

# ISAPS NEWS

Official Newsletter of the International Society of Aesthetic Plastic Surgery

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## ISAPS PASSES MAJOR MILESTONE:

# 101

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# MESSAGE FROM THE EDITOR



**W**elcome to this issue of *ISAPS News*. Our cover highlights our great milestone in reaching 101 member countries. This represents widespread recognition of our Society's commitment to excellence and the value of being part of this international group of talented and dedicated colleagues.

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We are now less than one year from the ISAPS Congress in Kyoto and this meeting is sure to be the educational highlight of the year. Under the thoughtful leadership of ISAPS President, Susumu Takayanagi, MD, the Society is thriving and the commitment to patient safety and outstanding education could not be stronger. Please see the article on page 28 in which Dr. Takayanagi shares his list of favorite hotels and Japanese Inns. Additionally, Drs. Hiroko Yanaga and Kuni Nohira write informative pieces on Japanese culture and preparation for our 23rd Biennial Congress.

Our "global perspectives" series focuses on trends in liposuction and lipoplasty. There is an interesting and diverse assortment of technologies and techniques included, representing the broad interests of our expert surgeons across the globe. Don't miss this informative section to find out what's new in this area of practice.

As always, you will find this current issue of *ISAPS News* full of interesting and useful information about educational activities, patient safety, humanitarian efforts, and regulatory issues.

I hope you enjoy this issue of *ISAPS News*.

Warmest regards,

J. Peter Rubin, MD, FACS  
*ISAPS News Editor*

# MESSAGE FROM THE PRESIDENT



**I**SAPS is currently inviting societies of aesthetic plastic surgery around the world to join the newly established ISAPS Global Alliance. This initiative originated in a proposal from Dr. Joao Sampaio Goes during his term as ISAPS President in 2004-2006.

Just like any alliance between airlines worldwide, a strong relationship among societies of aesthetic plastic surgery should benefit members of each partner society. We will discuss what kinds of benefits, in particular, we can share. What I have in

mind is collaboration in a wide range of areas such as discounts offered mutually among partners, in particular registration fees for conferences hosted by each society. Other examples include partnerships in publication/distribution of journals, simplification of membership admission procedures, as well as collaborative member education and public relations. To have discussions on this subject, I plan to organize a committee that consists of presidents of partner societies. The first official meeting of Alliance partners will be held during the ISAPS Congress in Kyoto in October, 2016.

As of the end of October, nineteen societies listed below have joined the Global Alliance. I extend my heartfelt gratitude to the presidents, boards and members of these societies for having agreed to our proposal, and I hope there will be many more partner societies.

1. American Society for Aesthetic Plastic Surgery, Inc. (ASAPS)
2. Associazione Italiana di Chirurgia Plastica Estetica (AICPE)
3. Australasian Society of Aesthetic Plastic Surgery (ASAPS)
4. Canadian Society for Aesthetic Plastic Surgery (CSAPS)
5. Dansk Selskab for Kosmetisk Plastikkirurgi (DSKP)
6. European Association of Societies of Aesthetic Plastic Surgery (EASAPS)
7. Hellenic Society of Plastic, Reconstructive and Aesthetic Surgery (HESPRAS)
8. International Society of Aesthetic Plastic Surgery (ISAPS)
9. Indian Association of Aesthetic Plastic Surgeons (IAAPS)
10. Iranian Society of Plastic and Aesthetic Surgeons (ISPAS)
11. Japan Society of Aesthetic Plastic Surgery (JSAPS)
12. Korean Society of Aesthetic Plastic Surgery (KSAPS)
13. Romanian Aesthetic Surgery Society (RASS)
14. Schweizerische Gesellschaft für Aesthetische Chirurgie (SGAC)
15. Sociedad Boliviana de Cirugia Plastica Estetica y Reparadora (SBCPER)
16. Sociedad Colombiana de Cirugía Plástica, Estética y Reconstructiva (SCCP)
17. Società Italiana di Chirurgia Plastica Ricostruttiva ed Estetica (SICPRE)
18. Société Française des Chirurgiens Esthétiques Plasticiens (SOFCEP)
19. Svensk Förening för Estetisk Plastikkirurgi (SFEP)



## ISAPS supports our colleagues in France

*The collective hearts of all ISAPS members go out to the French people, and particularly our 33 members in Paris.*

