

VOLUME 11, NO. 3

# ISAPNEWS

OFFICIAL NEWSLETTER OF THE INTERNATIONAL  
SOCIETY OF AESTHETIC PLASTIC SURGERY





## MESSAGE FROM THE EDITOR

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#### EXECUTIVE DIRECTOR

Catherine Foss  
Hanover, New Hampshire, US  
[isaps@isaps.org](mailto:isaps@isaps.org)

Welcome to this issue of *ISAPS News*. We are pleased to feature the new ISAPS logo on the cover. This new design, spearheaded by Julie Guest, ISAPS Chief Marking Officer and her team, is the culmination of the Board's rebranding campaign and was selected by the Branding Task Force from over 250 choices. The circle symbolizes ISAPS' commitment to patient safety around the globe, worldwide aesthetic education, and inclusiveness of our members. You will also notice the new branding, including formatting and style, throughout the newsletter.

The robust educational mission of our society is evident throughout this issue of *ISAPS News*. We have messages from the Education Council Chairs, Vakis Kontoes, MD, PhD (Greece) and Ozan Sozer, MD (United States). We include reports on the ISAPS Course in Romania, the ISAPS Symposium preceding the annual SOFCEP meeting in Marseilles, and the ISAPS Course in Ecuador, plus a report of Ruth Graf's (Brazil) trip to Los Angeles, California as an ISAPS Visiting Professor. Our Global Perspectives Series, a very popular feature for our members, focuses on blepharoplasty and includes technical pearls, observations on practice trends, and other useful perspectives by ISAPS expert member-surgeons. This issue highlights a wonderfully broad range of perspectives on blepharoplasty from around the world.

In this issue, we also have an update from Nina Naidu, MD, FACS, ISAPS National Secretary for the US and Committee Chair for ISAPS Women Plastic Surgeons. Julie Guest brings us a very interesting article on how to market to millennials, which will be highly useful to our practice building. Riccardo Mazzola, MD, our new Associate Editor for the History of Medicine, brings us an incredibly interesting article on The Life and Contributions

of Giacomo Berengario da Carpi (1460 - 1530), a pioneering anatomist and surgeon. Additionally, Tom Davis, MD (United States), ISAPS Historian, presents a fascinating piece on the history of the origin and organization of the ISAPS National Secretaries.

All this and much, much more news about our wonderful international society appears in this issue. We are a little more than a year from our 24th Congress in Miami, Florida, October 31 - November 4, 2018. Please make sure to block your schedule and join us for this tremendous global educational event.

We hope you enjoy this issue of *ISAPS News*!  
Warm regards,

J. Peter Rubin, MD, FACS  
Editor-in-Chief

### CONTENTS

Message from the Editor	2
Message from the President	3
Where in the World?	4
Global Alliance Spotlight	6
Education Council Report	8
ISAPS Course Reports	9
Patient Safety	14
National Secretaries Report	15
Journal Update	16
Marketing	17
Global Perspectives	19
Committee Reports	31
Humanitarian Activities	33
History	35
New Members	38
Meetings Calendar	39



## MESSAGE FROM THE PRESIDENT

Dear Colleagues and Friends,

Many of your leaders and I have just returned from a great trip to the United Kingdom and Norway. First, we attended the ISAPS Board of Directors meeting in London followed by the ASAPS Cruise where ISAPS had a very strong presence with many speakers on the scientific program. Another "first" for the unprecedented positive relationship between the two societies.

Here are some of the most exciting activities and updates in the last three months:

### THE ISAPS BOARD OF DIRECTORS

This was the largest Board Meeting we have had in recent years and included all Board members, several committee chairs, staff and guests. The agenda was quite full and covered the entire day.

### AESTHETIC EDUCATION WORLDWIDE®

Our official mark, Aesthetic Education Worldwide® has been registered in the US Patent and Trademark Office, a process that has taken our Executive Director and various attorneys three years to accomplish. Any use of this mark must include the statutory symbol with the words, and no one else is permitted to use this term. ISAPS has been using it to represent the efforts of our Education Council since 2008.

### PATIENT SAFETY FIRST

ISAPS' primary missions are Aesthetic Education and Patient Safety. I am delighted to confirm that your Board of Directors has unanimously approved the creation of the ISAPS Global Accreditation Task Force co-chaired by Dr. Ozan Sozer (USA) and Dr. Ivar van Heijningen (Belgium). Our goal is to establish basic safety guidelines that can easily be implemented by all ISAPS members throughout the world. To better understand this complex and critical issue, we first surveyed our National Secretaries followed by a second survey sent to all members to learn what is happening in our member countries regarding patient safety and surgical facility accreditation. This is a very exciting new initiative. We will keep you updated on how this will strengthen the ISAPS Mission of Patient Safety Worldwide.

### CYBERSECURITY WEBINAR

The first ISAPS Webinar on Cyber Security was attended by many members and their staff. Much important information was shared by the experts about this very critical matter. If you were busy and could not participate go to <https://vimeo.com/229160463/Odbf5b2faa> and watch it. Make sure your staff does the same. It could save your practice from being hacked

### THE GLOBAL PARTNERSHIP PROGRAM

It gives me great pleasure to announce that Merz has expanded their level of support and now joins Polytech as a Platinum member of the ISAPS Global Sponsorship Program. This means even more learning and development

opportunities for our members and an increased level of support for our many patient safety initiatives and new membership innovations that we will be rolling out in the next 6-12 months.

I'm also pleased to announce that the Polytech podcast on Breast Augmentation which includes a very interesting discussion I had with their CEO, Mr. Wolfgang Steimel, on the topic of ALCL, is now available for download on [iTunes](https://www.apple.com/podcast/).

### GLOBAL AESTHETIC SURVEY

The results of the 6th Annual ISAPS Global Survey are out. Thank you for participating in the world's largest global aesthetic survey. This survey is the single largest public relations initiative we undertake at ISAPS that attracts a global media audience in the thousands. Our PR/Marketing Department and many of your leaders have been quite busy giving interviews and sharing with international media our Global Survey results.

### AESTHETIC PLASTIC SURGERY

We were pleased to see that our journal's impact factor has increased based on citations the journal received in 2016 to articles published in 2014 and 2015. I encourage you to submit a manuscript to your journal. Our editorial board and publisher are doing a great job to continually revise and improve the quality and substance of this important publication to reflect the professionalism of our membership.

### MIAMI BEACH 2018 UPDATE

Our planning for the ISAPS Congress in Miami 2018 is making excellent progress and our Scientific Program is going to print at the end of this month - a full year ahead of when the Congress starts on October 31st. We have assembled an absolutely superb world-class faculty, the largest ever for any ISAPS event! We will open abstract submission in January. Please submit your paper for consideration. If you haven't yet registered to attend Miami 2018 Congress, I would encourage you to do so now to take advantage of the lowest possible registration fees by visiting [www.ISAPSMiami2018.com](http://www.ISAPSMiami2018.com)

Enjoy reading this issue of *ISAPS News* and don't forget to follow us monthly in the ISAPS E-Magazine!

These many accomplishments would not have been possible without the excellent work of your Board of Directors and Committee Chairs and the amazing dedication of our staff. My gratitude to them for the many conference calls late at night and weekends.

As always, I appreciate hearing back from you and learning of your ideas to make ISAPS serve you and your patients even better.

Please email me personally at [rsaltz@saltzplasticsurgery.com](mailto:rsaltz@saltzplasticsurgery.com) or call me at anytime at 801-910-4410 (I am also available at Whats App)

Best regards,

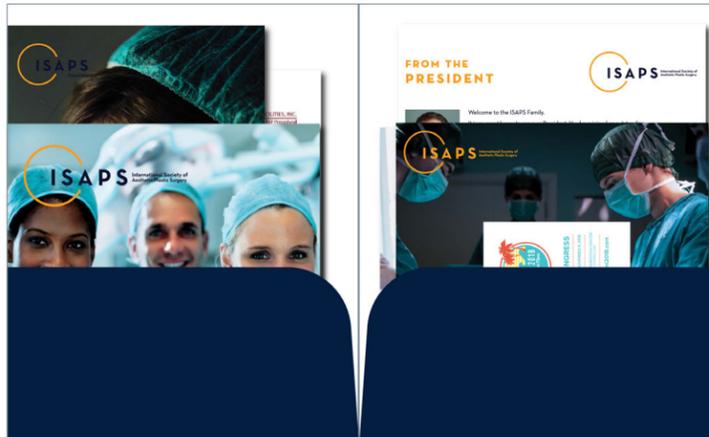
Renato Saltz, MD, FACS  
ISAPS President

## WELCOME TO THE NEW ISAPS!

ISAPS has undergone a transformative change to give our great organization its own facelift after 47 years. The re-branding of ISAPS has been a massive project undertaken by the Board and led by our Chief Marketing Officer to give us a fresh, more modern look and to grow our brand in the Global Media. Since its official launch on July 1st, the feedback has been overwhelmingly positive and ISAPS has been mentioned in more international media and publications than ever before.

In choosing the new logo, the Branding Task Force reviewed over 250 logo variations before agreeing upon this one. The typeface is fresh and modern and the circle has a triple meaning symbolizing ISAPS' global commitment to patient safety, providing Aesthetic Education Worldwide® and representing the inclusiveness and camaraderie of our ISAPS family. This issue of *ISAPS News* commemorates the New ISAPS.

We hope you enjoy it!



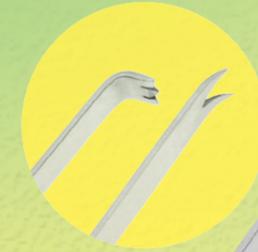
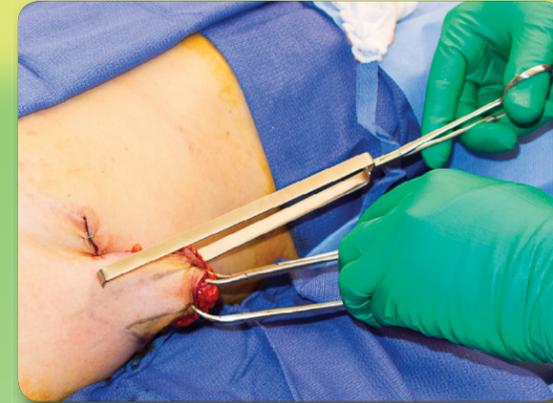
Call to our Members: Please send us photos of yourself in the operating room to be featured on our next issue of *ISAPS News*! To be featured, please send your name, country and photo (must not have any identifying patient information and must be 300 dpi) to [media@isaps.org](mailto:media@isaps.org)

# WHERE IN THE WORLD?



See page 21 for the answer.

# ASSI Deane Body Contouring Forceps



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

**ASSI.ATK394326**  
Deane Body Contouring Forceps  
290mm, overall length

### Features:

- Space at hinge so tissue flaps won't be crimped
- Easily approximate amount of excess tissue to be removed
- Sharp end allows instrument to be used under tension
- Long enough to be useful for a variety of body contouring procedures
- Can be used by both right and left-handed surgeons



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## ESPRS AND THE ISAPS GLOBAL ALLIANCE



**HUSSEIN ABULHASSAN, MD**  
Egypt,  
ISAPS National Secretary  
for Egypt

In 1962, pioneers of plastic surgery in Egypt who were trained in the UK, France, and the United States felt the need to create a society that would help initiate the new specialty of aesthetic, reconstructive and burn surgery in Egypt. This was the beginning of ESPRS which now has 550 active members and about 1,200 associates.

An active member should hold a doctorate degree in plastic surgery or in general surgery with complete training in plastic surgery in a known plastic surgery center.

The ESPRS holds two main meetings, one in the winter in Cairo and another during the summer in Alexandria and many courses and meetings throughout the year which now total about 16-18.

ESPRS has always been cooperating and hosting activities with international societies including the French society that held one of its annual meetings in Sharm El Sheikh in 2005. The Italian society also joined many of our meetings from 2005 until now.

The first ISAPS Course in Cairo was in 1989 followed by the second in Sharm El Sheikh in 2009 while the third course was in Cairo in March 2016. This year, in May, a three-day Course at the Ritz Carlton Cairo attracted more than 600 attendees from Egypt, Sudan, Saudi Arabia, Libya, Morocco, Kenya, Kuwait, Bahrain, UAE and England.

The value of the ESPRS and ISAPS cooperation through the Global Alliance represents a very valuable benefit for our members and 51 ESPRS active members are now also ISAPS members.

ESPRS welcomes all the international and national contributions and affiliations which maintain and strengthen human interactions and scientific exchange to maintain a highly respected level of knowledge and training for its members. We feel that it is the duty of our society to maintain such an interaction through courses, meetings and visits to exchange knowledge in aesthetic surgery and to protect our members especially related to patient safety and doctors' insurance.

ESPRS looks forward to more cooperation and interaction with Egyptian doctors in the coming years.



## ALLIANCE MEMBER – SPOTLIGHT ON CHILE



**MONTSERRAT FONTBONA, MD**  
Chile,  
President - Chilean Society of Plastic  
Reconstructive and Aesthetic Surgery (SCCP)

The Sociedad Chilena de Cirugía Plástica Reconstructiva y Estética (SCCP), Chilean Society of Plastic Reconstructive and Aesthetic Surgery, was founded in November 1941, making it one of the oldest societies of plastic surgery in Latin America. Its founding members were Dr. Rafael Urzúa Casas Cordero, Dr. Emilio Aldunate Phillips, Dr. Jerónimo Marín Gatica, Dr. Alfredo Alcaíno, Dr. Raúl Covarrubias Zenteno and Dr. Rafael Ruiz Fuller.

Dr. Emilio Aldunate Phillips also participated in the creation of the Sociedad de Cirugía Plástica Latinoamericana founded in 1940 and that later on would become the Federación Iberoamericana de Cirugía Plástica (Iberamerican Federation of Plastic Surgery).

In our country, the initial fields of work focused on reconstructive and burns surgery and with time also gave space to aesthetic surgery and its development. The Society was first registered as a legal entity in 1962.

Since its foundation, our Society has gained a solid national and international prestige due to the active participation of our members in scientific and academic activities and publications in diverse fields of plastic surgery. In the 80s, the SCCP initiated the Plastic Surgery Residents Training Program which was maintained for almost a decade. After this period, the Universidad de Chile (University of Chile) and later on the Universidad Católica de Chile (Catholic University of Chile) began directing their own programs, nonetheless preserving the influence of the Society in these programs. Currently, there is active participation by different members of the Society in both.

The Society has 140 members focused on aesthetic and reconstructive surgery. We have our Chilean Plastic Surgery Meeting every two years with the regular participation of international invited faculty. On 31 August through 2 September 2017, we will hold our XV Chilean and International Plastic Surgery Congress, an interdisciplinary Plastic Reconstructive and Aesthetic Congress with twenty international faculty invited and the presence of national faculty in plastic surgery, otorhinolaryngology, dermatology, pediatric plastic surgery and kinesiology.

In 1996, the Society held for the first time an ISAPS Symposium at the skiing center Valle Nevado with approximately 40 attendees. Since 2015, we are part of the ISAPS Global Alliance. In October 2015, immediately preceding the Chilean Plastic Surgery Meeting at the Marbella Resort located on the Central Coast of Chile, we held the Second ISAPS Symposium with recognized plastic surgeons from Turkey, Brazil, Colombia and Mexico. Following this event, in March 2017 we held the Third ISAPS Symposium in Santiago with outstanding invited faculty that included Dr. Dirk Richter, Dr. Lina Triana, Dr. Ricardo Ribeiro and Dr. Fabián Cortiñas with a great number of attendees. The day before the Symposium, Dr. Richter held the first ISAPS Visiting Professor Program in Chile for all the Residents of Plastic Surgery. Both were assessed as a magnificent scientific and social meeting.

Since July 2017, we are proudly affiliated with the ISAPS Journal, *Aesthetic Plastic Surgery*. The ISAPS Global Alliance has given us the opportunity to improve our knowledge in aesthetic plastic surgery, to share experiences with world renowned faculty and also to contribute with scientific publications by our members.

