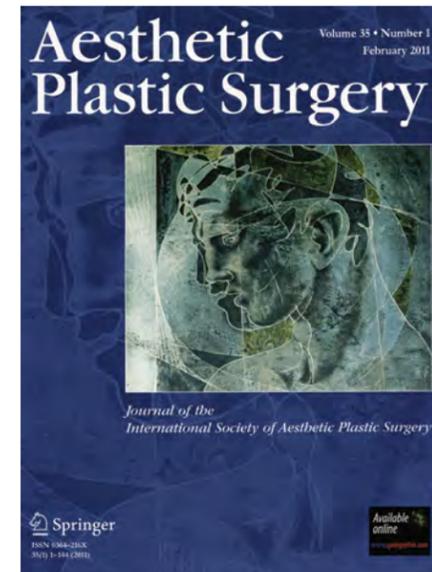


As Editor-in-Chief of *Aesthetic Plastic Surgery* (The Blue Journal) I am pleased to report that the journal continues to thrive with a projected 700 submissions this year and a rejection rate of approximately 80% which demonstrates the higher selectivity and quality of our published materials.

I also want to highlight several manuscripts which I have had the pleasure of reviewing and which are scheduled to appear in an upcoming issue. I believe the readership may find these of particular interest.

Specifically, I call attention the following titles:

- 1. Prospective Randomized Multicenter Trial Assessing a Novel Lysine-Derived Urethane Adhesive in Large Flap Surgical Procedure without Drains.**
This paper evaluates the safety and effectiveness of a lysine-derived urethane adhesive as a noninvasive alternative to closed suction drains in a commonly performed large-flap surgical procedure.
- 2. Follicular Unit Extraction Hair Transplantation with Micro-motor: Eight Years’ Experience**
In this study, follicular unit extraction technique in hair



transplantation was studied in 1000 patients between 2005 and 2014. Graft counts and graft tables were analyzed.

3. Comparison of Various Rhinoplasty Techniques and Long Term Results.

In this study, the authors present patients who underwent nasal surgery utilizing one of these three techniques (transcolumellar, endonasal and open without external incision) between 1999 and 2013 and discuss some modifications to the techniques.

4. The Safety and Efficacy of Cell-Assisted Fat Grafting to Traditional Fat Grafting in the Anterior Mid-Face: A 3D Imaging Comparison Study

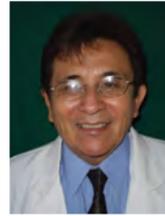
This is a single-center prospective, case-controlled study that investigated the safety and efficacy of combining a modified Baker-designed lateral SMASectomy or plication face-lift with simultaneous anterior mid-face grafting into site-specific compartments by 1) conventional Coleman’s technique or 2) Yoshimura’s cell-assisted lipografting (CAL technique).

As the program for our next congress is being developed, we look forward to receiving manuscripts of the work presented at this global gathering of aesthetic plastic surgeons in Kyoto. A new policy established by the Board of Directors will require all submitted abstracts for the free paper sessions to give APS (the Blue Journal) first right of refusal for any resulting manuscripts. Invited faculty members are also encouraged to submit their papers to the host organization. This is common practice with most scientific organizations that own an academic journal and is long overdue at ISAPS. ISAPS

NORTH AMERICA: MEXICO

Improvements in Wound Healing Related to Periareolar Mastopexy Augmentation 5th Generation Technique

Ramon Navarro, MD



Several years ago the first publication about “augmentation mastopexy fifth generation technique” appeared. (*Cir. Plast. Iberolatinam.* vol.34 No.2 April-May June 2008/ page 80-100).

This technique is now considered to be so secure that we utilize it even in women as young as 18 with no future breast feeding problems. For women who have passed the potential pregnancy stage and fall into the most dangerous age range for breast cancer, this technique partially eliminates both internal and external upper quadrants and we get two important benefits for breast reconstruction.

1. Cancer prevention because we lessen the possibility when we remove even partially up to 50% of upper quadrants.
2. As we remove a triangle of breast glands and we close the gland completely over the implants, the breasts “narrow” and become more natural.

Our goal has always been not to leave large scars over one of the most beautiful parts of a woman’s body. Classical periareolar reconstruction often results in numbness on the complete areola complex (CAP) or classic inverted “T” negative emotional effects.

We have tried to improve the quality and security of our performance, of course, and to treat tissues as has been taught to us by our professors, but in this particular case, one of the riskier outcomes when we begin surgery in the upper areola site is the resulting scar and areola widening. We have improved this undesirable scar by applying fresh autologous plasma under the upper periareolar incision after skin closure and under the CAP. We also plicate the whole CAP with fingers as we insert subdermally with a straight needle, three subdermal vertical longitudinal 2-0 nylon with stiches attached to the upper and lower periareolar wound closing, with external small pieces of 1 square cm each, soft silicone plaques, in order to keep the CAP plicated.

After placing the implants and completely closing the upper areolar incision, trying to keep the CAP plicated, we put fresh plasma under the breast skin and after some days when collagen begins to form under the areolas, we avoid CAP elongation. This plasma must be injected also under each of external silicone implants in order to avoid any pressure damage on breast skin.

After some years of performing this way and closing upper areola breasts incisions, with the implants (always anatomical, texturized, small size no longer than 220 cc high projection 5-7)

continued on page 41

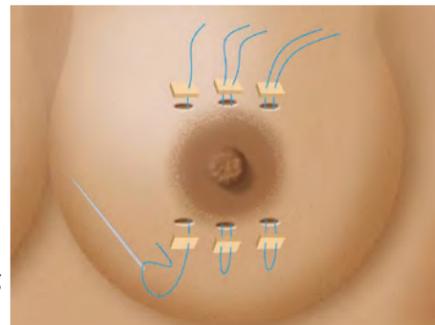


Figure 1. Avoiding CAP elongation

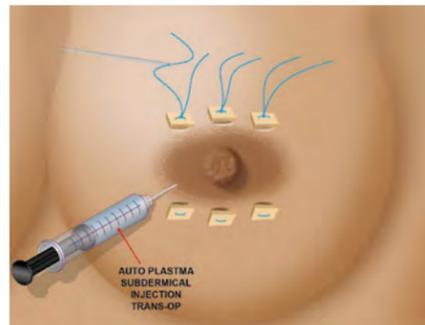


Figure 2. After application of plasma



Figure 3. Tuberous pre-op correction



Figure 4. Mastopexy augmentation 5th generation technique

NORTH AMERICA: UNITED STATES

Ozan Sozer, MD



As aesthetic plastic surgeons, we put specific emphasis on scar quality. Yet visible, prominent and widened scars are among the problems we deal with on a daily basis. I do not think that there has been any significant technological improvement in surgical supplies to aid us with scar quality. I was very enthusiastic when I started to use barbed sutures, but superficially placed barbed sutures frequently got exposed and complicated the healing process. I still use barbed sutures, but only for deep closures such as the superficial fascia or for the plication of the abdominal musculature. I believe closure of the superficial fascia with barbed suture in continuous fashion equally distributes the tension and decreases the fat necrosis caused by the knots tied when incisions are closed with interrupted sutures. I have been using Dermabond® Prineo® and I think the scar quality has improved slightly. However, it is difficult to place it in short and circular incisions such as in breast surgery.

I strongly believe that tension is the number one enemy of scar quality. I find myself removing less tissue than before in any type of cosmetic surgery. (Photo 1) Still, the scar quality in the arms and upper back is problematic.



Photo 1. Better abdominoplasty scar quality with low tension closure and application of Dermabond Prineo

I utilize IPL and fractionated CO₂ laser for vascular and raised scars. This requires three to five treatments with a visible improvement in the scar quality. (Photo 2)



Photo 2. Improvement achieved with one treatment of IPL and CO₂ laser

Regarding wound healing, of course the best management is not to get one, but that is not always possible. Rarely, when patients develop full thickness openings after body contouring procedures, especially with massive weight loss patients, wound V.A.C.® has been wonderful for me for many years.

In summary, not much has changed in the last decade to help us with scar quality. Exposure of superficially placed sutures is still a problem. Classic teaching of minimal tension closure remains the gold standard. Liquid adhesives and lasers can be helpful. ISAPS

The author has no financial interest in the products or their manufacturers mentioned in this article.

Global Perspectives — Future Themes

November 2015 **Current trends in Liposuction and Lipoplasty** Deadline October 1

March 2016 **Browlifting and Forehead Rejuvenation** Deadline February 1

If you would like to contribute an article of 500-750 words, please forward to isaps@isaps.org

This is 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 region?

EUROPE: ROMANIA The Surgical Treatment Of Decubitus Lesions

Argentina Vidrascu, MD



Surgical variants

The surgical approach to decubitus lesions has changed greatly during the last decade. Some methods were used predominantly at the beginning of the last century, others just in the past ten years. A classic method can be used at any time, but a modern method may be too much for a patient. Depending on the therapeutic prescription, methods may be interposed.

Flaps on perforating arteries

Several methods have been developed in recent years, thus offering the surgeon the possibility to choose when planning reconstructive surgery. Among these methods are the dislocation of a large surface of skin and fasciocutaneous flaps, the transposition of the muscle and its covering with a simple cutaneous flap or a cutaneo-adipose flap, musculocutaneous pediculate flaps, and neurovascular flaps. All these are selective methods for the treatment of complications arising from previous surgical interventions.

Tobin and Brown recommend the following for the treatment of complicated decubitus lesions:

- For good quality tissue, but with a large ulceration (more than 10 cm), they recommend tissue dislocation, free flap or pediculate flap.
- For afflicted tissue with a large ulceration (more than 10 cm), they recommend flaps on perforating arteries or pediculate flaps.