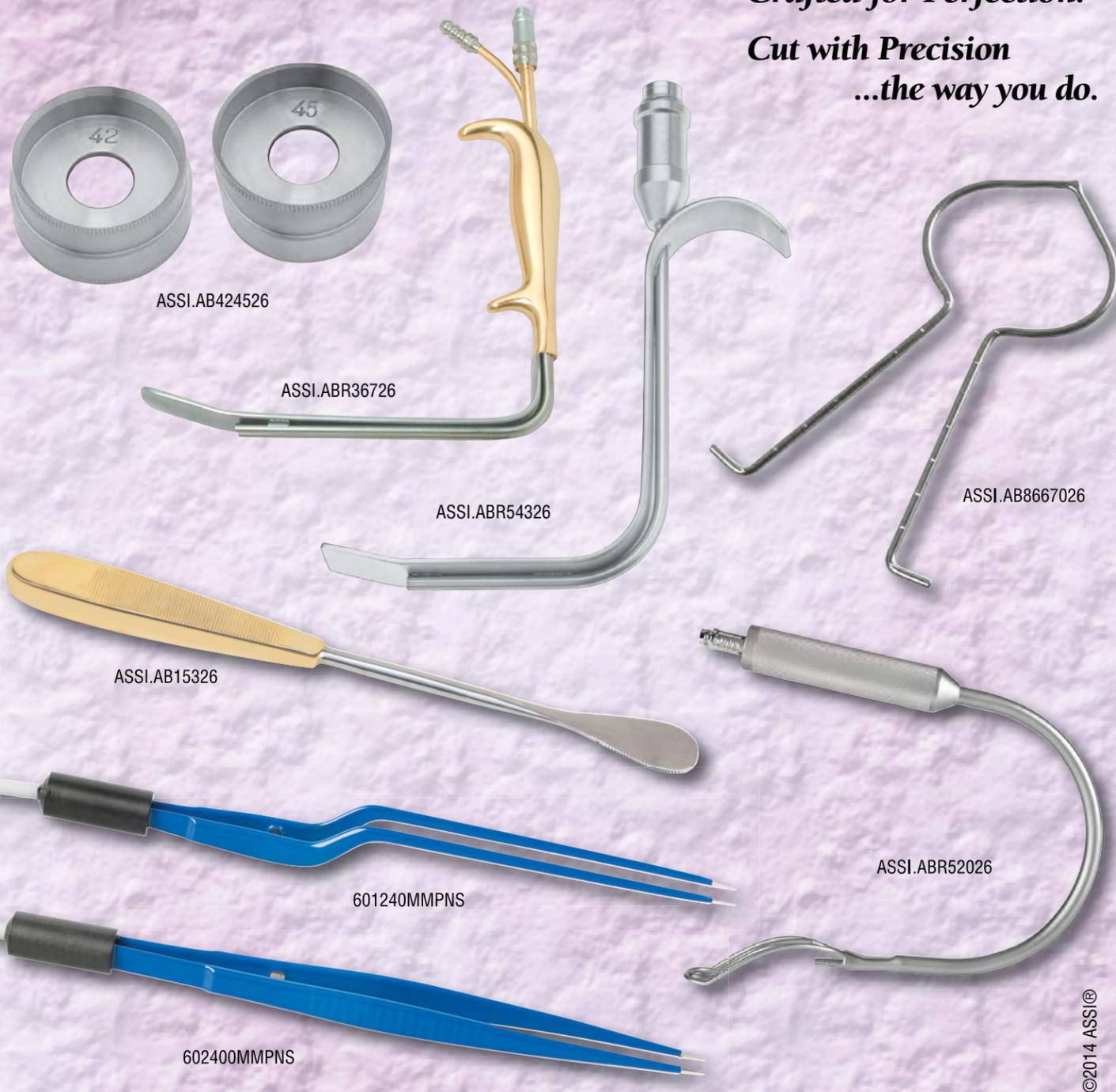
As a medical community we are extremely proud of our emergency services. The attack happened while we were on a national strike because our government intends to nationalize healthcare. Moreover the cases are war injuries to which we are not accustomed in civil hospitals.

The photo is taken in the recovery room of Saint Louis Hospital. Half of the people in this picture were not supposed to work, but came spontaneously to help with the victims.

– Claude Le Louarn, MD

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*President's Message, continued from page 3*

20. United Kingdom Association of Aesthetic Plastic Surgeons (UKAAPS)
21. Vereinigung der Deutschen Aesthetisch Plastischen Chirurgen (VDAPC)

Recently, I received questions from some ISAPS members regarding the use of ISAPS membership fees. Detailed information on each item of income and expenditure is reported during the biennial business meeting held at every ISAPS Congress. For now, I list the major expense items below:

- Preparation for biennial ISAPS Congresses;
- Cost of maintaining the ISAPS Executive Office including staff salaries, office rent, equipment maintenance, and various types of insurance;
- Fees paid to our public relations team to conduct publicity activities for the purpose of promoting ISAPS in the global media, disseminating public education, and attracting new members;
- Promotion of the ISAPS Education Program through the website, journal, newsletter, emails and exhibits;
- Maintenance of the ISAPS website in both desktop and mobile versions with patient information in 10 languages;
- Annual statistical surveys and analyses on aesthetic plastic surgery procedures worldwide;
- Publication and member subscription to *Aesthetic Plastic Surgery*, the ISAPS journal, and maintaining the journal app, *ajax* – the journal costs ISAPS \$100 of each active member's \$350 annual fee. ISAPS operates on only \$250 in dues per Active Member;
- Publication of *ISAPS News*, free to all members;
- Visiting Professor Program fees – currently, there are 38 Visiting Professors and 16 programs have been provided since 2013 – ISAPS pays a Visiting Professor \$5,000 to offset travel costs that they pay themselves to spend 3-4 days teaching young surgeons in countries including, so far, Uruguay, Indonesia, India, Russia, South Africa and more;
- Meetings of the Board of Directors;
- Printing and distribution of information about ISAPS including membership brochures, education schedule, unique insurance program, patient safety materials, membership pins, membership certificates, and information about benefits such as member plaques;
- Maintenance, staff support and shipping of ISAPS exhibit booth to promote ISAPS at various meetings around the world.

ISAPS must keep growing as the leading society of international aesthetic plastic surgery. For this purpose, we need to expand the scale of activities in the list above. For the sake of ISAPS' future, I hope more and more brilliant young surgeons will join ISAPS and support its activities. I want the name of

ISAPS to be known to as many patients around the world as possible. We have to convince patients that all members of ISAPS are properly trained surgeons who are capable of safely and effectively performing surgical as well as non-surgical procedures. This is essential for the world of aesthetic plastic surgery to proceed in the right direction, and therefore it is also essential for our mission of education to promote patient safety.

Aesthetic Education Worldwide is our slogan under which we organize ISAPS courses, symposia, and biennial ISAPS Congresses across the world. If you have been a member of the faculty in these educational activities, or if you have organized a course yourself, you surely know there are many aspects – and costs – in the management of these activities. One of these is faculty travel expenses. It is a volunteer activity to serve as a member of the faculty in any ISAPS educational activity, and so every member of the faculty pays his/her travel expenses out of his/her own pocket to participate in our education program. They pay their travel expenses and participation fees to attend biennial ISAPS Congresses as well. The ISAPS President, of course, does the same.

For the ISAPS Kyoto Congress and subsequent biennial congresses, in addition to ISAPS members, we will invite as members of the faculty dermatologists, oculoplastic surgeons, and facial plastic surgeons who are highly capable and respected in their subspecialties. In my opinion, the registration fee to be paid by each of these invited faculty members should not be classified in the non-ISAPS-member category. They should be required to pay the same amount as the fee paid by an ISAPS member. These external attendees-to-be are invited by us so that their excellent knowledge and experience will benefit other attendees.

ISAPS members who are often invited as members of the faculty, as well as members of the Board and of the Education Council, do not mind reducing time spent in their professional work to include this volunteer teaching activity in their busy schedules. They travel at their own expense to support educational activities of ISAPS. I am always grateful for their dedication to ISAPS, feeling deeply that they are a precious energy source of our society.

ISAPS is always open to comments from any of its members who will shape the future of our society. I appreciate any proposal, criticism or confirmation from you regarding the direction ISAPS should be heading. ISAPS is YOUR society.

Susumu Takayanagi, MD  
ISAPS President 2014-2016

## LANCET 4 BEAUTY: CAN WE REALLY ACHIEVE BEAUTY?

Bouraoui KOTTI, MD, PhD – Tunisia

National Secretary for Tunisia

Like a painter armed with his brush to galvanize his muse's portrait; like a sculptor armed with his chisel to carve a bust from a stone; the plastic surgeon takes his sword-shaped lancet every day to fight ugliness for beauty and we all know that if beauty can be a lucky hazardous blossoming of art it must be a successful fulfilment of a premeditated plastic surgery procedure. But can we really reach beauty? And what is beauty? Is it a concept? An achievement? A mathematical equation? Or just a human obsession?



Selfie, Oh my Selfie, tell me who s the most beautiful in the world ? #nofilter

Is there "a beauty" or "the beauty?"

From Iran where the perfect nose is considered the luckiest of God's blessings to parts of West Africa where fat is fabulous, one country's beauty can be another's ugliness.

Americans may obsess over the skinny, plastic ideal, but this is absolutely not the norm! Perhaps there are a lot of beauty trends and rituals from around the world, but is there a common thread among all these trends?

Knocking on math's door, I was looking for an exact equation that could solve the mystery of beauty. My answer came especially from Italy when I discovered Vitruvius' work valued by Leonardo da Vinci's drawing. It's a matter of ratio and it sounds like the cornerstone of attraction. Fibonacci, another Italian genius who learned his mathematical bases between Tunisia and Algeria, brought to Pisa the Arab numbers and invented his own in a fabulous integer sequence leading to phi: the golden ratio  $\Phi = 1.618\ 033\ 988\ 7\ .\ .\ .$  Famous artists and architects used this ratio to map out their masterpieces. From the Greek temples to Michelangelo's *David*, the beauty transcendence is a harmony of  $\Phi$  suites even in nature; every single beautiful thing is made by a  $\Phi$  dovetailing elements, even us. "Life imitates art far more than art imitates life."<sup>1</sup>

We look healthier and more attractive if we are proportionally  $\Phi$  made. That's it! I was trying to find a rational response and it was brought to me by an irrational number with no equivalent fraction and its decimal that keeps going and never stops.

Does this mean that beauty is balanced on the edge of eternity? Maybe the Lebanese Gibrán Khalil Gibran was right when he said: "Beauty is eternity gazing at itself in a mirror"<sup>2</sup> and maybe it's the answer of the tireless motivation of our patients to stay young, which is not unpleasant for our business. Maybe that's also why I like the Red Hot Chili Peppers' song, *Californication: Pay your surgeon very well; To break the signs of aging; Celebrity skin is this your chin; Or is it war your waging . . .* It's my favorite chorus line.

We want to stay young in order to stay beautiful and of course we have to respect the "golden ratio." What a dazzling truth! But why do we sometimes like others even if they are old or "really ugly?" It doesn't make sense. The response came to me from France after reading Diderot and I totally agree with this French philosopher's thought.<sup>3</sup> "Do you think that I like you because you're beautiful, or are you beautiful because I like you?" The vision of beauty also changes with emotions and experiences and that's why in Tunisia we used to say "Even a monkey looks like a gazelle in his mother's eye." The only question that torments me now is why I heard that from my mummy.

I think it's also a matter of fashion. If we observe the Austrian Willendorf Venus from 24,000-22,000 BCE, we can guess another type of "fatty" beauty totally different from nowadays. Maybe the mentalities are not the same and change from one century to another and from one decade to another.

When the famous actress Fanny Brice had a rhinoplasty five years after the end of World War I, American newspapers screamed "shame." How she could change a hallmark of her religion like her Jewish nose? But

40 years later when Barbra Streisand appeared in *Funny Girl* with her Jewish nose, all the critics said: Why didn't she get a rhinoplasty?



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## ECONOMY AND AESTHETIC PLASTIC SURGERY: A LONG LASTING MARRIAGE

Gianluca Campiglio, MD, PhD – Italy

ISAPS Secretary & Visiting Professor



Since its inception, aesthetic plastic surgery has always been considered something reserved for a small and elite group of people: actresses, aristocrats, successful managers and so on. Although this false myth still survives in the larger public today, the real situation has changed dramatically and patients now come from almost all social classes. The reasons? On the one hand, the emergence of minimally invasive techniques that, although often resulting in less durable results, are less expensive and therefore more accessible than many of the bigger classic procedures. On the other hand, there is now greater affordability because from 2008 to today, the prices of the operations have greatly declined due to the global economic crisis.

There is a close relationship between the general trend of the economy and prices of cosmetic surgery treatments. Since they are not essential to the health sector, these procedures can suffer from economic volatility.

In the past, there have been several studies on the impact of the financial market on cosmetic surgery during the different phases of the macroeconomic trends of the last 50 years.

A 2010 study, for example, analyzed from 1992 to 2008 the relationship between the performance of the main stock market indices (Standard & Poor's 500, Dow Jones and NASDAQ) and the number of performed operations for six different types of surgeries, three cosmetic (facelifts, liposuction, breast augmentation) and three reconstructive (breast reconstruction, breast reduction and treatment of carpal tunnel syndrome). The results showed a clear correlation between the number of cosmetic surgeries and the good performance of stock market indexes.<sup>1</sup>

Interestingly, in periods of economic recession, the number of aesthetic operations decreases while reconstructive procedures, generally reimbursed by insurance and health care system increases, as it is to say that in times of crisis plastic surgeons perform more operations for which patients do not pay from their own pockets, but through their own insurance.

Another interesting study has analyzed in detail the trend of the incomes of a group of plastic surgeons and one of several important economic indicators, such as Standard & Poor's or the Dow Jones. The results confirm the existence of a direct relationship between the tendency of the cosmetic surgery market and the national economic trend. The same study goes so

far as to show that the negative or positive trend of the national economy is expected one month in advance of the market of cosmetic surgery.<sup>2</sup>

The performance of the economy not only can affect the number of aesthetic procedures, but also influences the type of treatment required. A study of 2011 has shown, for example, as in times of recession, not only the number of aesthetic operations is reduced, but also that cheaper mini-invasive surgery prevails at the expense of more complex and more expensive operations.<sup>3</sup>

Another interesting study relates the trend in recent decades of the cost of cosmetic surgery, regardless of the different economic situations.<sup>4</sup> The market for cosmetic surgery has some peculiarities that make it unique in the field of health care. First of all, cosmetic surgery is not covered by either the national health system or by insurance: patients should, in other words, pay from their own pockets for any treatment. For this reason, there is much attention to costs of the treatments and often patients compare prices offered by various surgeons. All this promotes a strong competition among professionals in the same geographic area and encourages a cost transparency that is unparalleled in other medical areas. The end result is a progressive reduction over the years of the cost of many surgical procedures. For example, in an in-depth study of 2007, the authors found that between 1992 and 2005, the number of cosmetic surgery treatments increased by 600% while their costs grew by only 22%, much less than all other medical treatment (+ 77%) and consumer goods in general (39%). This is yet another demonstration of how, in the face of increased demand, a highly competitive market such as that of cosmetic surgery has responded by scaling costs.<sup>5</sup>

Many plastic surgeons have learned to adapt to these changes in the economy and are able to absorb the shocks of a slowed down economy to meet the needs of their patients – a result that is often obtained by reducing the costs of the procedures. Another way to meet patient needs is to divide into installments the aesthetic treatments, including those of cosmetic surgery. In these cases you can choose whether to leave the interest charged to the patient or share them, even as resetting (zero-rate financing). In Italy for example, a study revealed that in the first six months of 2014 funding requests for health services,

continued on page 8

Feature, Campiglio, continued from page 7

including those for cosmetic surgery, have substantially increased while those to buy the new or used car are down. Between February and June 2014, the former are, in fact, increased by 4.7% to stand in fifth place among the requests for funding (7.6%).

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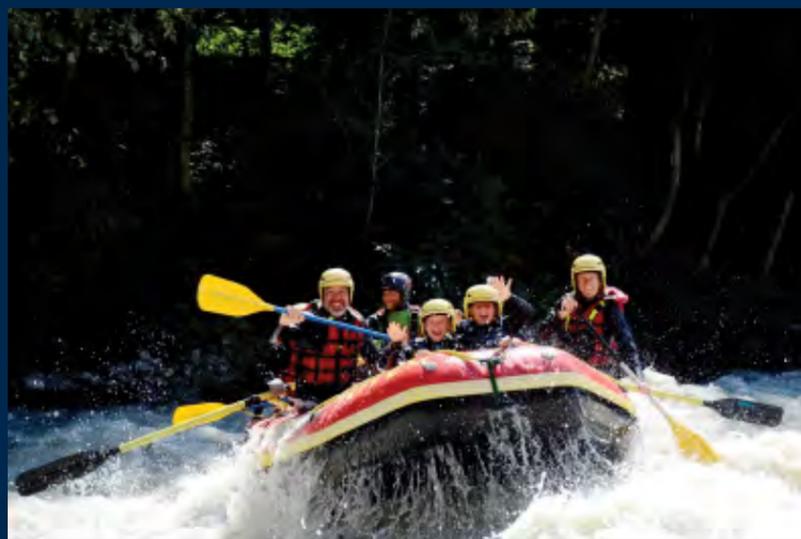
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**Guess who!**



See page 52 for details.

**AAAASF IS ACCREDITED BY ISQUA**

Tom Terranova – United States

Director of Accreditation



The American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) has earned accreditation by The International Society for Quality in Health Care (ISQua), known as the “accreditor of accreditors.” The accreditation of the International Program Standards is valid through July 2019.

AAAASF is celebrating its 35th year of promoting the highest quality patient safety in the domestic and international ambulatory surgery setting (office-based or outpatient), as well as rehabilitation and outpatient therapy agencies and rural health clinics.



ISQua is a global organization and its origins date back to 1984. Its International Accreditation Program provides worldwide recognition for accredited organizations that meet approved international standards. It is responsible for assessing the standards of organizations that set the benchmarks in health care safety and quality. It is the only organization to “accredit the accreditors.”

ISQua’s mission is to inspire, promote and support continuous improvement in the safety and quality of health care worldwide. It features a network that spans 100 countries and five continents.

AAAASF earned accreditation follow-

ing a self-assessment, external survey and requires continuous quality improvement. AAAASF’s international standards focus largely on the clinical capacity and effectiveness of facilities being assessed.

ISQua officials said AAAASF’s standards assess each clinic’s capacity to safely and effectively provide services it publicizes and rescue patients experiencing an adverse event. AAAASF standards show a focus on the continuum of patient care. Its standards clearly demonstrate respect for patient choices and aims to inform patients about their available options for care and treatment within the scope.

“ISQua accreditation of our standards provides evidence to ministries of health, patients and health providers that the facilities using the AAAASF standards meet international requirements,” said AAAASF Executive Director Theresa Griffin-Rossi. “Our staff, board members and volunteers set the highest standards in the industry for accredited facilities. Our organization also meets the gold standard, as evidenced by the ISQua recognition.”

AAAASF President Dr. Foad Nahai said, “Patients should require that a surgeon is well trained, certified and ethically accountable. They should have confidence that their doctor has chosen the appropriate procedure to achieve expectations and they must trust that their procedure will be conducted in a safe, accredited clinic.”

He added, “Those are the expectations

AAAASF has for its accredited facilities and they are the expectations ISQua has for AAAASF.”

**Internationally accredited facilities**

AAAASF has accredited the following international plastic surgery facilities so far in 2015:

- Instituto Kirschbaum De Cirugia Plastica y Estetica S.C.R.L. in Lima, Peru
- Clinica Ziegler Centro de Cirugia Plastica in Lima, Peru
- Orange Medical in Ciudad de Mexico, D.F., Mexico

**About AAAASFI**

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

AAAASFI currently accredits about 50 dental and surgical facilities internationally and about 200 global members from the United States. For more information visit [www.AAAASFI.org](http://www.AAAASFI.org)



## AWARENESS AND REPORTING KEY TO BREAST IMPLANT-ASSOCIATED ALCL

Mark W. Clemens, MD – United States



The past eighteen years have been marked by a transition from limited case reports to our current understanding and recognition of breast implant-associated anaplastic large cell lymphoma (BI-ALCL). While a clear etiology is still controversial, we now know how to reliably diagnose and surgically treat these rare patients, with the majority having a good prognosis when treated appropriately.

### Expanding Global Awareness

A number of major government agencies around the world have developed BI-ALCL patient and physician recommendations. Just this past year, the French National Cancer Institute (ANSM, *Agence Nationale de Sécurité du Médicament*) released diagnosis and treatment recommendations for BI-ALCL and mandated that all breast implants carry a warning that a “clearly established link exists” between breast implants and ALCL. The National Comprehensive Cancer Network (NCCN) released statements on BI-ALCL in 2012, and is expected to issue specific BI-ALCL treatment guidelines in 2016. The World Health Organization (WHO) has officially recognized BI-ALCL as a unique type of ALCL and in 2014 its cancer investigation branch, the International Agency for Research on Cancer (IARC) designated BI-ALCL as having priority status for further research. The National Cancer Institute (NCI) in Bethesda, Maryland has posted specific surgical recommendations for BI-ALCL, which is a marked shift from the standard treatment of most other types of lymphomas.

Also this year, the European Commission established a task force to exchange data on BI-ALCL and to facilitate cooperation among its 28 member states, which has already led to a better understanding of the European BI-ALCL experience. Topic review of BI-ALCL at most international aesthetic and reconstructive conferences has also promoted much needed debate and discussion to educate physicians. Increasing international awareness for BI-ALCL underscores that dialogue is growing on the existence of this disease; it is a conversation that plastic surgeons can either initiate or respond to, but one that will be had.

### A Duty to Report Confirmed Cases

Since the release of a safety communication in 2011, the United States FDA has warned patients and physicians about BI-ALCL while importantly noting that breast implants have a reasonable assurance of safety and efficacy. The FDA is expected to update their website this fall to reflect recent publications and

advances on BI-ALCL. Since 1997, approximately 99 patient accounts have been published either in case reports or literature reviews. The vast majority of known devices involved textured rather than smooth implants and are represented by most of the major implant manufacturers. The FDA has strongly urged all physicians to report confirmed cases, and has collaborated with the American Society of Plastic Surgeons (ASPS) to form the Patient Registry and Outcomes For breast Implants and anaplastic large cell Lymphoma etiology and Epidemiology (PROFILE registry, [www.thepsf.org/PROFILE](http://www.thepsf.org/PROFILE)) as a mechanism to prospectively track patients and outcomes. Patients should be made aware of the existence of BI-ALCL and common presenting symptoms such as a mass or delayed-presentation seroma/effusion, and should be advised to follow up with a physician if they occur. Reporting has benefitted from formal recognition and wider physician education, which has directly led to earlier diagnoses and helped avoid delay in proper treatment.

### Multiple-Front Investigations Working in Concert

ASPS and ASAPS have committed to investigating BI-ALCL with PSF and ASERF both prioritizing research efforts on this disease. At MD Anderson Cancer Center, we have treated 23 patients, received tissue specimens from 90 patients, and are tracking about 140 cases worldwide thanks to the critical support of physicians and patients willing to share their experience. This has allowed for the disbursement of tissue for collaboration with institutes around the world directed at elucidating pathogenic mechanisms. We will completely understand this disease only when plastic surgeons make a concerted commitment to take both action and measurable steps against BI-ALCL.

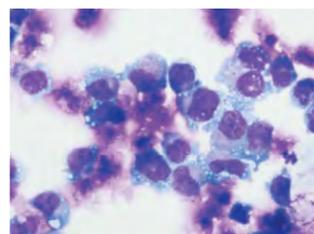


Figure 1: Breast implant-associated anaplastic large cell lymphoma (BI-ALCL) cells

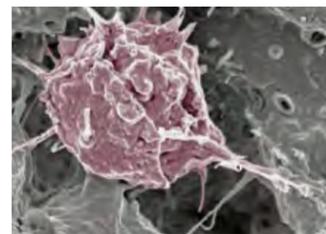


Figure 2: BI-ALCL cell on surface of an implant (scanning electron microscopy, 5000x magnification)

## PATIENT SAFETY: COMMITTEE REPORT

Lokesh Kumar, MD – India

Chair, ISAPS Patient Safety Committee



Patient Safety has become a major issue since patients started seeking cosmetic surgical procedures in countries other than their country of residence. ISAPS being an international organization with membership spread across the globe in 101 countries is playing a proactive key role in spreading awareness of safety issues amongst patients and surgeons.

A recent survey sent to all ISAPS National Secretaries brought shocking revelations that 40% of surgeons said it is not required for them to operate in accredited facilities and nearly 60% said that they are not required to maintain any malpractice insurance. Based on these and other such observations, the Patient Safety committee decided that ISAPS should play a mentoring role with local plastic and aesthetic societies to help them formulate their own guidelines and to encourage them

to establish patient safety committees of their own whose work could be shared in the future through the new ISAPS Global Alliance.

The ISAPS Patient Safety Committee met in Montreal in May and discussed various other related issues. It was suggested to have Patient Safety panels in various meetings organized by ISAPS and I am glad to report that such panels will be a significant part of our Biennial Congress in Kyoto. There is also a plan to develop social media outreach on patient safety issues. The Patient Safety segment of our website and the Patient Safety brochure are being redesigned. We are also ready to start a column on Patient Safety in *ISAPS News*. Any member who feels strongly about any Patient Safety issue can write an article for this column.

5 Essentials of Breast Implant-Associated ALCL	
1	BI-ALCL is a distinct type of <b>T-cell lymphoma</b> involving a breast implant capsule as a mass or effusion that can present in patients on average 8-9 years after receiving either reconstructive or cosmetic breast implants. One-in-eight patients will present with regional lymphadenopathy.
2	Any clinically evident seroma occurring greater than one year after implantation should be considered suspicious for disease. Optimal screening tools include ultrasound with directed fine needle aspiration of the effusion sent for CD30 <b>immunohistochemistry</b> with a clinical history and directions to rule out BI-ALCL. Diagnosis is made in the clinic to allow for oncologic workup prior to surgical intervention.
3	<b>Surgical treatment</b> alone is performed for the majority of patients with disease confined to the capsule and should include removal of bilateral implants, resection of the entire capsule, and well as complete excision of any associated masses.
4	The role of adjunctive treatments such as chemotherapy, chest wall radiation, and stem cell transplant for advanced disease is under investigation, and should be decided by a <b>multidisciplinary team</b> . Physicians may consider anti-CD30 immunotherapy, which has demonstrated early promise in refractory disease.
5	Physicians should consider discussion of BI-ALCL during breast implant <b>informed consent</b> , and confirmed cases should be <b>reported to the PROFILE registry</b> , ( <a href="http://www.thepsf.org/PROFILE">www.thepsf.org/PROFILE</a> ) and national societies for tracking of cases.

*Dr. Clemens leads a multidisciplinary research team and tissue repository for BI-ALCL treatment at MD Anderson Cancer Center, serves as an American Society of Plastic Surgeons (ASPS) liaison to the US FDA, and chairs a BI-ALCL subcommittee for ASPS overseeing national research and education efforts. He is a member of ASPS, ASAPS, and ISAPS and serves on the ISAPS Patient Safety Committee.*

Email: [mwclemens@mdanderson.org](mailto:mwclemens@mdanderson.org)

*In a Special Presentation at the ISAPS Congress in Kyoto next October, Dr. Clemens will provide an in depth report on progress in ALCL identification and treatment.*

Feature, Kotti, continued from page 6

Man, be in vogue and stay rogue, you'll be in tune with a silicone enriched bra but denied from Silicon Valley . . . bro! The bad boy attitude is back so you'll deserve your pin-up rescue in spite of your pea IQ.

It's sometimes not fair for the gentlemen, but it's like this. It's obvious to observe that in our consumer society, beauty is aligned with sex appeal. Why else do we load lips with injections to attain a labia shape?

I hope you found this metaphor pretty common and vulgar because this is how I found some aesthetic procedure results. We are supposed to reinvent beauty and this requires the right decision, the right procedure and the right patient in the right conditions. These are the safety guidelines for all board-certified plastic surgeons and this is how it has to be, always.

Hollywood, TV shows, and magazines have set the tone during the last century and gave us the ground rules to follow.



They get back generously some frightful excesses on the screen, but this snowball effect has engulfed the globe and generated an obsessed youth and

celebrity culture thirsty for new procedures. Botulinum toxin, hyaluronic acid injections and other cost-effective drugs are

definitely very good noninvasive tools to fight the effects of life on earth. In the name of beautification, we do not feel guilty when we sometimes follow the patient's obsession for better, higher, brighter – always and forever and ever – but we have to confess that we invented the “NO AGE” generation!

Too much, too often and in too many places and it doesn't matter if it looks fake, frozen, and without any expression. The most important thing is to continue smiling hypocritically and to say: it's beautiful!



I think it's time for plastic surgeons to take the rules and the criteria for beauty that they have gained from their knowledge and experience and tastefully share these standards from Hollywood to Bollywood and from Cosmo to Vogue in order to protect what is the most important for us: Beauty.

**ENDNOTES**

- 1) *The decay of lying*: Oscar Wilde, *The Nineteenth Century*; 1889.
- 2) *The Prophet*: Gibran Khalil Gibran (نارنج ليلى نارنج). Alfred A. Knopf; 1923.
- 3) *Traité du beau*: Denis Diderot, vol 6, 1772.

**ISAPS GLOBAL ALLIANCE – SPOTLIGHT ON EASAPS**

Nigel Mercer, MD – UK

Immediate Past President, EASAPS



I am delighted to report that the first meeting of ISAPS with a Global Alliance Partner was an astounding success in Lisbon, Portugal.

The European Association of Societies of Aesthetic Plastic Surgery (EASAPS) held its 2015 meeting together with the Portuguese Society of Plastic Surgeons (SPCPRE) and ISAPS.



The focus was on breast and body contouring and we enjoyed a world class faculty representing fifteen countries as a result of the three way cooperation. ISAPS President, Dr. Susumu Takayanagi, came half way round the world to

be at the meeting and his support was enormously appreciated. EASAPS' focus in Europe is on training residents and young attending surgeons in aesthetic surgery and this program certainly provided very clear education. Even those of us who are older took away several new hints and tips. It was great to hear

a surgeon with the international reputation of Dr. Luiz Toledo from Dubai congratulate another presenter saying that he had learned a refinement that he would be using as soon as he returned home.

The EASAPS General Assembly was held on the 3rd of October where we installed our new President, Dr. Toma Mugea from Romania. It has been an enormous privilege to serve as President of EASAPS, not just once but twice. We have great challenges in Europe at present and EASAPS is doing its part to improve communication in a globalised world. We shared information about what is happening in all our associations and encourage all European plastic and aesthetic surgical societies and associations to join us. I encourage you all to support ISAPS in their excellent work educating all of us in aesthetic surgery around the world.

We appreciate the work of Dr. Carlos Parreira from Portugal, Conference Director, and Prof. Isabel de Benito from Spain, EASAPS Scientific Chair, in organizing this meeting. The Portuguese and SPCPRE in particular were very welcoming. Definitely make this city and country a destination to visit.

**CHECK YOUR ADDRESS ON THE ISAPS WEBSITE**



**Have you looked at your listing on our website recently?**

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

**Do we have a recent photo of you?**

Send us a JPG image and we will update that for you.



## VISIT TO JAKARTA, INDONESIA

Prof João Erfon, MD – Brazil

It all began about a year ago when I was approached by Dr. Teddy Prasetyono during an ISAPS Course in Bali and was invited to come back and lecture as an ISAPS Visiting Professor in Jakarta, Indonesia. Dr. Teddy Prasetyono is the Chairman of the Indonesian Clinical Training and Education Center (ICTEC) of the Cipto Mangunkusumo Hospital (Faculty of Medicine, University of Indonesia).

I arrived in Jakarta on October 15 from Fortaleza, Brazil after two days of flights, transfers and airport stays and delays. I was received at the airport of Jakarta by a member of the university staff and taken to my hotel – an excellent facility conveniently located close to the hospital at the Universitas of Jakarta.

On October 16, at 11:00 am, Dr. Teddy picked me up from my hotel and we went to ICTEC where our Video Session and Instructional Course started. Seven (7) edited videos were used because the University of Jakarta council doesn't permit live aesthetic surgery demonstration, only reconstructive surgeries.

The schedule included:

1. Friday, October 16 – Video Session and Instructional Course
2. Saturday, October 17 – Abdominal Contouring
3. Sunday, October 18 – Facial and Breast Contouring

On the first day, the course started at 2:00 pm and finished at 8:00 pm. There, I met more than 50 residents from the entire country. Dr. Teddy (Chairman) and his committee (Dr. Ardi and Dr. Ellen)



conducted the program dealing with questions and all the arrangements for the event.

The first day I began my presentation as follows:

- 1) Rhytidectomy – 3 edited videos were presented: a) Temporal fascia flap in rhytidectomy with classical and endoscopic approach, b) Endoscopic approach to uplift the eyebrow and c) Endoscopic approach to the fronto-glabellar area;
- 2) Mammoplasty – 2 edited videos: a) Reduction mammoplasty in a single central block and b) Mastopexy;
- 3) Abdominoplasty – 2 edited videos: a) Full Lipoabdominoplasty with minimal undermining and b) Mid Lipoabdominoplasty.

After each video was presented, the enthusiastic crowd of students



asked me a lot of questions about the topics. Dr. Teddy and his committee conducted the program as well as the questions.

On the second day, the ISAPS Course, Innovation in Facial, Breast and Abdominal (FBA) Contouring, a team of international faculty gave

lectures for two days straight. I gave five lectures: a) Reduction mammoplasty in a single central block, b) Mastopexy and mastopexy with silicone implant, c) Full Lipoabdominoplasty, d) Mid Lipoabdominoplasty and Mini Lipoabdominoplasty and e) Breast Augmentation.

The first day was for residents in plastic surgery, while the second and third days were for practicing plastic surgeons and residents.

At the end of the course, I was kindly recompensed and honored by Dr. Teddy, his committee and the participants, Residents and young doctors who were present. I talked about the primary purpose of the ISAPS Visiting Professor Program to share knowledge with Residents and young doctors. I was presented with a wonderful gift: a statue of two Indonesians Gods.

We dined in wonderful restaurants and we had kind and friendly moments in the big city of Jakarta.

Dr. Teddy and his committee had done an excellent job of organizing a wonderful Course and they were great hosts. I would like to convey my gratitude for their kindness and friendship and say a sincere 'Thank you'.

My most heartfelt thanks go to all friends that I met in Indonesia.



## MESSAGE FROM THE EDUCATION COUNCIL CHAIR

Lina Triana, MD – Colombia

Chair, Education Council



Today we are a globalized world producing a very interesting atmosphere of easy access to information from one part of the world to the other. Our aesthetic plastic surgery world is no different and this is why societies like ours serve as links among colleagues and patients towards safe aesthetic plastic surgery procedures.

We have now accomplished a globalized aesthetic plastic surgery world. ISAPS has served us all well by maintaining its mission of education and making it possible for all of us to share our knowledge in surgical and non-surgical procedures.

In just the past few months, we have completed successful courses, symposia and a Visiting Professorship in France, Chinese Taipei, Czech Republic, Indonesia, Chile, Portugal, Serbia, Australia, and China.

Thanks to our invited faculty who are willing to travel to all parts of the world to share their knowledge. Thanks to our Education Council members who are

constantly working towards the organization of our official courses and symposia, to our course directors, our local chairs and ISAPS National Secretaries who serve ISAPS to deliver high level education events in their countries and for national societies who often ask for our

**In just the past few months, we have completed successful courses, symposia and a Visiting Professorship in France, Chinese Taipei, Czech Republic, Indonesia, Chile, Portugal, Serbia, Australia, and China.**

help to provide faculty and content for their education events. ISAPS is happy to help. Thanks to our exhibitors and to our many colleagues who come to our events. Without your combined efforts, none of our educational events would happen.

In this global aesthetic world, we see many members wanting to achieve more and better aesthetic education and it seems that many times our courses and symposia are not enough. This is why we

are constantly working on how to better serve our members. Today we are brainstorming ideas about how to deliver more formal education events for our members and we are open to any suggestions our members share with us.

ISAPS is committed to serve our members and plastic surgery colleagues worldwide, but if we want to be true world leaders how can we better serve? Let's open our minds and remember there is a large world out there apart from plastic surgery. How can we better serve them? By continuing to work

towards patient safety and remembering our safety diamond, always promoting its four facets: the specialist (who must have formal education in aesthetic plastic surgery procedures), the surgery center, the patient and the correct surgical plan. ISAPS is here to deliver aesthetic education to plastic surgeons worldwide and to serve as a light house for patient safety to better serve us all.



## ISAPS SYMPOSIUM – MARBELLA, CHILE

Montserrat Fontbona, MD – Chile

ISAPS member, Local Chairman

On October 1, 2015, the Chilean Plastic Surgery Society held the ISAPS Symposium – Chile: *Different Perspectives in Aesthetic Plastic Surgery* at the Hotel Marbella in Maitencillo, immediately preceding the XIV Chilean Plastic Surgery Congress.

Marbella lies 160 km north of Santiago, on the Chilean coast, with beautiful natural surroundings. Although spring in Chile, we had strong rain on this day. The rain didn't preclude all the assistants to have the opportunity of an excellent Symposium with an outstanding invited faculty:

- Dr. Akin Yucel – Turkey
- Dr. Mehmet Bayramicli – Turkey
- Dr. Arturo Ramirez-Montanana – México
- Dr. Marcelo Rodrigues Da Cunha Araujo – Brazil
- Dr. Alfonso Riascos – Colombia
- Dr. Marcos Sforza – UK
- Dr. Guillermo Vázquez – Argentina
- Dr. Lazaro Cardenas – México

The Symposium was divided into five sessions: Rhinoplasty, Facial Rejuvenation, Periorbital Surgery, Security in Plastic Surgery, and Breast Surgery.

The Chilean Plastic Surgery Society has 145 members. We had 76 attendants at the Symposium and 107 at the Congress. The atmosphere created by the faculty and attendants was really excellent and offered us the opportunity to learn, share experiences, create friendship ties and enjoy pleasant moments. The social activities included the faculty dinner, ISAPS dinner and Congress Dinner, with Chilean food specialties and wine with a music band that delighted the audience. Our faculty members had the opportunity to visit Valparaíso the next day – on a sunny day. The symposium was a magnificent scientific and social meeting.



Faculty: Dr. Mehmet Bayramicli, Dr. Arturo Ramirez, Dr. Akin Yucel, Dr. Montserrat Fontbona (Local Chairman), Dr. Marcos Sforza, Dr. Teresa De La Cerda (National Secretary ISAPS Chile), