

# ISAPS<sup>®</sup> NEWS

OFFICIAL NEWS OF THE INTERNATIONAL  
SOCIETY OF AESTHETIC PLASTIC SURGERY

# 3

Volume 15 | Number 3



**INSIDE** ■  
**Feature**  
Highlights from the 2021  
ISAPS World Congress in  
Vienna, Austria

**High-Definition Liposuction:**  
**How I Do It**

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VOLUME 15

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# MESSAGE FROM

## the Editor-in-Chief

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ARTURO RAMIREZ MONTAÑANA - MEXICO  
Editor-in-Chief, *ISAPS News*

## LITTLE BY LITTLE, RETURNING TO NORMAL

Welcome to volume 15, issue 3 of *ISAPS News*. I hope that this issue finds you, your families, your staff, your patients, and your friends in good health.

As you may have already seen, my goal as Editor-in-Chief is to introduce a new philosophy to *ISAPS News*, making it more like a magazine by including more cultural articles, personal interest pieces, and lifestyle sections. This quarter, the scientific topic is **High-Definition Liposuction: How I Do it**. We have included various articles that cover different aspects of this technically challenging procedure, including some highly practical pieces by Drs. Giuliano Borille and Ricardo Ventura, which I hope you find as stimulating as I do.

Our next issue will be on **Predictable & Stable Tip Projection in Primary Rhinoplasty: How I Do It**, and I would love to see articles covering the full range of this technique from you, our readers. If you are interested in submitting an article on this topic, please send in your submission to [isapsnews@isaps.org](mailto:isapsnews@isaps.org) by **October 15**.

This past weekend, we celebrated our biennial World Congress in hybrid form in Vienna, after postponing it for a full year. It was wonderful to finally see old friends again, reconnect with colleagues, enjoy a new city, and most important of all, share our passion for aesthetic surgery with one another! In this issue, you will also see some of the highlights from last weekend's World Congress. I hope you enjoy seeing some of our favorite parts of the event. Now, I want to share with all of you some interesting

information about the Olympic Games.

### 2021 Olympic Games in Tokyo, Japan

While some countries faced a new wave of COVID-19, Japan celebrated the 2020 Summer Olympics, officially the XXXII Olympiad. This exciting technological show presented the world with the best quality of athletes in different disciplines. More than 11,000 athletes from 206 countries participated in 41 different sports in 340 distinct categories, each fighting to win an Olympic medal.

The Olympics were originally scheduled to take place from July 24, 2020 to August 9, 2020, but the event was postponed as a result of the COVID-19 pandemic. This year, the Games were held behind closed doors, with no public spectators permitted. Some new competitions were introduced (and re-introduced) this year, such as 3x3 basketball, freestyle cycling, baseball and softball, karate, surfing, and skateboarding.

### History of the Olympic Games

The first documented Olympic Games were held in 776 B.C. in the small town of Olympia, Greece. These Games consisted of only one event, a 192-meter footrace (called the *stade*, and where the modern *stadium* comes from) held on a plain by the River Alpheus. From then on, the ancient Olympic Games were held every four years between August 6 and September 19 during a religious festival honoring Zeus. The Games were originally held until the fourth century A.D.

## Modern Olympic Games

The first modern Olympics was revived after more than 2,000 years and took place in Athens in 1896, featuring only 280 participants, 12 nations, and 43 events. Since then, the Olympics have become the world's prominent sporting celebration. The Olympic motto is *Citius, Altius, Fortius*, which means Faster, Higher, Stronger. The Olympic symbol is five interlocking circles colored blue, yellow, black, green, and red on a white background, representing the five continents. At least one of those colors appears in the national flag of every country around the world.

## Are there limits to human performance?

This year, the Olympians in Tokyo racked up 24 new world records in different sports. In 2016, it was 27; in 2012 it was 32; in 2008 it was 34; and in 2004 it was 31. When considering the records that are broken during each Olympic Games, we have to wonder, are there limits to human performance?

According to exercise physiologist Carl Foster, Professor Emeritus at the University of Wisconsin-La Crosse, the answer is no. In an interview with Anna Funk, Foster said "I think there is a limit, although every time a scientist says there's a limit, the athletes go out and prove us wrong." The reason being that *the science is always behind the sports.*<sup>1</sup>

New technology has positively enhanced athletic performance, be it new high-tech shoes or shock-absorbing track materials. A simple 1-2% performance advantage means a lot when

talking about world records amongst the world's best athletes. Even sports that seem straightforward benefit from new technology. Take this example: swimmers in Beijing wearing a Speedo LZR (designed to reduce drag) won 94% of all races, 98% of all medals, and broke 23 world records. Following this, the suit was banned from competition.

Although something like swimsuits – or shoes – can feel incremental, Foster says that every little advantage matters when it comes to securing a win and breaking world records.

ISAPS now has its own Olympiad event! In response to the feedback from our delegates and members on the topics and speakers they enjoyed most at our events since the first ISAPS Virtual Olympiad in September 2020, which celebrated 50 years of ISAPS, we will meet in Athens in the fall of 2023 to showcase the best of the best in aesthetic plastic surgery from around the world. Keep an eye out for more news on our very own ISAPS Olympics, coming soon!

Be safe and be well,



Arturo Ramirez Montañana, MD  
Editor-in-Chief, *ISAPS News*

## REFERENCES

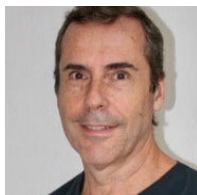
1. <https://www.inverse.com/science/olympic-world-records-broken-2021-science/amp>



# MESSAGE FROM

## the *ISAPS News* Co-Chair

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**FABIAN CORTIÑAS - ARGENTINA**  
Co-Chair, *ISAPS News*

Dear friends and colleagues,

The evolution of liposuction, from its very beginning in 1980 until today, includes an incredible history of development and progress. Since its introduction, new improvements to the technique, new devices, and new safety standards have made this contemporary surgical technique a popular tool, which is useful in a broad spectrum of treatments that go beyond body contouring.

This issue of *ISAPS News* includes articles from some of the world's most recognized plastic surgeons in the field of high-definition liposuction. In the How I Do It section of this issue, our readers will find both the philosophy behind their approach as well as technical pearls of wisdom.

The June issue of *ISAPS News* included, for the first time, a set of new sections which open the newsletter to a broader spectrum of content, thereby enriching our vision of the world through the experiences and stories of our colleagues, peers, and friends. We would like to thank our members for their continued collaboration and for their excellent submissions for these new sections.

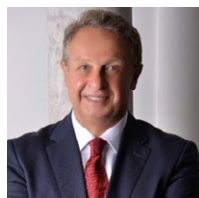
Our aim as the new editorial team is to improve the reading experience of our members by providing high-quality scientific information from world-renowned surgeons in a relaxed atmosphere alongside cultural articles that further enhance our vision of beauty. We invite all members to join us in this endeavor by submitting their own articles.

Make yourself our slogan. Make yourself Leaders in Aesthetics.

Best regards,



Fabian Cortiñas, MD  
Co-Chair, *ISAPS News*



# MESSAGE FROM

## the ISAPS President

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Dear friends,

It was great to welcome so many of you to Vienna this past weekend for the 2021 ISAPS World Congress! After almost two years of Zoom calls, virtual meetings, and learning via webinar, it was a true pleasure to host our World Congress in hybrid form with a large on-site presence. I know not everyone was able to attend in person, but we were excited to welcome **503 on-site delegates and 1,199 participants in total** who joined us for our first World Congress in three years!

As part of an international organization with members from more than 107 countries, one of the things I love most about ISAPS is our global family. Despite the existence of cell phones, social media, and virtual platforms, which have made communication possible and easier in the last year, there is something truly special about bringing together our members in person to learn together, to share experiences with one another, and to enjoy a laugh or a meal. I am sure that many of you feel the same way – the joint memories that we bring back from the World Congress foster a sense of unity, collaboration, and family among all of us, and this is what makes ISAPS so extraordinary as a group.

After a crazy year of postponed courses, digital-only events, and many cancelled travel plans, seeing so many of you come together, be it virtually or on-site, renewed my strong belief that ISAPS really is one big family. In fact, this year's World Congress had very strong participation from all over the world. We had delegates from **71 countries on-site** and **88 countries represented overall**. These numbers are truly astounding, and make me very proud of our members' commitment to ISAPS. I would like to thank all of you for your tremendous support throughout the entire pandemic period, and for your ongoing dedication to our society.

I would also like to thank my entire ISAPS team, the Education Council and Program Chairs, and of course, Honorary President Dirk Richter, who put so much time and effort into producing this year's event. I am certain it was not easy dealing with everchanging COVID-19 regulations to create such a

memorable event!

In the next few pages, we have compiled some of the highlights from this year's World Congress for you to take a look at. Hopefully, you have made some fond memories of your own. Please share your own experiences of the ISAPS World Congress with us on social media using the hashtag **#isapsvienna2021** so we can see some of your favorite moments. Don't forget – for those of you who missed the event, or weren't able to catch a certain lecture, the entire World Congress is available to view **On Demand**.

The World Congress may be over, but as always at ISAPS, we are moving full steam ahead when it comes to planning our next educational events. I am very excited to invite you all to my home country for the next ISAPS World Congress, which will take place on September 19-24, 2022 in Istanbul, Turkey. Make sure you save the date!

In the meantime, we have several great in-person events scheduled for the upcoming months, including the fifth-ever **ISAPS Symposium UK** in London on October 14-15 and the **4th Norwegian-American Aesthetic Meeting and ISAPS Symposium (NAAM4)** in Oslo on October 29. Our online events, which have proven extremely popular even as things return to normal, will continue as well. Our Master Class series will continue on Saturday, October 9, with Drs. Gregory Evans and Eric Santamaria who will discuss **Aesthetic Aspects of Breast Reconstruction**.

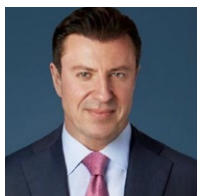
As always, I would like to thank all of you for sticking with us during this wild year. I hope to see all of you again soon – at the very latest next September in Istanbul!

With my best wishes,

Nazim Cerkes, MD, PhD  
ISAPS President, 2020-2022

# MESSAGE FROM

## the Education Council Chair



**OZAN SOZER - UNITED STATES**  
Chair, ISAPS Education Council

Dear ISAPS members,

The last few months have been very busy for the Education Council as we have been organizing multiple virtual and hybrid events with significant live components.

In April, the ISAPS Business School organized by Dr. Renato Saltz welcomed more than 1,000 delegates. In May, the ISAPS Regenerative Medicine symposium took place. The program, prepared by Drs. Katarina Andjelkov, Steven Cohen, and Tunc Tiryaki, was very educational and informative about this relatively new and rapidly growing field of aesthetic surgery. Also in May, ISAPS participated in the Annual Meeting of the Aesthetic Society in Miami, Florida (**Figure 1**). Our mini ISAPS Symposium covered nasal and facial aesthetic surgery, presented by our in-person faculty.



Figure 1. ISAPS at the Aesthetic Meeting in Miami

In June, President Cerkes organized the ISAPS Course and 12<sup>th</sup> International Eurasian Aesthetic Plastic Surgery Course. This hybrid meeting included live surgeries and presentations and was very well attended in Istanbul, confirming the growing enthusiasm for live meetings. Other successful hybrid events followed, in Belgrade, Tbilisi, and Athens (**Figure 2**). In July, ISAPS also participated virtually in the annual meeting of the Korean Society of Aesthetic Surgery.

In addition to these larger events, we have continued with our monthly Master Class webinars, which are available to view On Demand on the ISAPS website.

Finally, this past weekend the ISAPS World Congress took place in Vienna, Austria. Although we are still in a rapidly changing world, our team worked incredibly hard to make this event possible, and what an accomplishment it was! The World Congress featured more than 150 live speakers and close to 200 lectures in three



Figure 2. ISAPS Course, Athens

separate conference halls. Alongside a live exhibition and exciting master classes, this year's event also included the program of the SOS Symposium, organized by Dr. Dirk Richter, as part of the Congress. I am grateful

to everyone on our team, to our wonderful speakers, and to our amazing members who turned out to make the 2021 ISAPS World Congress such a great success.

Thank you for joining us virtually and in-person. As we head into the fall, ISAPS' Education Council will continue to work hard to bring you the best aesthetic education in the world.



Ozan Sozer, MD





FEATURE: HIGHLIGHTS FROM THE 2021  
**ISAPS WORLD  
CONGRESS**

**1199**  
REGISTERED  
DELEGATES

**71**  
COUNTRIES  
REPRESENTED  
ON-SITE

**503**  
ON-SITE  
DELEGATES

**160**  
FACULTY





**88**  
COUNTRIES  
REPRESENTED  
OVERALL

**43**  
EXHIBITORS  
**162**  
SUBMITTED  
ABSTRACTS





1  
MAGICAL  
EVENING IN  
VIENNA'S  
RATHAUS



# COMMITTEE REPORT

## ISAPS Governance Committee



**IVAR VAN HEIJNINGEN - BELGIUM**  
Chair, ISAPS Governance Committee



**LINA TRIANA - COLOMBIA**  
ISAPS President-Elect

## PURPOSE: “GLOBAL LEADERS IN AESTHETICS”

In the last issue of *ISAPS News*, I explained what governance is generally all about. Now that we have a general understanding, I will try to be more specific. In this issue, I will focus on purpose.

Purpose is the most important thing for any organization. If you do not know why your organization exists, then how can the organization be managed, and the members served?

A group's purpose is described in its bylaws. For ISAPS, these are:

- Promote Aesthetic Plastic Surgery (APS)
- Improve education and science in APS
- Encourage high standards of skill and competence among plastic surgeons for Patient Safety
- Promote ethics
- Cooperate with other APS organizations to establish standards in training and practice
- Develop and maintain membership-representation from all geographic areas of the world

Most medical member societies have similar purposes focusing on education, ethics, science, advocacy, and networking.

Purpose is the foundation of our society. Everything we do is based on this foundation. Important projects from the past that illustrate this are:

- Aesthetic Education Worldwide® to further the best education possible



Figure 1. The Safety Diamond.

- Aesthetic Plastic Surgery, ISAPS' journal
- The Safety Diamond to promote Patient Safety (**Figure 1**).

These are not static projects, but ongoing. More recent projects focus on residents and recently graduated plastic surgeons: resident membership, the Fellowship Program, the F.A.S.T. Program, resident webinars, and the Aesthetic Surgery Dissection Course. Of course, Active members are not forgotten with projects like ISAPS MedOne, ISAPS WORLD, ISAPS Insurance, among others. These are all ways ISAPS' Board of Directors tries to fulfil our society's purpose (**Figure 2**). Our vision and mission are derived from our purpose and our strategy is planned accordingly.



Figure 2. ISAPS' Board of Directors discuss strategy during a virtual Board meeting.

The key governance element for any nonprofit is purpose: without a clear direction, it is impossible to plan for the future and drive the society toward its goals. For ISAPS, our purpose and ambition is to be **Global Leaders in Aesthetics**. Working together with President-Elect Lina Triana, we have prepared a new strategy document to guide us for 2021-2025, which outlines our vision, mission, and values – all of which are based on our purpose. We would like to share these key elements with you below.

Our **Vision** is for safe and effective aesthetic procedures and improved quality of life for all patients worldwide.

Our **Mission** is to inspire and nurture excellence in Aesthetic Education Worldwide® for the safety of our patients.

Our **Values** demonstrate that as a society, our ISAPS community is:

**United:** as a **family** working towards a common cause, we welcome a diverse **community** from all around the world

**Collaborative:** working together, with our national partner societies, and our members, we can make a real difference, for our patients and our specialty

**Strong:** together we are stronger, providing **excellence** in Aesthetic Education Worldwide®

*In our work, our ISAPS members:*

Show **Leadership:** using our collective skills to **protect** our patients, and our specialty Are **passionate**, about our Society, our work, our patients, their safety, and Aesthetic Education Worldwide®

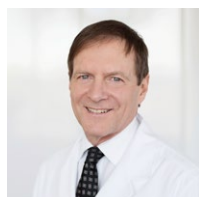
Remain **resilient:** to be **tolerant** of change, embrace our diversity, **adapt** with our specialty, and to support our members and their patients worldwide

Sincerely,

Ivar van Heijningen, MD and Lina Triana, MD

# PARIS APPEALS COURT DECISION IN PIP IMPLANT LIABILITY

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**MARK JEWELL - UNITED STATES**  
Chair, ISAPS Breast Implant Task Force

On May 20 of this year, the Paris Appeals Court found that German firm, TUV Rheinland, was negligent in certifying that Poly Implant Prothese (PIP) breast implants were safe for use.

The brand of implants produced by French company PIP were pulled from the market worldwide in 2010 when it was determined that the breast implants had been manufactured with non-medical grade silicone, which had not been approved for human use. Many women with PIP implants developed implant rupture and other adverse health effects.

The founder of PIP, Jean-Claude Mas, was arrested in France, fined, and sentenced to prison for fraud. The PIP company went into liquidation, leaving an insurance policy that would only pay claims for women implanted in France. Large numbers of women implanted outside France could not be compensated for injuries from the PIP implants.

What followed next was legal action against TUV Rheinland, who had ultimate responsibility for certifying the PIP implant was safe for market, and ongoing responsibilities to certify product safety under the Medical Device Directive (MDD) post first marketing. Litigation against TUV Rheinland started in France in 2010. The outcome of the proceedings over the next 10 years involved French courts of different tiers deciding first in favor of the claimants, then the defendants. In its latest decision, the

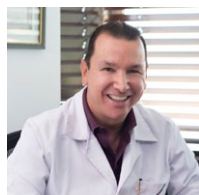
Court of Appeals of Paris determined that liability for release of the defective PIP implants lies with TUV. TUV has appealed this decision. If the claimants prevail, the level of compensation to be awarded to each claimant will be determined in a judgment expected in September 2021.

Medical device liability litigation is often complex, drawn out, and takes over a decade to make its way through the legal system. In the interim, women with PIP implants should consult with an ISAPS plastic surgeon to determine the best course of action with regards to what to do about PIP implants that were manufactured with non-approved materials.

Current-generation breast implants are manufactured in ISO-certified facilities from materials whose source is known. They are subjected to rigorous quality inspections and post-market studies. The current-generation silicone gel is cohesive and has a very low risk of extracapsular migration if implant rupture occurs. Implant shells have multiple layers that are designed to reduce the diffusion of silicone through the shell.

# DO YOU WANT TO KNOW HOW TO GET TO THE TOP?

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**JUAN ESTEBAN SIERRA - COLOMBIA**  
ISAPS National Secretary

Frequently, when we begin our private practice, the first patients are relatives, friends, and people close to us. When we start in a public or private institution, we are part of a team, and duties and commitments are assigned. Sometimes we have the opportunity to work combining both, but often a dilemma appears: how to choose the best career path.

Sometimes it is fate and chance who decide which path we take, but we really should be clear about our own future, as our work is fundamental to our lives. Choosing the right path ensures that we enjoy a more pleasant professional and personal life and avoid the burnout that is so frequent in our profession. It's very important to analyze our purpose when we start working in our specialty.

There are several ways to find our purpose, and I would like to share with you one very useful and simple concept to do so, or at least, introduce you to it. **Ikigai** is an easy and logical method to help you find your way to a balanced and pleasant life. Ikigai asks you to identify what you love, what you are good at, and what you do with passion. It then asks you to look at how you use your passion, how you can turn it into something marketable, and finally, how all this serves other people.

Ikigai is made up of four fundamental aspects:

**What do you love?** Surely there are activities that you could spend all your time on if you could, without fatigue, happily. Think of at least five hobbies or activities you enjoy and evaluate if you have strengthened or weakened them recently.

**What are you good at?** We all have activities that we do

effortlessly. For some this may be art, sport, or music, but we all have some. Perhaps there are other skills hidden within you that you have not yet found. Sometimes we ourselves do not see these hidden talents, but when we find them and use them to our advantage, this is called **passion**.

**What does the world need?** Although we must always think first of our integrity, we are social beings and responsible for our environment. When we only think of ourselves with a selfish mentality, we only develop ourselves, when the reality is that we must grow together. As members of a society, we must commit to leaving a better legacy for new generations. This commitment combined with doing what you love is called **mission**.

**How can you turn this into a job?** All of our individual skills, attitudes, and knowledge should be combined to become something we can charge for. We must manage to turn our mission and passion into something marketable that will allow us to live under our own desires. This is called profession and is part of Ikigai.

By combining and deepening these concepts properly and delving into this topic, you will be able to live under your own expectations and with an adequate strategy. Everything has a beginning; finding the right path in this field begins with yourself.



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33. **HUNGARY**  
Hungarian Society for Plastic, Reconstructive and Aesthetic Surgery (HSPRAS)
34. **INDIA**  
Indian Association of Aesthetic Plastic Surgeons (IAAPAS)
35. **INDONESIA**  
Indonesian Association of Plastic Reconstructive and Aesthetic Surgeons (InaPRAS)
36. **IRAN**  
Iranian Society of Plastic and Aesthetic Surgeons (ISPAS)
37. **IRELAND**  
Irish Association of Plastic Surgeons (IAPS)
38. **ISAPS**  
International Society of Aesthetic Plastic Surgery (ISAPS)
39. **ITALY**  
Associazione Italiana di Chirurgia Plastica Estetica (AICPE)
40. **ITALY**  
Società Italiana di Chirurgia Plastica Ricostruttiva ed Estetica (SICPRE)
41. **JAPAN**  
Japan Society of Aesthetic Plastic Surgery (JSAPS)
42. **JORDAN**  
Jordanian Society for Plastic and Reconstructive Surgeons (JSPRS)
43. **KAZAKHSTAN**  
Kazakhstan Society of Aesthetic and Plastic Surgery (NSAPS)
44. **KOREA**  
Korean Society of Aesthetic Plastic Surgery (KSAPS)
45. **KUWAIT**  
Kuwait Society of Plastic Surgeons (KSPS)
46. **LEBANON**  
Lebanese Society of Plastic, Reconstructive, and Aesthetic Surgery (LSPRAS)
47. **MALAYSIA**  
Malaysian Association of Plastic, Aesthetic and Craniomaxillofacial Surgeons (MAPACS)
48. **MEXICO**  
Asociación Mexicana de Cirugía Plástica Estética y Reconstructiva (AMCPER)
49. **MOROCCO**  
Société Marocaine des Chirurgiens Esthétiques Plasticiens (SOMCEP)
50. **NETHERLANDS**  
Nederlandse Vereniging voor Esthetische Plastische Chirurgie (NVEPC)
51. **NICARAGUA**  
Asociación Nicaragüense de Cirugía Plástica (ANCP)
52. **NORWAY**  
Norwegian Society of Aesthetic Plastic Surgery (NSAP)
53. **OMAN**  
Omani Society of Plastic, Reconstructive and Aesthetic Surgery (OSPRAS)
54. **OSAPS**  
Oriental Society of Aesthetic Plastic Surgery (OSAPS)
55. **PAKISTAN**  
Pakistan Association of Plastic Surgeons (PAPS)
56. **PANAMA**  
Asociación Panameña de Cirugía Plástica, Estética y Reconstructiva (APCPER)
57. **PARAGUAY**  
Paraguayan Society of Aesthetic and Plastic Surgery (PSPS/SPACRE)
58. **PERU**  
Sociedad Peruana de Cirugía Plástica (SPCP)
59. **PHILIPPINES**  
Philippine Association of Plastic, Reconstructive and Aesthetic Surgeons (PAPRAS)
60. **POLAND**  
Polish Society of Plastic, Reconstructive and Aesthetic Surgery (PSPRAS)
61. **PORTUGAL**  
Sociedade Portuguesa de Cirurgia Plástica Reconstructiva e Estética (SPCPRE)
62. **ROMANIA**  
Romanian Aesthetic Surgery Society (RASS)
63. **RUSSIA**  
Northeastern Society of Plastic and Reconstructive Surgeons (NESPRS)
64. **RUSSIA**  
Russian Society of Plastic, Reconstructive and Aesthetic Surgery (RSPRAS)
65. **SAUDI ARABIA**  
Saudi Plastic Surgery Care Society (SPSCS)
66. **SERBIA**  
Serbian Society of Aesthetic Plastic Surgeons (SRBSAPS)
67. **SERBIA**  
Serbian Society of Plastic, Reconstructive, and Aesthetic Surgery (SRBPRAS)
68. **SINGAPORE**  
Singapore Association of Plastic Surgeons (SAPS)
69. **SOUTH AFRICA**  
Association of Plastic, Reconstructive and Aesthetic Surgeons of Southern Africa (APRASSA)
70. **SPAIN**  
Asociación Española de Cirugía Estética Plástica (AECEP)
71. **SPAIN**  
Sociedad Española de Cirugía Plástica Reparadora y Estética (SECPRE)
72. **SWEDEN**  
Svensk Förening för Estetisk Plastikkirurgi (SFEP)
73. **SWITZERLAND**  
Schweizerische Gesellschaft für Ästhetische Chirurgie (SGAC)
74. **SWITZERLAND**  
Swiss Society of Plastic, Reconstructive and Aesthetic Surgery (SSPRAS)
75. **TAIWAN**  
Taiwan Society of Aesthetic Plastic Surgery (TSAPS)
76. **TAIWAN**  
Taiwan Society of Plastic Surgery (TSPS)
77. **THAILAND**  
Society of Aesthetic Plastic Surgeons of Thailand (THSAPS)
78. **TURKEY**  
Turkish Society of Aesthetic Plastic Surgery (TSAPS)
79. **UKRAINE**  
Ukrainian Association of Plastic, Reconstructive and Aesthetic Surgeons (UAPRAS)
80. **UKRAINE**  
Ukrainian Society of Aesthetic Plastic Surgeons (USAPS)
81. **UNITED ARAB EMIRATES**  
Emirates Plastic Surgery Society (EPSS)
82. **UNITED KINGDOM**  
British Association of Aesthetic Plastic Surgeons (BAAPS)
83. **UNITED KINGDOM**  
United Kingdom Association of Aesthetic Plastic Surgeons (UKAAPS)
84. **UNITED STATES**  
American Society for Aesthetic Plastic Surgery, Inc. (ASAPS)
85. **VENEZUELA**  
Sociedad Venezolana de Cirugía Plástica, Reconstructiva, Estética y Maxilofacial (SVCPREM)
86. **VIETNAM**  
Vietnamese Society of Aesthetic and Plastic Surgery (VSAPS)



# NATIONAL SECRETARY CHAIR REPORT

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MICHEL ROUIF - FRANCE

ISAPS Chair of National Secretaries

## DESPITE THE PANDEMIC, THE NS NETWORK IS STILL WORKING HARD!

The second online ISAPS National Secretaries meeting was held on May 22, and 62 National Secretaries (NS) or Assistant National Secretaries (ANS) representing 51 countries attended. (**Figure 1**). Despite the COVID-19 pandemic, our NS network is still working hard in partnership with ISAPS' Board of Directors (BOD) to improve ISAPS' programs and stay informed about the latest news and future ISAPS projects. This quarterly meeting is the best opportunity for the NS and BOD to keep in touch and build together.

During the first part of the meeting, President Cerkes presented updates and new projects for 2021. Then, on behalf of President-Elect Lina Triana, ISAPS' Executive Director Sarah Johnson thanked all NS for their contribution to the development of ISAPS' strategy and values. These emphasize **unity, family, collaboration, strength, excellence, leadership, passion, resilience, tolerance and patient safety**. Following this, Renato Saltz and Ozan Sozer presented the Global Accreditation program, which has been developed in partnership with AAAASF. Its goal is for ISAPS to facilitate the accreditation of all members' surgical facilities, fitting with our focus on patient safety.

Other presentations included updates on the ISAPS event program and the new Residents Program led by Maria Wiedner, the great results of our journal, *Aesthetic Plastic Surgery*,

information on our new website, the launch of the 2020 Global Survey, and the overall trend of growing membership.

I would like to thank our Membership Manager, Richard Guy, for his strong involvement in this and our NS report. Don't forget our President's goal to have 5,000 ISAPS members in 2021! Vakis Kontoes, Chair of the Membership Committee, presented the ISAPS Affiliate program, while Richard Guy and myself presented the new election process for NS and ANS. From now on, elections will be facilitated by our X-CD software. Finally, the new Editor-in-Chief and Co-Chair of *ISAPS News*, Arturo Ramirez Montañana and Fabian Cortiñas, respectively, shared their wishes for the publication.

For the second half of the meeting, the NS broke up into four discussion groups with about 12 NS attending each 40-minute workshop. One Board member was invited to join each group and to listen to and get insight on the topic. Each group then had five minutes to present a summary of their meeting in the plenary session. I want to thank the NS and our Assistant Chair Bertha Torres (NS, Mexico) for the great work they did in all three workshops:

### 1. Residents Program and Membership

Chair Amin Kalaaji (NS, Sweden) invited Bertha Torres (Residents Committee Representative) and Sarah Johnson. This workshop focused on how to encourage more



participation in the residents and fellowship programs. NS participating in this group highlighted the important differences encountered in various countries that affect participation in ISAPS' Residents Program. A specific report will be made available for NS in order to help them support residents applying to ISAPS.

## 2. Membership and Development: Marketing and Tools to Promote Membership

Chair Manoj Khanna (NS, India) invited Vakis Kontoes. This group focused on how to recruit residents as well as ISAPS Associate members. Requirements of individual national societies have to be considered when building a powerful worldwide network of education.

## 3. Developing ISAPS' New Initiatives: ISAPS Affiliate and Partner Programs, and Other New Opportunities

Chair Maria Isabela Cadena Rios (NS, Colombia) invited Richard Guy. Questions about surgeons who have completed their residency outside of the country in which they later work were raised. The importance and tasks of NS, the Executive Office team, and the Membership Committee were emphasized regarding decisions about membership admissions and upgrades. For the Affiliate program, the need for a local language was recalled.

## 4. ISAPS Accreditation Program

Chair Naveen Cavale (NS, UK) invited Ozan Sozer (Accreditation Chair). Participants agreed that it is important to promote the AAAASF accreditation through ISAPS' Accreditation Program as an additional benefit to surgeons and facilities. It confers further marketing benefits on top of local/national accreditation and also helps surgeons review their own practices.

This third online NS meeting ended with an open discussion. Once more, this time spent with the National Secretaries, Board members, and the Executive Office team was a wonderful opportunity to empower ISAPS' programs. Listening to one another, bringing in new ideas from everyone, and creating a spirit of unity strengthens ISAPS' development.

The next National Secretaries meeting was held this Monday during the ISAPS World Congress on September 13, in hybrid format. I look forward to updating you on that meeting in the next issue.

Thank you to all of you for your time and involvement for the benefits of ISAPS, with a special thank to my Co-Chair, Bertha Torres.

Be safe with friends and family,



Michel Rouif, MD



Figure 1. The second National Secretaries meeting in May was held virtually. Image courtesy of Bertha Torres.