Prerequisites of the study

To complement previous studies, we compared two surgical treatment methods for decubitus lesions. One consisted in applying flaps on random circulation, and the other one in harvesting and applying flaps that contain a vascular network capable of ensuring its survival, developed from the perforating artery or arteries at the level of the muscle mass directly towards the tegument (musculocutaneous) or from the level of the muscle mass towards the tegument via the fasciae or the septal formations. These perforating arteries may be anatomized or dissected along with a portion of the muscle from where they emerge or along with the septum or fascia fragment.

Purpose of the study

Starting from data found in the literature, we strived to demonstrate that the number of surgical reinterventions (immediate relapse) in cases submitted for surgical treatment with flaps on

perforating arteries is reduced compared to the group of patients submitted to surgical treatment with flaps on random arteries or free skin grafts.

Material

The study was conducted on 292 patients with 3rd and 4th degree decubitus lesions admitted into and operated at the Plastic Surgery and Reconstructive Microsurgery ward of the Cluj-Napoca Rehabilitation Hospital from January 1997 to August 2007. The age distribution of patients reveals a maximum incidence of bed-sores between the ages of 25 to 45; 135 cases predominantly males.

Distribution of cases on gender groups

Half of the cases included in the study presented lesions localized at the level of the sacral region. The greatest number of cases, both with trochanteric localization as well as sacral localization, was recorded in 2004.

Batch no. 1: tegument flaps on fasciocutaneous or musculocutaneous perforating arteries

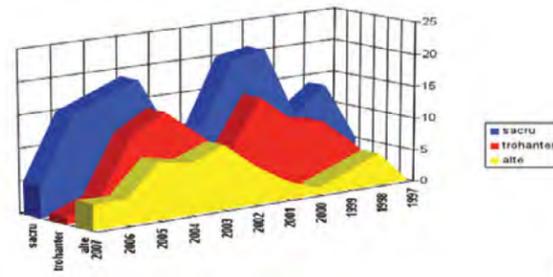


Figure 1. Graphic representation showing the distribution of the number of decubitus lesions depending on their localization

Patient selection criteria:

98 patients submitted to surgical treatment with tegument flaps on fasciocutaneous or musculocutaneous perforating arteries. The candidates for surgical interventions were patients for whom conservative treatment and chemical or physical debridement was performed with the same methods: lavage with Betadine solution and mechanical debridement using a scalpel.

Exclusion criteria:

- Patients whose biological status did not allow for the execution of the surgical intervention;

continued on page 41

SOUTH AMERICA: BOLIVIA

Theresa Zambrana, MD

National Secretary for Bolivia



Wound healing, as a normal biological process in the human body, is accomplished through different phases of hemostasis, inflammation, proliferation, and remodeling.

Different factors may interfere with one or more phases of this process. Scars are areas of fibrous tissue that replace normal skin or other tissue after injury. Scarring is considered abnormal when the amount of fibrosis is excessive or suboptimal, as in hypertrophic, atrophic, or keloidal scars; when it affects normal function; and when it is symptomatic. Scars are also considered abnormal when they are disfiguring or aesthetically distressing to the patient. Scars on different parts of the body may cause functional disability and cosmetic disfigurements.

Keloid and hypertrophic scar therapy is challenging and controversial. Both conditions respond to the same therapies, but hypertrophic scars are easier to treat. The large number of treatment options is a reflection of the poor quality of research on this topic, with no single proven best treatment or combination of treatments. Laser therapy is useful in all scars to get a normal scar or remove it. In surgical removal of keloids, therefore, all surgical options should be followed by corticosteroid injections, silicone sheeting, or these options combined with laser.

The Laser treatment takes approximately 30 minutes. The time will depend on the size of the area being treated and we recommend one week between each of the treatments. The Laser treatment is suitable for all skin types and is the first treatment clinically proven to improve the appearance of scars. It is also the only treatment approved by the United States Food and Drug Administration (FDA) for the treatment of stretch marks. The area is treated using Diode Laser technology. This is done by pulses of laser light breaking down scar tissue to generate new healthy tissue. The result is smoother skin, more even in texture and lighter in color thus reducing the appearance of the scar.

Treatment of keloids with short-pulsed 980-nm diode laser has shown limited promise, with a 70 to 98 percent improvement rate. It is more vascular-specific than other laser therapies and appears to be most effective if used early and in conjunction with other techniques. The principal effect of laser is on scar microvasculature, reducing erythema and pruritus and improving skin texture. The effectiveness of this therapy remains controversial, however, with other studies showing insignificant reduction in scar thickness. Disadvantages include significant expense and availability only through a specialist. ISAPS



YOU CAN WRITE!

Send us an article for the next issue of *ISAPS News*! Not sure what to write about? Email us for suggestions. The next **Global Perspectives** topic will be **Current trends in Liposuction and Lipoplasty**. 500-750 words is enough. We are happy to hear from you. The deadline is October 1.

Send your article to: isaps@isaps.org

ASIA: JAPAN

Molding is the Key to the Final Procedure in Aesthetic Plastic Surgery in Asian Patients

Ryosuke Fujimori, MD



Immature scars have several considerable features.

- 1: Mechanical stimuli linger on inflammation which results in cicatricial hyphertrophy.
- 2: Mechanical stimuli change the form of an immature scar. For instance, stretching elongates the scar tissue and results in a widened suture line, but prevents scar contraction, and furthermore relaxes scar contracture. On the other hand, flexion compresses the scar tissue and results in scar contracture.
- 3: Pressure corrects the hypertrophic scar to flatten and smooth the scar.

In short, immature scars have aplasticity; therefore, the physician can arrange the form of an immature scar agreeably using many kinds of molds, e.g. tape, splints, and corsets.

In 1968, the author presented "Sponge Fixation Method" (*Plast.Reconstr.Surg.* Vol 42:322-327, 1986)



Figures 1a, 1b, 1c, and 1d

Fig 1a: Hypertrophic scar on the leg of child. Fig 1b, 1c: Adhesive sponge and corset applied to press and moreover to immobilize the affected area. Fig 1d: Three month after-view. Inflammation faded soon and hypertrophic scar became flat.

Since then, adhesive sponges were improved into adhesive splints such as FIXTON which is an adhesive sponge unified with a thin sheet of foam styrene that can support the scar better than a simple adhesive sponge.

The PITA sheet is a newly devised hydrocolloid adhesive splint which is elastic, transparent and very thin (0.5mm thick) and a hydrocolloid adhesive plastic film which is easily used, even on the face of a female patient.



Figures 2a, 2b, 2c, 2d, and 2e

Fig 2a: Hypertrophic scar and contracture after burn.

Fig 2b: To reconstruct a smooth surface of the nasobuccal groove, quilting was performed along the nasobuccal groove at the time of skin grafting with Adhesive splint (FIXTON).

Fig 2c: Halfway view. Fig 2d and 2e: Postoperative views.



Figures 3a, 3b, 3c, 3d, 3e, and 3f

Fig 3a: Hypertrophic scar on the lower lip and neck.

3b: Intraoperative view of skin grafting.

3c: Fixation (stretch and press) with FIXTON and Lipband performed for 3 months.

3d: Postoperative view. 3e and 3f: pre and post-operative views



Figures 4a, 4b, 4c and 4d

Fig 4a: Grafted skin contracted soon after on the upper eyelid.

4b, 4c: Adhesive splint (PITA-sheet) was applied and fixed with tape to keep the area stretched.

4d: Contracted skin is relaxed.



Figures 5a and 5b

Fig 5a: Inequality and hypertrophy developed on the suture line. 5b: Smooth skin surface obtained by pressure with PITA-sheet and tape.

The author has no financial interest in any product named in this article.

MIDDLE EAST AND MEDITERRANEAN: ISREAL

Intralesional Cryosurgery for the Treatment of Hypertrophic Scars And Keloids

Yaron Har-Shai, MD



Director, The Unit and Department of Plastic Surgery, Lady Davis Carmel Medical Center and Linn Medical Center, Haifa, Israel; Clinical Professor of Plastic Surgery, The Ruth and Bruce Rappaport Faculty of Medicine, Technion-Israel Institute of Technology, Haifa, Israel

Recently a new and novel intralesional cryosurgery needle (CryoShape, Etgar Group Ltd, Raanana, Israel) has been developed and introduced to treat hypertrophic scars and keloids. This FDA and CE approved probe consists of an elongated double-lumen, un-insulated needle with a safety vent and a sharp-cutting, sealed, distal tip which enhances the penetration into the often hard, rubbery, and dense hypertrophic scars and keloids.

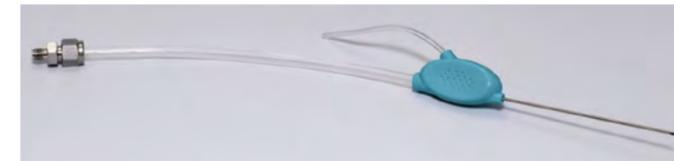


Fig 1: The CryoShape cryoprobe

The area of penetration into the scar and the underlying subcutaneous tissue is anesthetized locally, by a translesional approach. The cryoneedle is inserted into the long axis and the core of the scar which is approximately the mid height of the scar. The proximal end of the cryoprobe is connected via an elongation tube to an adaptable cryogen source (CryoPro plus 500cc, Cortex Technology, Hadsund, Denmark). By forcing liquid nitrogen to circulate through the needle, an ice ball around the cryoneedle develops causing the abutted scar tissue to be completely frozen from the inside out while the generated gas is dispersed to the atmosphere. No time taking is needed. The length of the procedure ranges from five minutes to three hours depending on the scar volume. This significant long hold time, which is unique and exclusive to this technique, allows time for solute effects, ice crystal formation and recrystallization. Furthermore, in this long duration of freezing, the biochemical changes and the growth of ice crystals are enhanced, increasing the rate of cell death in the scar tissue.

Histomorphometrical and immunohistochemistry studies have demonstrated rejuvenation, parallelization and a more organized architecture of the collagen fibers when compared to the pre-treated scars. Moreover, this cryo-treatment reduced

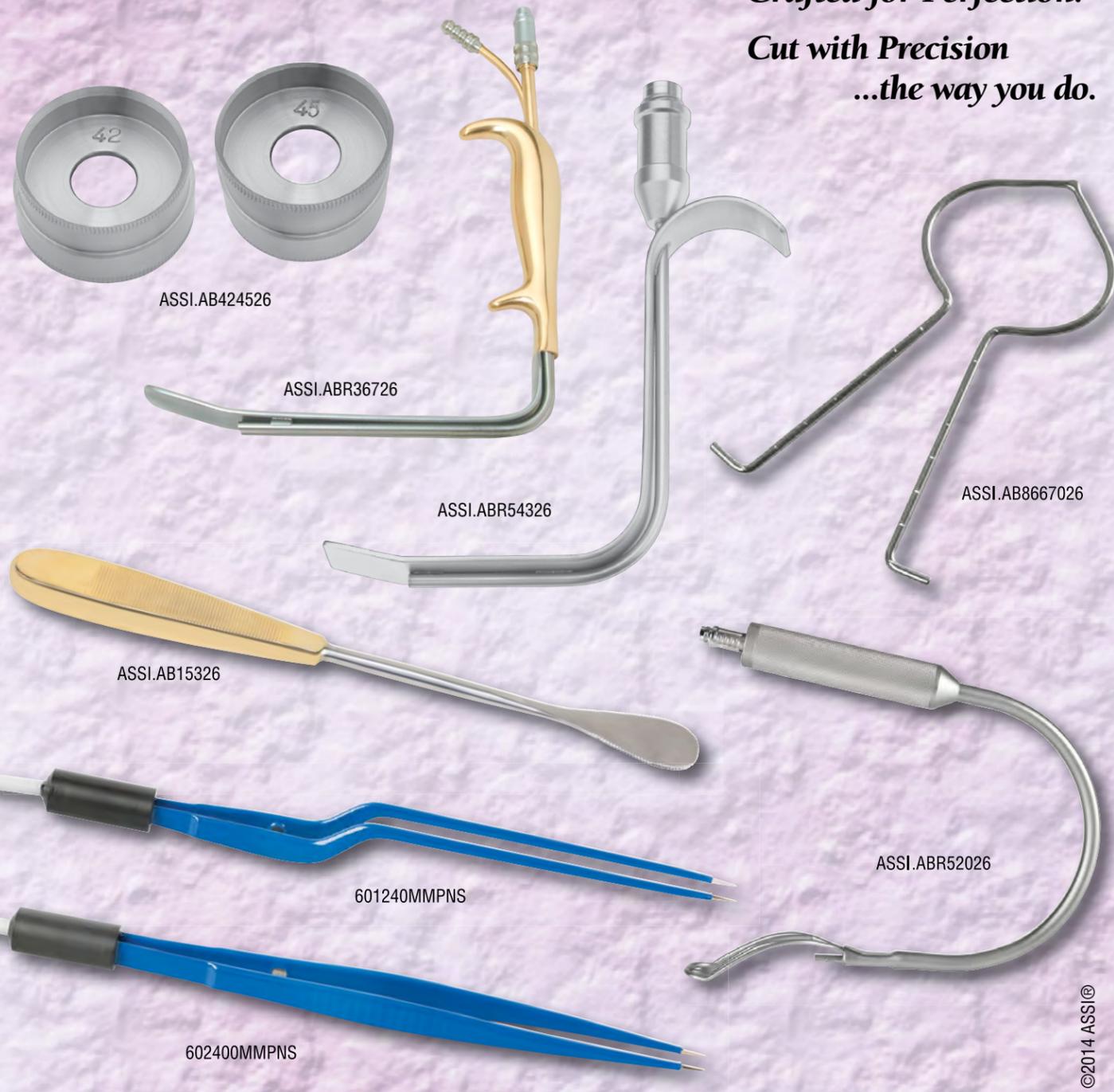
the number of proliferating cells, myofibroblasts and of mast cells. Intralesional cryosurgery destroys the core of the keloid tissue, while at the surface, cells including melanocytes are much less affected, and thus less hypopigmentation is evident. These results may explain the significant high success rates and the amelioration of the clinical symptoms after the treatment. Since dermatological cryosurgery causes severe pain and discomfort to the patient, a pain-control protocol has been developed. It was found that this protocol significantly reduced pain severity to tolerable levels (VAS ≤ 3 cm) during and following intralesional cryosurgery. A total average of 60% of scar volume reduction was achieved following one session of intralesional cryosurgery. In the ear, an average of more than 70% of scar volume reduction was noticed after a single session. Clinically, a significant and rapid alleviation of objective (hardness and color) and subjective clinical symptoms (pain/tenderness and itchiness/discomfort) were documented. Side effects of this cryo-treatment include significant local edema, blisters and epidermolysis, followed by a relatively short re-epitheliazation period depending on the pre-treatment scar volume. Minimal permanent hypopigmentation was documented (<10%), with no impact on the quality of life of the patients.



Fig 2: Left - Preoperative view of a giant keloid on the left posterior auricular sulcus following surgery. Right - Post-operative view 4 years following a single session of intralesional cryosurgery. Complete flattening of the scar is demonstrated with no hypopigmentation.

continued on page 43

**Created for Performance.
Crafted for Perfection.
Cut with Precision
...the way you do.**



Mexico, continued from page 34

in three layers of deep fascia upper pectoralis muscle with poliglecaprone (monocril 3-0) second layer 4-0 catgut dermal site and skin with 5-0 nylon, we have not had any serious elongation or any upper areola widening.

Of course a special bandage is needed for the recently created upper periareolar wound. It must remain completely quiet without any tension. This is done with a special external lifting garment in addition to the normal brassier applied with the patient lying down after surgery. We continue to slowly push the breast implants to an upper position in order that when our patients stand up, the weight and pressure rests exclusively over the external garment besides the pneumatic or normal bra.

We are close to reporting our experience and results after seven years to show that the newly repositioned breasts never fall down again, even seven years later. Of course, wound care is quite important to check tension and for suture removal, so we see our patients at least every three days up to twelve days to complete the post-op stage.

We are glad to show you some graphics of what we have described in order to provide better understanding and a complete case mastopexy augmentation 5th generation technique at seven years postop in order to show results over time.

Romania, continued from page 36

- Patients diagnosed with neoplasm.
- Batch no.2: tegument flaps on random circulation or skin graft**
- 192 patients with 3rd and 4th degree decubitus lesions submitted to surgical treatment with a prescription for tegument flaps on random circulation or free skin graft.

The method used in the batch with the application of flaps on perforating arteries

The distinctiveness of the method used for this batch consisted of specific harvesting of flaps with the anatomization of one or two perforating arteries. These were identified using the Doppler method; thereafter, the tegument flap was designed based on the localization of the perforating artery and on the surface of the defect remaining after the excision of detritus from the decubitus lesion.

In the case of septofasciocutaneous perforating arteries, the tegument flap or cutaneous-adipose flap was harvested with a portion of the septum or fascia that the perforating artery crossed.



Musculocutaneous perforating arteries depending on their localization

Conclusions

Although the vascularization of the areas with the highest frequency of development of decubitus lesions presents right networks of anastomosis, results indicate that the number of surgical reinterventions is greater for the batch submitted to treatment with flaps on random circulation.

Irrigated flaps on septofasciocutaneous perforating arteries or on musculocutaneous perforating arteries are more difficult to harvest because they require a precise knowledge about the localization of the perforating artery, but provide a better post-op result. This is because they have better vascularization that contributes to the draining of the infection remaining at the level of the apparently healthy tissue, as well as in the formation of fibrous scar tissue through the coalescence of the wound.

Guess Who!

Answer: Grant Stevens
skateboarding to work from
Manhattan Beach to Marina
del Rey, California

ISAPS-LEAP UPDATE: NEPAL

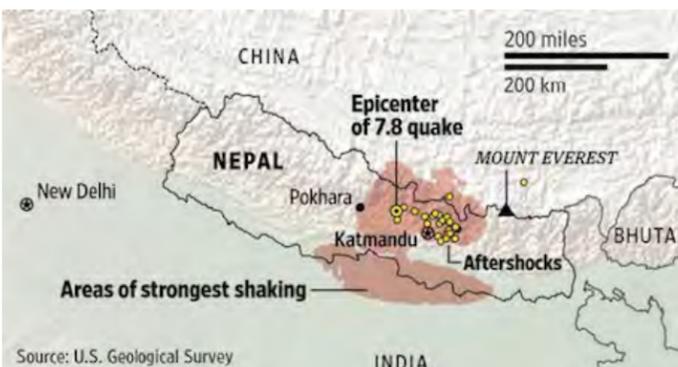
Ryan Snyder Thompson – United States

Director of International Disaster Relief, LEAP Foundation



Following the first 7.8M earthquake that struck Gorkha, Nepal on April 25 of this year, ISAPS-LEAP Surgical Relief Teams® put out a request for volunteer surgical teams and monetary donations in order to conduct relief activities. Having registered with both the World Health Organization's Global Initiative for Emergency and Essential Surgical Care and the Foreign Medical Teams Coordination Office, ISAPS-LEAP Surgical Relief Teams® were prepared to mobilize quickly upon request. According to Dr. Craig Hobar, LEAP's Medical Director, "Through the tireless efforts of Ryan Snyder Thompson (LEAP's Director of International Disaster Relief), and Debbie Wisdom (LEAP's Executive Director), we had teams ready to deploy to Nepal from India, Canada, China and the United States." One such team of orthopedic surgeons, physician assistants and nurses based in New York had already purchased plane tickets and were prepared to deploy to an orthopedic specialty hospital in Kathmandu. However, at the last moment the hospital decided that the volume of surgical cases did not at the time present a significant enough need requiring the assistance of international surgeons.

The LEAP Foundation established early communication with longtime friend and Nepali plastic surgeon Dr. Shankar Man Rai to aid us in the decision-making process of recruiting and sending the appropriate personnel to the right hospital location where help was most needed. Despite having communicated with area hospitals offering the services of ISAPS-LEAP Surgical Relief Teams®, to date we have not receive any formal requests asking for assistance. Nevertheless, we continue to keep open lines of communication with a number of hospitals and surgical centers in anticipation of potentially emergent needs.



While the impact of the earthquake caused considerable loss of life and injuries, as well as damage to key pieces of infrastructure and historic buildings, all can agree that the scale of the disaster was far less serious than had been previously anticipated. With the help of the international community, area



health systems were able to respond with adequate personnel and resources. Accordingly, Dr. Rai, who continues to treat earthquake victims in Kathmandu, has advised us that while the acute needs are currently being managed by local surgeons, ISAPS-LEAP Surgical Relief Teams® should prepare for participation in the reconstructive surgery-focused second phase of the response.

Until such time that we receive a clear mandate for surgical services, the LEAP Foundation and ISAPS continue to remain focused on raising support and awareness for ongoing relief efforts in Nepal. Together, we have collectively raised more than \$13,000. These funds went toward the timely purchase of needed antibiotics, as well as a financial gift to Dr. Rai and his surgical facility. Additionally, LEAP contributed an immediate contribution of \$2,500 toward a shipment of consumable and durable materials organized by Faith In Action.

The road to recovery for Nepal and those injured in both major earthquakes, as well as the countless aftershocks, is to be a long one. ISAPS-LEAP Surgical Relief Teams® is prepared to coordinate future surgical mission with the more than 70 medical personnel, 49 of which are plastic and reconstructive surgeons, who offered to volunteer their time and skills. Those

who have not volunteered, but still wish to do so are encouraged to contact Ryan Snyder Thompson at ryansnyderthompson@leap-foundation.org. Those who wish to support the deployment of a reconstructive surgical team by means of an in-kind donation of needed medical and surgical supplies are encouraged to contact Mr. Snyder Thompson to learn more about the donation process. To make a financial donation, please email the ISAPS Executive Office at ISAPS@isaps.org, or call 603-643-2325.

The next phase of ISAPS-LEAP's work will be directed toward

improved self-sufficiency. Groups arriving in Nepal with fully equipped teams and tents were accommodated. Those that required hard wall hospitals were more difficult to accommodate by local authorities. The management team will begin an active period of fundraising with the goal of purchasing three tents to serve as OR, recovery and staff housing. The estimated cost is half a million dollars. The equipment will be staged for immediate deployment when and where it is needed.



MEMBERS, SEND US YOUR PHOTOS!

If your photo is not included on our website, please send it to us to add to your profile.
If you wish to *update* your photo, send a new one and we will change it for you.

Send photos to:
ISAPSMembership@conmx.net

Israel, continued from page 39

These findings may encourage the use of intralesional cryosurgery for dark-skinned individuals suffering from such proliferating scars or following aesthetic surgery, thus minimizing the depigmentation problem. During the long follow-up period there was no evidence of bleeding, infection or other adverse effects. No worsening of the scars or recurrence was evident. The no response rate was found to be less than 3%.

This simple to operate intralesional cryosurgery technology can be applied, as an office procedure, to every shape or contour of hypertrophic scar and keloid with a sufficient volume into which the cryoneedle can be introduced. In large scars, several cryo-needles can be introduced in parallel to facilitate and enhance the freezing process. This method is safe to use, causes significantly less hypopigmentation, is not time consuming, requires less cryogen fluid, necessitates less postoperative care of the wound, possesses a short learning curve and can easily be added to a pre-existing cryosurgical cryogun or unit.

Recently, the clinical indications for the usage of CryoShape were broadened to include: the destruction of Basal Cell Car-



Fig 3: Left – Pre-operative view of a large sternal keloid following acne. Right –10 years following intralesional cryosurgery. The keloid is flat with no hypopigmentation.

cinoma of the skin, granulation tissue around stoma and the treatment of groin/testicular chronic pain.

The CryoShape technology is currently distributed in the UK, Europe, Hong Kong, Africa and Brazil.

Yaron Har-Shai, MD is the inventor of the CryoShape-intralesional cryosurgery technology and the Chief Scientist of Etgar Group Ltd.

FACIAL SURGERY IN THE ANCIENT WORLD

Denys Montandon, MD – Geneva, Switzerland



Smith Papyrus

In ancient Egypt, medical papyri have attested the practice of medicine for more than 3000 years BC. Among these papyri, the so-called Edwin Smith (circa 1600BC) is the only one that deals explicitly with surgical treatments following trauma. Thanks to the deciphering of hieroglyphs by scientists like Champollion and Breasted, and more recently James P. Allen of the Metropolitan Museum of Art in New York, we have access to 48 case-stories of trauma with a description of the physical examination, diagnosis, treatment and prognosis. Most of the cases deal with head and facial fractures and wounds. As an example, one finds in case number 12 the following statements: (Fig. 1)

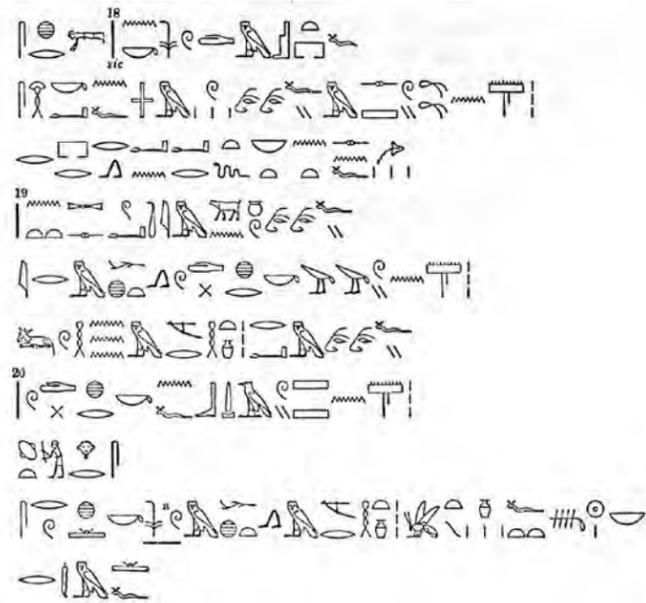


Fig. 1: Hieroglyphic description of Case No 12 (Nasal fracture), Smith Papyrus (c. 1600 BC)

Translation:

If thou examine a man having a break in the chamber of his nose, (and) thou findest his nose bent, while his face is disfigured, (and) the swelling which is over protruding: Thou shouldst say concerning him: "one having a break in the chamber of his nose, an ailment which I will treat." Thou shouldst force it to fall in, so that it is lying in its place, and clean out for him the interior of both his nostrils with two

swabs of linen until every worm of blood which coagulates in the inside of his nostril come forth. Now afterward thou shouldst place two plugs of linen saturated with grease and put into his two nostrils. Thou shouldst place for him two stiff rolls of linen, bound on. Thou shouldst treat him afterward with grease, honey, (and) lint every day until he recovers.

Thanks to the US National Library of Medicine, everyone may nowadays consult and unroll the papyrus online and see its entire translation.

Alexandria

Thirteen centuries later, it is undoubtedly in Alexandria where, at the end of the 4th century BC, surgical procedures can be ascribed to physicians of renown who had experimented and described them. The most famous among them are Herophilus and Erasistratus, who were both reputed to have studied human anatomy, particularly by dissecting human corpses and through animal vivisection (notably Erasistratus). Hierophilus was born in Chalcedon on the Asian shores of the Bosphorus. Before moving to Alexandria at around 320BC, he had studied under Praxagoras and was, therefore, a disciple of the Hippocratic School of Kos. He was particularly interested in the nervous system, describing the brain cells and the cranial nerves. Erasistratus was born on the Island of Chios and was a follower of the School of Cnidus. He devoted himself to the study of the heart, blood circulation and the lymphatic system, describing the tricuspid and mitral valves and suggesting that the body was composed of minuscule particles – a premonition of animal cells?

They were both precursors of medical procedures that were to be followed throughout the following centuries by the schools named after them. In fact, many other practitioners studied and stayed in Alexandria to perfect or to practice their art and were classified according to their allegiance to their original mentors. Although their writings have mostly disappeared, the operating procedures attributed to them, first of all by Celsus, but also other famous representatives of Greek surgical knowledge between the 2nd and 7th centuries AD, such as Galen, Soranus of Ephesus, Oribasius, Aetius of Amida or Paulus Aegineta, have survived. Others, whose biographies are not known, for instance Leonidas, Heliodorus, Megues or Antyllus, were important innovators in

the field of reconstructive surgical methods, urology and ophthalmology. Antyllus was even referred to as "the greatest surgeon in Antiquity." Undoubtedly, the working conditions, the freedom to make autopsies, and the rulers' ambitions combined to make Alexandria the cradle of the best surgeons of antiquity.

Celsus (c. 25BC – c. 50AD)

Aulus Cornelius Celsus was a Roman writer, known for his medical treatise, *De Medicina*, which is believed to be the only surviving section of a much larger encyclopedia. The *De Medicina* is a primary source on diet, pharmacy and surgery and related fields of its time, and it is one of the best sources concerning medical knowledge in the Roman and Alexandrian world. Although Celsus was certainly not a surgeon, his detailed descriptions of surgical methods are overwhelming and are certainly translations in Latin from lost writings from famous Greek Alexandrian surgeons. For instance, Celsus describes an autoplasty to repair facial defects: "The restoration is not effected by using foreign bodies, but by drawing on the area close to the injury and pulling it closer. . . ." The technique is recommended for the reconstruction of facial injuries (ear, nose, lips, eyelids):

One begins by outlining a square on the injured area; then, starting from the corners on each side, two transversal incisions are made to completely detach the epidermis from the lower layers. This done, one tries to rejoin the two pieces of skin; if they do not meet completely, two additional crescent-shaped incisions are made behind the first, their points pointing towards the wound. To join the pieces, no force is needed and the skin should respond to gentle pulling. Sometimes, an area remains that is not fully covered; in that case, one should complete the incision made on one side without touching

the other. To close the cuts, the two edges of the wound are superposed and sutured; the first incisions are closed in the same manner. Concerning the second incisions in the form of a crescent, it is necessary to apply lint for new skin to fill the raw areas.

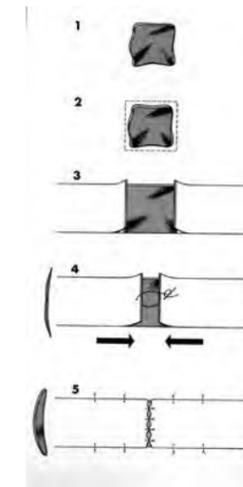


Fig. 2: Schematic representation of a skin autoplasty according to Celsus

In the field of eyelid surgery, our current method of blepharoplasty is already outlined by Celsus.

Here is the method to be used: The eye, being closed, one takes and elevates with the fingers in the middle the teguments of the upper and lower eyelids, to estimate the amount of skin one should remove to bring the things to a natural state. There are two inconvenients to fear: if one cut too much amount, the eyelid will not be able to cover the eye and on the other side, if the flap removed is not sufficient, it is like if nothing has been done and the patient underwent a useless operation. One first traces with ink two lines which delimitate the portion of skin to remove and one takes care to leave a portion of skin above the lashes to be able to place the skin sutures. This, taken into account, one makes the incision above the lashes for the pro-lapses of the upper eyelid and below when it is in the lower lid. One must start the incision on the temporal side for the left eye and on the nasal side for the right, and remove all the

teguments comprised between the two lines. The two borders of the wound are then united by a single suture and the eye closed. At the end of the operation, a cold compress is applied. The sutures are removed after four days.

Greek papyri

Several thousand papyri written in Greek and dating from the 2nd century AD have been discovered in recent years 400 km south of Alexandria. Among them, at least 250 are devoted to medical recipes related sometimes to surgical treatments (Fig. 3).

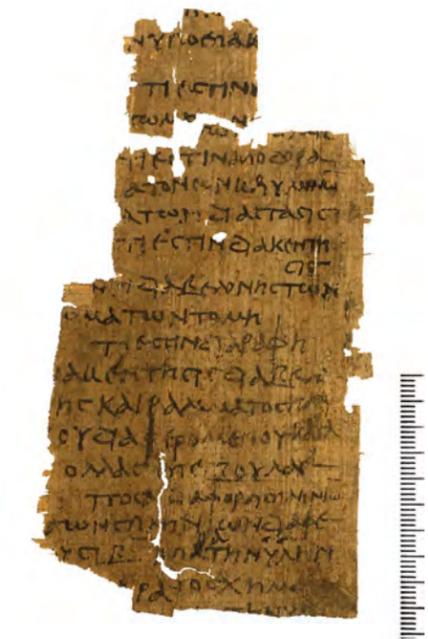


Fig. 3: Surgical questionnaire in a Greek papyrus, 2nd century AC. (pgen111-vi)

A few of these papyri describe operations to be performed on the face of the patient. According to the *humoral theory*, when the phlegm, which originates from the head, is excessive, it can affect the eyes and produce severe diseases, starting by what has been called the *fluxion of the eyes*. To stop this malefic flux, interventional methods are proposed and

continued on page 46

History, continued from page 45

developed in detail. Although not performed for aesthetic purpose, the incisions and plans of dissection are very similar with our present operations for facial rejuvenation. Careful shaving and drawing of the incisions precede every procedure.

According to Egyptologist, Marie-Hélène Marganne, there are three main operations to address various stages of the disease: For the periskythismos by carnal growth (περισκυθισμός κατά συσσάρκωσιν)¹ for example, the surgeon makes a coronal incision from one temple to the other, down to the frontal bone, avoiding the coronal suture and the temporal muscles. After having cut the blood vessels, the frontal bone is partially denuded. The incision is kept open and covered with shreds soaked with wine and oil to obtain a thick scar, which will durably counteract the fluxion. (Fig.4)

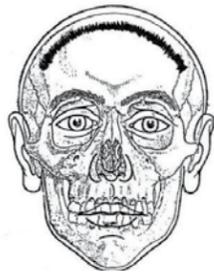


Fig. 4: Schematic representation of the periskythismos

For less severe cases, one can use the periskythismos by contact (περισκυθισμός κατά θίξιν) or the hypospathismos (υποσπαθισμός),² which corresponds to our incisions for endoscopic surgery, or a more direct approach to the orbit. (Fig. 5)

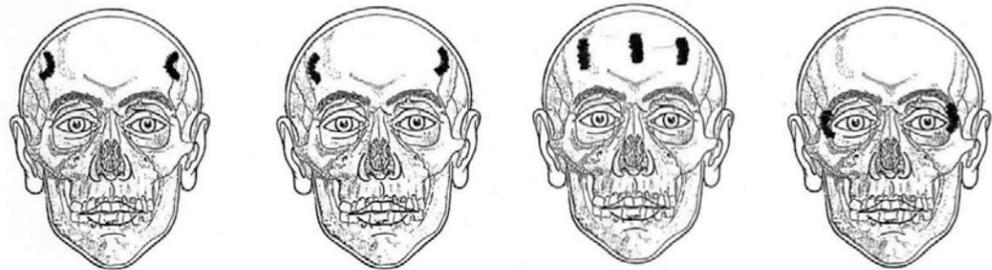


Fig. 5: Schematic representation of the hypospathismos

Although these operations are not justified according to today's concept of the pathology, they obey several criteria that prefigure modern surgical practice:

- 1) Plan an operation that will interfere with the propagation of the disease (stop the malefic humoral flow).
- 2) Advocate various approaches according to the severity of the disease, keeping the most mutilating for the most severe cases.

¹ The word *periskythismos* (περισκυθισμός) takes its origin from the Scytes who used to scalp their enemies after killing.

² From the word υποσπαστήρ (the rasp)

- 3) Make a clear cut and find the good plan of dissection to avoid any harm to important structures (vessels, nerves, muscles).
- 4) Care for the cosmetic result by making blind dissections through small incisions.

Conclusions

The few examples of facial operations described in this article are scattered over a period of more than two thousand years. They have been handed down to our knowledge through scribes who were probably not surgeons, but who carefully followed the various steps of surgical procedures, allowing the reader to put into practice the described operations. It is almost impossible to know whether these texts reflect methods that were innovative and original for their time, or if it refers to practices, which until then, had been transmitted orally.

One thing is certain. With their millenary tradition of embalming and mummifying corpses, the inhabitants of the Nile Valley had acquired rudiments of anatomical knowledge and the ability to penetrate and to suture human bodies, which is at the basis of surgery. The majority of these types of documents have been lost or destroyed, particularly after the disappearance of the Great Library of Alexandria. Thanks to archaeologists and linguistic experts, it is thus a great satisfaction to be able to rediscover nowadays a few procedures that have been used by our predecessors.

References

Breasted JH: *The Edwin Smith Surgical Papyrus: published in facsimile and hieroglyphic transliteration with translation and commentary in two volumes*. University of Chicago Oriental Institute publications, 1991.

Marganne MH: *La chirurgie dans l'Egypte gréco-romaine d'après les papyrus littéraires grecs*. Studies in Ancient Medicine 17, Leiden-Boston, 1988.

Montandon D: *The first surgical interventions and the first surgeons. In: Early medicine, from the body to the stars*. G. d'Andiran ed. Schwabe Verlag, Basel, 2011.

ajax
Aesthetic Journal Access

New!
Read the ISAPS Journal on your iPad.

Dear ISAPS member,

I am pleased to introduce a new feature of our journal: our interactive App called **ajax** - an acronym for **Aesthetic Journal Access**.

Password protected for ISAPS members only, this App allows you to read our journal on your iPad. The technology allows you to move articles of interest into your own files and engage in conversations with other members about articles of interest.

This new member benefit has been in production for the past eight months. Your Board of Directors and the Journal staff hope you will enjoy using it and look forward to your comments.

Henry M. Spinelli, MD
Editor-in-Chief
Aesthetic Plastic Surgery



Download the ISAPS Journal App today

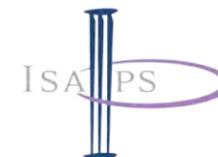
The App is **FREE** to our Active and Associate Members, and to those Life Members who subscribe to the journal.
Be sure to pay your dues by March 31 to maintain your access.

Members, go to our website for step-by-step instructions to help you download the App and start using the many great features.

If you already use RADAR through your ASAPS membership, **use the same login and password** and simply click on ISAPS in the Medical Societies menu.

If you are a first time user, BOTH your login and password are isaps (all lower case) and your unique ISAPS Member ID number. Like this: **isaps0000**

Questions? Contact the Executive Office for help.
ISAPSMembership@conmx.net



International Society of Aesthetic Plastic Surgery
45 Lyme Road, Suite 304 - Hanover, NH 03755 USA
t 1-603-643-2325 e isaps@conmx.net w www.isaps.org

PLASTIC AND RECONSTRUCTIVE SURGERY: Approaches and Techniques

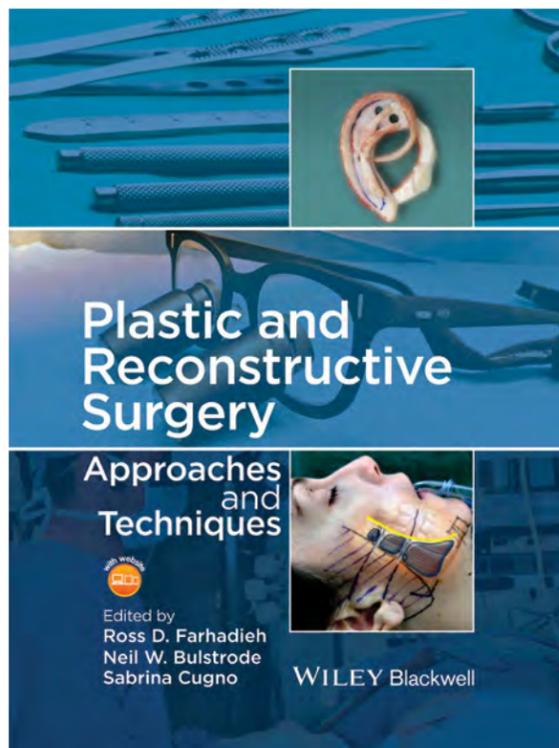
Ross D Farhadieh, BSc(Med)Hon, MBBS, MD, EBOPRASF, FRACS(Plast),FRCS(Plast), Editor

Panthea Plastic Surgery Clinics, Sydney, Australia

During my plastic surgery training, there appeared to be a plethora of summary and broad-stroke single-volume plastic surgery textbooks, all of which lacked adequate detail. Conversely, I would encounter multi-volume behemoths, detailed reference texts that always seemed leaden and difficult to digest. In my experience, neither of these options fully addressed the needs of a trainee surgeon, or for that matter a more senior surgeon. Thus was born, on a long flight from Sydney to London, the notion of compiling a single-volume textbook that seeks to achieve the perfect balance of detail and palatability. We approached some of the world's leading authorities in the various fields of plastic surgery for this book with the belief that not only could readers benefit from such experts' enormous experience, but they could also gain practical insights from the ability of such experts to sift through the ever increasing volume of literature and distil what is relevant and applicable to everyday practice. My co-conspirators in this endeavor, Mr. Neil Bulstrode from Great Ormond Street in London and Dr. Sabrina Cugno from Montreal Children's Hospital, had the perfect blend of enthusiasm and sense of humor to see this work through.

The final 1200 page compendium, published by Wiley-Blackwell, is the most comprehensive single volume plas-

tic surgery textbook currently available, bringing together many of the great and the good in the field of plastic surgery. It contains over 300 high-quality photo-



graphs and illustrations and is the result of collaboration with 130 international colleagues. The caliber of contributors reflects our belief that innovation and the depth and breadth of contribution in surgery yields unique pearls of clinical perspective. Tradition dictates that these pearls must be passed on to colleagues as well as the next generation of plastic surgeons. This is very apparent in the

aesthetic surgery section. The talks and works of these contributors had a lasting influence on my own training. I have had the privilege of seeing some of them practice the art of surgery first hand while others I still hope to visit. Mr. Bryan Mendelson, Drs. Robert Flowers, Sam Hamra, Tim Marten, Bahman Guyuron, Elizabeth Hall-Findlay, Dirk Richter, Darryl Hodgkinson, and Jean and Alistair Carruthers were kind enough to take time out of their busy schedules to write chapters for this volume. The result is an educational aesthetic surgery dream team for trainees and seasoned surgeons alike. It was a great privilege and personal education for us to collaborate with our colleagues on this international project.

Ross Farhadieh (Chief Editor)
Neil Bulstrode (Editor)
Sabrina Cugno (Editor)

ISBN: 978-1-118-65542-9

1208 pages

June 2015, Wiley-Blackwell

Current retail prices for the print version are: \$399.95 in the US, £250.00 in the UK, £312.50 in the Euro zone and \$560.95 in Australia and New Zealand. Digital versions are available through Wiley.com or e-book retailers. Wiley is currently offering a 20% discount on the print version until Sept. 7, 2015 when ordering directly through Wiley (www.wiley.com) and quoting discount code FAR20. ISAPS

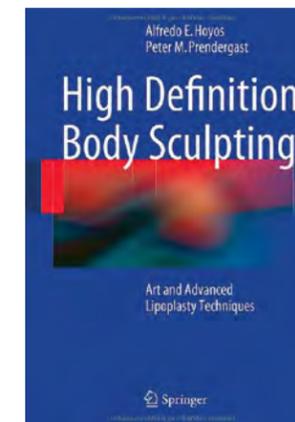


THE BEAUTY REVOLUTION

Alfredo Hoyos, MD – Colombia

To look younger, slimmer and beautiful has been the desire of women and men for a long time. This is now possible using innovative techniques that have changed the way we see cosmetic surgery around the world. Techniques including VASER 4D LIPO, VASER HI DEFINITION work for those looking for a defined and natural body. There are now procedures to get a toned, athletic body without going to the gym.

EVE 4D TECHNIQUE is another variation that works best for patients with excess fat who have some extra skin or stretch marks. Liposuction is performed in conjunction with a tummy tuck and includes repairing abdominal muscles that have separated after childbearing.



High Definition Body Sculpting: Art and Advanced Lipoplasty Techniques, details advances in the art and practice of high-definition body sculpting such as lipoplasty and autologous fat grafting, high-definition sculpting of the male and female abdomen, trunk, back, chest, and upper and lower limbs, and autologous fat grafting for contouring the buttocks, breasts, and pectoral areas.

This book relates my experience implementing new techniques and together with the forefront technology VASER enriching the world of beauty: more defined, beautiful bodies with natural movement: "Motion of the perfect body." It will also serve as an ideal aid for the talented surgeon to expand skills in this new area of aesthetic surgery. ISAPS



ANATOMY OF THE TRAVEL A journey into joy and suffering

Crescenzo D'Onofrio, MD

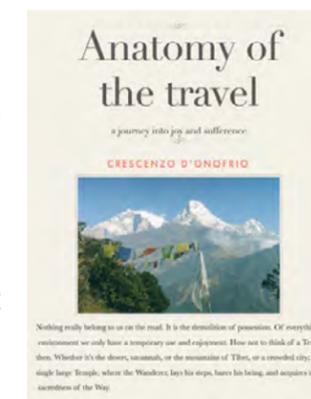
This new book about Dr. D'Onofrio's travels as a plastic surgeon is available through iTunes/iBook in 51 countries. You can download it to your Mac or iPad, and with iTunes on your computer.

Cost: \$9.99.

Published: March, 2015

87 pages, in English.

All profits from the sale of this book will be donated to non-profit organizations to benefit children. Dr. D'Onofrio is an ISAPS member in Dubai.



Hans Erni (1909-2015)

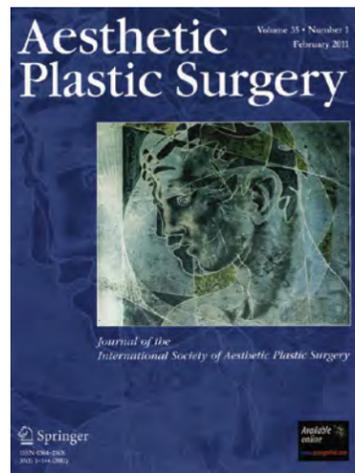
written by Claude Oppikofer, MD – Switzerland



On March 21st, 2015, our Society lost a very dear friend, **Hans Erni**. Indeed, it was personal friendship between our late members Trudy Vogt, Blair Rogers, and the Swiss artist Hans Erni that made it possible in 1983 that a brilliant drawing

became the cover of our journal, *Aesthetic Plastic Surgery*, and has remained so ever since. In his introduction to the new

cover artist, Blair Rogers quoted the British art critic Sir Herbert Read, saying: “Erni’s work . . . is an art that attains the level of the art of the great humanistic periods—Attic grace and Renaissance wonder.” He concluded the same article—which I can only recommend for anyone who wants to know more about Hans Erni’s life—by saying: “As physicians and surgeons who are grateful to



Hans Erni for his artistic contribution to our journal, it would be a fitting tribute to his generosity if we could now make him feel that he can consider any and all of us throughout the world as his friends and ever admiring neighbors.”

Some members may remember the cocktail reception at the ISAPS Postgraduate Instructional Course in Lucerne, Switzerland, in 1989. This reception was held at the Hans Erni Museum and the leadership of ISAPS wanted to express its great appreciation to Hans Erni, not only for being the host of the evening in his own museum, but especially for giving the present he made to the society many years before of giving the permission to use this drawing of Adam, for which he himself was the model, as the cover of the *ISAPS Journal*. In an unforgettable speech on that same evening, Hans Erni told the attendees about his life as an artist and a humanist and his vision of the world.

At that time, Hans Erni was already 80 years old, but he



Photo provided and used with permission of Pilatus Aircraft Ltd.

had never stopped working since. Over the years, he had developed a unique style in which history and mythology played an important role. His drawings of bodies and animals are unmistakable. They can be found on numerous series of postage stamps for Switzerland, Liechtenstein and the United Nations, as well as on large murals, like *Panta Rhei* (“all things are in a flux”) depicting the flow of the spirit through history, exposed at his museum in Lucerne, or the 60-meter-long ceramic fresco at the entrance of the United Nations building in Geneva with one of his favorite themes, peace.



Hans Erni’s recognition was international, and he won numerous awards. Having himself been an athlete, he painted and sculpted many subjects of sports, for which he was awarded the prize of the United States Sports Academy in 1989. And it was certainly his fascination for aviation that gave him the opportunity to ornament a Pilatus

PC-12 airplane with drawings of white horses, Pegasus, and doves of peace in 2014. Having been a pilot himself, he was very enthusiastic to see that his paintings were now able to fly around the world.

Hans Erni died peacefully in Lucerne at the age of 106 years.

References:

- Rogers, Hans Erni, Humanistic and Aesthetic Artist, *Aesth Plast Surg* 7:51-67, 1983
- Rogers, A Hans Erni Tribute, *Aesth Plast Surg* 14: 73-80, 1990



Najm Khan, MD (1958-2015) – UAE



When I started working in Dubai in December 2005, I organized a small symposium to meet the local plastic surgeons. This is when I met **Dr. Najm Khan**, a Senior Consultant Plastic Surgeon in Dubai. He was always interested in all scientific activities and was vice-president of The Emirates Plastic Surgery Society—EPSS.

Prior to moving to the Middle East, Dr. Khan worked as a plastic surgeon in the UK for more than 10 years. There he gained extensive experience in reconstructive and cosmetic plastic surgery. During his time in the UK, Dr. Khan became a member of the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) and a full member of the General Medical Council, UK.

As a fellow of the Royal College of Physicians and Surgeons of Glasgow and with a number of articles and scientific papers that had been published in national and international journals of plastic surgery, Dr. Khan was a highly-respected name in the field of aesthetic and cosmetic medicine. His areas of specialty included aesthetic and reconstructive surgery.

Dr. Jaffer Khan, his personal friend and also a well known plastic surgeon in Dubai, remembers him: “It is in fond remembrance and great respect that I write these lines for the late Dr. Najm Khan.

Najm trained in the United Kingdom and subsequently moved to the United Arab Emirates, working at Al Qassimi hospital in Sharjah. In the last few years he was in private practice in Dubai. He was an active member of our plastic surgery society and very well respected in the community. One can always remember his smiling face and positive attitude to everything in life. Najm never had a bad word to say about anyone. He was thoroughly professional and a reliable colleague. He left this world far too early.

Najm is survived by his wife Samina, his son Areeb (who is also a doctor) and his daughters Sobia and Hiba. The family is settled in Sharjah, UAE.

Prof. Luiz Toledo, Dubai



Hazel I. Holst, MD (1932-2015) – United States



Hazel I. Holst, 83, a trailblazer for women in the field of plastic surgery, died April 9, of complications after surgery.

Born in Minneapolis, she graduated from the University of Minnesota in 1954. She was determined to go to the university’s medical school, but was denied admission by administrators on the pretext that she was married and had a child, so the training would be wasted. But she was

accepted by the Woman’s Medical College of Pennsylvania, where she found a mentor in Alma Dea Morani, a pioneering plastic and reconstructive surgeon and noted sculptor. “Dr. Morani’s stories of persistence against all odds became an inspiration to the young Hazel Holst,” her family said in a prepared statement.



Dr. Holst completed a two-year plastic surgery residency at the Hospital of the University of Pennsylvania and was based for the rest of her career in its department of surgery as one of the first titled women doctors. Dr. Holst’s specialty became hand surgery and use of the microscope in the repair of the hand. She chose that focus after being inspired by a noted hand surgeon, Hans May, while at Lankenau Hospital.

Dr. Holst was a life member of ISAPS having joined in 1981.



September 2015

DATE: 04 SEPTEMBER 2015 – 06 SEPTEMBER 2015

Meeting: CATFAS V
Location: Ghent, BELGIUM
Contact: Elien Van Loocke
Email: elien@coupurecentrum.be
Tel: 32-9-269-9494
Fax: 32-9-269-9495
Website: www.coupureseminars.com/

DATE: 05 SEPTEMBER 2015 – 06 SEPTEMBER 2015

Location: Taipei, CHINESE TAIPEI
Contact: Nancy Dsen
Email: nd2430@cgmh.org.tw
Tel: (886)-3-3273726
Fax: (886)-3-3273369
Website: www.isaps2015taiwan.org.tw

DATE: 26 SEPTEMBER 2015 – 29 SEPTEMBER 2015

Meeting: ISAPS Course & Cadaver Workshop – Czech Republic
Location: Prague and Brno, CZECH REPUBLIC
Contact: Gabriela Malá
Email: contact@bos-congress.cz
Tel: 420 725 809 870
Website: www.isapsprague.com/

October 2015

DATE: 01 OCTOBER 2015

Meeting: ISAPS Symposium – Chile
Location: Marbella, CHILE
Contact: Dr. Montserrat Fontbona
Email: soccpchile@gmail.com
Tel: 56-2-26320714
Website: www.cirplastica.cl

DATE: 02 OCTOBER 2015 – 03 OCTOBER 2015

Meeting: EASAPS Annual Meeting: Breast Surgery and Body Contouring with Special ISAPS-EASAPS panel
Location: Lisbon, PORTUGAL
Contact: Karen Rogerson
Email: easaps@mzcongressi.com
Website: www.easaps.org

DATE: 08 OCTOBER 2015 – 10 OCTOBER 2015

Meeting: ISAPS Course – Serbia
Location: Belgrade, SERBIA
Contact: Drs. Violeta Skorobac Asanin & Dana Jianu
Email: dr.violeta@dionahospital.com
Tel: 381-11-244-3152
Fax: 381-11-244-3002
Website: www.belgradecourse.org

DATE: 08 OCTOBER 2015 – 10 OCTOBER 2015

Meeting: São Paulo Breast Symposium
Location: São Paulo, BRAZIL
Contact: Dr. João Carlos Sampaio Góes
Email: clinica@sampaio Goes.com
Tel: 55-11-3167-2200
Fax: 55-11-3167-5535

DATE: 08 OCTOBER 2015 – 11 OCTOBER 2015

Meeting: 2015 QMP Aesthetic Surgery Symposium
Location: St. Louis, MO, UNITED STATES
Contact: Andrew Berger
Email: aberger@qmp.com
Tel: 314-878-7808
Fax: 314-878-9937
Website: www.qmp.com/meeting2015/aesthetic/

DATE: 09 OCTOBER 2015 – 10 OCTOBER 2015

Meeting: Chirurgie de la Silhouette Et Body Lifts
Location: Lyon, FRANCE
Contact: Géraldine Buffa
Email: contact@docteur-pascal.com
Tel: 33-478-245-927
Fax: 33-478-246-158
Website: http://meeting.docteur-pascal.com/

DATE: 22 OCTOBER 2015

Meeting: ISAPS Symposium – Australia
Location: Sydney, AUSTRALIA
Contact: Dr. Morris Ritz
Email: morrisr@melbplastsurg.com
Tel: 61-3-9508-9508
Fax: 61-3-9508-9588
Website: http://asapsevents.org.au

DATE: 28 OCTOBER 2015 – 01 NOVEMBER 2015

Meeting: Global Aesthetics Conference
Location: Miami Beach, Florida, UNITED STATES
Contact: Delphine Hepp
Email: Delphine@multi-specialty.org
Tel: 1-877-673-3273
Fax: 1-859-422-5073
Website: http://globalaestheticsconference.com/

DATE: 30 OCTOBER 2015 – 01 NOVEMBER 2015

Location: Dubai, UNITED ARAB EMIRATES
Contact: MedOrg Seminars Organizing
Email: epsscongress@medorg.ae
Tel: 971-4-449-6071
Fax: 971-4-432-2202
Website: http://epsscongress.com/

November 2015

DATE: 13 NOVEMBER 2015 – 14 NOVEMBER 2015

Meeting: 2nd International Video Symposium (IVS) in Plastic Surgery
Location: Berlin, GERMANY
Contact: Rebecca Lorenz
Email: rebecca.lorenz@conventus.de
Tel: 49-3641-3316 302
Fax: 49-3641-3116 243
Website: www.vdtpc-symposium.de/

December 2015

DATE: 03 DECEMBER 2015 – 05 DECEMBER 2015

Meeting: The Cutting Edge 2015: 35th Aesthetic Surgery Symposium
Location: New York, New York, UNITED STATES
Contact: Bernadette McGoldrick
Email: bmcgoldrick@nypsf.org
Tel: 1-212-327-4681
Fax: 1-646-783-3367
Website: http://thecuttingedgesymposium.com/

January 2016

DATE: 25 JANUARY 2016 – 26 JANUARY 2016

Meeting: International Fresh Cadaver Aesthetic Dissection Course on Facial Anatomy
Location: Liège, BELGIUM
Contact: Anne-Marie Gillain
Email: info@dissection-course.com
Tel: +32 (0)4 242-5261
Fax: +32 (0)4 366-7061

February 2016

DATE: 11 FEBRUARY 2016 – 13 FEBRUARY 2016

Meeting: 50th Annual Baker Gordon Educational Symposium
Location: Miami, Florida, UNITED STATES
Contact: Mary Felpeto
Email: maryfelpeto@bellsouth.net
Tel: 1-305-854-8828
Fax: 1-305-854-3423
Website: www.bakergordonsymposium.com/

DATE: 26 FEBRUARY 2016 – 28 FEBRUARY 2016

Meeting: ISAPS Course – India
Location: Agra, INDIA
Contact: Dr. Lokesh Kumar
Email: isaps@dacindia.com
Tel: 91-112-922-8349
Website: www.isapsindia.com

March 2016

DATE: 10 MARCH 2016 – 12 MARCH 2016

Meeting: ISAPS Course – Qatar
Location: Doha, QATAR
Contact: Dr. Habib Al-Basti
Email: halbasti@hotmail.com
Tel: 974-493-5699
Fax: 974-442-5550

DATE: 18 MARCH 2016 – 20 MARCH 2016

Meeting: ISAPS Course – South Africa
Location: Cape Town, SOUTH AFRICA
Contact: Dr. Peter Scott
Email: peters@cinet.co.za
Tel: 27-11-883-2135
Fax: 27-11-883-2336

April 2016

DATE: 02 APRIL 2016 – 07 APRIL 2016

Meeting: The Aesthetic Meeting – American Society for Aesthetic Plastic Surgery & ISAPS Board Meeting
Location: Las Vegas, Nevada, UNITED STATES
Website: www.surgery.org/

DATE: 12 APRIL 2016

Meeting: ISAPS Symposium – Argentina
Location: Buenos Aires, ARGENTINA
Contact: Dr. Maria Cristina Picon
Email: mariacristinapicon@hotmail.com
Tel: 54-11-48032823
Fax: 54-11-48074883

DATE: 22 APRIL 2016 – 24 APRIL 2016

Meeting: 1st German Brazilian Aesthetic Meeting (GBAM)
Location: Munich, GERMANY
Contact: Dr. med. Joachim Graf von Finckenstein
Email: dr.med@finckenstein.de
Tel: 00 49 (0) 8151 29968
Fax: 00 49 (0) 8151 29968

DATE: 22 APRIL 2016 – 24 APRIL 2016

Meeting: ISAPS Course – Bulgaria
Location: Sofia, BULGARIA
Contact: Dr. Yolanda Zayakova
Email: zayakova@yahoo.com
Tel: (+359)52335572

DATE: 22 APRIL 2016 – 23 APRIL 2016

ISAPS-ENDORSED PROGRAM

Meeting: 5th Body Lift Course
 Location: Lyon, FRANCE
 Contact: Géraldine Buffa
 Email: contact@docteur-pascal.com
 Tel: 33-478-245-927
 Fax: 33-478-246-158
 Website: http://meeting.docteur-pascal.com

May 2016

DATE: 12 MAY 2016 – 14 MAY 2016

ISAPS SYMPOSIUM

Meeting: ISAPS Symposium –
 Bordeaux, France – Immediately preceding the 29th
 SOFCEP Congress
 Location: Bordeaux, FRANCE
 Contact: SOFCEP
 Email: sofcep@vous-et-nous.com
 Tel: +33-05-3431-0134
 Website: http://www.congres-sofcep.org

DATE: 26 MAY 2016 – 27 MAY 2016

ISAPS-OFFICIAL COURSE

Meeting: ISAPS Course – Tunisia
 immediately preceding the International Meeting of the
 Société Tunisienne de Chirurgie Esthétique on May 28
 Location: Tunis, TUNISIA
 Contact: Dr. Bouraoui Kotti
 Email: contact@drkotti.com
 Tel: 216 71 19 08 08

October 2016

DATE: 23 OCTOBER 2016 – 27 OCTOBER 2016

ISAPS OFFICIAL CONGRESS

Meeting: 23rd Congress of ISAPS
 Location: Kyoto, JAPAN
 Contact: Catherine Foss
 Email: isaps@isaps.org
 Tel: 1-603-643-2325
 Fax: 1-603-643-1444
 Website: www.isapscongress.org

DATE: 28 OCTOBER 2016 – 31 OCTOBER 2016

ISAPS-OFFICIAL COURSE

Meeting: ISAPS Course –
 United Arab Emirates
 Location: Dubai, UNITED ARAB EMIRATES
 Contact: Dr. Venkat Ratnam Bandikatla
 Email: bvratnam@emirates.net.ae
 Tel: 971-2-617-9741
 Fax: 971-2-631-7303

April 2017

DATE: 27 APRIL 2017 – 29 APRIL 2017

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

DATE: 27 APRIL 2017 – 01 MAY 2017

ISAPS-OFFICIAL COURSE

Meeting: The Aesthetic Meeting – American Society for
 Aesthetic Plastic Surgery & ISAPS Board Meeting
 Location: San Diego, California, UNITED STATES
 Website: www.surgery.org/

Where in the World?



Answer: Sagano (Kyoto) – Considered one of the world's most beautiful forests, it's not just tranquil visually, but also aurally. The bamboo grove is beloved for its distinct rustling sound, so much that Japan's Ministry of Environment included the Sagano Bamboo Forest on its list of "100 Soundscapes of Japan." The towering green stalks creak eerily while leaves rustle in the sway of the wind. Sagano Bamboo Forest, Arashiyama, Kyoto, Japan. Source: CNN – Most beautiful places in Japan

Link: <http://www.cnn.com/2015/03/24/travel/gallery/most-beautiful-japan/>

Admitted March 2015 – June 2015

ARGENTINA

Federico ALDAZ, MD
 Williams BUKRET, MD
 Fernando FELICE, MD **
 Alejandro MERELLO ABENTE, MD **
 Cristina Del Valle OVEJERO, MD
 Mariano RAMIL, MD **
 Javier RECCHIUTO, MD
 Sandra SBRASCINI, MD

AUSTRALIA

Rostam FARHADIEH, BSc(Med)Hons, MBBS,
 MD, EBOPRAS, FRACS(Plast), FRCS(Plast)

BRAZIL

Beatriz BRITO, MD
 Rodrigo Otávio CARBONE, MD **
 Luiggi FAYAD VERA, MD *
 Willyan INAMINE, MD **
 Tiago MOREIRA LYRIO, MD **

CHILE

Erick Jose ALIAGA SANTOS, MD **
 Martin SCHWINGELER, MD
 Claudio THOMAS, MD

CHINESE TAIPEI

Erh-Kang CHOU, MD
 Tsai-Ming LIN, MD, PhD

EQUADOR

Marcelo ABAD, MD
 Priscilla ALCOCER, MD, FACS, SSC-PLAST
 Ruben ALVAREZ PESANTES, MD, SSC-PLAST
 Nelson ESTRELLA LEON, MD
 Pilar Del Carmen ESTRELLA TEJADA, MD
 Victor GONZALEZ GONZALEZ, MD
 Carlos MARQUEZ ZEVALLOS, MD, SSC-PLAST
 Carlos MONCAYO, MD *
 Jorge PATIÑO RODRIGUEZ, MD, SSC-PLAST
 Santiago Edson PESANTEZ ALVAREZ, MD,
 SSC-PLAST
 Rocio TRUJILLO, MD
 Marcela Elba YEPEZ INTRIAGO, MD,
 SSC-PLAST

EGYPT

Mohamed Ahmed EL-ROUBY, MD

EL SALVADOR

Eduardo REVELO JIRON, MD

GREECE

Georgios DRIMOURAS, MD, MSc, FEBOPRAS

GUATEMALA

Kevinn MALOUF, MD

IRAQ

Ahmed ATTIYAH, MD **

ISRAEL

Eric BAREL, MD **

ITALY

Tommaso AGOSTINI, MD
 Alessandro INNOCENTI, MD
 Yuri MACRINO, MD

JAPAN

Ken ARASHIRO, MD

LUXEMBOURG

Marcus CORSTEN, MD *

MEXICO

Angel ALVAREZ REGIL, MD
 Alejandro LOPEZ GAXIOLA, MD
 Guillermo HERNANDEZ, MD
 Adrian MANJARREZ, MD
 Maximiliano MARTINEZ, MD
 Rafael Antonio ROMERO PARRA, MD

PERU

Alberto BARDALES, MD

POLAND

Zbigniew LUCKI, MD
 Marek WISNIEWSKI, MD

RUSSIA

Alexander IMANILOV, MD
 Andrey ISKORNEV, MD
 Sergey PLAKSIN, MD

SAUDI ARABIA

Ahmed Wafik WAFA, MD, FRCSI

SINGAPORE

Karen Wei-ee SNG, MBChB, MRCSEd,
 MMed(Surgery), FAMS(Plastic Surgery)

SOUTH KOREA

Jae In KIM, MD
 Anna YOO, MD **

TUNISIA

Abdelfateh SLAMA, MD, Dip Aes Surg

TURKEY

Saffet ÖRS, MD

UNITED ARAB EMIRATES

Mathew GEORGE, MBBS, MS, MCh

UNITED STATES

Jennifer BUCK, MD, FACS
 Peter CHANG, MD
 John Q. COOK, MD
 Michelle DE SOUZA, MD
 Vincent DINICK, MD
 Stephen GORDON, MD
 Ziyad HAMMOUDEH, MD *
 Douglas SENDEROFF, MD
 Douglas STEINBRECH, MD, FACS
 George VARKARAKIS, MD
 Robert WHITFIELD, MD

VENEZUELA

Ramon Luis ZAPATA SIRVENT, MD, FACS

* indicates Associate-Resident/Fellow Member

** indicates Associate Member

ISAPS Executive Office

EXECUTIVE DIRECTOR
 Catherine Foss
 isaps@isaps.org

DIRECTOR OF MARKETING
 Jodie Ambrose
 jodie@conmx.net

DIRECTOR OF ACCOUNTING
 Carol Gouin
 carol@conmx.net

MEMBERSHIP SERVICES MANAGER
 Jordan Carney
 ISAPSmembership@conmx.net

EDUCATIONAL PROJECTS MANAGER
 Michele Nilsson
 michele@conmx.net

ISAPS EXECUTIVE OFFICE

45 Lyme Road, Suite 304
 Hanover, NH, USA 03755

Phone: 1-603-643-2325
 Fax: 1-603-643-1444
 Email: isaps@isaps.org
 Website: www.isaps.org

ISAPS NEWS Management

Editor-in-Chief

J. Peter Rubin, MD, FACS (United States)

Chair, Communications Committee

Arturo Ramirez-Montanana, MD (Mexico)

Managing Editor

Catherine B. Foss (United States)

Designer

Barbara Jones (United States)

DISCLAIMER:

ISAPS News is not responsible for facts as presented by the authors or advertisers. This newsletter presents current scientific information and opinion pertinent to medical professionals. It does not provide advice concerning specific diagnosis and treatment of individual cases and is not intended for use by the layperson. The International Society of Aesthetic Plastic Surgery, Inc. (ISAPS), the editors and contributors, have as much as possible, taken care to ensure that the information published in this newsletter is accurate and up to date. However, readers are strongly advised to confirm that the information complies with the latest legislation and standards of practice. ISAPS, the editors, the authors, and the publisher will not be responsible for any errors or liable for actions taken as a result of information or opinions expressed in this newsletter. ©Copyright 2015 by the International Society of Aesthetic Plastic Surgery, Inc. All rights reserved. Contents may not be reproduced in whole or in part without written permission of ISAPS.



**ISAPS
2016**
KYOTO JAPAN



**INTERNATIONAL SOCIETY OF
AESTHETIC PLASTIC SURGERY**

ISAPS 2016

Kyoto, JAPAN

23rd CONGRESS

in conjunction
with

The 39th Annual Meeting of Japan Society of
Aesthetic Plastic Surgery (JSAPS)

October 23-27, 2016

Venue: Miyakomesse, Kyoto, JAPAN

www.isapscongress.org