# ISAPS GLOBAL ALLIANCE PARTICIPATING SOCIETIES

1. ARGENTINA - Sociedad Argentina de Cirugia Plastica Estetica y Reparadora (SACPER)
2. AUSTRALIA - Australasian Society of Aesthetic Plastic Surgery (ASAPS)
3. AUSTRIA - Österreichische Gesellschaft für Plastische, Ästhetische und Rekonstruktive Chirurgie (ÖGPÄRC)
4. AZERBAIJAN - Society of Plastic Surgery Azerbaijan (SPSA)
5. BELGIUM - Royal Belgian Society for Plastic Surgery (RBSPS)
6. BOLIVIA - Sociedad Boliviana de Cirugia Plastica Estetica y Reparadora (SBCPER)
7. CANADA - Canadian Society for Aesthetic Plastic Surgery (CSAPS)
8. CHILE - Sociedad Chilena de Cirugía Plástica, Reconstructiva y Estética (SCCPRE)
9. COLOMBIA - Sociedad Colombiana de Cirugía Plástica, Estética y Reconstructiva (SCCP)
10. CZECH REPUBLIC - Czech Society of Plastic Surgery (CSPS)
11. DENMARK - Dansk Selskab for Kosmetisk Plastikkirurgi (DSKP)
12. DOMINICAN REPUBLIC - Sociedad Dominicana de Cirugía Plastica Reconstructiva y Estética (SODOCIPRE)
13. EASAPS - European Association of Societies of Aesthetic Plastic Surgery (EASAPS)
14. EGYPT - Egyptian Society of Plastic and Reconstructive Surgeons (ESPRS)
15. FINLAND - Suomen Esteettiset Plastiikkakirurgit ry. (SEP)
16. FRANCE - Société Française des Chirugiens Esthétiques Plasticiens (SOFCEP)
17. GERMANY - Vereinigung der Deutschen Aesthetisch Plastischen Chirurgen (VDAPC)
18. GREECE - Hellenic Society of Plastic, Reconstructive and Aesthetic Surgery (HESPRAS)
19. INDIA - Indian Association of Aesthetic Plastic Surgeons (IAAPS)
20. IRAN - Iranian Society of Plastic and Aesthetic Surgeons (ISPAS)
21. ISAPS - International Society of Aesthetic Plastic Surgery (ISAPS)
22. ITALY - Associazione Italiana di Chirurgia Plastica Estetica (AICPE)
23. ITALY - Società Italiana di Chirurgia Plastica Ricostruttiva ed Estetica (SICPRE)
24. JAPAN - Japan Society of Aesthetic Plastic Surgery (JSAPS)
25. KOREA - Korean Society of Aesthetic Plastic Surgery (KSAPS)
26. LEBANON - Lebanese Society of Plastic, Reconstructive, and Aesthetic Surgery (LSPRAS)
27. OSAPS - Oriental Society of Aesthetic Plastic Surgery (OSAPS)
28. PANAMA - Asociacion Panameña de Cirugia Plastica, Estetica y Reconstructiva (APCPER)
29. PERU - Sociedad Peruana de Cirugía Plástica (SPCP)
30. PHILIPPINES - Philippine Association of Plastic, Reconstructive and Aesthetic Surgeons (PAPRAS)
31. PORTUGAL - Sociedade Portuguesa de Cirurgia Plástica Reconstructiva e Estética (SPCPRE)
32. ROMANIA - Romanian Aesthetic Surgery Society (RASS)
33. RUSSIA - Northeastern Society of Plastic and Reconstructive Surgeons (NESPRS)
34. SERBIA - Serbian Society of Aesthetic Surgeons (SRBSAS)
35. SERBIA - Serbian Society of Plastic, Reconstructive, and Aesthetic Surgery (SRBPRAS)
36. SINGAPORE - Singapore Association of Plastic Surgeons (SAPS)
37. SPAIN - Asociación Española de Cirugía Estética Plástica (AECEP)
38. SPAIN - Sociedad Española de Cirugía Plástica Reparadora y Estética (SECPRE)
39. SOUTH AFRICA - Association of Plastic, Reconstructive and Aesthetic Surgeons of Southern Africa (APRASSA)
40. SWEDEN - Svensk Förening för Estetisk Plastikkirurgi (SFEP)
41. SWITZERLAND - Schweizerische Gesellschaft für Aesthetische Chirurgie (SGAC)
42. THAILAND - Society of Aesthetic Plastic Surgeons of Thailand (THSAPS)
43. TURKEY - Turkish Society of Aesthetic Plastic Surgery (TSAPS)
44. UNITED KINGDOM - British Association of Aesthetic Plastic Surgeons (BAAPS)
45. UNITED KINGDOM - United Kingdom Association of Aesthetic Plastic Surgeons (UKAAPS)
46. UNITED STATES - American Society for Aesthetic Plastic Surgery, Inc. (ASAPS)
47. VENEZUELA - Sociedad Venezolana de Cirugía Plástica, Reconstructiva, Estética y Maxilofacial (SVCPPRE)

## MESSAGE FROM THE EDUCATION COUNCIL CHAIRS



**VAKIS KONTOES, MD, PHD**  
Greece,  
Chair, ISAPS Education Council

Dear ISAPS members,

The EC is really working hard in organizing educational events around the globe and we are sure that you have been following the developments from the event reports published in our *ISAPS News* editions. For upcoming events, you can find detailed information in our calendar of events which you can find in our web site. However, we are more than happy to share with you the recent updates per region in view of promoting our main ISAPS mission: Aesthetic Education Worldwide.

North America: A half-day ISAPS/ASAPS symposium on Buttock Contouring the day before the Annual ASAPS meeting in San Diego in April, 2017 was organized and presented with great success and great attendance.

The Aesthetic Cruise this year was for the first time an ASAPS/ISAPS collaboration. It took place from 21 July to 1st August 2017 and included a dynamic education program. The cruise included visits in Scotland and Norway and was an excellent event both from social and scientific perspectives. The wonderful nature and scenery of the places we visited were complimented with shore excursions of unparalleled beauty. The ship, "Marina" of Oceania Cruises offered extremely high-class service at all times and the scientific program on the dates we were at sea brought together great panels with speakers from ASAPS and ISAPS, discussions, complications forums and lectures on every topic of aesthetic surgery. ISAPS Faculty included our board members Drs. Renato Saltz, Grant Stevens, Gianluca Campiglio, Ozan Sozer, Vakis Kontoes, Peter Scott, Arturo Ramirez-Montanana. President Renato Saltz and the Board members had many discussions on the possibility of a joint ASAPS/ISAPS cruise in 2019 and we believe that this is going to be another great achievement which will strengthen the bonds between the two societies. We will keep our members informed about the developments.

After communication with Dr. Eric Bensimon, the President of the Canadian Society of Aesthetic Plastic Surgery (CSAPS), we are very excited to organize the first ISAPS Symposium in Canada in collaboration with CSAPS on October 12, 2017, the day before the CSAPS Annual Meeting. The symposium will include a half day on rhinoplasty and a half day on facial aesthetics and fillers.

South America: ISAPS Courses in Santiago, Chile; La Plata, Argentina; and Guayaquil, Ecuador; took place with great success.

Argentinean National Secretary and EC Regional Representative for South America, Fabian Cortiñas, is working with us and has finalized the oculoplastic and periorbital aesthetic rejuvenation course in Patagonia, Argentina at the end of the year with the dates confirmed for 4-5 December 2017.

Asia Pacific: We are excited to have finalized the first ISAPS Course in China in collaboration with the Chinese Society of Plastic Surgery on September 14-15, 2017. Dr. Lee Pu, EC Regional Representative for Asia, has been instrumental and very helpful in working with us to organize this important event in China.

A Symposium will be held in conjunction with the Korean Society of Aesthetic Plastic Surgery (KSAPS) annual meeting on 7th April 2018.



**OZAN SOZER, MD**  
United States,  
ISAPS Education  
Council Vice-Chair

Europe: The now annual ISAPS Symposium preceding the SOFCEP meeting was held in Marseille, France in June with great success.

On 23-25th June 2017, the ISAPS Course in Romania was organized in collaboration with the Romanian Association of Aesthetic Surgery with excellent attendance and a great scientific program.

Later this year, an ISAPS Symposium is scheduled in Lisbon on 28-29 September, preceding the Portuguese Plastic Surgery Society meeting.

For the first time, we will have a Symposium in the UK in collaboration with BAAPS on the 7th of October 2017.

On March 9-10, 2018, an ISAPS Course on Patient Safety and complications in Aesthetic Surgery is organized in Barcelona, Spain in collaboration with AECEP and SECPRE the two Global Alliance Member Societies in Spain.

Middle East: On 4-6 May 2017 a very successful ISAPS Course was organized in Cairo, Egypt in collaboration with the Egyptian Plastic Surgery Society with a very large attendance and great scientific and social program.

Two ISAPS courses will be held in September and October in Beirut, Lebanon and Amman, Jordan.

Africa: The well-established South African, Cape Town ISAPS Course will take place next year in March 23-25, 2018. The faculty has been finalized and the scientific program will soon be announced.

We are very happy to announce that we have an increased demand for educational events from our members worldwide and we are convinced that the 2016-2018 EC term will conclude with a record in the numbers of events for the last 10 years. More than 15 new applications for Courses and Symposia from many different regions around the globe are being considered and evaluated by the EC for approval, depending on the period required in order to avoid overlaps and adjacent dates in the same regions. Our target is to satisfy all applications working in close collaboration with our regional representatives and Local Organizers in view of offering high standard organization and education.

Many more ideas and plans are in process and development within the EC and the Board of Directors aiming at providing new and technologically more versatile education perspectives for our members. We will soon have more details and information.

Finally, the EC has set up a new reimbursement policy for the ISAPS educational events to be organized worldwide that was unanimously approved during the recent Board meeting in London on the 20th of July, 2017. This policy will be uploaded to our web site, aiming at fair and efficient handling of the events themselves, more benefits for the Local Organizers and appreciation of the travelling faculty.

The EC is open to any ideas, discussions and proposals from our members and we encourage you all to contact us whenever needed about any issue regarding education worldwide. You, our members, are the most efficient "weapon" to achieve our exceptional targets.

Thank you all for your support to our mission.

## REPORT OF ISAPS TEACHING COURSE ROMANIA – JUNE 2017



**ROMANIAN AESTHETIC SURGERY SOCIETY**

The Romanian Aesthetic Surgery Society (RASS), a proud member of the ISAPS Global Alliance represented by the President, Dr. Dana Mihaela Jianu, and the ISAPS Education Council represented by its Chair, Dr. Paraskevas Kontoes, organized the ISAPS Teaching Course: Excellence in Aesthetic Plastic Surgery accredited for 12 European EMC, in Poiana Brasov, Alpin Hotel, Romania on June 23-24. The Course Directors were Prof. Apostolos Mandrekas of Greece and Dr. Dana Jianu. The Local Arrangements Chair was Dr. Carmen Giuglea – the next RASS President. The Course was preceded by the RASS National Conference with International participation on June 22nd and the Residents in Plastic Surgery Summer School on June 21st.

Together with Prof. Apostolos Mandrekas, the Romanian Organizing Committee did their best to carefully prepare an attractive, high-profile program, both scientifically and socially. This event succeeded to be a great learning and sharing experience in a collegial spirit of respect, appreciation, friendship and a warm atmosphere.

For the ISAPS Teaching Course, prestigious international lecturers were invited as guests of RASS from Europe, Asia and the American continent and gave comprehensive talks on face, breast, body contouring, rhinoplasty, aesthetic plastic surgery, fat lasers and regenerative plastic surgery. They included: Drs. Foad Nahai (USA), Past President of ISAPS; Ruth Graf (Brazil); Violeta Skorobac Asanin (Serbia), President of Serbian Society of Aesthetic Surgery; Giovanni Botti (Italy); Paraskevas Kontoes (Greece); Apostolos Mandrekas (Greece); Carlos Roxo (Brazil); Jamal Jomah (Saudi Arabia); Gaith Shubailat (Jordan); Gianluca Campiglio (Italy); Patricio Centurion (Peru); Bryan Toth (USA); Ivar van Heijningen (Belgium) as well as Romanian lecturers and moderators:



An important moment was the ISAPS Course Opening Ceremony with the special messages of ISAPS representatives: President Dr. Renato Saltz (video), National Secretary for Romania Dr. Dana Jianu, Course Director Dr. Apostolos Mandrekas, Education Council Chair Dr. Paraskevas Kontoes, National Secretary for Belgium, Dr. Ivar van Heijningen and Secretary Dr. Gianluca Campiglio, highlighting the importance and benefits of membership in ISAPS, the greatest international society in the field, and offering an invitation to our next congress in Miami Beach in 2018. Romanian ISAPS activity was also presented.



All the presentations were a great success, including the Master Classes:

- Dr. Giovanni Botti** – *My face lifting approach after 30 years of experience*
- Drs. Paraskevas Kontoes and Apostolos Mandrekas** – *Lasers vs peels*
- Dr. Foad Nahai** – *Facial Aesthetics*
- Dr. Ruth Graf** – *How I treat complications*
- Dr. Carlos Roxo** – *Post Bariatric Aesthetic Plastic Surgery*
- Dr. Bryan Toth** – *Modern Facelift – High SMAS Facelift with simultaneous lipofilling*

The hosts were delighted to welcome the participants to the Course dinner in "Forest" restaurant in the Alpin Hotel including many memorable moments: official thanks, very emotional for all our ISAPS Faculty who received awards, roses and diplomas for RASS honorary members. We had everything: classical and modern music, good food, dance, summer rain storm, conviviality and joy. The Faculty Dinner was also appreciated as it was held in a pleasant, relaxed atmosphere at "Belvedere" restaurant with a breathtaking view over Brasov City.



# SUMMARY OF ISAPS DAY DURING THE SOFCEP MEETING IN MARSEILLE

The Organizing Committee hope that the guests enjoyed the venue, Poiana Brasov, very close to Brasov - one of the most beautiful cities in Romania, being a picturesque resort as well as an appreciated meeting venue in the heart of the legendary Carpathian Mountains with pure air and beautiful traditions. The Hotel Alpin tried its best to provide all necessary conditions. Hopefully our guests spent some nice summer days in this beautiful mountain area with interesting tourist sites: Peles Castle, Dracula's Castle, the old town with the Black Church of Brasov or some more days in Bucharest.

Special thanks go to our industry partners: Novogold, Liposales, H&M Ltd, Romger Medical, Solartium, Medical Point Distribution, Threepharm/Polytech, BMW, Mesoesthetic, Orthotrend, Fabre, Italtrade, Vector Aesthetic, Allergan, Bustiere Medicale, Rhea Medical, Medical Ortovit, Global Aesthetic, Raiffeisen Bank and the painter Lisandru Neamtu who displayed beautiful creations inspired by feminine beauty.

The vast majority of participants at this event considered this meeting a memorable success. "We enjoyed the Course and noticed the great interest shown by our entire community of plastic surgeons and other specialties, more than two hundred and we were very excited to attend this exceptional event," a participant said.

Finally, this Course was an important RASS-ISAPS partnership achievement and we thank once again all participants for contributing to its success.

We invite you to download pictures from this medical event by clicking on: <http://www.isapscourse.ro/galerie>.



Figure 1 Yves Jallut with Michel Rouif



**RICHARD ABS, MD**  
France,  
SOFCEP President

The first session was dedicated to rhinoplasty, directed by Yves Jallut. The tip of the nose was debated among speakers including Enrico Robotti, Gilbert Aïach, Sebastian Haack, Yann Levet, Yves Jallut and Antoine Lavie.

The rejuvenation session, directed by Alain Fogli, was preceded by a lecture by Sam Hamra who presented during twenty minutes his life experience concerning his technique for facelift.

This session focused on the importance of preoperative evaluation. The numerous parameters such as the shape and position of the eyebrow, the definition of the upper palpebral fold, the lateral canthus, and the palpebral-jugal junction. The superior and inferior blepharoplasty is often coupled with temporal lifting and lipofilling and is more and more indicated for the treatment of the orbito-palpebral ring and sulcus. Composition of static or dynamic canthopexies in some cases can achieve a harmonious and lasting result. Mario Pelle-Ceravollo, Giovanni Botti, Susumu Takayanagi, Alexandre Verpaele, Stéphane de Mortillet, Catherine Bergeret-Galley and Thierry Malet succeeded one another on the stage.

The afternoon was inaugurated by breast surgery, directed by Raphaël Sinna. He had the amusing idea to oppose the opinions of a team of women (Chiara Botti, Nathalie Bricout and Catherine Bruant Rodier) against those of a team of men (Dominique Casanova, Mustapha Hamdi, Raphaël Sinna) on the difficult subject of mammary implants associated with mastopexy. Implications of silicone on capsular contracture were discussed by Bianca Knoll and the ALCL-BIA issue was updated by Jonathan Fernandez.

The next session, dedicated to post-bariatric surgery directed by Jean-François Pascal, is the "trend" topic



Figure 2 - SOFCEP President, Richard Abs



**BERNARD MOLE, MD**  
France,  
ISAPS National Secretary

in the evolution of current plastic surgery. Dr. Pascal was surrounded by guests such as Raphaël Sinna, Bahram Dezfoulian, Marwan Abboud, Philippe Levan and Julien Niddam to enlighten us with reliable and reproductive techniques.

The last and not least session was about regenerative medicine directed by both Guy Magalon and Ali Mojallal. All indications of skin rejuvenation will use our autologous cells to allow us to heal and rejuvenate. Angelo Trivisonno and Norbert Pallua discussed the microinjection of fat; platelet-rich plasma studied by Jérémy Magalon, Régis Roche and Ali Mojallal; Stromal Vascular Fraction by Benoît Chaput; and finally, Nicolas Chami explained the legislation regarding these products. The conclusion reached by Guy Magalon was on the combination of these techniques and especially the need to have a collaboration between clinicians, scientists and industrialists to realize multi-centric protocols in order to validate these new therapeutics.



Figure 3 - One of the lively panels



Figure 4 - Marseilles Harbor

# ISAPS COURSE: CURRENT TRENDS IN AESTHETIC SURGERY



**MARCELLA ELBA YEPEZ INTRIAGO, MD, SSC-PLAST**  
Ecuador,  
ISAPS National Secretary for Ecuador

The third official Ecuadorian ISAPS Course was held in Guayaquil, Ecuador on 14 and 15 July. It was planned and produced by Dr. Ozan Sozer, the Education Council Vice Chair, and me as ISAPS National Secretary for Ecuador in collaboration with the organizing committee that included Dr. Pilar Estrella, Dr. Priscilla Alcocer and Dr. Carlos Márquez.

Ten local speakers participated in the course and six foreigner speakers including Dr. Ozan Sozer (US), Dr. Carlos Roxo (Brazil), Dr. Antonio Graziosi (Brazil), Dr. Abel de la Peña (Mexico), Dr. Giovanni Betti Kraemer (México) and Dr. Germán Vargas (Guatemala).

The main topics were: Aesthetic Plastic Surgery in Post Bariatric Patients, Mammoplasty, Facial and Periorbital Surgery, Rhinoplasty, Body Contouring, Surgical Treatment of Migraine, Non-Surgical Rejuvenation Treatment, and Complications in Plastic Surgery.

The organizing committee worked very well and didn't have trouble during any presentation. All attendees and speakers received a certificate from the organizing committee. Dr. Vakis Kontoes (EC Chair), Dr. Ozan Sozer and I signed the certificates.

The Course was in the Wyndham Hotel located in Ciudad del Rio in Puerto Santa Ana, one of the privileged and most prestigious areas of Guayaquil, located on the boardwalk of our city along the Guayas River, close to "Barrio Las Peñas", the oldest historical and traditional site of our city.

The accommodations, meals, hospitality, Professors' dinner and a post course tour to Guayaquil were also very well organized.

As the Course Co-Director, I would like to express that this course was very successful because the local and foreign speakers gave excellent lectures, and all the attendees were very happy and impressed with all the topics and organization of the 3rd ISAPS International Course.



# VISITING PROFESSOR PROGRAM



**RUTH GRAF, MD**  
Brazil

It was a great honor for me to be invited by Dr. Grant Stevens to be an ISAPS Visiting Professor at the University of Southern California (USC).

We shared two full days with a concentrated scientific program organized by the USC Residents starting with a conference on breast augmentation including primary and secondary procedures. The meeting was held at USC where Dr. Mark Urata, the Chief of the Division of Plastic and Reconstructive Surgery, was present.

The next day, I visited Marina Del Rey Plastic Surgery Clinic where I joined Dr. Stevens and his Fellows in the OR with a high level of discussion about the procedures performed.

That afternoon, the Residents took me to the Fresh Tissue Dissection Lab at the Old General Hospital where the USC Keck School of Medicine has been since 1885 in Los Angeles County together with USC Medical Center, one of the largest academic medical centers in the country. The structure and facilities of the hospital are amazing; they have preserved part of the nice old style with pictures from the 19th century.

The cadaver dissection included forehead endoscopy and breast anatomy showing the Residents the pectoralis fascia. Before the dissection, I presented a lecture about Endobrow and the anatomical structures they would expect to find in the cadaver.

At the end of the day, we joined Dr. Stevens on his boat to enjoy a bay view and finished the day with a wonderful dinner at the Marinas Restaurant.

I would like to congratulate Dr. Renato Saltz for the perfect format for the ISAPS Visiting Professor Program where, not only the residents learn, but also we learn a lot.



# 10-STEP PLAN TO GET YOUR AMBULATORY SURGICAL CENTER CLOSER TO ACCREDITATION



**JAMES FERNAU, MD**  
United States,  
Member, ISAPS Patient  
Safety Committee

How safe are your surgical facility and your routine procedures? Patients are learning to ask if their surgery will be performed in a safe environment. Whether or not the surgical suite you use has been officially designated as “Accredited” by an official entity, here are ten ways to make sure that your surgical surroundings and process are safer for your patients.

1. In the preoperative area, document if there has been any out-of-country travel, especially associated with any illnesses or fevers.
2. Check the Identity of your patient with an assistant against their chart and wrist band and mark the surgical site(s) clearly. Make sure these markings and your surgical plan are consistent with the consent form.
3. Follow through in the operating room with the appropriate patient time-out.\*
4. Make sure your staff makes daily recordings of the room temperature, humidity and air exchange to show ongoing monitoring.
5. Your biohazard container must be clearly indicated as: Biohazardous Regulated Medical Waste.
6. Transportation of surgical instruments should utilize a closed stainless-steel container, preferably on wheels, specifically, transportation from the operating room to the sterilizing area.
7. All tape residue must be removed from structures in the operating room. For example, tape residue is commonly found on IV poles. Additionally, everything must be free of rust. Wheels on stainless-steel carts are frequently cited as being out of compliance as this is a frequently forgotten detail.
8. No alcohol is allowed in the operating room; however, hand cleaning dispensers containing alcohol can be fixed to the wall. Electrical outlets must not be located below the dispenser.
9. Corrugated cardboard is not allowed in the operating room. Supplies that do not have expiration dates on their packaging must be kept in the box with the expiration date and should be located outside of the operating room.
10. When transferring a sedated patient from the operating room table to a gurney, it is necessary to lock both the operating room table and the gurney wheels and to have four people present for the transfer.

\* During a patient timeout, the circulating nurse states the name of the patient and the name of the procedure verifying the site(s) of surgery. The nurse anesthetist confirms the name of the patient and the birth date of the patient and everyone on the operating room team must agree.

General recommendations for ambulatory surgical facilities include ownership by a surgeon who is the equivalent of board-certified in the procedure they perform. The surgeon should have admitting privileges at a nearby hospital including transfer privileges. Generally, the accreditation program addresses the facility layout; patient and personal records; quality assessment and quality improvement plans; and operating room personnel, equipment, operations, management and sanitation. Infection control protocols and surveys are highly recommended.

Once an inspection is complete, the accrediting agency issues accreditation, provisional accreditation or denial of accreditation.

The process can operate on a multi-year cycle. In the intervening time, facility directors should complete a self-evaluation. Failure to do so may void the accreditation.

Each state or country will have their own specific rules and regulations which must be followed. Contacting a builder and or architect familiar with these surgical centers is an essential step in the right direction to becoming accredited.

The process of accreditation can take from three to twelve months depending upon the state or country.



# MESSAGE FROM THE CHAIR OF NATIONAL SECRETARIES



**PETER SCOTT, MD**  
South Africa

Dear Colleagues,

Much has happened since our last communication. Under the guidance of our President, Renato Saltz, the dynamic Board and Julie Guest, a great deal has been done to market ISAPS internationally. In mid-June, we had a very successful conference call where approximately 30 National Secretaries logged in to hear Renato Saltz and Julie Guest present the new branding for our society. By now, all of you would have received the marketing materials and new logo and I encourage you to use this at every opportunity to promote ISAPS. Julie’s team have very thoughtfully provided the artwork for each country. If you have any queries, please contact either Julie or Catherine Foss for clarification.

The 2016 Global Survey results were released at the same time and it is gratifying to see the excellent response from our member countries and the user-friendly way that the team has presented the results. Please take advantage of this data to circulate amongst your colleagues and your local news media. In this way, we can strengthen the footprint of ISAPS around the world.

Recently, we had another exciting initiative where ISAPS was asked to join ASAPS on their cruise to Norway. On the three days while the ship was at sea, we heard many lectures by a number of our ISAPS members across the spectrum of aesthetic procedures.

Once again, I would like to encourage our National Secretaries to attend the 24th Congress of ISAPS, 31 October – 4 November 2018 in Miami Beach, Florida USA. Registration is already open. We had a very successful meeting in Kyoto, Japan and it would be wonderful if we could get as many National Secretaries to attend the 2018 Congress as we did in Kyoto. We will also be electing a new National Secretaries Chair and Assistant Chair and those of you interested should put your names up for nomination by contacting Catherine Foss in our Executive Office.

*Elections have been completed in thirteen countries thus far this year:*

<b>Cyprus</b>	Sophocles Nicolaidis
<b>Dominican Rep</b>	Ricardo Ventura Herrera
<b>Georgia</b>	Alexander Kutubidze
<b>Mexico</b>	Bertha Torres Gomez
	Gustavo Jimenez Munoz Ledo (Assistant NS)
<b>Norway</b>	Amin Kalaaji
<b>Panama</b>	Luis Carlos Moreno
<b>Paraguay</b>	Maria Maciel (NS) – first NS for this country
<b>Slovenia</b>	Tomaz Janezic (NS) – Re-Elected
<b>Spain</b>	Jesus Benito-Ruiz
	Patricia GutierrezOntalvilla (Assistant NS)
<b>USA</b>	Nina Naidu
	Alan Matarasso (Assistant NS)
<b>Uruguay</b>	Oscar Jacobo (NS) – Re-Elected
<b>Venezuela</b>	Gabriel Obayi Tahan (NS) – Re-Elected
<b>Vietnam</b>	Hanh Le (NS) – first NS for this country

We welcome our new National Secretaries and thank their predecessors for their service to our society.

An exciting new initiative is the ISAPS Women Plastic Surgeons group. Women National Secretaries comprise 15% of our special family – about the same ratio as women members in ISAPS. The committee members include Nina Naidu, USA (Chair); Lina Triana, Colombia; Ewa Anna Siolo, South Africa; Violeta Skorobac Asanin, Serbia; Fatema Al Subhi, Saudi Arabia; and Maria Wiedner, Germany. We look forward to this group going from strength to strength in our Society.

# JOURNAL UPDATE: MESSAGE FROM THE EDITOR OF AESTHETIC PLASTIC SURGERY



**BAHMAN GUYURON, MD**  
United States  
Editor-in-Chief

The journal continues to go through transition and I am very pleased with the progress that we have made. The submission numbers have increased, and more importantly, the submissions are more pertinent. We are receiving more articles that are not purely reconstructive in nature.

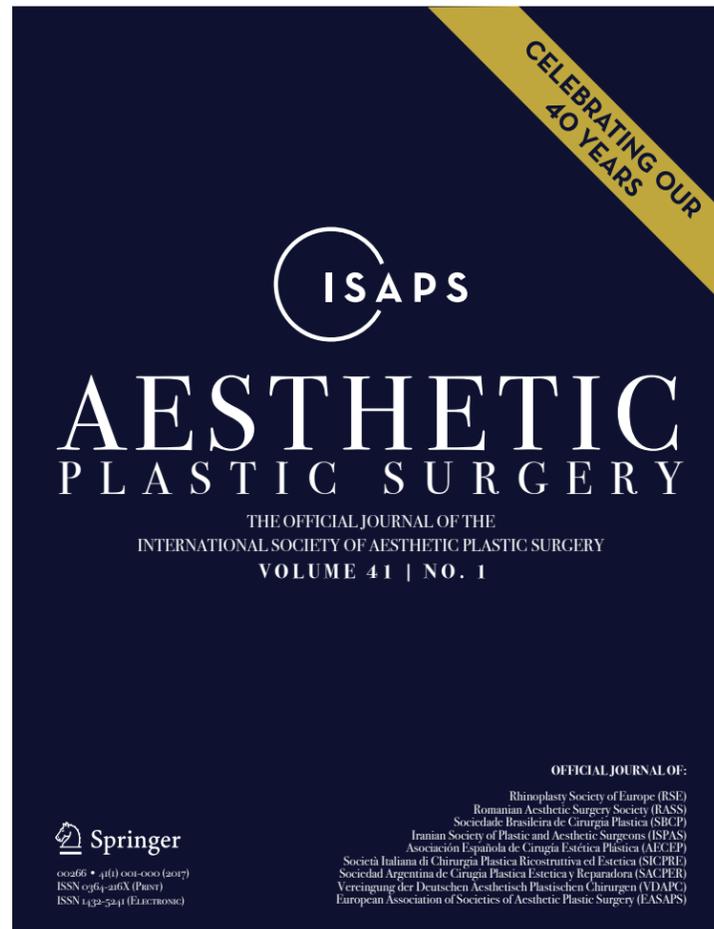
Although the content has improved a great deal, you have my promise that it will continue to improve further. You will notice inclusion of more invited discussions that provide independent, impartial assessments of the articles from experts in the field.

Processing time for articles has also improved tremendously. I have reduced the average time to first decision from 32 to 15 days. This is the time from submission of a new article to completion of the first review and initial decision regarding whether the article is going to be rejected or sent for revision by the author. I have also reduced the average time to acceptance from 90 to 35 days. This is the time from submission to final decision for revised manuscripts. Furthermore, I have reduced the rejection rate by working with the authors to revise those articles that are meritorious, but may not meet the criteria for acceptance for reasons other than scientific value.

If you are interested in reviewing articles for the journal, please let me know your level of experience and area of expertise and what type of article you would like to review, referring to the categories in the journal.

Most importantly, I look forward to receiving your articles. When they are published, they will be read by over 3300 members and will have over 12,000 exposures, according to our most recent statistics.

I am grateful to those of you who support the journal by submitting your aesthetic articles. Together we are on the way to make this journal the greatest source of aesthetic plastic surgery knowledge.



# HOW TO MARKET TO MILLENNIALS



**JULIE GUEST**  
United States,  
ISAPS Chief Marketing Officer

About three months ago I was looking at my news feed on Facebook when suddenly a post popped up that took me greatly by surprise. It was an article that had been written by a newspaper in Southern California about the growing trend for Millennials to ditch convention buying a house and instead are plowing their money and energy into purchasing retired school buses and transforming them into tiny living spaces on wheels. Sure enough, smiling broadly in one of the articles was the younger sister of a friend of mine whose newly transformed bus-home was the focus of the article. Being a graduate of a very prestigious university and coming from a wealthy family, her choosing to live in a cute, converted bus isn't exactly what I would have predicted for her. "It makes me feel good that my carbon-footprint is so much smaller," she exclaimed in the article, "plus this way I get to work and live on the road in comfort."

This tiny home movement, that is taking off all across the globe, is just one example of how Millennials are rewriting the rule book. Actually, they're not rewriting it, they're throwing it out altogether. And why should you even care about what Millennials are up to? Because by 2018 they will outspend the Boomer generation with 3.4 trillion dollars in spending power.

So who exactly are Millennials? By definition, they are young adults aged between 18 and 34 and they are a growing powerhouse in cosmetic surgery as they look to reinvent themselves, prevent aging and spend more money than any other generation on making themselves look good.

So far this all sounds very promising for aesthetic plastic surgeons. But here's the challenge - Millennials are the most diverse, the most demanding, the least forgiving and the most savvy consumer generation - ever. They can't remember a world without the internet or smart phones. By the time they have decided to call your office, they have already done extensive research on you, your team, your clinic, the procedures they're contemplating - and they've done their research with their friends asking for opinions and shared experiences.

So just how exactly can you reach Millennials, win their trust and make your practice their go-to place of choice for their cosmetic enhancement needs? By following these five simple marketing rules. Break these rules at your peril because when you get marketing to millennials wrong - they tell all their friends online and your reputation will suffer for months, even years.

## 1. ROCK YOUR MOBILE MARKETING.

Your mobile website needs to be sleek, modern, fast loading and very easy to navigate. If they have to click more than twice to call your office or send you an instant message, you've already lost them to a competitor. Do not tolerate sloppy graphics that don't fit neatly into the frame of the smartphone. If your mobile website doesn't look enticing and function easily - nothing else matters you've lost them.

## 2. SHARE AUTHENTIC CONTENT ON SOCIAL MEDIA THAT WILL GET THEM TALKING.

The reality is that most Millennials are no longer on Facebook - they're on Instagram, Snapchat and Periscope. And they can see right through those social media posts that your marketing agency creates for you. That won't work for them. They want to establish a genuine connection with you by getting to know who you are and what's important to you. Upload short vacation clips, videos of ISAPS-LEAP mission trips or pro-bono work that you're doing. Show them your practice has heart and cares about others and the community, and don't be afraid to show glimpses of your own humanity. Some of the most successful, most shared postings on social media that we've seen are of a physician hugging a mom of a little girl who just had cleft palate surgery, or a welcome embrace by a 100-pound golden retriever when its owner (a prominent plastic surgeon) came home. Decide what you're comfortable sharing and then share it.

## 3. PROVIDE EXCEPTIONAL SERVICE.

This goes without saying. Millennials are the most demanding of any consumer group and whether you get it right, or wrong, everyone will know about it. Consider adding little touches that will surprise and delight like small free gifts or a bonus treatment. A little touch will go a long way!

## 4. USE PHOTOS OF MILLENNIALS IN YOUR MARKETING THAT ARE TRENDING AND WILL HELP GRAB ATTENTION.

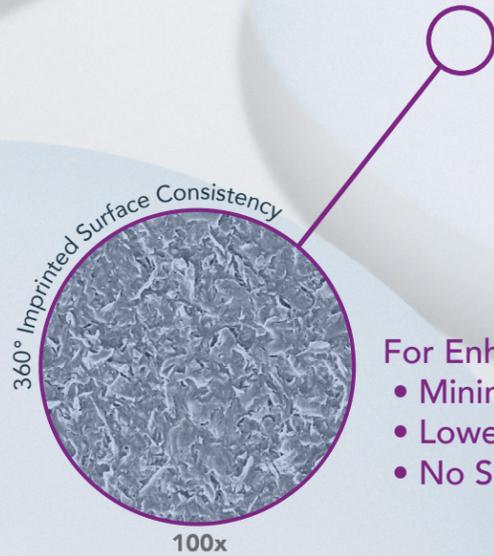
Use photos of Millennials in your marketing that are trending and will help grab attention. For example, right now unicorn hair is very popular. Images of multi-colored hair in pastels with blue, pink, purple and yellow are flooding Instagram. Other Millennial beauty trends on social media are mismatched manicures (manicures with multiple colors), glitter eyebrows (defined and shaped eyebrows are highlighted with a range of glitter colors and shapes), and "Ombre lips." Inspired by the Ombre hair trend, Ombre lips are now a hot beauty trend.

## 5. OFFER REAL SAVINGS AND INCENTIVES, NOT DISCOUNTS ON OVERPRICED SERVICES AND PACKAGES.

The good news is that Millennials aren't necessarily price sensitive - in fact quite the opposite. They are the biggest spenders so far of any generation, but they're also the least trusting which means it is harder to win their business. Be creative with your special offers, be transparent but most of all be genuine.

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\*Through 6 years of a 10-year prospective study  
Motiva Implants® Silicone Breast Implant Summary of Clinical Data: 6-Year Follow-Up. Establishments Labs, March 2017.

## GLOBAL PERSPECTIVES: BLEPHAROPLASTY

*ISAPS News Global Perspectives series features new innovations, practice trends, and observations about a specific area of aesthetic surgery. We are pleased to share these insightful articles about blepharoplasty in this issue.*

# BLEPHAROPLASTY WITH RF IN FINLAND



**ASKO SALMI, MD**  
Finland

Blepharoplasty is the most common plastic surgery procedure in Finland due to the fact that the upper eyelid fold is most often located very low, usually only 5-6 mm from the cilia.

It is interesting that a low fold seems to be a dominant gene in Finland. Although there are no studies on this subject, just a look around in my home country seems to confirm this observation. My wife has a high fold, my fold is a low Finnish type, and all our three children have a low fold like me.



Figure 1- Typical young Finnish anatomy: beautiful upper lid fold creating a beautiful and youthful double arc with the hairline (= parallel lines). Brow is quite low and full. Typically upper eyelid fold is only 5-6 mm from the hairline.

Blepharoplasty must be a precise, fast, easy and safe procedure because of its commonness. It is also essential that the operation is as painless as possible and has minimal complications.

We have used a radiofrequency (RF) knife (or rather needle) for the last 15 years having done over 6,000 blepharoplasties. The operation is always done under local anaesthesia, without pre-medication, and patients are discharged 30-60 minutes after surgery.

Patients are scheduled in the OR every 60 minutes. First we apply EMLA® cream on the upper eyelids for 10 minutes; thereafter, the OR nurse scrubs and covers the face with a single sterile drape.

Sterile ink is used to mark the incision lines; the lower incision line is located in the upper lid fold and the upper margin is marked with the patient's eyes open. Marking is very accurate and convenient with the patient's cooperation.

The upper lid is infiltrated with 4-5 ml 0.5% lidocain with adrenalin. Large volume makes it easier and safer to use RF. The orbicularis muscle is cauterized and treated with RF giving good haemostasis. Heat also shrinks collagen fibers tightening the orbicularis muscle. Medial and nasal fat prolapses are removed if necessary.



Figure 2 & 3 - Even young people can suffer from a sad, depressive look. Before and three months after blepharoplasty.

Skin is closed with intracuticular 6-0 prolene and covered with 5-6 mm broad Micropore® tape. The procedure takes 10-12 minutes per eyelid. Using RF is very convenient. It is like drawing on paper. The lack of resistance makes a big difference to scalpel and to estimate the depth of the incision needs practice. It's important to support your hand on the patient's head. Otherwise unwanted, sudden movements can be disastrous.

After surgery, patients use cold gel packs for 15 minutes every two hours for 2-3 days. Stitches are removed after 7 days.

RF is not only fast, but also a very accurate instrument. EMLA® can be used safely (1). We use relaxing music with EMLA® and it seems to work nicely. Pre-medication is needed only in a few cases every year.

In Finland, it is very important that surgery is not too obvious or visible. People want to feel fresh, not to look operated on. Surgery is for themselves not for others to see.

As mentioned earlier, because of our anatomy in Finland, a depressive, unhappy look is very common. This brings us a joke I use to tell often. Very, very long ago, Finns (with a low eyelid folds) used to live on the blue Mediterranean Sea beaches with other tribes (who had higher eyelid folds). However, as time passed, Finns' depressive, sad look was too much for the other tribes. Finns were odd people because they always looked sad. Therefore Finns had to leave the blue sea and move to the far away, cold north with dark forests, lakes and saunas.

The lesson? The Finns are "eyelid refugees" and there are a few million eyelids to operate on.

Upper blepharoplasty under local anesthesia with and without the complementary effect of topical EMLA® cream. K Saariniemi, A Salmi, H Kuokkanen. Eur J Plast Surg 2012

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



Figure 4 & 5 - Mean age for blepharoplasty in Finland is 55-60 years. However, nowadays even older people have plastic surgery, a major change in the behaviour of people over 65 years during the last 10 years. Before and three months after surgery.

# GLOBAL PERSPECTIVES: FUTURE THEMES

December 2017: Rhinoplasty  
Deadline: October 15

March 2018 : Hair Restoration  
Deadline: January 15

To contribute an article of 500-750 words, please forward it to [ISAPS@isaps.org](mailto:ISAPS@isaps.org) with the subject line: ISAPS NL Series. This should be a non-referenced opinion piece of several paragraphs giving your observations and perspectives on the topic. What do you do in your practice? What unique approaches do you use? What do you see your colleagues doing in your country or region? Photos are welcome, but must be high resolution JPG files attached, not embedded in your article. Photo captions are always helpful.

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## WHERE IN THE WORLD? ANSWER:

At the Standing Stones of Stenness, part of the Heart of Neolithic Orkney World Heritage Site, Orkney Islands (north of Scotland), during the ASAPS Cruise to Norway, July, 2017.

Peter Scott (Chair of NS and NS for South Africa), Renato Saltz (ISAPS President), Ozan Sozer (Vice Chair, Education Council), Vakis Kontoes (Chair, Education Council), Arturo Ramirez-Montanana (ISAPS Parliamentarian and Chair, Communications Committee.)

## THREAD LIFT FOR CHEEK SUPPORT DURING BLEPHAROPLASTY AND MIDFACE REJUVENATION



**V.N. ZELENIN, MD**  
Russia



**N.V. ZELENIN**  
Russia

The combination of loss of fat volume and tissue descent due to gravity results in the appearance of facial aging. Aging of the lower eyelid and mid-face are intrinsically interrelated. Isolated treatment of one of those areas produces unsatisfactory results. Therefore, rejuvenation treatment of both areas is essential.

The orbicularis retaining ligament and zygomaticocutaneous ligament not only divides the orbicularis oculi muscle into tarsal, pre-septal and orbital parts, but also creates a protecting mechanism of eye closure from gravitational force and movement of the cheek. As long as it is intact, the lower eyelid is protected. However, surgical procedures, which blend the lid-cheek junction, often disrupt these ligaments. Therefore, to avoid potential malposition of the lower eyelid with release of the ligaments, protective independent suspension of the lid and cheek should be done. This is especially important for patients with negative-vector orbits and if the weight of the cheek is being increased by fat grafting.

There are many surgical options for mid-face rejuvenation. However, complex surgical procedure such as subperiosteal midface lift still carries a high rate of surgical complications.

### METHOD

A retrospective cohort study was performed on 247 patients who underwent transcutaneous upper - lower blepharoplasty from 2012 to 2016 performed by the senior author (V.N. Z.).

In 196 cases, lower blepharoplasty consisted from subciliary incision, preseptal dissection of the skin-muscle flap with sparing tarsal part of the orbicularis oculi muscle, the inferior retinaculum release, orbicularis retaining ligament release, fat transfer from the orbit to the midface area, and lateral canthal anchoring. After that, we create a laterally based orbicularis oculi flap, which is redraped over the area below the tarsal part of the orbicularis, passed under the superficial head of the lateral canthus and fixed to the lateral wall of orbit. This flap suspends the preseptal part of the orbicularis oculi muscle and acts as a spacer. We do not disrupt the lateral part of the zygomaticocutaneous ligament through the lower lid incision as we do it routinely as a part of the high SMAS face-lift procedure.

In 30 of our cases, we also did fat grafting in the midface area and in 21 cases simultaneously with blepharoplasty and fat grafting supported the cheek area with thread lift (Silhouette-Soft).

### RESULTS AND DISCUSSION

Open-lid blepharoplasty was a safe procedure for our patients and all of them were satisfied with the esthetic results. Only five of them had a chemosis which was resolved after conservative treatment. Combining blepharoplasty with fat grafting and thread lift did not add any complications and recovery time after the procedure was the same, but esthetic results were much better. It was especially clear in cases when patients had prominent eyes and negative-vector orbits with deficit of tissue in the middle face.

Tread lift and fat grafting for face rejuvenation are very popular due to their simplicity and low complication rate. We are not in favor of utilizing those procedures as a single procedure for face rejuvenation. Significantly, better results could be achieved when both procedures are used together as a part of complex surgical procedure, which consists of suspension blepharoplasty, limited pre-fascial midface mobilization, fat grafting and midface thread lift. We have been using this surgical strategy since 2012 and are very satisfied the results.

Fat grafting helps to create a better contour of a face and we consider that thread lift of the cheek area gives much better control for lower lid position during the period of edema after surgery.

*The authors have no financial interest in any product or company named in this article.*

## UPPER AND LOWER BLEPHAROPLASTY



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As plastic surgery becomes increasingly mainstream and garners more media attention, patients frequently arrive at their plastic surgeon's office wanting to improve their "tired" appearance and to remove the "bags" under their eyes. To most effectively treat these signs of aging, the periorbital region generally requires surgery, or more specifically, blepharoplasty. Likewise, when evaluating patients for any surgical facial rejuvenation, close attention must be paid to the periorbital region. If this area is overlooked or ignored, the overall outcome can be compromised resulting in a patient with disharmonious facial aesthetics.

First and foremost, when discussing eyelid surgery with patients, clear, reasonable goals need to be established. Patients whose expectations are not consistent with the likely post-operative result will inevitably be unhappy. Always elicit a thorough ophthalmologic history including, but not limited to, visual complaints, dry-eye symptoms, past surgeries and procedures, corrective lens and contact wear, and allergies. In addition to the overall appearance of the eyelids, examiners should document a visual exam, appearance of the sclera, brow position/ptosis, eyelid ptosis, canthal tilt, lower lid laxity, and lower lid vector relationship to the malar region. Finally, always bear in mind that female and male patients have overall different facial aesthetics, and the surgical goals should reflect this.

The position of the brow invariably affects the upper lid. To determine if a patient needs a brow lift, upper blepharoplasty, or both, the brow is stabilized in the ideal position and the upper lid is examined, noting dermatochalasis and the presence of ptosis in either eye. If a concomitant brow lift is needed, a more conservative upper blepharoplasty may need to be considered.

When designing the upper blepharoplasty incisions, the medial and lateral portions of the skin folds are first marked. The supratarsal fold is next delineated. In female patients who have an indistinct fold, the fold is marked between 8-9mm from the upper lash line bilaterally. The upper incision line can be obtained by doing a light skin pinch test using fingers or forceps along the supratarsal fold incision between the lateral and medial skin fold marks. The lateral-most extent of the incision is tapered to a sharp point to avoid a dog ear. After injecting the subcutaneous plane between incision lines with 1% lidocaine with 1:100,000 epinephrine, the skin is sharply excised. The lower lids are also injected at this time if performing lower blepharoplasty. The septum is entered medially and only medial fat is removed. Aggressive fat resection from the central compartment contributes to a hollow, "aged" upper lid. The

medial fat compartment is distinguished from the central fat compartment by its lighter, pale colored fat. Next, we cauterize a thin strip of orbicularis to better define the supratarsal crease. After ensuring hemostasis, the upper lid skin is re-approximated with 6-O nylon suture in a running transcuticular fashion.

When addressing the lower eyelid, we frequently utilize a subciliary skin incision starting immediately lateral and just inferior to the lateral canthus. After making the skin incision, the orbicularis is entered lateral to the lateral canthus. A plane is created medially between the orbicularis and the septum with a blunt spreading technique using Stevens scissors. The orbicularis is then divided sharply between its pretarsal and preseptal portions with scissors. We then enter the septum above the corresponding fat compartments (central, medial, and lateral) and prolapsed fat is excised. Next, the lower lid margin is lightly retracted superiorly, and the muscle and skin of the lower lid are re-draped cephalad. Gentle pressure is applied to the globe to look for any areas of persistent fat excess, which is removed as necessary. After removal of fat and ensuring hemostasis, the lower lid margin is pulled superiorly with subsequent re-draping of the skin-muscle flap. The excess orbicularis muscle and skin overlapping the lower lid margin are conservatively trimmed so as to prevent over-resection.

Finally, we reapproximate the skin using 6-O nylon in a running transcuticular fashion. The lower lid is then taped with steri-strips to provide superolateral lower lid support. Patients are generally seen for follow-up in 48 hours, at which time the steri-strips are removed. Upper and lower lid sutures are removed at 5-7 days. For those patients with obvious lower lid laxity, canthal support sutures can be placed as needed.

As plastic surgery continues to grow in popularity, blepharoplasty remains one of the most popular aesthetic surgical procedures. It readily treats the often maligned "aged" and "tired" appearance of the periorbital region. As with any plastic surgery procedure, blepharoplasty should be individualized to the patient and the technique adjusted as the practitioner sees fit. Most importantly, irrespective of which technique one prefers, practitioners should familiarize themselves with the pertinent anatomy, pitfalls, and peri-operative care so as to achieve optimal results.



Figure 1. 61-year old patient pre-operative (right) and post-operative (left) bilateral upper and lower lid blepharoplasty

## THE EVOLUTION OF BLEPHAROPLASTY



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In the Treccani Italian dictionary, blepharoplasty is defined as a surgical operation that aims to cover with skin edges the loss of tissue that occurs on the eyelids following the onset of scarring, tumors, or other causes. Therefore, the original meaning is reconstructive. One of the first surgeons who described blepharoplasty as a reconstructive operation, in the early 19th century, was Doctor Van Graefe. Today, the term blepharoplasty means removal of excess skin or fat from the eyelids, both for functional and aesthetic reasons.

This is undoubtedly one of the most requested procedures by aesthetic surgery patients as it allows us to reduce fat and skin from the eyelids with long-lasting results. It is also a common belief that blepharoplasty is a simple intervention, but it is not. Good knowledge of the anatomy and physiology of the eyelid orbito-palpebral region is required for this operation, and precision of the surgical maneuvers is of utmost importance. When our patient comes to a first consultation for a simple upper blepharoplasty, it is often necessary to consider the aesthetic problems of the anatomical region: eyebrow position, corrugator muscles, ptosis of the lacrimal gland, and canthal malposition for example.

Often, we have to explain to our patients that, even though we completely understand their request, in order to obtain an optimal outcome, blepharoplasty should be associated with some other correction, like a corrugator excision through the same bleph access, a temporal lift or direct brow lift, when dermatocalysis is caused by brow ptosis. Very often, patients do not realize that they suffer from a monolateral lid ptosis and we surgeons must point out this problem and solve it during blepharoplasty.

Due to greater awareness of potential complications and more accurate pre-operative evaluation of patients, blepharoplasty has evolved over the last 30 years to become a sophisticated procedure that offers very natural results.

Observing the recent history of blepharoplasty, we recognize that it follows in the path of technological evolution. In 1984, Dr. Baker first described CO2 laser blepharoplasty. In the early '90s, laser resurfacing with super-pulsed and ultra-pulsed lasers produced by medical industries were used to solve the problem of periocular wrinkles, impossible to improve with conventional surgery. During those years many lasers, like the Erbium-Yag laser were recommended by many authors.

In 1995, I was in Arizona visiting my friend, Dr. Richard Anderson, who showed me a laser face resurfacing treatment that took advantage of the thermal effects of a CO2 laser, combined with a cool, ablative effect of an Erbium laser, getting a great result and reducing recovery time and complications. We then started to use CO2 together with Erbium laser in those selected patients with minimal cutaneous laxity, achieving satisfactory results.

In the early 1990s, we were spectators of an awakening of blepharoplasty surgery when retro orbicular fat compartments resection was described by many authors. In Mexico City, Ortiz Monasterio taught us his "youthful blepharoplasty" indicated for young patients with heavy eyelids without excess skin.

At the same time, Flowers, Jelks and McCord made an important contribution to the evolution of canthoplasty and canthopexy techniques to prevent ectropion and canthal malposition during lower blepharoplasty.

The study of the aging process in the orbital malar region led many surgeons to discover solutions to mid-facial descent and volume deflation around the eyes. Great contributions were made by American colleagues like McCord, Codner, Hester and others who described a cheek lift through a subciliary approach. In Europe, Lelouarn and Botti - inspired by Faivre - described their personal and very effective techniques, customized to each patient. Tonnard and Verpaele contrived a further plication to lift the malar area in their MACS lift.

More recently Val Lambros, with his photos of different aged patients, has demonstrated that changes due to aging of the face are related more to the loss of volume of the support structures.

Thanks to the work of Pessa and Rohrich who have carried out more than 1000 cadaver dissections, we have extraordinary scientific material for a better understanding of the anatomic landmarks of the face and also important information which enables us to safely perform surgical maneuvers and soft tissue augmentation using fat and fillers in the eyelids and periorbital unit.

With all this knowledge at our disposal, we can no longer consider blepharoplasty as a simple removal of skin and fat from the eyelids. Nowadays, we have a more complete view and methods to control the aging process. Thanks to new and sophisticated surgical techniques, that involve the periorbital region and dramatically reduce the complication rate, and thanks to advances in laser delivery systems, stem cell research and injectables, we have the resources to offer our patients the most natural results.

In 2014, in Italy, blepharoplasty and rejuvenation of the periorbital region was the third most requested aesthetic procedure: 32,313 operations; +1% compared to 2013.



Figure 1 - Pre-Op and Post-Op photos of a patient who had periorbital fat grafting.

## LOWER LID BLEPHAROPLASTY: THE USE OF LOCKWOOD'S LIGAMENT FOR ORBICULARIS OCULI SUSPENSION AND ORBITAL FAT PRESERVATION



**MICHAEL STAMPOS, MD**  
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A pioneer technique of lower lid blepharoplasty is presented. The technique consists of suspending the skin-muscle flap of the lower lid on the Suspensory Lockwood's Ligament (SLL) in all the orbit length, with preservation of the orbital fat behind the created anatomic layer.

In all the existing techniques till now, after the maneuvers for the correction of the different problems, such as palpebral bags, tear trough, and skin-muscle laxity, there is only one fixation point at the lateral orbital rim where we can suspend the skin-muscle flap of the lower lid.

The question is how the rest of this flap is going to be suspended when it is simply sutured subciliary, without any tension, in order to avoid "round eyes," scleral show or ectropion? For this reason, with the rest of the existed techniques, we have insufficient correction of the skin-muscle laxity and relatively short recurrence of the palpebral bags.

Moreover, we can't restore the natural anatomy which is destroyed nor retain the orbital fat in its normal position. With our described method, we can suspend and stabilize the skin-muscle flap of the lower lid in the SLL in all its length, from the medial to the lateral and preserve the orbital fat into the created anatomic layer.

### TECHNIQUE

The technique involves replacement of the fat inside the orbit and suspension of the relaxed orbital part of the orbicularis oculi muscle by suturing it on the SLL. It can be applied either through a subciliary incision in cases of skin and muscle excess or through a transconjunctival approach in cases without skin and muscle laxity.

1. Incision and dissection of the skin
2. Longitudinal opening of the orbicularis muscle leaving intact a muscle strip on the tarsal plate 2 to 3 mm wide
3. En bloc dissections of the skin - muscle flap to the inferior border of the orbit
4. Arcus marginalis release and dissection of the malar Ligaments
5. Opening of the septum and mobilization of the fat pads, with the proper amount of fat removed only in cases of excess fat
6. The remain of the orbital fat is placed back and retained by suturing it to the inner surface of the orbicularis muscle to the anterior expansion of the SLL with five or six Vicryl 6-O sutures.

To identify and expose the SLL, it is necessary to open the orbital septum wide and push the orbital fat backward. It is not necessary to expose the whole length of the inferior oblique muscle except in cases requiring treatment of "tear trough" with a vascularized orbital fat graft. It is helpful to identify the insertion of the inferior oblique muscle in the bolbus over the inferior rectus muscle, because at this point the SLL is very thick and strong and can be easily identified.

The first bite is in the inner surface of the orbicularis muscle, in the middle of the distance between the ciliary border and the inferior border. The second bite is in the Suspensory Lockwood's Ligament on the opposite side, which can be indentified easily by pulling the lower lid upward.

After almost 950 cases since 1998 we can imply that:

- By this technique, we create a new anatomic layer, retaining the orbital fat intact to support the soft tissue from beneath without the appearance of palpebral bags.
- There has been no case of round eyes, scleral show or ectropion
- The quality and the long-lasting results allow us to declare that the technique can be applied to the majority of patients to deal with almost all the coexistent problems of laxity of the lower lid.
- There is no other technique that allows the suspension of the skin-muscle flap of the lower lid in its whole length restoring the natural anatomy of the region and preserving the fat.

## RECENT ADVANCES IN ASIAN BLEPHAROPLASTY



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In Asia, double-eyelid surgery has been the most common cosmetic surgery because most Asian eyes are single-fold with a fatty upper eyelid. But recently, because of increasing interest in cosmetic surgery in young Asians and an increase in the elderly population, many changes have been made with the development of a variety of cosmetic and rejuvenation surgeries tailored to Asian faces.

### AUGMENTATION BLEPHAROPLASTY

As the demand for cosmetic surgery for elderly people increases, many procedures for correction of sunken eyelid, including fat graft, have been performed. Orbital fat transposition has been one method in recent years. This surgery involves suturing the orbital fat to the supraorbital rim and its effect can be maximized by levator aponeurosis surgery at the same time. (Figure 1)



Figure 1- Augmentation blepharoplasty. Left - pre-operative photograph. Right - post-operative photograph (8 months)

### MINIMAL INVASIVE PERIOCCULAR REJUVENATION

In Asia, a lot of people have subclinical ptosis, and this can be seen as no discomfort in life, but they can seem sleepy. However, most of them don't like invasive procedures, especially incisional blepharoplasty. Recently, to correct this, non-incisional ptosis correction by muller tucking is frequently performed. Also, most Asians undergoing this surgery want to receive it with non-incisional double fold formation. Nowadays, the method for operating these two surgeries simultaneously have been developed and frequently implemented.

### FOUR DIRECTIONAL ENLARGEMENT OF EYE FISSURE

In recent years, 'four directional enlargement' is very popular to enlarge the upper, lower and medial and lateral parts of the eyes. The upper part contains a double fold formation or ptosis correction. The medial side contains epicanthoplasty, lateral side contains epicanthotomy and the lower side contains lowering the lower eyelid. (Figure 2) Any directional and any single or multiple combination is possible. This technique is very popular especially in South Korea as it creates the big eyes that South Korean females are seeking. (Figure 3)

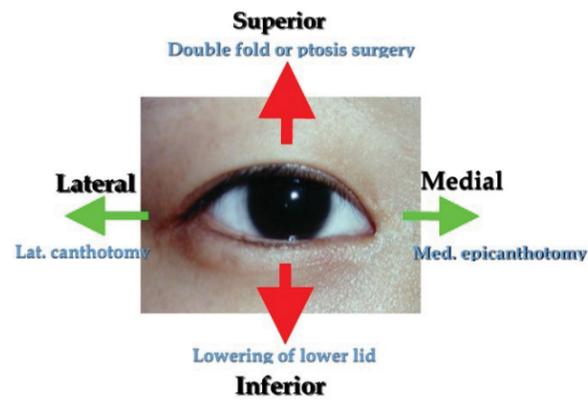


Figure 2 - Four directional enlargement. Superior enlargement contains double fold formation or ptosis surgery, lateral enlargement contains lateral canthotomy, medial enlargement contains epicanthoplasty, inferior enlargement contains lowering of lower lid.



Figure 3 - Four directional enlargement. This patient underwent four directional enlargement. Superior direction was enlarged with Muller-aponeurosis composite flap advancement; Inferior direction was enlarged with lowering lower eyelid; Medial direction was enlarged with medial epicanthoplasty and Lateral direction was enlarged with lateral canthotomy. Left - pre-operative photograph. Right - post-operative photograph (11 months)

### SUPERFICIAL MIDFACE LIFT IN LOWER BLEPHAROPLASTY

In the elderly, bulging of lower eyelids develops nasojugal grooves and palpebromalar grooves are formed at the same time and SOOF and malar fat pads fall down. In order to compensate for this, superficial midface lift is performed with lower blepharoplasty with septal resetting and SOOF lifting, which contains the suturing orbital septum and SOOF to the arcus marginalis, corrects the palpebromalar groove and has a rejuvenation effect of the midface. (Figure 4)

### FOREHEAD LIFT IN UPPER BLEPHAROPLASTY

If double fold formation is performed alone in Asians, it often seems unnatural because of their fatty upper eyelids. Also, the facial impression may appear to be strong at the upper blepharoplasty. Upper lid and brow is one unit. Recently, endoscopic brow and forehead lift has been popular because it enables more natural correction of eyes. In particular, endotine is widely used for forehead lift.

### COMBINED NON-SURGICAL REJUVENATION AND TOTAL FACE REJUVENATION

Recently, non-surgical procedures such as botox, fillers, fat graft and laser are performed simultaneously with various cosmetic surgeries such as blepharoplasty, rhinoplasty, facelift and mandible surgery or other facial contouring surgery to maximize the effect of surgery.

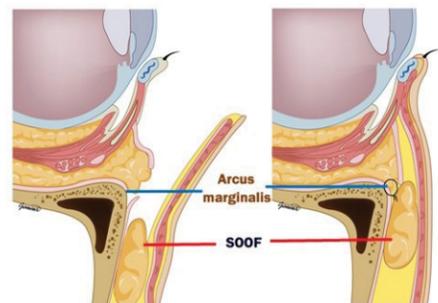


Figure 4 - Superficial midface lift in lower blepharoplasty with Sub orbicularis oculi fat elevation and septal resetting SOOF: Sub orbicularis oculi fat

## BLEPHAROPLASTY



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According to a recent survey by the Buenos Aires Plastic Surgery Society, plastic surgeons have a clear tendency to remove fat during blepharoplasty procedures. Despite the plethora of arguments in favor of fat preservation, almost 80% of Argentina's plastic surgeons prefer to remove fat bags at the time of a lower blepharoplasty.

Transconjunctival approach is the option for 40% of those surveyed, and about the upper eyelid 49.3% choose in block skin-muscle resection. Avoiding unnecessary generalization and understanding the great variety of presentations in periorbital rejuvenation, we may conclude that a strong influence from the traditional techniques is still present.

In order to provide a different point of view and approach to this area we ask Dr. Ricardo Hoogstra to explain his personal technique.

### BLEPHAROPLASTY WITHOUT SKIN RESECTION



**RICARDO HOOGSTRA, MD**  
Argentina

The periorbital region plays a central role in the expression of emotion, health, and aging.

Ambroise Paré (1678) described the excision of excess upper eyelid skin and emphasized the importance of avoiding over-resection. Mackenzie and Dupuytren described resecting only the excess skin of the eyelid. Bourguet was the first to note the alterations of the dermal collagen that lead to thinning, folding, and wrinkling of the eyelid skin.

My personal opinion is that no skin resection is necessary in aesthetic blepharoplasty. The modern technologies let us stimulate the collagen and rejuvenate the entire eyelid area without removing skin. I started to perform CO2 laser-assisted aesthetic blepharoplasty in 1995. Laser-assisted eyelid rejuvenation is a procedure that takes approximately 20 to 30 minutes which I performed with local anesthesia and sedation.



On the upper eyelid, an incision is made at the inner angle from where the inner and middle upper eyelid fat bags are removed. Skin rejuvenation and tightening is done with fractional CO2 laser.

On the lower eyelid, an incision is performed in the fusion of the vascular arches of the conjunctiva, wide enough to see the entire anatomy. The inner, middle and outer fat bags are removed from a transconjunctival approach. The entire anatomical area of the lower eyelids is rejuvenated and tightened with fractional CO2 laser.



Skin rejuvenation results through the use of the carbon dioxide laser is seen in approximately one week, it has its maximum effect 90 days later, and its results are long lasting for many years. No incision is sutured. Frequently, we associate aesthetic blepharoplasty with endoscopic eyebrow reposition.

Benefits of the CO2 laser-assisted aesthetic blepharoplasty with zero scars: leaves no visible scars minimal edema less bruising does not produce complications of the lower eyelids that we so often see in the conventional blepharoplasty like ectropion and scleral show does not descend the eyebrows and we can avoid traditional side effects of the conventional upper eyelid resection such as the aspect of sadness, fatigue and aging.

With the technique of laser assisted blepharoplasty, we do not damage the orbicularis muscle, we do not resect the skin producing scars and tension, and we do not descend the eyebrow leaving a natural aspect.

I strongly believe that laser assisted blepharoplasty allows us to offer patients a full and natural rejuvenation of the eyelids, face and neck avoiding complications and side effects. Thanks to the advance of the laser technology, we can abandon the old conventional techniques and give our patients natural results, without scars, without damage to the anatomy, with a full rejuvenation of the skin with fast and long-lasting results.

I would like to invite my dear colleagues to visit my web site and observe several videos we prepared using this technique, our patient experiences, and results.

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## BLEPHAROPLASTY IN ASIA



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Blepharoplasty refers to any cosmetic surgery operation of the upper eyelid (upper blepharoplasty) and the lower eyelid (lower blepharoplasty).

Upper blepharoplasty is the commonest type of blepharoplasty performed on Oriental (East Asian) patients and it is very different from upper blepharoplasty on Caucasian patients. This is due to major anatomical differences between Oriental and Caucasian upper eyelids. The Oriental eyelid typically lacks the skin crease which is responsible for the so called "double eyelid". Upper blepharoplasty is therefore most commonly performed to create the double eyelid.

In young patients who do not have excess skin or fat in the upper eyelid, the double eyelid can be created using a relatively simple stitching technique without any incisions or surgical scars. This is known as the suture upper blepharoplasty (Figure 1).



Figure 1- Suture Upper Blepharoplasty

On the other hand, when the upper eyelids have excess skin or are puffy due to excess fat, these excess tissues need to be surgically excised via an incision made along the line of the planned double eyelid skin crease. Internal sutures are then placed to create the double eyelid skin crease before the surgical wound is closed. This technique is known as the open upper blepharoplasty (Figure 2).



Figure 2- Open upper blepharoplasty, ptosis repair and medial epicanthoplasty

Many Oriental patients who seek an upper blepharoplasty also have a condition known as ptosis of the upper eyelids. In this condition, the upper eyelids are droopy and the eyes do not open as fully as they should. The eyes therefore look small and the patient often has a tired and sleepy looking appearance. The usual cause of this condition is laxity or disruption/discontinuity of the eyelid structures that are responsible for opening the eyes. Ptosis repair is carried out by shortening and tightening these parts of the eye-opening mechanism.

This enables the eyes to open bigger than before. It is usually performed together with an open upper blepharoplasty in order to achieve optimal functional and aesthetic results for the patient, i.e. eyes that open fully, well-formed and natural looking double eyelid creases, and no skin laxity or puffiness (Figure 2).

Another popular aesthetic eyelid procedure that is unique to the Oriental eyelid is the medial epicanthoplasty. This technique addresses the unwanted fold of skin - the epicanthic fold - that is commonly present in the inner corner of the eye and which causes that part of the eye to look foreshortened and rounded in shape. Removing the epicanthic fold exposes more of the inner corner of the eye and changes its shape from the original rounded shape to sharper horizontal V shape. It also has the effect of enlarging and elongating the inner corner of the eye, making the whole eye look longer in the horizontal dimension (Figure 2).

Lower blepharoplasty is commonly performed to address aging of the lower eyelid in Asian patients, in common with their Caucasian counterparts. This usually manifests as eyebags caused by bulging fat pads in the under-eye area, and a depressed groove under the eyebag. One common surgical approach is to remove the fat via an internal lower eyelid incision. This simple procedure corrects the eyebag but not the groove, which often becomes more pronounced after fat removal. To address this, fat grafting to fill the groove can be performed at the time of eyebag removal, or filler injections can be carried out several months after the eyebag removal when the postoperative swelling has subsided.

A more complete surgical solution is provided by an advanced technique known as fat redistribution of the lower eyelid. An incision is made just below and parallel to the lower eyelash margin, and the fat in the eyebag is spread downwards to fill the groove. Excess skin is trimmed off, and the lower eyelid muscle is suspended upwards to support the lower eyelid and tighten it in an upward direction. This technique corrects the eyebag, fills the groove below, and makes the lower eyelid look smooth and taut (Figure 3).



Figure 3- Fat redistribution of the lower eyelid

In summary, blepharoplasty, and upper blepharoplasty in particular, is probably the most important cosmetic surgery procedure in in Asia. Many advancements in blepharoplasty techniques have been developed in East Asia to address the many unique and challenging issues that plastic surgeons face in the management of the Oriental eyelid.

## LASER BLEPHAROPLASTY WITH 980NM DIODE



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The author applied the laser technique in double eyelid and transconjunctival blepharoplasty operations. A 980nm diode laser at an average power of 10 W in the pulse mode that gives a peak power of 125 W which is equivalent to 12 mJ of laser was used as a cutting tool and also as a hemostatic tool during procedures.

Our interest stemmed from the fact that our patient population was becoming younger and many patients require a decrease in postoperative dry eye symptoms and that the eyelids retained a very natural appearance. Thus, we began to extend the operation to patients who not only had excess orbital fat, but also to patients with fine wrinkles, skin excess, and orbicularis muscle relaxation or redundancy.

Eighty cases of laser double-eyelid operations were compared with the conventional method. The results were analyzed during the operation, immediately post operation, and 4, 7, 10 and 14 days and 1 and 3 months after the operation. The laser technique showed advantages such as shortening of the operation time and minimal bleeding. The operation was safe and efficient, and the healing process was as fast as with the conventional scalpel method. Protective eye shields were utilized. Their application is preceded by ophthalmologic anesthetic solution and antibiotic ophthalmologic ointment. The shields are removed immediately after the procedure is completed to prevent corneal edema. Skin, muscle, and fat may all be resected with the laser without having to cross-clamp or crush these structures. Blood loss of 0-5 cc frequently is reported for all four lids. The laser is able to produce an incision with excellent hemostasis and skin retraction.

The patients in this series demonstrated markedly diminished blood loss during surgery and reduced bruising, swelling, pain, and discomfort postoperatively and it never caused hypertrophic scars as seen in the follow-up of patients. Contralateral procedures were done with conventional surgery. The incision margins were healed after 4 days. There were no hypertrophic scars or delayed wound healing with an adequate power setting and continuous movement of the hand piece; the laser injury along the incision is not possible in the incision line.

As Baker described, laser blepharoplasty incision is easier to perform, especially in the aged patient. But, according to my experience, younger persons can also be good candidates for eyelid surgery. Mele et. al. reported in their study that there were no complications from the use of the laser, and no new complications were found as a result of using the laser during eyelid surgery.

In conclusion, the laser in eyelid operations shortened the operation time and reduced complications. It reduced bleeding intra- and post-operatively, thus reducing post-operative swelling, pain, and ecchymosis, and demonstrated greater benefit on the laser side as show in pictures.



Fig. 1. Pre-operative blepharochalasia in a 34-year-old female. Result 14 days postoperatively with laser right eye (lower-lids transconjunctival) left eye done conventionally. Note marked bruising and swelling and on the right only minor residual swelling. Laser side virtually totally healed. Non-laser side still demonstrates residual ecchymosis and swelling.

Fig. 2. Pre-operative appearance of an 87-year old male prior to eyelid surgery. Result 14 days after upper-lid blepharoplasty and transconjunctival lower-lid blepharoplasty with laser left eye (lower-lids transconjunctival) right eye done conventionally. Only minor bruising and swelling is evident.





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# UPDATE FROM THE RESIDENTS & FELLOWS COMMITTEE



MARIA WIEDNER, MD  
Germany

We are happy to present our new program in Aesthetic Education Worldwide®: ISAPSmentoring

All of us admire our idols, who revealed the secrets of aesthetic plastic surgery and helped us to survive during training and the following years in practice. ISAPS now helps residents, fellows and associate members to find support from experienced colleagues and invites all members who are more than five years in practice to support highly motivated young talents as an ISAPS mentor.

There are many situations during one's career where we can benefit from a mentor's wisdom. Many residents are looking for possible rotations during their training to improve their skills in different fields of plastic and aesthetic surgery that might not be offered in only one single clinic. The mentor helps to connect between already established colleagues and young and highly motivated trainees.

Another task is to give advice in choosing suitable meetings and courses for each level of training. Today a huge variety of aesthetic courses is offered and most young colleagues don't know what they can expect from them. In addition to the ISAPS endorsements, a personal mentor can help the mentee to select the right meetings to get the most out of them step by step.

After finishing training, new challenges are waiting for an aesthetic plastic surgeon. Either as a board certified plastic surgeon in a clinic or in a private office, new responsibilities demand one's skills and strength. Especially in this period ISAPSmentoring bolsters the young members with help in difficult plastic surgical cases regarding indications, best techniques and, if necessary, salvage procedures. Mentor and mentee can connect via email or WhatsApp and have quick exchanges.

ISAPSmentoring encourages all long-serving members to become an official ISAPS mentor and the young members to have a share of this treasure of experience. We will soon offer an official program on our website. Stay tuned!

Our new Visit an ISAPSexpert program is shaping up well. After only three months, the Residents and Fellows Committee already has twenty-one experts in eleven countries on five continents who are willing to provide informal education in aesthetic plastic surgery in their clinics to young aesthetic plastic surgeons. The various programs, lasting from one week to six months, are described on our website at [www.isaps.org/medical-professionals/residents-fellows](http://www.isaps.org/medical-professionals/residents-fellows). By clicking on the name of the expert, you can easily find their contact details and a description of the short-term visitor program they offer.

We are very grateful for this splendid commitment to education of the younger members of our ISAPS family and we encourage you to promote this program to your young colleagues. Visit an ISAPSexpert is open to any Resident, Fellow or Associate member of ISAPS. There is no cost to the participant beyond their travel and housing expenses.

If you are interested in hosting an ISAPSexpert program, participating in the ISAPSmentor program, or if you have any questions, please don't hesitate to contact my team and me.

You are welcome to send me an email at: [residentsandfellows@isaps.org](mailto:residentsandfellows@isaps.org) to request an application for either program.

### TEAM MEMBERS - RESIDENTS AND FELLOWS COMMITTEE

- Maria Wiedner, Germany – Chair
- Vakis Kontoes, Greece
- Bianca Ohana, Brazil
- Bertha Torres Gomez, Mexico
- Georgios Kolios, Germany
- Beryl Hui Hui Tan, Australia
- Peter Scott, South Africa
- Mehmet Bayramicli, Turkey
- Gianluca Campiglio, Italy

# ISAPS WOMEN: AN UPDATE



**NINA S. NAIDU, MD, FACS**  
 United States,  
 ISAPS National Secretary for the US  
 Committee Chair, ISAPS Women Plastic Surgeons

The ISAPS Women Plastic Surgeons Committee continues to be very active, with the addition of 56 new women plastic surgeon members so far this year. We have continued to post profiles of our women surgeons on our Facebook page, and there has been active discussion within our closed group. To participate, please visit: <https://www.facebook.com/isapswomenplasticsurgeons/> If you wish to join this closed group, please request permission from the Facebook page (the link is in the left panel) and allow several days for one of us to grant access. At this time, only members of ISAPS will be admitted to this group. If you have any colleagues who wish to join, but who are not yet members of ISAPS, please encourage them to apply for active membership. Men plastic surgeons who are members of ISAPS are welcome to participate as well.

We have prepared a survey about the practices and experiences of women plastic surgeons which will be sent to all women ISAPS members in early September, and we need your participation. This survey was designed by Ewa Siolo, MD and Dana Jianu, MD, PhD, and will be the first international survey of women plastic surgeons. Our goal is to gather enough data for statistical analysis of the results and presentation at our next Congress in 2018.

Our inaugural Women Plastic Surgeons Symposium will be held from 12-5 pm on October 31, 2018, in Miami, Florida as part of the next ISAPS Congress. Both men and women surgeons are invited to join us for an informative, frank, and relaxed session during which we will learn from our colleagues.

The schedule for the day is as follows:

Introduction: Renato Saltz, MD, FACS, and Nina Naidu, MD, FACS

**12-1 pm: Honoring and Learning from our Leaders**

Ruth Graf, MD  
 Laurie Casas, MD  
 Haideh Hirmand, MD  
 Open discussion

**1-2 pm: Challenges of being a Woman Plastic Surgeon**

Ewa Siolo, MD – survey results of women plastic surgeons from around the world  
 Dana Jianu, MD, PhD – gender discrimination  
 Lina Triana, MD – work/life balance: children, family, and more  
 Panel discussion: Lina Triana, MD (moderator); Gabriel Liscano; Violeta Skorobac, MD; Dana Jianu, MD, PhD; Ewa Siolo, MD

**2-3 pm: Ethically Leveraging our Unique Position as Women Plastic Surgeons**

Nina Naidu, MD, FACS – aesthetic breast surgery  
 Maria Wiedner, MD – body contouring  
 Lina Triana, MD – vaginal rejuvenation  
 Panel discussion: Patricia Gutierrez-Ontavilla, MD (moderator); Manzano Surroca, MD; Nina Naidu, MD; Lina Triana, MD; Maria Wiedner, MD

**3-4 pm: Working with our Men Plastic Surgeon Colleagues – Round Table Discussion**

- Fatema Al-Subhi, MD (moderator)
- Renato Saltz, MD, FACS
- Heather Furnas, MD, FACS
- Paco Canales, MD
- Brianda Hurtado de Mendoz Garcia, MD

**4-5 pm: Women Plastic Surgeons' Reception**

As you can see in this schedule, we have included several members of the male persuasion, including Dr. Saltz, Dr. Canales, and Mr. Liscano (aka Dr. Triana's husband). We anticipate a very lively discussion during the final panel in particular!

We greatly appreciate all of the support that we have received for this initiative and we are grateful to all who have volunteered their time for this event. Please do not hesitate to reach out me or one of our committee members if you have any ideas, thoughts, or suggestions for our group and/or the symposium as we move forward.

# ISAPS-LEAP, THE NEXT CHAPTER



**RYAN SNYDER THOMPSON**  
 United States,  
 Director of International Disaster Relief  
 LEAP Global Missions

For some time now, ISAPS members and LEAP Global Missions have courageously sought to treat a patient population that required the highly specialized services our teams were capable of delivering. October 2013 marked the first ISAPS-LEAP Surgical Relief Teams® mission. It began as a short-term commitment to bring hope and healing to those with severe injuries due to the Syrian conflict. Together, over the nearly four years since, we've deployed 25 reconstructive surgical mission teams to Jordan, Lebanon, and Turkey. All along, the dedication and skill of each and every ISAPS volunteer was abundantly clear from recruitment to deployment.

While we have reached an inflection point in the region and must step back from these efforts, we do so with gratitude for all that we've accomplished through this partnership. We celebrate the lives transformed and the shared dedication to humanitarian service between our organizations. In total, we provided medical care to 907 people and surgical care to 438 people, most of whom were children. From the bottom of our hearts, thank you all for the incredible work you've done to show kindness through care to those who have experienced such pain and destruction.



# HUMANITARIAN WORK IN BURKINA FASO



**JAN POELL, MD**  
Switzerland,  
ISAPS President, 2010-2012

Burkina Faso is one of the poorest countries in Africa and the need for help and the gratitude of the people is enormous.

Here in the eastern part of Switzerland, we have a group called CHEIRA, which in ancient Greek means hand, whose aim is to do plastic reconstructive surgery mainly on children and young adults in underdeveloped countries. All who are involved work honorarily and we have no administrative costs. We are dependant on sponsors and materials such as antibiotics that are generously donated by pharmaceutical companies. Everything we receive from our donors is used so that we don't have any loss of money. So far, we have been concentrating on Africa and have visited Burkina Faso several times.



We use the facilities of a pediatric clinic, PERSIS, started by a local pediatrician to treat mainly small malnourished children. Over time, it has grown and now has two well-equipped operating theatres. Here we can operate and simultaneously teach local doctors how to do easy procedures; however, we need to bring with us everything we will need. For our last trip, we started with a huge amount of luggage with all material in big blue plastic containers, 45 to be exact. We always travel a complete team of plastic surgeons, anaesthetists and nurses so that we can immediately start to work when we arrive.

The housing is simple, but clean with two-bed rooms complete with toilet and shower (much needed when operating in 40°C heat). We've been to PERSIS four times, but because the situation gets more and more dangerous each time, we are looking for other places to go such as Gaza and Jordan. Our next trip to Burkina Faso is planned for the beginning of November this year and our first visits to Jordan and Gaza for March of next year.



Last time when we arrived, there were 200 patients waiting, each with an accompanying person. They normally stay for two weeks, get three meals a day, the operation and post-operative care – all for free, but we must pay the institution for every patient we operate. We can operate on 80 of them within two weeks with very few complications, especially no infections.

The most frequent operations are sequelae of burns as everyone lives with open fire in their huts. We see many burned hands, but also elsewhere on the body like the boy with a contract axilla. Others are congenital malformations like cleft lips or hernias. We see quite a few infections without knowing where they come from and many patients with Noma, an infection due to bad hygiene and malnutrition (303). This destroys the cheek and nose and the reconstruction can be quite demanding. I have seen tumours of a size I've never seen before, some unfortunately even inoperable (201).

The people are so grateful because they cannot get any treatment from their own medical system. The need is great and we cannot help all of them, but we try to do our best and helping a little is always better than not to help at all. The reward is the glint in their eyes and their smile.

For information about CHEIRA missions, please contact me at: [jpoell@bluewin.ch](mailto:jpoell@bluewin.ch)

# BERENGARIO DA CARPI (1460-1530): ANATOMIST AND SURGEON



**RICARDO MAZZOLA, MD**  
Italy,  
Associate Editor for the History of Medicine

## LIFE

Jacopo Barigazzi, better known as Jacopo Berengario, was born in Carpi, a beautiful, medieval city close to Mantua (Northern Italy), about 1460 (1). He was brought up at the court of Lionello Pio, noble of that city, having important teachers and philosophers for his humanistic tuition. His father was a barber surgeon who sent him to Bologna University to study Medicine. In 1489, he graduated in Philosophy and Medicine.

Upon his return to Carpi, he was involved in a lawsuit for injuries against the Duke of Ferrara, Ercole I. He was condemned to pay a fine of 100 ducats or to have his nose cut off. His father paid the fine, the nose was saved, but the young Jacopo had to leave Carpi.

He established himself in Bologna, where he became a pupil of Angelo Zerbi, a well known anatomist. In 1502, he was appointed a lecturer in Anatomy and Surgery at Bologna Studium (nowadays University), an important position rarely granted to foreigners, that he kept for 25 years until 1527. His interest in anatomy was great and he used to say that he dissected several hundred cadavers. His unique capability in teaching and his knowledge of surgery brought him considerable fame. Soon he was known beyond the territory of Bologna and on several occasions was invited to various Italian cities to treat distinguished patients including Lorenzo de' Medici, Duke of Urbino, Cardinal Pompeo Colonna in Rome, Alessandro Soderini, a relative of a Cardinal and many others.

In the sixteenth century, syphilis represented a real problem as an epidemic disease spreading through Europe, particularly among the troops. The Italians blamed it on the French. The French blamed it on the Italians. Guaiacum and mercury were the miracle drugs of the period.

Berengario used to treat the so-called French disease with mercury, charging patients hundreds of ducats, paid in advance.

In 1526, he was in Rome at the papal court, where he successfully cured Cardinal Pompeo Colonna affected by facial cancer. In the meantime, he treated numerous syphilitic patients. While in Rome he had the opportunity to meet the famous goldsmith and sculptor Benvenuto Cellini (1500-1571) who reported in his autobiography, posthumously published, about Berengario (2):

“(In 1526), arrived in Rome a great surgeon whose name was Maestro Jacopo da Carpi. This talented man, among others, treated some desperate cases of French disease... He was learned and could talk in a terrific way about medicine. The Pope wanted him to remain in his service, but the man said that he did not want to remain in the service of anyone in the world and that whoever wanted him could follow him. He was indeed a very smart person and it was good for him to quit Rome, because a few months later all those who were treated, were doing so bad that they were hundred times worse than before. Had he stopped, he would have been murdered.”

Upon his return from Rome his position as a lecturer in anatomy and surgery at Bologna University was cancelled. Berengario left Bologna and in 1529 he was appointed court surgeon to the Duke of Ferrara, Alfonso d'Este, husband of Lucrezia Borgia. He bequeathed his fortune to Alfonso and his nephews and died in Ferrara in 1530.

## SOME ANECDOTES ABOUT BERENGARIO'S LIFE

Berengario made a considerable fortune and being a passionate art collector, he invested his money in a variety of artworks, including a Roman statue, a pair of silver vases by Cellini, and eventually a painting attributed to Raphael. He assembled an important medical library. In Bologna, he bought a house large enough to contain his collections. The story of Raphael's painting his particularly challenging. While in Rome, he successfully cured Cardinal Pompeo Colonna for a facial cancer, as we said. To compensate him, Cardinal Colonna asked Berengario to take what he wanted from his house. He chose the painting St. John the Baptist in the Desert, an oil on canvas by Raphael. The story is reported by Giorgio Vasari, a sixteenth century painter and art historian. At Berengario's death, the painting was acquired by a noble Bolognese family, thence by descent it reached the Uffizi National Gallery in Florence, where it is kept now.

He had a violent temper. Once in Bologna, he assaulted a stipendiary of the pope for robbery. On another occasion, he was accused of burglary for entering the house of a noble to steal. However, due to his powerful friendships, he always escaped punishment.

## WORKS BY BERENGARIO

Berengario wrote important scientific works, which brought him considerable fame. All of them are of unusual rarity:

Tractatus de Fractura Calvae, sive Cranei (Treatise on Fracture of the Calvaria or Cranium).

Bologna: H. de Benedictis, 1518

Commentaria cum amplissimis additionibus supra Anatomiam Mundini (Commentary with many additions on the Anatomy of Mundinus).

Bologna: H. de Benedictis, 1521

Isagoge breves perlucidae ac uberrimae in Anatomiam Humani Corporis (Short Introduction on the Anatomy of the Human Body).

Bologna: H. de Benedictis, 1522.

## DE FRACTURA CALVAE (1518)

This is the first treatise on skull fractures ever printed (1,3) (Fig. 1). The idea of this work came to Berengario when he was called on consultation with other physicians to handle an occipital skull fracture, from an arquebus, experienced by Lorenzo de' Medici, Duke of Urbino, during the battle of Mondolfo (1517). The discussion with other physicians was about the best way to manage this comminuted, infected fracture. Berengario contradicted the treatment plan of removing the pieces of the occipital bone and also the armamentarium, that he judged to be obsolete. Despite this, the fracture healed perfectly and the patient resumed a normal life within a month. Upon his return to Bologna, Berengario decided to write a book on this topic and to settle the guidelines for treatment. He wanted to demonstrate his expertise on head and brain anatomy to other physicians. The book was dedicated to Lorenzo de' Medici, who suffered the injury.

# Tractatus de Fractura Calvae siue Cranei a Carpo editus.



Figure 1 - Title page of the first edition of De Fractura Calvae (1518). The illustration shows the cerebral ventricles.

Berengario described the different types of skull fractures, correlating the site of the trauma with the neurological symptoms. He also described prognosis and complications. Should surgery be taken into consideration, he favoured craniotomy and suggested the temporal bone as the ideal site for starting the procedure. For the first time in a printed book, he showed an entire surgical kit for performing cranial operations (corpus instrumentorum), with different types of burrs, an oscillating saw (Fig. 2) and a bone perforator provided with two wings, to avoid damage to the dura (Fig. 3). The kit closely resembles what we use nowadays. De Fractura went through numerous editions.

Isagogae breves... in Anatomiam Corporis Humani (1522) - Berengario published the Isagoge, an introduction to the study of anatomy (Isagoge means introduction) for the use of students at Bologna University Medical School. It is an abridged version of the most extensive Commentaria, issued the year before (1521). Both Commentaria, and Isagoge are the first illustrated anatomical treatises with images, drawn directly from an author's personal dissections. The name of the artist is unknown. The woodcut illustrations of the abdominal musculature are amazing. A man is standing with his legs apart holding skin and muscles flaps away and the muscular layers of the anterior abdominal wall are displayed in sequence.

Six figures show the dissected parts, each progressively deeper. They are inserted in a hilly landscape as background with some grass and weeds (Fig. 4). The illustration of the female reproductive organs is also presented. The woman sits on a plinth holding a curtain high above her head (Fig. 5). Finally, for the pleasure of the painters, Berengario included the image of three écorchés, drawn as if they were living creatures (Fig. 6). Although illustrations are inadequate

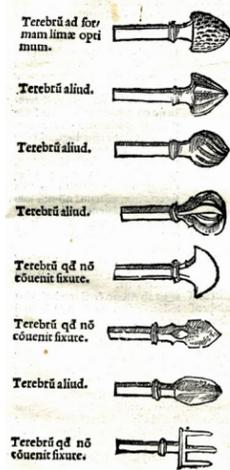


Figure 2 - The different types of burrs and oscillating saw designed by Berengario for performing craniotomy

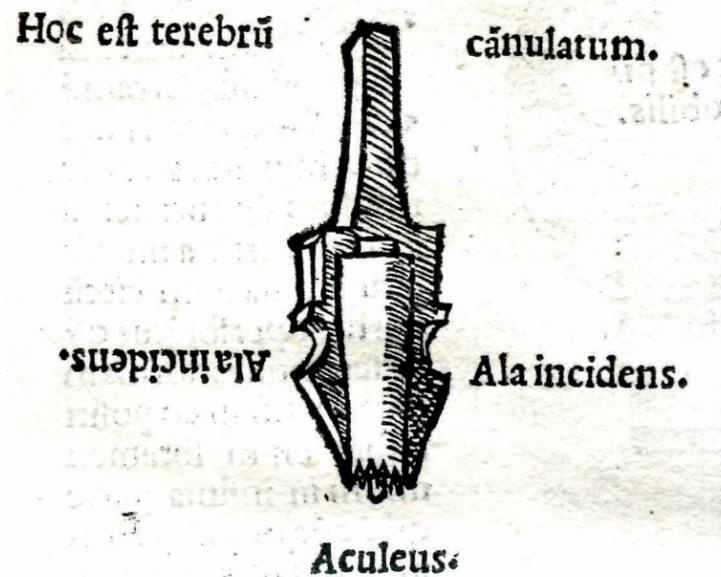


Figure 3 - Cranial bone perforator, with two wings to prevent damages to the dura

and lack in details, they are anatomically the best that had been published up to this date. They influenced the artistic technique of later sixteenth century publications of Vesalius, Estienne and Eustachio.



Figure 4 - Dissection of the abdominal musculature. The standing figure holds the skin flaps on each side of the midline, whereas the rectus abdominis is hanging downwards.

## CONCLUSIONS

Berengario holds a key position in the history of medicine. He wrote the first treatise on skull fractures (de Fractura Calvae) and also he published the first anatomical textbook with illustrations (Commentaria), 22 years before Vesalius. Berengario's dual personality seems incredible. From one side the man with a humanistic education, of great repute as a teacher, surgeon and anatomist; from the other side a man with a violent character, described as rapacious, avid and involved in a number of brawls and burglaries.

## References

Putti V. Berengario da Carpi. Bologna: Cappelli, 1937  
 Cellini B. Vita... da lui medesimo scritta. Colonia: Fratelli Martello, 1728, p. 32  
 Mazzola RF, Mazzola IC. Treatise on Skull Fractures by Berengario da Carpi (1460-1530). J Craniofac Surg 2009; 20: 1981-4

# A BRIEF HISTORY OF THE ORGANIZATION OF ISAPS NATIONAL SECRETARIES



**THOMAS S. DAVIS, MD**  
 United States,  
 ISAPS Historian

The National Secretary position in ISAPS has been an integral part of the infrastructure since our founding in 1970.

Early By-Laws stated, "The active and life members in each country represented in this society (ISAPS) shall select a National Secretary. The National Secretary shall process applicants from their country for membership; shall serve as liaison between their constituents and the officers of the society; and shall assist the Secretary General and Treasurer in the performance of their duties in such a manner as the Secretary General or the Executive Committee (EXCO) may direct. The National Secretaries will also receive and relay to the Secretary General any complaints from the members in their countries regarding violations of the code of ethics or the By-Laws of the society." The term Executive Committee, or EXCO, to denote the leadership group of ISAPS was later changed to the Board of Directors, or Board.

There were no formal or informal meetings of the National Secretaries as a group prior to the 11th Congress in Guadalajara, Mexico in 1992. An informal lunch meeting of several National Secretaries took place marking the first time National Secretaries met as a group during a Biennial Congress.

Hans Bruck, the National Secretary for Austria, with the encouragement of the Board, planned a meeting of National Secretaries during the 12th Biennial Congress in Paris, France in 1993. The purpose of this meeting was to initiate formal recognition and organization of the National Secretaries as a group and to elect a Chairman. Dr. Bruck was elected as the first Chairman. Members of the Board attended this meeting to lend support and recognition. The Chairman was invited to attend future Board meetings in a non-voting capacity.

A more formal National Secretaries meeting was held prior to the Board meeting at the 13th Biennial Congress in New York in 1995 allowing the National Secretary Chair to attend the Board meeting and present information discussed at the National Secretaries' meeting. A By-Law was passed at the business meeting to include the Chair of the National Secretaries as a non-voting member of the Board.

In Tokyo, Japan in 2000, at the 15th Biennial Congress, the new ISAPS Executive Secretary, Catherine Foss, prepared and distributed the first National Secretary's Handbook outlining the specific responsibilities of this group who were contributing so much to the proper functioning of the society.

At the 17th Congress in Houston, Texas in 2004, a controversy was resolved with National Secretaries agreeing that "a country with fewer than three members is no longer qualified to have a National Secretary." A proposal to elect an Assistant Chair was approved and Ruth Graf (Brazil) was elected to this position. Two new By-Laws were passed at the business meeting providing the Chair of the National Secretaries with membership on the Board as a voting member and requiring a country to have three members to qualify for a National Secretary.

In Melbourne, Australia in 2008 during the 19th Congress, the National Secretaries voted unanimously to retain the current eight year maximum consisting of two four-year terms, subject to re-election after four years of service. This was consistent with the current By-Laws requiring no change.

During the 20th Congress held in San Francisco, California in 2010, it was confirmed that only a current National Secretary could hold the position of Chair or Assistant Chair.

The 21st Congress in Geneva, Switzerland in 2014 saw the first day-long National Secretaries meeting prior to the Board meeting allowing presentations by members of the Board, focus group discussions, and a skill training session to explain the on-line application and approval process in depth.

The most recent National Secretaries meeting was held in Kyoto, Japan in October 2016 prior to our 22nd Congress with full support of the Board. It is important to note and recognize that many informal National Secretary gatherings have occurred at other meetings. This idea was initiated by Chair Lina Triana. While attendance at such events may be limited, fruitful discussions and friendships develop and grow.

To summarize, it has been an amazing journey from informal gatherings to structured day-long meetings attended by a majority of National Secretaries and members of the Board, with the Chair becoming an official voting member of the Board. Presently, there are 79 National Secretaries and 16 Assistant National Secretaries (in countries with more than 50 members) - a total of 95 in 79 countries. There are 105 countries represented in ISAPS.

Thanks to the Chairs of this organization and to Catherine Foss, Executive Director and her staff, the National Secretaries of ISAPS are duly recognized (and supported) for their important function and position in the leadership of ISAPS.

## CHAIRS OF THE NATIONAL SECRETARY ORGANIZATION

- Hans Bruck (Austria) - 1993-1997
- Thomas Biggs (USA) - 1997-2000
- Bryan Mendelson (Australia) - 2000-2004
- Miodrag Colic (Serbia) - 2004-2008
- Theo Voukidis (Greece) - 2008-2010
- Lina Triana (Colombia) - 2010-2012
- Gianluca Campiglio (Italy) - 2012-2014
- Peter Scott (South Africa) - 2014-2018

## ASSISTANT CHAIRS

- Ruth Graf (Brazil) - 2004-2006
- Theo Voukidis (Greece) - 2006-2008
- Malcolm Paul (USA) - 2008-2010
- Alberto Arguello Choiseul (Costa Rica) - 2010-2012
- Sami Saad (Lebanon) - 2012-2014
- David Park (South Korea) - 2014-2016
- Ivar van Heijningen (Belgium) - 2016-2018

# ISAPS WELCOMES NEW MEMBERS

## JUNE THROUGH AUGUST 2017

### ARGENTINA

Anibal Alfredo AROLFO, MD  
Gustavo FLORES, MD  
Facundo MELGAREJO, MD\*\*  
Veronica Vanesa OJEDA, MD\*\*  
Cristian Federico SCHAUVINHOLD, MD  
Juan Ignacio SEILER, MD

### AUSTRIA

Georg HUEMER, MD, MSc, MBA  
Barbara ZINK, MD, PhD, FEBOPRAS

### BANGLADESH

Taslina SULTANA, MBBS, MS\*

### BELGIUM

Pascal CASTUS, MD

### BOLIVIA

Giovanna LAND, MD

### BRAZIL

Gibran CHEDID, MD\*  
Luciana EL HALAL SCHUCH, MD\*  
André S. B. HAZAN, MD  
Rodrigo NASCIMENTO, MD\*  
Carlos Eduardo TAGLIARI, MD\*

### COLOMBIA

Catherine BARON, MD

### CZECH REPUBLIC

Lucie KALINOVA, MD, PhD

### ECUADOR

Daniel BLUM, MD  
Sara MEDRANDA, MD, PhD  
Marco OCHOA, MD  
Fernando ORTIZ, MD\*  
Aldo RONQUILLO, MD, PhD, FACS  
Pablo SALAMEA, MD  
Diego SGHEIZ, MD  
Ricardo VARGAS, MD\*  
Joffre WONG, MD

### FRANCE

Vincent HUNSINGER, MD\*

### GREECE

Marianna THEODORAKOPOULOU, BSc, MBBS\*\*

### GUATEMALA

Rafael BIGURIA, MD\*

### INDIA

Aditya AGGARWAL, MS, MCh, DNB (Plastic Surgery)  
Narendra KAUSHIK, MBBS, MS, MCh, DNB  
Sahebgowda SHETTY, MBBS, MS, MCh

### IRAQ

Mohamed ALANBARI, MD\*  
Jabir HAMEED, MBChB, FICMS

### JAPAN

Nobuhiro SATO, MD, PhD

### MAURITIUS

Devarajen PILLAY CARPANEN, MD, MMed

### MEXICO

Gustavo GONZALEZ ZALDIVAR, MD  
Karen LETONA, MD\*\*  
Alejandro NAJAR MENDEZ, MD  
Santiago PETERSEN, MD\*  
Vicente RAMIREZ TORRES, MD\*\*

### ROMANIA

Radu IONESCU, MD

### SLOVAK REPUBLIC

Marek SIPKA, MD

### SOUTH KOREA

Kikap KIM, MD

### SPAIN

Agustin GRANADO TIAGONCE, MD

### THAILAND

Piya RUNGRUXSIRI, MD  
Vajarakorn TONGSUK, MD

### TURKEY

Nurettin NOYAN, MD

### UNITED ARAB EMIRATES

Omar ALAMERI, MD

### UNITED KINGDOM

Angelica KAVOUNI, MD, PhD, FRCS, EBOPRAS

### UNITED STATES

Francisco CANALES, MD  
Flavia DAVIT, MD  
Heather FURNAS, MD  
Francesco GARGANO, MD  
Kenna GIVEN, MD  
Christine HAMORI, MD  
Arthur HANDAL, MD  
Clyde ISHII, MD  
Ni Jui LIANG, MD\*\*  
Beth PREMINGER, MD  
Jay Mousa SHENAI, MD

\* indicates Associate Member

\*\* indicates Associate Resident/Fellow Member

# MEETINGS CALENDAR



**ISAPS Symposium – Portugal, Aesthetic Breast Surgery and Body Contouring**  
Date: 28 September 2017 - 29 September 2017  
Location: Lisbon, PORTUGAL  
Contact: Margarida Ferreira  
Email: [isaps-spcpre2017@aimgroup.eu](mailto:isaps-spcpre2017@aimgroup.eu)  
Website: <http://www.isaps-spcpre2017.com>



**ISAPS Symposium – Romania, Immediately preceding the EASAPS Congress**  
Date: 05 October 2017  
Location: Bucharest, ROMANIA  
Contact: Roxana ILINCA  
Email: [Roxana.ilinca@businessstravel.ro](mailto:Roxana.ilinca@businessstravel.ro)  
Tel: +40 231 56 19  
Fax: +40 232 56 22  
Website: <http://easapsbucharest.ro/>



**EASAPS Congress**  
Date: 06 October 2017 - 07 October 2017  
Location: Bucharest, ROMANIA  
Contact: Roxana ILINCA  
Email: [Roxana.ilinca@businessstravel.ro](mailto:Roxana.ilinca@businessstravel.ro)  
Tel: +40 231 56 19  
Fax: +40 232 56 22  
Website: <http://easapsbucharest.ro/>



**ISAPS Symposium - UK, in collaboration with CCR Expo 2017 and BAAPS**  
Date: 07 October 2017  
Location: London, UNITED KINGDOM  
Contact: Alison Willis  
Email: [alison.willis@easyfairs.com](mailto:alison.willis@easyfairs.com)  
Tel: +44 (0)20 3196 4300  
Fax: +44 (0)20 8892 1929



**ISAPS Course - Jordan**  
Date: 11 October 2017 - 13 October 2017  
Location: Amman, JORDAN  
Contact: Dr. Kusai Elmusa  
Email: [elmusa.inbox@gmail.com](mailto:elmusa.inbox@gmail.com)  
Website: <http://www.isapscoursejordan.com>



**18th Dominican Plastic Surgery Congress**  
Date: 12 October 2017 - 14 October 2017  
Location: Punta Cana, DOMINICAN REPUBLIC  
Contact: SODOCIPRE  
Email: [info@sodocipre.net](mailto:info@sodocipre.net)  
Tel: 809-682-5808



**ISAPS Symposium – Canada, immediately preceding the 44th Annual Meeting of the Canadian Society for Aesthetic Plastic Surgery**  
Date: 12 October 2017  
Location: Toronto, CANADA  
Contact: Tara Hewitt  
Email: [csapsoffice@gmail.com](mailto:csapsoffice@gmail.com)  
Tel: 1-(905) 655-9889  
Fax: 1-(905) 655-7319  
Website: <http://www.csaps.ca>



**Canadian Society for Aesthetic Plastic Surgery**  
Date: 13 October 2017 - 14 October 2017  
Location: Toronto, Ontario, CANADA  
Contact: Tara Hewitt  
Email: [csapsoffice@gmail.com](mailto:csapsoffice@gmail.com)  
Tel: 1-(905) 655-9889  
Fax: 1-(905) 655-9889  
Website: <http://www.csaps.ca>



**ISAPS Symposium - Australia**  
Date: 19 October 2017  
Location: Melbourne, AUSTRALIA  
Contact: Dr. Morris Ritz  
Email: [morrisr@melbplastsurg.com](mailto:morrisr@melbplastsurg.com)  
Tel: 61-3-9508-9508  
Fax: 61-3-9508-9588



**40th Annual ASAPS Conference**  
 Date: 19 October 2017 - 22 October 2017  
 Location: Melbourne, AUSTRALIA  
 Contact: The Production House Events  
 Email: [gina@tphe.com.au](mailto:gina@tphe.com.au)  
 Tel: 61 (03) 9020 7056  
 Website: <http://asapsevents.org.au>



**Global Masters Aesthetic Symposium**  
 Date: 24 October 2017 - 27 October 2017  
 Location: Tehran, IRAN  
 Contact: Dr. Bahman Guyuron  
 Email: [bahman.guyuron@gmail.com](mailto:bahman.guyuron@gmail.com)  
 Tel: 1-440-646-1279  
 Fax: 1-440-461-4713  
 Website: <http://plasticcongress.ir/the-global-masters-aesthetic-symposium/>



**2nd Norwegian-American Aesthetic Surgery Meeting**  
 Date: 27 October 2017 - 28 October 2017  
 Location: Oslo, NORWAY  
 Contact: Ellen Thrap Aspeggen  
 Email: [osloaestheticmeeting@gmail.com](mailto:osloaestheticmeeting@gmail.com)  
 Website: <http://osloaestheticmeeting.hostmotet.no>



**II INTERNATIONAL CONGRESS AECEP 2017**  
 Date: 02 November 2017 - 04 November 2017  
 Location: Madrid, SPAIN  
 Contact: Carlos Lázaro  
 Email: [c.lazaro@bnyco.com](mailto:c.lazaro@bnyco.com)  
 Tel: +34 91 571 93 90  
 Fax: + 34 91 571 92 06



**The Aston Baker Cutting Edge 2017 Symposium**  
 Date: 30 November 2017 - 02 December 2017  
 Location: New York, NY, UNITED STATES  
 Contact: Bernadette McGoldrick  
 Email: [bmgoldrick@nypsf.org](mailto:bmgoldrick@nypsf.org)  
 Tel: 1-212-249-9028  
 Fax: 1-646-783-3367  
 Website: <http://www.nypsf.org/>



**ISAPS Course - Argentina, The End of the World ISAPS Immersion Course in Periorbital Rejuvenation**  
 Date: 04 December 2017 - 05 December 2017  
 Location: Patagonia, ARGENTINA  
 Contact: Dr. Fabian Cortiñas  
 Email: [endoftheworldcourse@gmail.com](mailto:endoftheworldcourse@gmail.com)  
 Tel: 54 911 4444 4375  
 Website: <http://www.isapsendoftheworldcourse.com>



**ISAPS Course - Belgium, Cadaver Dissection**  
 Date: 18 January 2018 - 20 January 2018  
 Location: Liege, BELGIUM



**11th Annual Oculoplastic Symposium**  
 Date: 18 January 2018  
 Location: Atlanta, GA, UNITED STATES  
 Contact: Susan Russell  
 Email: [srussell@sesprs.org](mailto:srussell@sesprs.org)  
 Tel: 1-435-901-2544  
 Fax: 1-435-487-2011  
 Website: <http://www.sesprs.org>



**34th Annual Atlanta Breast Surgery Symposium**  
 Date: 19 January 2018 - 21 January 2018  
 Location: Atlanta, GA, UNITED STATES  
 Contact: Susan Russell  
 Email: [srussell@sesprs.org](mailto:srussell@sesprs.org)  
 Tel: 1-435-901-2544  
 Fax: 1-435-487-2011  
 Website: <http://www.sesprs.org>



**Masterclass in Advanced Facial Rejuvenation**  
 Date: 31 January 2018  
 Location: Paris, FRANCE  
 Contact: Sylvie Le Louarn  
 Email: [lelouarn@lelouarn.eu](mailto:lelouarn@lelouarn.eu)  
 Tel: 33-1-45532717  
 Fax: 33-1-47278291  
 Website: <http://www.lelouarn.com>



**ISAPS Course - India, immediately preceding the national conference of the Indian Association of Aesthetic Plastic Surgeons, AESURG 2018**  
 Date: 01 February 2018 - 04 February 2018  
 Location: Udaipur, INDIA  
 Contact: Dreamz Conference Management Pvt. Ltd.  
 Email: [aesurg2018@gmail.com](mailto:aesurg2018@gmail.com)  
 Website: <http://www.isapscourseindia.com>



**52nd Baker Gordon Educational Symposium**  
 Date: 08 February 2018 - 10 February 2018  
 Location: Miami, FL, UNITED STATES  
 Contact: Mary Felpeto  
 Email: [maryfelpeto@bellsouth.net](mailto:maryfelpeto@bellsouth.net)  
 Tel: 1-305-854-8828  
 Fax: 1-305-854-3423  
 Website: <http://www.bakergordonsymposium.com/>



**ISAPS Course - Spain**  
 Date: 09 March 2018 - 10 March 2018  
 Location: Barcelona, SPAIN  
 Contact: Dr. Jesus Benito-Ruiz  
 Email: [drbenito@antiaginggroupbarcelona.com](mailto:drbenito@antiaginggroupbarcelona.com)  
 Tel: 34-932-522-349



**ISAPS Course - South Africa**  
 Date: 23 March 2018 - 25 March 2018  
 Location: Cape Town, SOUTH AFRICA  
 Contact: Dr. Peter Scott  
 Email: [peters@cinet.co.za](mailto:peters@cinet.co.za)



**Highlights of Plastic Surgery**  
 Date: 15 March 2018 - 17 March 2018  
 Location: Panama City, PANAMA  
 Contact: Dr. Luis Picard-Ami  
 Email: [lpicardami@gmail.com](mailto:lpicardami@gmail.com)  
 Tel: 507-6747-9911  
 Website: <http://highlightsofplasticsurgery.com/>



**Aesthetic Plastic Surgery 2018 - Korean Society for Aesthetic Plastic Surgery**  
 Date: 07 April 2018 - 08 April 2018  
 Location: Seoul, SOUTH KOREA  
 Contact: Prof. Seung-Kyu Han  
 Email: [ksaps@ksaps.or.kr](mailto:ksaps@ksaps.or.kr)  
 Tel: +82-2-3472-4243  
 Fax: +82-2-3472-4243  
 Website: <http://www.aps-iae.com>



**The Aesthetic Meeting - American Society for Aesthetic Plastic Surgery**  
 Date: 26 April 2018 - 30 April 2018  
 Location: New York, NY, UNITED STATES  
 Website: <http://www.surgery.org/>



**ISAPS Symposium - France, immediately preceding 2018 SOFCEP meeting**  
 Date: 31 May 2018 - 02 June 2018  
 Location: Lyon, FRANCE  
 Contact: SOFCEP  
 Email: [socfep@vous-et-nous.com](mailto:socfep@vous-et-nous.com)  
 Tel: +33(0)5 34 31 01 34  
 Website: <http://www.congres-sofcep.org>



**16th BEAULI Symposium**  
 Date: 09 June 2018 - 10 June 2018  
 Location: Berlin, GERMANY  
 Contact: Wibke Bodensiek  
 Email: [info@pk-bw.de](mailto:info@pk-bw.de)  
 Tel: 49-(0)3303-513-4000-0  
 Fax: 49-(0)3303-513-4000-90  
 Website: <http://www.beauli.de/>



**ISAPS Course - Turkey, 10th Eurasian International Aesthetic Course with Live Surgeries**  
 Date: 21 June 2018 - 24 June 2018  
 Location: Istanbul, TURKEY  
 Contact: Yagiz Tutuncuoglu  
 Email: [yagiz@seveneventcompany.com](mailto:yagiz@seveneventcompany.com)  
 Tel: +90-5337471423



**24th Congress of ISAPS**  
 Date: 31 October 2018 - 04 November 2018  
 Location: Miami Beach, FL, UNITED STATES  
 Contact: Catherine Foss  
 Email: [isaps@isaps.org](mailto:isaps@isaps.org)  
 Tel: 1-603-643-2325  
 Fax: 1-603-643-1444  
 Website: <http://www.isapsmiami2018.com/>

# IN OUR NEXT ISSUE: UPDATE ON THE FIRST ISAPS COURSE IN CHINA



## GLOBAL SPONSORS IN ATTENDANCE AT THE BIGGEST CONGRESS YET!

The 2018 ISAPS Congress in South Beach, Miami is shaping up to be the biggest Congress ever!

Over the last few months, we've been talking about the details of the 2018 Congress, the newly renovated, cutting-edge Miami Beach Convention Center, and the beauty of South Beach, Miami. The excitement is already growing, with ISAPS plastic surgeons from many countries registering to join us at the premier global aesthetic meeting in the world!

One of the reasons that we are able to go the extra mile and make the 2018 ISAPS Congress so special is our incredibly generous and valued global sponsors. Without them, the ISAPS Congress wouldn't be able to reach the heights of excitement and excellence we are aiming for in October 2018.

We have four levels of sponsorship available for the ISAPS Premier Global Sponsorship Program: Platinum, Gold, Silver and Bronze. Every one of our sponsors plays a huge role in our industry and we are sure that you will recognize their names.

### Platinum Sponsor Polytech Health & Aesthetics

Our first Platinum sponsor is a German company known the world over for their reconstructive and aesthetic products. Since their founding in 1986, Polytech Health & Aesthetics has grown into a European market leader of cosmetic implant advancement and manufacturing. Their products, ranging from breast implants for women, soft-tissue implants for men, calf and gluteus implants, tissue expanders, compression bras, scar-therapy products, instruments for liposuction and pigmentation and custom-made implants, have made their name famous among plastic surgeons all over the world.

### Platinum Sponsor Merz North America

Our second Platinum sponsor is a German-owned North American company founded in 1908, dedicated to developing innovative treatment solutions in

the fields of aesthetics, dermatology and neuroscience in the US and Canada: Merz North America. For over 100 years, Merz has been at the forefront of developing new therapeutic options to improve patients' lives all over the world. Globally, the companies that make up Merz Pharma Group have assumed a leading role in the field of Alzheimer's disease research, while also developing medications to treat other neurological and psychiatric illnesses.

### Gold Sponsor Zeltiq/CoolSculpting

Our first Gold sponsor is famous for its proprietary controlled-cooling technology platform. The company is called Zeltiq, and you are sure to know their product, CoolSculpting, the only fat-reducing procedure to utilize Cryolipolysis®, the scientific principle that fat cells are more sensitive to cold energy than other tissue. With the CoolSculpting applicator, cosmetic surgeons can selectively reduce stubborn fat and sculpt the body in a completely non-invasive way. The company is constantly working to develop their technology and, in 2015, was recognized for the second consecutive year on Deloitte's Technology Fast 500, a ranking of the 500 fastest-growing technology, media, telecommunication, life sciences and clean technologies companies, both public and private, in North America.

### Gold Sponsor Motiva

Our second Gold sponsor has over 30 years of experience in developing the next generation of breast implants. Motiva is truly a worldwide enterprise, with regulatory offices in the US, a distribution center in Belgium, and a state-of-the-art manufacturing facility in Costa Rica. Aiming to create the most advanced levels of safety for women worldwide, Motiva's ethical charter states: "Our entire company is committed to providing customers with only the finest quality implantable devices, coupled with the highest safety profile."

### Bronze Sponsor Neograft

Our Bronze sponsor is on a mission to offer both men and women a highly desirable, minimally invasive hair transplant option. The NeoGraft system is the first and only Class I FDA listed automated medical device for hair restoration. Their aim is to offer a hair restoration procedure with little to no discomfort, a shorter recovery time and no stitches or staples, and that transplants twice as many hair grafts as manual FUE. They are committed to partnering with the most qualified physicians in the world (ISAPS plastic surgeons) and to meeting their client's hair restoration goals.

The International Society of Aesthetic Plastic Surgery is absolutely delighted to be working with all of our fantastic sponsors, covering many aspects of the cosmetic surgery industry. We are sure that the 2018 ISAPS Congress will be one to remember for years to come. Our ISAPS group rate for accommodations at the Loews Miami Beach Hotel is now in place, so you can book your room and register for the Congress today. At the Congress, you will have an opportunity to connect with other ISAPS plastic surgeons and our many exhibiting companies, expand your aesthetic education, build contacts, and just have a fantastic time. We hope we will see you in South Beach come next year!

# 24TH CONGRESS OF ISAPS: EXHIBITORS & SPONSORS

## WE ARE VERY GRATEFUL TO THESE COMPANIES ALREADY ON BOARD.

- American Society for Aesthetic Plastic Surgery - US
- ASSI-Accurate Surgical & Scientific Instruments - US
- Aston Baker Cutting Edge 2018 Aesthetic Surgery Symposium
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- Sciton - US/Seattle Software Design - US
- Shippert Medical - US
- Silimed Industria de Implantos, Ltda.- Brazil
- Sinclair Pharmaceuticals, Ltd. - France
- Smart Graft by Vision Medical Inc. - US
- Sontec Instruments, Inc. - US
- Stille Surgical - Sweden
- Thieme Medical Publishers - Germany
- Tulip Medical Products - US
- Viveve, Inc. - US
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- Wells Johnson - US
- Wolters Kluwer - US
- Xelpov Surgical - Pakistan
- Zalea - US
- Zeltiq/Coolsculpting - **US - GOLD GLOBAL SPONSOR**
- ZO Skin Health, Inc. - US

## Banking

Most banks are open Monday through Friday from 9am to 5pm. There are even some that are open on Saturdays, but with limited hours (e.g., 9am – 1pm). Be sure to check the bank's website for specific times.

Automated Teller Machines (ATMs) are readily available and usually charge you the lowest rate.

## Car Rental & Parking

Car rentals are available at the Miami International Airport. We recommend reserving a car early. Hotel parking (self and/or valet) is usually available, for a daily parking cost that varies with each hotel.

Another option is to use Lyft or Uber to get around town. You can use Lyft Fare Estimate or Uber Fare Estimate to estimate the cost of your fares before you ride.

## Climate

Miami has a tropical climate. Temperatures during the Miami Congress are expected to range from 70-80 degrees Fahrenheit (21-26 degrees Celsius). The rainy season can last through the end of October, so be sure to pack accordingly.

## Congress Attire

During the Congress sessions, we recommend business casual attire. Bring a Halloween costume for the welcome reception and plan to wear a comfortable ensemble for the beach party.

**Flip flops are recommended.**

## Currency Exchange

The US monetary unit is the dollar. The rate of exchange varies every day. We recommend using a currency converter in your mobile phone to help determine how your national currency compares to the US dollar at any time. Personal checks drawn on foreign banks are not accepted.

You can change currency at Miami International Airport or any ATM machine which will offer a better rate. Most places accept credit cards such as MasterCard, Visa, American Express and Discover.

If credit cards are not accepted, the establishment will usually inform you with a sign at the door or near the register, or your waiter will tell you before you order your meal.

## Disabled Facilities

If you have special needs or require disability-specific facilities, please let us know.

## Electricity

US electricity is 110 volts, AC. Outlets have a 3-pin plug. We advise you to purchase a plug adapter and transformer beforehand.

## Insurance

For your peace of mind, we strongly recommend that you obtain travel and international health insurance prior to your travels to the US.

## Liability

Congress organizers are not liable for personal accidents, losses of or damage to any private property of registered attendees or any accompanying persons during the Congress.

Please make your own arrangements with respect to personal insurance.

## Official Language

The official language of ISAPS is English, but we will have translation headsets available in Spanish and Portuguese.

## Safes & Safe Deposit Boxes

Most hotels provide a safe in every room. Instructions are usually provided to allow you to create a personal code to access the safe. Be sure to read the disclaimer card provided, upon locking your belongings.

In most cases, hotels are limited in their liability for your personal belongings. Additionally, many hotels provide safe deposit boxes. Inquire at the front desk about availability.

## Telephone Calls

The cost of phone calls from the hotel, especially international calls, is expensive. We advise that you use your cell phone with international calling capabilities instead.

## Tipping

In the US, it is customary to provide a tip for service in hotels, taxis, and restaurants. Tips can range between 15%-20% of your total bill, at your discretion, although some restaurants automatically include a tip for parties of five people or more. In such instances, the tip will appear on your bill, and no additional tip is necessary (though it is welcomed).

## Travel Disclaimer

In the event of any travel disruptions, Congress organizers will not be held responsible for any loss incurred by any registrant or family member either en route to or from the Congress. By registering for the Congress, participants accept full responsibility for their own travel arrangements and any consequences for themselves and for all accompanying persons.

## Visas & Passports

Most travelers will be admitted into the United States with a valid passport. However, not all countries are exempt from a visa requirement. Please check well in advance to determine whether you will need a visa, and begin your application process at least three months before the Congress.

# ARE YOU COMING?



## 24TH CONGRESS

**OCTOBER 31 - NOVEMBER 4, 2018**  
**South Beach Miami, Florida, United States**



# #ISAPSMIAMI2018

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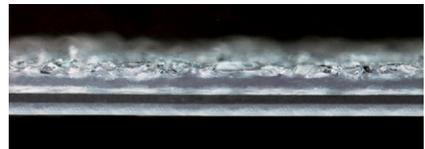
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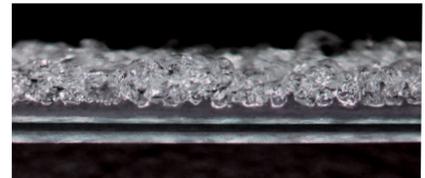
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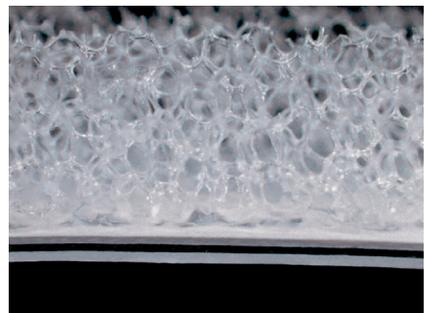
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Standard textured surface



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Micropolyurethane-foam covered surface



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