# ISAPS JOURNAL

## MESSAGE FROM THE EDITOR-IN-CHIEF



**BAHMAN GUYURON - UNITED STATES**

Editor-in-Chief, *Aesthetic Plastic Surgery*

Dear ISAPS Members,

I am delighted to announce that our journal Impact Factor (IF) has improved once again, going from 1.798 to 2.326. That is nearly a 30% increase. This could not have happened without your scientific and meaningful articles and the consequential efforts of our Editorial Board members providing sagacious guidance and valuable suggestions. However, we are not content and will collectively use our efforts to improve the IF further every year.

Additionally, our submissions continue to increase at a high rate: we have increased submissions by 200% from when I started. Furthermore, we have broken our own record of fastest “first decision” time amongst the 2,000 Springer journals again. For those of you who are not familiar with this term, it refers to the time that is required from the submission of an article to the first decision as to whether the article will be sent for a revision, be accepted, or be rejected. While Suzann and I devote many hours to the journal daily, we could not have reached the first decision time in such a short time without receiving the reviews from our reviewers so quickly. Thus, the credit for this gratifying progress goes to the reviewers, which involves many of you.

This fast decision is very important for the authors and has played a major role in such a substantial increase in our submissions.



There is a certain degree of anxiety and impatience associated with each article submission, especially on the part of the residents and new authors. We are sensitive to that, and if the article is not suitable for our journal, we would give the authors a chance to submit their articles to another journal as soon as possible.

*Aesthetic Plastic Surgery* is designed to augment your education and belongs to you. While other journals have a separate entity as the “open” version, your journal is hybrid, meaning you can publish your article as an open article and retain the license by paying for the publication cost or publish it in a

traditional way. If you have any suggestions that you believe will enhance your experience in reading the journal, please share it with me. Suzann and I read every e-mail daily and if you do not receive a response from me to your e-mail within 24 hours, it means that we did not receive your e-mail. I look forward to and deeply value the opinion from those who care about the journal.

Sincerely,

Bahman Guyuron, MD



DENYS MONTANDON – SWITZERLAND

# HISTORY: EASTER ISLAND AND PLASTIC SURGERY IN THE LIGHT OF A HISTORICAL STUDY

*This article is in tribute to our colleague, Dr. Garry Brody, who passed away in April 2021 at 89 years old. It was published in the Journal of Craniofacial Surgery in May 2020; it is reproduced here with permission of the Editor, Mutaz B. Habal.*

*“One of the men with leprosy was a gifted carver, fifty-one-year old Gabriel Hereveri (Figure 1). He had been confined almost two decades; the disease had claimed both hands and both feet; his face had “caved in” grotesquely; and he was blind in one eye from the damage to his eyelids. The vision of the other eye was headed in the same direction.... Plastic surgeon Garry Brody studied Gabriel’s eyelid and*



Figure 1. Moai Kavakava by G. Hereveri. Exophthalmos, aquiline nose, long ears, protruding chin and ribs: a good candidate for plastic surgery.

*devised what he now calls a “simple” operation to transplant a part of the temporalis muscle at the side of his head to the eyelid so that Gabriel could open and close his eye in an effort to save his vision. He operated in the tiny theatre of the hospital.... Gjessing and Montandon [who assisted Dr Brody] were still in training; now they both wonder if this operation influenced their choice of plastic surgery.”*

This quotation is borrowed from a book published in 2019 under the title *Stanley’s Dream: The Medical Expedition to Easter Island*. Its author, Jacalyn Duffin, is

a hematologist and historian who held the Hannah Chair of the History of Medicine at Queen’s University from 1988 to 2017.

She is best known for her teaching book, *History of Medicine: A Scandalously Short Introduction*, which has become a manual for many medical students, and for the 2009 publication of an extensive research in the Vatican’s library under the title *Medical Miracles: Doctors, Saints and Healing in the Modern World*.

In January 2014, while searching in the UBC Archives at the University of British Columbia, Duffin found, to her amazement, three boxes of material labeled “Medical Expedition to Easter Island, 1964-1965 (METEI),” containing numerous documents and scientific journals which had been deposited in the 1970’s by a certain Ian E. Efford, Professor of Ecology. After further digging into other archives in Ottawa and McGill University as well as on the internet, Duffin revealed that, in 1964-65, Canada led an international, multidisciplinary scientific expedition to Rapa Nui (the local name for Easter Island), which is located in the southeastern Pacific Ocean and is still considered to be the world’s most isolated community (Figure 2). The Medical Expedition to Easter Island had been conceived and directed by surgeon and gastroenterologist Dr. Stanley Skoryna of McGill University in Montreal, together with his friend, Dr. Georges N6gr6dy, a bacteriologist at Universit6 de Montr6al. They had both immigrated to Canada



Figure 2. A visit by horseback to Easter Island’s monumental Moai in 1965.

years before after escaping from the communist countries of Eastern Europe, and were particularly interested in the problems of the world such as overpopulation, sustainability, pollution, and the liability of humans to adapt, resist or be contaminated by international population exchanges. After learning that Easter Island was targeted for an airport, they conceived an ambitious goal: with a team of scientists, they would make a medical, ecological and sociological survey of the island and its population of 1,000 people before the airport was achieved. A few years later, the team would return after the airport had opened to repeat the survey and to examine the effects on the islanders and their adaptation to increased contact with tourists and the outside world.

How did they manage to enroll 38 individuals from North America and Europe, among them a few outstanding scientists,

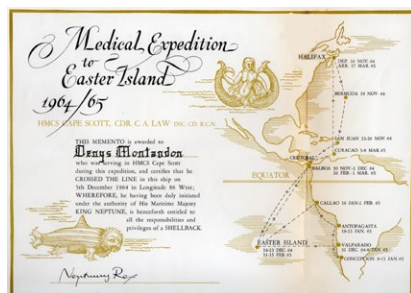


Figure 3. Crossing the Equator on Cape Scott, en route to Easter Island.

Spanish translators, and journalists? How did they obtain half a million dollars credit for transporting the whole team, with 25 prefabricated cabins for construction of a village and laboratories on the island, by a ship from the Canadian Navy and its

150-member crew? How, despite divisions within the scientific team, local outbursts regarding social and political claims, and many other impediments, were all the native inhabitants of the island finally examined in detail, including physical examinations, blood tests, chest X-rays, and dental checkups? How, during an expedition lasting two months from December 10, 1964 until February 12, 1965, were thorough studies of the wild and domestic fauna and flora conducted? And why were all these results not analyzed and published? These are but a few of the questions Duffin had after decrypting and examining hundreds of notes, dairies, articles, films and books that appeared during the next few years.

Although she assumed that most of the participants would be dead 50 years on, Duffin soon discovered that, although the two initiators of METEI had died, most of the others were still alive and had pursued active careers in places like Canada, USA, Norway, Sweden, South Africa, and Switzerland.

Among them was plastic surgeon Garry Brody, who had spent part of his residency at McGill University, conducting research with Skoryna, and who had been invited to be

Assistant Director of METEI by his former colleague. Later, Brody pursued a successful practice in the U.S. In 1995, he was elected President of the American Society of Plastic and Reconstructive Surgeons. In 2016 he was interviewed as a “legendary plastic surgeon” by his peers.<sup>2</sup>

Einar Gjessing had been a medical student in Sweden, mostly interested in sport physiology at the time of the expedition. He was engaged as an assistant to the research project by another young athlete and sport physiologist from Sweden, Björn Ekblom. After completing his studies in Sweden, Gjessing trained in plastic surgery in Norway.

The author of these lines, Denys Montandon, spent his first year of surgical residency at McGill University, where his incredible luck to be part of METEI's medical team had undoubtedly been linked to the strong desire of the organizers to add a sociological survey to the research on health and biosphere. Indeed, due to the defection of a distinguished McGill anthropologist, Montandon's wife, Cleopatra, who had just graduated from the University of Geneva, was a providential solution. The couple was thus added to the scientific team three months before departure from Halifax (Figure 3).



Figure 4. Assisting Dr. Brody.

Jacalyn Duffin is the type of passionate investigator who will not stop her inquiries before being certain that all the available sources have been collected. She then wrote her research into a history book, where every detail was duly referenced. She did not hesitate to underline all the controversies that arose before, during and after the expedition. As a storyteller, writing with humor and elegant prose, Duffin was able to captivate the reader with her intimate observation of a group of scientists, technicians, translators, sailors and journalists who most often had nothing in common, but were forced to collaborate and to share a common life for several months.

Rapamycin and mTOR

A series of publications on the general health of the population, the viral and bacteriological infections, and the ecological environment on Easter Island were recorded and published in various scientific journals. However, the second scheduled expedition – the survey after the airport's completion – never took place. Instead, Duffin visited Easter Island in 2017 to compare the present situation to that described during the 1964 medical expedition.



Before leaving, Duffin had taken the time to screen the most meaningful results in available publications. In doing so, she discovered that some of the soil samples extracted on Easter Island and brought back to Canada by bacteriologist Georges N6gr6dy contained an unknown bacteria, *Streptomyces hygroscopicus*. N6gr6dy had given these samples to Claude V6zina, another bacteriologist who worked at Ayerst Pharmaceuticals Company. Together with his colleague Surendra Nath Sehgal, they discovered that these bacteria secrete a substance, which they called Rapamycin, after the island.<sup>3,4</sup>

The antibiotic and antifungal actions of this substance, as well as its effect on solid tumors, have been documented since 1969, and in 1974, Sehgal and Vezina were able to isolate the active principle of this new drug. Meanwhile, others began studying Rapamycin's usage as an immunosuppressive and anticancer drug. In the coming years, more and more laboratories explored the drug's potential in three different biological realms: anti-biotic, anti-immune and anti-cancer. Based on its mechanism of action, it also gave rise to the understanding of a new physiological and pathophysiological regulation of the metabolism at both the cellular and organismal level, the mTOR, for "mammalian Target Of Rapamycin" or "mechanistic Target of Rapamycin." A serine/threonine kinase, mTOR coordinates eukaryotic cell growth and metabolism with environmental inputs including nutrients and growth factors. Extensive research over the past two decades has established a central role for mTOR in regulating many fundamental cell processes, from protein synthesis to autophagy, and deregulated mTOR signaling is implicated in the progression of cancer and diabetes, as well as the aging process.<sup>5</sup>

Drugs that act upon it are known as mTOR inhibitors. They may play an important therapeutic role in conditions like glucose homeostasis, muscle mass and function, adipogenesis and lipid homeostasis, immunity, brain function (Alzheimer and neurodegenerative disorders), autism, cancer, and aging. Of great interest for plastic surgeons are the recent

investigations on their negative effect on angiogenesis. It is now used in the treatment of vascular malformations<sup>6</sup> and shows clear evidence of interrupting the growth of venous malformations. Rapamycin has also been shown to suppress angiogenesis and lymph angiogenesis in melanoma by down-regulating VEGF expression.<sup>7</sup> Other experiments have shown a clear positive effect on keloids and hypertrophic scars<sup>8,9</sup> and in promoting allogeneic skin graft survival in mice.<sup>10</sup> To date, more than 40,000 peer-reviewed articles have been published and Rapamycin is worth billions. As recalled by Duffin, the whole story of this drug would never have happened had the METEI alumnus Georges N6gr6dy not shared his samples with Ayerst.

### Plastic Surgery

METEI's purpose was not to treat or take care of local patients. However, due to the arrest of the local Chilean physician soon after METEI's start, the group was asked to care for the sick and attend childbirths. It was known that a few Islanders had contracted leprosy years before. Gabriel Hereveri was one of them, presenting multiple stigmata of Hansen's disease. It was thus a great challenge for the talented young plastic surgeon, Garry Brody, to perform a Gillies temporal muscle flap to replace the paralyzed orbicularis muscle (**Figure 4**). As a trainee in digestive surgery, which consists mostly of organ or tumor removal, I was enthralled by this dynamic reconstructive procedure. This fabulous expedition could well have influenced my choice of plastic surgery as a specialty. The fascinating story of the 1964-1965 Medical Expedition to Easter Island, related in Duffin's book, might well spark other vocations among young physicians.

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Confirmed Rupture<sup>1</sup>

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of Wrinkling<sup>1</sup>

1.3%

#### REFERENCES:

1. Summary of the Safety and Effectiveness of Mentor's MemoryShape Mammmary prosthesis in subject who are undergoing primary breast augmentation, primary Breast reconstruction or revision. MemoryShape Post-approval cohort study (formerly Contour Profile Gel Core Study) Final Clinical study report. PMAPO60028/R0215, 2015. Data on File.

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# HIGH- DEFINITION LIPOSUCTION

HOW I DO IT







GIULIANO BORILLE - BRAZIL

# MEDIUM-DEFINITION LIPOSUCTION

Currently, “high-definition liposuction” has become synonymous with any type of etching during liposuction. However, VASER-assisted high-definition liposculpture (VAHDL) is a specific technique, created by Dr. Alfredo Hoyos. Not all high-definition liposuction procedures follow the original technique, nor do they create a high level of definition.

The technique I will present is called medium-definition liposuction (MDLipo). It is different from VAHDL in that it is based on near total fat removal using regular cannulas and continuous postoperative compression. The main idea is to create a flap thin enough to be connected to the muscle layer through compression pads, revealing the muscle outlines. In order to present abdominal definition, there must be three elements at the same time: muscle hypertrophy, a small amount of subcutaneous fat, and tight skin. The MDLipo technique does not shape the subcutaneous fat, it creates volume based on fat.

MDLipo is more than a level or a grade of definition. It could be considered a system of definition, with exclusive characteristics based on four fundamentals:

1. No use of external energy devices

2. Creation of thinner and more superficial flaps than those created by the traditional lipo approach
3. The use of continuous compression of key areas of the skin by customized handcrafted pads, producing well-controlled fibrosis
4. Prevention of umbilicus sagging after liposuction



Figure 1. The thin flap obtained in MDLipo abdominoplasty.

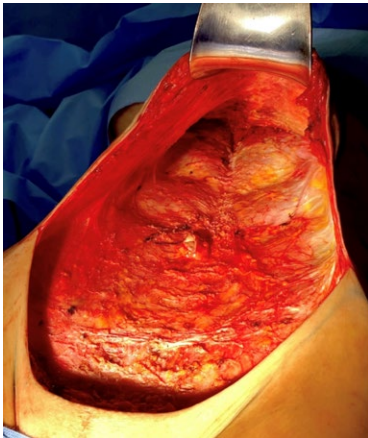


Figure 2. Abdominal muscle hypertrophy shown after flap undermining.

Given that the surgeon does not need to use external energy, they can create thinner, more superficial flaps than those created when using VASER, LASER or radiofrequency, given safety issues. These thin flaps are viable due to the vascular subdermal plexus preservation. For this reason, the surgeon should use specific lipo cannulas (designed with three holes, in line, on one side of the tube) that will spare the plexus from mechanic and thermic trauma. This is clear when performing medium-definition abdominoplasty and miniabdominoplasty.

Thin flaps (**Figures 1, 2**) will be connected to the deeper muscle anatomy through customized handcrafted abdominal pads (of cotton, bandage, and gauze), producing well-controlled fibrosis between the muscle transition and skin. This guided fibrosis will create definition, exposing real muscle volume and replacing the role of external energy devices in skin retraction.

This guided and well controlled fibrosis ensures a smooth and regular abdominal definition while causing tissue

recruitment and connection in the upper abdomen. The result is the improvement of the skin tightening at this area. This is how, through a temporary immobilization suture, we can create a quite simple system that prevents the umbilicus from sagging after liposuction when the fat component is removed and the upper abdomen skin loses tension, rolling over the umbilicus, and creating a horizontalized shape.

It's a simple, safe, and quite effective technique in order to create an athletic and natural look (**Figures 3-5**).



Figures 3, 4. 37-year-old male, before and one year after undergoing MDLipo.

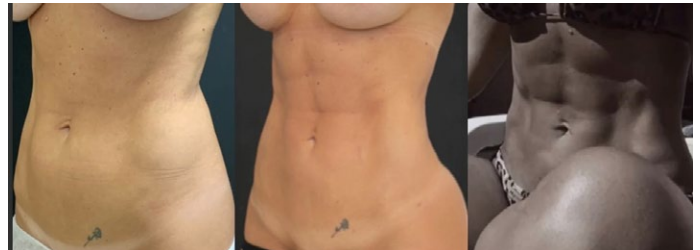


Figure 5. 34-year-old female nine and 18 months after undergoing MDLipo.

# HIGH-DEFINITION LIPOSUCTION



GUGLIELMO RUFOLO - ITALY

## INTRODUCTION

This is a case study of liposculpture surgical intervention based on my experience using the traditional technique. High-definition liposculpture (HDL) consists of techniques designed to emulate an athletic and attractive surface body anatomy (**Figures 1, 2a-2c**). The aim of this case study was to describe my experience, including techniques and postoperative outcomes, when performing traditional 3D liposuction in female patients.

## METHODS

The patients were females with an average age of 30 years and a body mass index of 27 kg/m<sup>2</sup>. All patients received HDL of the abdomen, back, upper arms and chest and fat transfer to the buttocks. I extracted the fat using the HDL method, making sure not to damage the layers during suction.

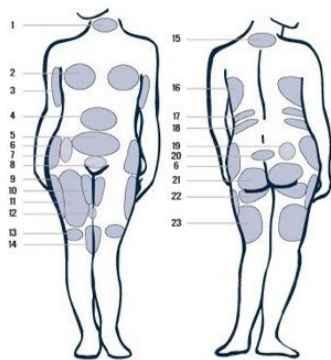


Figure 1. Areas of interest to evaluate for surgical intervention using liposuction.

Intraoperative data were collected and the techniques used were recorded. The average operative time was four hours. Postoperatively, photographs were taken, and the patient was advised on the use of compression garments and pain medication as well as on how long to wait before returning to work and full activity. I also went over their satisfaction with the procedure with them.

## RESULTS

The follow-up period averaged eight months. Postoperatively, all patients were completely off their pain medications by postoperative day eight. They received, on average,

3.7 sessions of lymphatic massage and wore compression garments for an average of three weeks. Patients returned to work 6.1 days after surgery and were back to full activity in four weeks. Patient satisfaction was an average 9.5 out of 10 at seven months post-operatively.

## CONCLUSION

HDL is a safe procedure that delivers reproducible, natural-looking results with high patient satisfaction, a low risk of complications, and a relatively short and tolerable recovery process.



Figures 2a, 2b, 2c. Preoperative markings made during initial consultation with patient.

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

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# FEMALE ABDOMEN LIPODEFINITION



RICARDO VENTURA - BRAZIL

## INTRODUCTION

The defined muscular anatomy has become one of the most popular physical desires among men and women in the last decade. Mentz's pioneering work demonstrated the importance of liposuction in abdominal shaping. In 2005, Hoyos associated the Vaser® technology with the Mentz principles, contributing to the consolidation of the technique. The purpose of this article is to present a personal approach and standardization of the abdominal lipodefinition technique, which facilitates its learning curve, execution and avoids complications.

## INDICATION AND CONTRAINDICATION

Lipodefinition provides better results in patients who have a fat percentage lower than 31%, no sagging skin, a healthy lifestyle, and no hormonal or metabolic dysfunction.

## DEMARCATON AND ANATOMICAL UNITS

For marking orientation, the abdomen is divided into 10 anatomical units (AU). The first five (AU 1, 2, 3, 4 and 5) are classified as "negative areas," and the others (AU 6, 7, 8, 9 and 10) are called "positive areas." Negative areas will define the shadows of the abdominal contour and positive areas will highlight the muscular surfaces (**Figure 1**).

## SURGICAL AND INTRAOPERATIVE TECHNIQUES

The patient should be placed in a supine position. Five incisions smaller than 0.5 cm will be made for our lipodefinition approach, two in the pubic region (above the ileopubic eminence), two in each breast crease, and one in the navel. Each incision should have skin protection.

The patient should be infiltrated with 0.9% saline solution with adrenaline of 1 mg/ml in the proportion of 2.0 ml for every 1,000 ml. The abdomen will be divided into

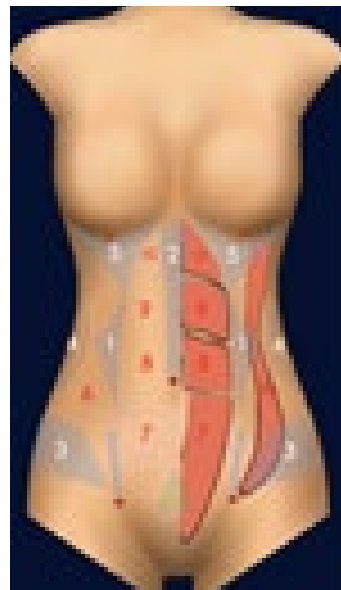


Figure 1. The body is divided into 10 AU. Areas 1-5 are negative areas while areas 6-10 are positive areas.

four parts and infiltrated with 500 ml per quadrant. After waiting 10 minutes, the emulsification of the fat begins using a third-generation ultrasound (Vaser®, Soltamedica) with a potency between 60-70% and three-ring cannulas of 3.7 mm in diameter. The emulsification time should be one minute for every 100 ml infiltrated (**Figure 2**).

Lipodefinition starts in the negative areas based on the numbers of the anatomical units mentioned earlier and later in the positive areas (**Figure 1**). In the negative

areas, we must first treat the deep fat with 4.0 mm Mercedes cannulas, and then the superficial fat with 3.0 mm Mercedes cannulas. In the positive areas, only the deep fat will be addressed using a 3.0 or 4.0 mm Mercedes cannula. The objective of this technique is to preserve the connective tissue, reducing the chances of residual

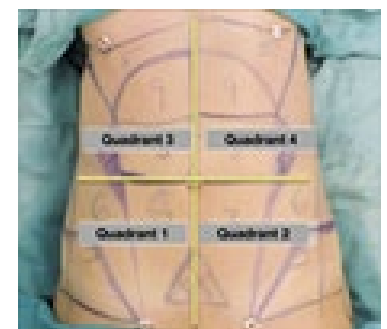


Figure 2. Yellow lines show division of quadrants for infiltration and emulsification. Note the use of skin protection portals to avoid burns in the incisions. The marked triangle is an adhesion zone and must be respected.

flaccidity, seromas, and other complications. We call this concept preservation lipoplasty. Anatomical units are measured at the end of surgery using an adipometer to check for asymmetry on each side (**Figure 3**). Finally, each patient should be classified for a proper definition depending on their muscle development, goals, and fat percentage (**Figures 4 - 5 and 6**).

### POST-OPERATIVE CARE

It is recommended to carry out 10 lymphatic drainage sessions in the first 10 days after surgery and 2-3 sessions per week during the second and third month. The patient can be released for physical activities three weeks after the surgery.

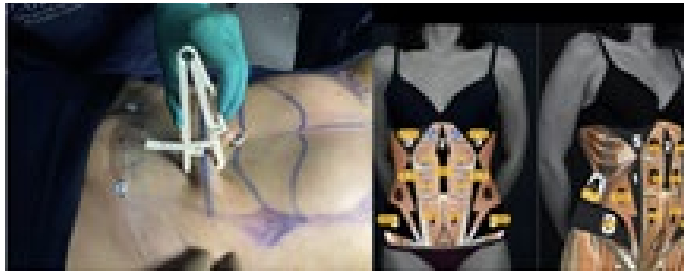


Figure 3 Use of the adipometer during the post operative period (AU 7). The yellow anatomical areas are to be measured post surgery for symmetry.

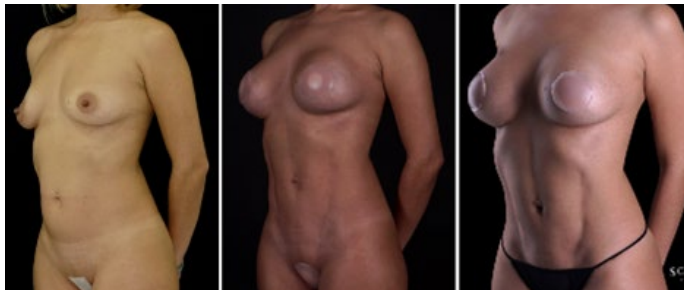


Figure 4. Medium lipodefinition.

### CONCLUSION

This technique is safe, reproducible, and achieves a high level of patient satisfaction with a low incidence of complications and a quick recovery period.

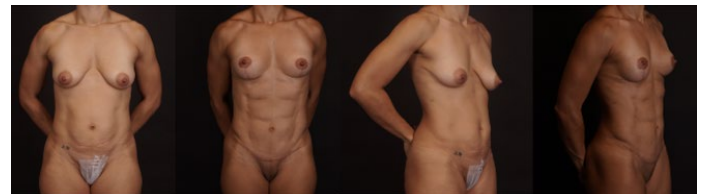


Figure 5. Medium lipodefinition. Green dots show the incisions white arrows show the direction of the cannulas for lipodefinition, and red arrows show areas of retraction that should be avoided.



Figure 6. High lipodefinition/inferior skin resection and breast lift, 6 months post operatively.

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

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# GUEST ARTICLE FROM ISAPS GLOBAL SPONSOR

## Bio | SCIENCE

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### AN ADDITIONAL ALTERNATIVE FOR BUTTOCKS AUGMENTATION TO IMPROVE PATIENT MANAGEMENT: HYALURONIC ACID DERMAL FILLERS



WILDER PÉREZ SOTO - PERU

Autologous fat grafting is the standard technique in the plastic surgery community for buttock augmentation. However, different challenges remain in patient management: the quality of fat recollection can diminish when BMI decreases so that fat cannot be obtained, or the patient may have already done previous fat grafting. Unfortunately, heterologous fat is not an alternative. In this article, I want to share my expertise with the use of hyaluronic acid (HA) dermal fillers as an alternative to fat grafting for buttock augmentation. This experience has been acquired through more than 100 procedures.

The use of HA has grown by 15.7% from 2018 to 2019. More than 4.3 million procedures with HA were performed in 2019 worldwide, making it the second most common non-invasive procedure, after botulinum toxin.<sup>1</sup>

One of the main advantages of performing buttock augmentation with HA is that it is a non-surgical procedure

that lasts 30-45 minutes and does not need an operating room, only an aseptic environment. Also, the patient does not need to be admitted in the clinic and downtime is minimal. Whereas after fat grafting the patient is required to sleep face down for three weeks and to minimize all pressure in the buttocks to avoid resorption, in the case of HA, the patient should sleep in this position for only 3-4 days in order to allow tissue integration and avoid unintended distribution. Scars with HA are even more minimal than the ones with fat grafting.

Anatomy of the gluteal area is also an important factor to consider when offering the patient HA-based dermal fillers or fat grafting. Previously, there was a defined classification system for gluteal evaluation. Dr. Constantino Mendieta classified the buttocks according to four shapes: shape A or pear-shape, shape O or round-shape, shape V or apple-shape, and short-square-shape. Apple- and short-

square-shapes require larger volumes and fat grafting is the best option. However, there are other shapes (pear- and round-shape) in which less injected volume is required and HA is an optimal alternative. I use an average of 4-8 syringes of HA per side. Another important advantage of HA is that it is a stepwise procedure in which you can modulate the injected quantity until the desired outcome is reached.<sup>2</sup>

For buttock augmentation, HA can be used alone as the principal method for patients with low BMI that request a non-surgical procedure, which require low injection volumes. HA can be also used to complement fat grafting to improve the final outcome and patient's satisfaction. Resorption rates after fat grafting are highly unpredictable, from 20 to 90%.<sup>3</sup> In order to correct this resorption, HA can be used for a touch-up to increase patient satisfaction.

Considering HA as an additional alternative has improved patient management, as I can offer each patient the most beneficial alternative for them. At this moment in my clinic, approximately 66% of patients choose to perform buttock augmentation through autologous fat grafting, while 44% prefer undergoing this procedure through HA-dermal fillers, confirming the potential of HA.

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# ISAPS CULTURE



STEVEN COHEN - UNITED STATES

## THE SURGEON AND ARTIST

I was asked to write a little something about a lifestyle, hobby, or other passion, and it seemed like a nice way to talk a bit about my art. As plastic surgeons, we have an abundance of creativity in our field, so I am hardly alone, but here is a bit of my story.

I am a product of the 60's in the US, the time of rock and roll, etc. and have always had a willingness to explore my thoughts and feelings about my life and what it means.

In 1984, I met my wife Sheri and she introduced me to painting and drawing. My mother, Adele, was an artist, but I had never drawn or painted. At the time, we had no money. I was in my second year of a cardiac surgery fellowship at the National Institutes of Health and started painting so we could decorate our little apartment. I started with pencil and charcoals and began with faces. I broke down the shadows and shades of faces in photographs and I drew these individual variations of shapes, putting them together like the pieces of a puzzle and

at the end, there was a face with expression.

My first show was at Dartmouth Medical School, at a place in town called Peter Christian's Tavern. I sold a few pieces, most of which were either oil, acrylic, or watercolor.

In Philadelphia, where I did my plastic surgery residency at the University of Pennsylvania, I painted a lot and found an amazing framer. I continued to paint until 2000. After my mother passed away, I created two more pieces on antique wood doors, which are among my favorites. In Atlanta, I got into my first gallery and it was a good one, the Kiang Gallery. I had a couple of solo and group shows and our deceased colleague



Figure 1. Artwork by Steven Cohen.





Figure 2. Artwork by Steven Cohen.

Mark Codner, who was my resident at the time, came to the shows. I spoke to Mark about his wonderful art, a hobby he adopted and began to excel in, the day before he passed away.

In 2016, after a trip to Paris and the south of France, I became very aware of how art was part of the fabric of French life. Whether it was in food or wine or culture, and certainly in the visual arts, France is a standout. I

was inspired and began to paint again and have not stopped. I have learned that creativity requires an open mind to new ideas, disparate ideas from other disciplines, and observations in nature that might make sense in another application. Imagining something that is currently not in existence is one form of modern art. My work falls under figurative abstract and expressionism (Figures 1-4).

I have evolved a process of using a “Rorschach-like” approach. I place a clear or light wash on the paper or canvas and

begin searching for faces and figures that I see in the shadows, allowing the images to take shape without conscious planning or judgement, but by spontaneous expression. In this way I can create images that express feelings and moods with an openness as a child would paint. I have learned to preserve this element and slip into this mode and paint. At the end of this process the work is often a surprise. It certainly



Figure 3. Artwork by Steven Cohen.

reflects my state of mind and a range of feelings in as pure of a way from the heart as possible. As the great Swiss-German artist Paul Klee said, “Everything vanishes around me, and works are born as if out of a void. Ripe, graphic fruits fall off. My hand becomes the obedient instrument of a remote will.” I understand this statement as if it were my own, because this is how it feels when I paint.

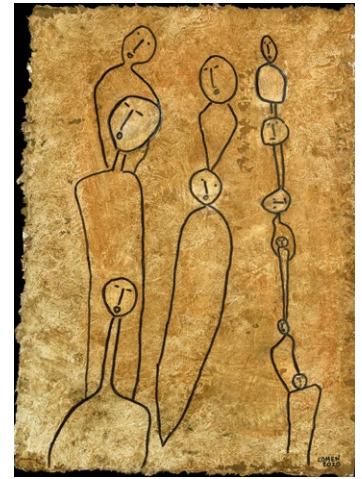


Figure 4. Artwork by Steven Cohen.

What is art? Obviously, art can render what already exists or it can produce something that had not existed in the past. For me, art is my song. It is a voice inside that compels me forward in the only way I know – so I sing these songs and paint these poems. I have no real expectations for my art. It is a way of expressing my deepest and most pure feelings, be they sadness or joy or pure fun. If they touch another person’s heart in a meaningful way, if they generate a smile, a memory, a dream, or maybe a change in perspective, that would be enough!

*Dr. Steven Cohen practices plastic surgery in La Jolla, California. Cohen’s art has been featured in galleries and shows since 1987. He was a longtime artist at the Kiang Gallery in Atlanta, Georgia and for many years, Roche Bobois, in La Jolla, represented his work. He had a solo showing of his art in Paris at the Galerie Beres and in Marseille at the Concept Store in 2016 and 2017. His work is in over 100 collections. Proceeds from his art are donated to charities such as Fresh Start Surgical Gifts and the Few Initiative for Underprivileged Children.*





DARRYL HODGKINSON - AUSTRALIA

# OCEAN YACHT RACING FROM A MEMBER OF THE SAILING PLASTIC SURGEONS

Ocean yacht racing is considered one of the most exhilarating and dangerous sports in the world. Having sailed most of my life, in the mid-1990's I moved from inshore yacht racing to offshore, or ocean, racing. In ocean racing, the races are up to 700 nautical miles, or three or more days and nights at sea of pushing yourself, your crew, and your yacht to their limits (*Figure 1*).



Figure 1. The route of the Sydney Hobart Yacht Race (1946-2021).

Australia, the only island continent, has a tradition of ocean racing in heavy seas. The penultimate race, known as the “Everest” of the sport, is the Sydney Hobart Yacht Race. This 628-nautical-mile race runs south from Sydney across the treacherous Bass Strait to Tasmania and finishes in Hobart (*Figure 1*). Invariably a southern storm front hits the fleet during the 2-5-day event with winds over 40 knots and waves from 5-10 meters. These conditions take a toll on the yachts with dismasting, loss of rudders, torn sails and unfortunately crew injuries and sometimes even death. In 1998, only one-third of the



Figure 2. Aboard the Victoire, winner of the 2013 Sydney Hobart Yacht Race.

teams completed the race, seven crew members died, and 50 had to be rescued.

In Australia, the nation stops at 1:00 pm every year on December 26<sup>th</sup> to witness the spectacular start of the race, which attracts more than 120 competitors from around the world. As the owner and skipper of the 2013 overall race winner, Victoire, a Cookson 50 canting keel sloop, and as a several-time division winner, I can attest to the rigors of the sport, both physical and mental (*Figures 2, 3*).

Preparation for such an event requires almost a year. I am fortunate to have a talented crew who have sailed with me

for decades and who are actively involved in the advance planning. Strict safety checks are carried out and the crew must hold a Survival at Sea certificate. The yachts are tested in a lead-up series of six races prior to the event and countless hours are spent with the skipper, tactician and navigator studying weather forecasts, tides, and historical

data. Of course, preparation and training aside, luck does play a role: running gear may break, crew members may get sick, sails may tear and instruments may fail but the race goes on. There is little in life that can equal the excitement and terror that are associated with this type of race.

In 2012, a group of likeminded plastic surgeons formed a group called The Sailing Plastic Surgeons (**Figure 4**). This group has sailed together in regattas in Brazil,



Figure 3. Hodgkinson and his wife with the Rolex Sydney Hobart 2013 trophy. Family support is an integral component for success in this sport.



Figure 4. Hodgkinson proudly flies the SPS (Sailing Plastic Surgeons) burgee.

France and Australia, and are planning to reunite in Tahiti once travel restrictions are lifted. The camaraderie of sailing with fellow plastic surgeons is an added bonus at any regatta.



HISHAM EL MINAWI - EGYPT

# SEARCHING OF ROOTS IN ALBANIA

Ever since I was five years old, my grandmother would tell me the story of how her father, Baba Haroun, the Grand Mufti of Albania, escaped war and torture. In 1914, he left



Figure 1. The old bridge in Tatzat.

Albania with his family and escaped to Italy, and from Italy to Egypt, where we now live. My grandmother remembered how when they left their village, Tatzat, in southern Albania, her father buried their valuable belongings, including silver and gold, in the garden of their house. Her dream was to one day go back to Albania.

In 1991, after the fall of communism, my grandmother's cousin, now 83 years old, arrived in Egypt with her daughter and granddaughter after 45 years of being stuck in Albania. She suffered from cataracts and had been blind for almost 30 years, but was able to get surgery in Egypt and see her granddaughter for the first time. She told me that our old village is still there, high up in the mountains, along with the ruins of our house.

I decided to fulfill my grandmother's dream and go to



Figure 2. The remains of Tatzat, as seen from above.

Albania with my children. I contacted my second cousins, whom I had never met. I thought that I would find a poor country, but to my astonishment, I found a very nice country upon arrival in Tirana, the capital of Albania. My cousin

drove me four hours to the south through the beautiful mountains of Albania and onto a bumpy, unpaved road that led to the village of Tatzat (Figure 1). The village was all in ruins: the school, the mosque, the old houses, all as it was in 1914

(Figure 2). There were only 70 people still living there, mostly elderly people, who lived on telling the story of their village.

When I arrived and shared the name of my family, an old woman led me to the grave of my great-grandmother, Aline, which was still standing, and to the spot where our family's house used to be (Figure 3). Unfortunately, I couldn't find my family's treasure. This woman was actually living in the renovated part of my grandmother's uncle's home. He had been killed in 1914 and his name was written on a plaque holding the names of martyrs of the village.

I traveled for 10 days from northern to southern Albania to visit the country's historical sites, the bunkers of the communist party, the museum of spying, and also the southern riviera, which has lovely beaches and caves by the seashore. In the north I sailed between the mountains and lakes – it was heaven on earth (Figure 4). Lastly, I visited the archives, in the search for my family tree. Albania is for sure an underrated gem that everyone should visit.



Figure 3. The center of Tatzat, with El Minawi's great-great-grandfather's house in the background.



Figure 4. Lake Komani in northern Albania.



# ISAPS GOURMET



GIANLUCA CAMPIGLIO - ITALY

## RISOTTO ALLA MILANESE: A DELICIOUS RECIPE FROM MILAN

Tasty and creamy, Risotto alla Milanese is a classic dish of Milanese and Lombard cuisine that is now prepared and highly appreciated throughout Italy as well as abroad.



Figure 1. Milan Cathedral.

was working on the stained glass windows of the Milan Cathedral (**Figure 1**) with his young assistant named Saffron.

The origin of this recipe can be traced to an old manuscript, in which it is told that Valerio di Fiandra, a Flemish painter from Louvain,

A curious nickname, which revealed his peculiar fondness for mixing a bit of saffron with the paint colors in order to make them more brilliant. This technique had never been seen before, and Valerio joked that Saffron would end up putting the spice in his dishes as well. Somewhat as a challenge, somewhat as a joke, Saffron took his words to heart and, on the wedding day of Valerio's daughter in 1574, mixed the colorful spice



Figure 2. Campiglio with his freshly prepared Risotto alla Milanese.

with rice, until then seasoned only with butter. The guests, having never seen anything like this, approached him shyly and then found themselves completely loving the new recipe. Since then, Risotto alla Milanese has become the symbol of Milan, appreciated first in the city and shortly, throughout Italy (Figure 2).

Why not try this authentic Italian dish at home?

**Ingredients** (serves 4)

Rice 300g

Beef marrow 20g

Butter 100g

Beef broth 1 L

Saffron 2 bags

Onion 1

Grated cheese to taste

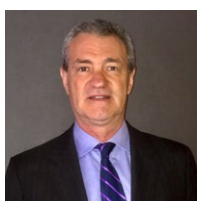
**Instructions**

Crumble the marrow and fry in a saucepan with half of the butter. When the marrow has melted, add the finely minced onion and cook for at least 15 minutes. Add the rice to the saucepan and, stirring constantly, let it combine with the flavors of the onion for a few minutes. When it becomes very shiny, add a ladle of boiling broth. Cook the rice and add the saffron: raise the heat, stirring often and adding broth to the rice until it is cooked. A couple of minutes before taking it off the heat, add the saffron diluted with half a ladle of broth. Once cooked, remove the risotto from the heat and add the remaining butter and the grated cheese.

If you prepare enough risotto to have leftovers, the next day you can use it to prepare another Milanese specialty: Riso al Salto!



# ISAPS TRAVEL



**GUSTAVO ABRILE - ARGENTINA**  
ISAPS National Secretary

## MOCONA FALLS, UNIQUE IN THE WORLD

Iguazu Falls may be the most popular waterfall in Argentina, but Mocona Falls takes the crown for the most unique. Remarkably, the falls at Mocona do not follow the normal downward and forward trajectory that most waterfalls do. Instead, the falls run along the length of the river with water spilling off the side into a gorge. At 3 km long, Mocona is perhaps the only waterfall in the world to run parallel to the river rather than perpendicular.



Figure 1. Map of Mocona Falls.

Also known as Yucumã Falls, Mocona Falls is located in the Uruguay river, in the Argentinian province of Misiones, 337 km from the city of Posadas and 322 km from Iguazu Falls (**Figure 1**). Since the Uruguay river acts as a natural border between Argentina and Brazil, this unique geological feature

is shared by both countries (Figures 2, 3). Mocona means “to swallow everything” in the Guarani language and is used mostly in Argentina, while Yucumã means “the big fall” and is popular in Brazil.



Figure 2. View of Mocona Falls from the Brazilian side, looking at the Argentinian side.

Another unusual feature of the Uruguay River is the presence of a submerged canyon or trench at the bottom of the river channel, which is believed to have formed during the Ice Age. This canyon is up to 100 m deep and about 15-30% of the width of the river, and is only visible in two places, one of which is the Mocona Falls.

The falls themselves are not visible for 150 days each year



*Figure 3. View of the falls showing the Brazilian side on the left and the Argentinian on the right, with Yaboti Jungle in view.*

when the river is full. During this period, the falls become more like rapids. When the water level lowers and falls below the edge of the canyon, it starts spilling into the now exposed canyon, and the Moconá Falls is formed. Depending on the volume of the water dragged by the Uruguay River, the height of the falls varies from five to seven meters. The width of the waterfalls also depends on water volumen, ranging between 1,800 and 3,000 m wide.

When visiting Argentina, Moconá Falls is one sight that you do not want to miss!



MYRIAN DE ROSA - ARGENTINA

# THE WONDERS OF PATAGONIA

In the Ring of Fire located in the Pacific Ocean, there is a cord of volcanoes located in the Patagonian Andes (**Figure 1**). Located in this region of forests and steppes among the high Andes mountains, is the imposing Lanin volcano, a majestic mountain of eternal snow.

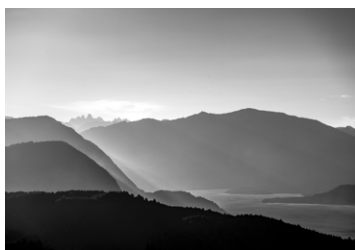


Figure 1. The Andes in Patagonia.

The volcano's name in the Mapuche language is Pillañzegüñ, which essentially means dead rock (**Figure 2**). Lanin is the symbol for the province of Neuquen: its image forms the main part of the provincial coat of arms and the volcano is featured in the region's hymn. Culturally, Lanin is seen as an emblem that the Mapuche communities identify with. For the Mapuche, the volcano is a sacred site. According to legend, a young girl was sacrificed, and upon finding peace, she was transformed into a volcano. Her passionate fire is hidden underneath a white cloak of snow.

Lanin was discovered by the explorer Basilio Villarino in 1782. Its shape is the typical volcanic cone, and its summit is covered by a glacier more than eight meters thick. There is no evidence of a main crater. The forest surrounding the volcano is named after it, and contains beautiful lakes and mountains that can be seen from the volcano's summit of

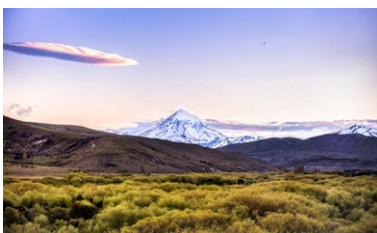


Figure 2. View of Lanin Volcano.

3,776 meters above sea level (**Figure 3**), as well as the coniferous Araucarias trees that are representative of our region. Here you can also find another emblem of the region: the elegant condor, which reaches a wingspan of three meters (**Figure 4**).



Figure 3. The forest around Lanin Volcano.

In this landscape of the Patagonian mountain range, Lanin is located about 60 km from Junín de los Andes, along the route that leads to the mountain pass known as Tremen o Mamuil Malal. Argentinian Patagonia is located in the extreme south of the South American continent, and covers the southernmost provinces of Neuquen, Rio Negro, Chubut, Santa Cruz, and Tierra del Fuego, as well as Antarctic islands, each of which has its own unique characteristics that differentiate it from the other regions.



Figure 4. A condor in Patagonia.





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RICARDO VENTURA - BRAZIL

## THE IMPORTANCE OF HANDS-ON TRAINING FOR PLASTIC SURGEONS

With the desire to carry out my residency in plastic surgery in a service of excellence, I was lucky enough to be admitted into the service of Professor Ivo Pitanguy. After completing my residency and becoming a plastic surgeon, I discovered that one of my passions was teaching the specialty, especially training up-and-coming surgeons on lipodefinition.

Performing plastic surgery in my hometown of Santo Domingo, Dominican Republic, gathering important knowledge about the new generation of liposuction, and having the honor of being invited as a spokesperson to important plastic surgery events, inspired me to transmit the knowledge that I had learned and developed in the area of lipodefinition.

It was then, in 2018, when fate once again gave me a gift. I was able to meet with Dr. Osvaldo Saldanha and Dr. Benjamin Gomes to create the Body Sculpting Project to promote teaching and improvement in lipodefinition through “hands-

on” courses for small groups of six to eight plastic surgeons. Subsequently, we were able to complement the doctors’ first contact with this revolutionary procedure, during the event that we hold annually in October in São Paulo, Brazil – Worldwide Live Surgery (WOLS).

Today, I feel very gratified and happy to contribute and help in the training of plastic surgeons seeking to qualify in this exciting, revolutionary, and artistic modality of liposuction that reproduces the body’s contour to its fullness. The Body Sculpting Project currently represents a congregation of more than 140 surgeons throughout Brazil and other countries, involved in the best way to achieve complete safety and the greatest results for plastic surgery patients!

# ISAPS Welcomes New Members

## June 2021 - August 2021

You can find all degrees of the new members in the membership directory at: <https://www.isaps.org/member-directory>

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# MEETINGS CALENDAR



Master Class Webinar Series 2021  
Topics: Monthly topics in Aesthetic Plastic Surgery  
Link to register:  
[www.isaps.org/master-class-webinar-series-2021](http://www.isaps.org/master-class-webinar-series-2021)

## 33RD ANNUAL CONGRESS OF SOFCEP

Dates: September 17-19, 2021  
Location: Les Sables d'Olonne, France  
Venue: Centre de Congres des Atlantes  
Contact: SOFCEP  
Tel: +33(0)53 431 0134  
Email: [sofcep@vous-et-nous.com](mailto:sofcep@vous-et-nous.com)  
Website: [www.chirurgiens-esthetiques-plasticiens.com](http://www.chirurgiens-esthetiques-plasticiens.com)

## ISAPS ENDORSED – 8<sup>TH</sup> LIVE SURGERY COURSE

Dates: September 23-25, 2021  
**POSTPONED – NEW DATES COMING SOON!**  
Location: Marbella, SPAIN  
Venue: Hotel Barcelo Marbella  
Contact: Carolina Lerussi  
Tel: +34 952 77 53 46  
Email: [carolina@cirumed.es](mailto:carolina@cirumed.es)  
Website: [livesurgery.cirumed.es](http://livesurgery.cirumed.es)

## ISAPS ENDORSED – AESTHETICSTANBUL, INTERNATIONAL AESTHETICS LIVE SURGERY SYMPOSIUM

Dates: September 24 – 26, 2021  
Location: Istanbul, TURKEY & Virtually  
Venue: Fairmont Hotel  
Contact: Begum Yilmaz  
Tel: +90 549 365 23 13  
Email: [begum@doctoracademy.com](mailto:begum@doctoracademy.com)  
Website: <https://aestheticistanbul.com/aestheticistanbul-2021/>

## ISAPS ENDORSED – ADVANCED TECHNIQUES IN FACIAL REJUVENATION: MASTERY OF THE SUB SMAS AND DEEP NECK LIFT

### Advanced Techniques in Facial Rejuvenation: Mastery of the Sub SMAS and Deep Neck Lift

Dates: September 25-27, 2021  
Location: Saint Louis, MO, USA  
Venue: PASE Learning Center  
Contact: Karen Erwin  
Tel: +1-314-977-7400  
Email: [Karen.erwin@health.slu.edu](mailto:Karen.erwin@health.slu.edu)  
Website: [slu.edu/medicine/pase](http://slu.edu/medicine/pase)

## ISAPS F.A.S.T. PROGRAM - MOSCOW - PART 2

Dates: September 25, 2021  
Location: Moscow, RUSSIAN FEDERATION  
Venue: VIRTUAL  
Topic: Body Surgery: Advanced Level – Complications – Part 2 of 3  
Contact: Anna Pimenova  
Email: [orgcom@isapsfast.ru](mailto:orgcom@isapsfast.ru)  
Website: [www.isapsfast.ru](http://www.isapsfast.ru)  
Registration (English Version): [REGISTER HERE](#)

## WEBINAR – AESTHETIC ASPECTS OF BREAST RECONSTRUCTION

Dates: Saturday, October 9, 2021  
Time: 13:00 UTC  
Topic: Aesthetic Aspects of Breast Reconstruction  
Speakers: Gregory Evans, MD, FACS & Eric Santamaria, MD  
Moderator: Moustapha Hamdi, MD, PhD

## ISAPS ENDORSED - 4TH NORWEGIAN-AMERICAN AESTHETIC MEETING AND ISAPS SYMPOSIUM (NAAM4)

Dates: October 29, 2021  
Location: Oslo, NORWAY  
Venue: Oslo Military Society  
Contact: Kaisa Filtvedt  
Email: [oslomeeting@naam.no](mailto:oslomeeting@naam.no)  
Website: <https://www.naam.no>

## ISAPS ENDORSED – ADVANCED AESTHETIC BLEPHAROPLASTY, FACIAL REJUVENATION AND CONTOURING 2021

Dates: October 29 – 31, 2021  
Location: St. Petersburg, RUSSIA & Virtually  
Venue: Vvedensky Hotel  
Contact: Vitaly Zholtikov  
Tel: +7921303 52 69  
Email: [mailto:mk@aasurgery.ru](mailto:mailto:mk@aasurgery.ru)  
Website: <http://www.aasurgery.ru>

**ISAPS COURSE – HUNGARY**

Dates: November 4-6, 2021  
Location: Debrecen, HUNGARY  
Venue: Kölcsey Convention Center Debrecen  
Contact: Dr. Csaba Molnár  
Tel: (+36 1) 299 0184  
Email: [convention@convention.hu](mailto:convention@convention.hu)  
Website: [www.isaps-debrecen2020.hu](http://www.isaps-debrecen2020.hu)

**ISAPS ENDORSED – DEFINING THE MALE THORAX**

Dates: November 13, 2021  
Location: Online – Video Course  
Contact: Adriana Pozzi, MD  
Tel: +39 0545 42246  
Email: [mailto:info@adrianapozzi.com](mailto:mailto:info@adrianapozzi.com)  
Website: <https://olympshub.io/defining-the-male-thorax>

**ISAPS ENDORSED – BARCELONA RHINOPLASTY 2ND COURSE**

Dates: November 17-20, 2021  
Location: Barcelona, Spain  
Venue: Centro Medico Teknon  
Contact: Silvia Vila  
Tel: +34 933 933 128  
Email: [svila@vilarovira.com](mailto:svila@vilarovira.com)

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

**ISAPS F.A.S.T. PROGRAM – MOSCOW – PART 3**

Dates: November 27, 2021  
Location: Moscow, RUSSIAN FEDERATION  
Venue: VIRTUAL  
Topic: Facial Surgery: Advanced Level – Complications – Part 3 of 3  
Contact: Anna Pimenova  
Email: [orgcom@isapsfast.ru](mailto:orgcom@isapsfast.ru)  
Website: [www.isapsfast.ru](http://www.isapsfast.ru)  
Registration (English Version): [REGISTER HERE](#)

**ISAPS ENDORSED – 56TH BAKER GORDON EDUCATIONAL SYMPOSIUM**

Dates: February 10 – 12, 2022  
Location: Miami, FL, USA  
Venue: Hyatt Regency Hotel  
Contact: Mary Felpeto  
Tel: 1-305-854-8828  
Fax: 1-305-854-3425  
Email: [maryfelpeto@bellsouth.net](mailto:maryfelpeto@bellsouth.net)  
Website: [www.bakergordonsymposium.com](http://www.bakergordonsymposium.com)



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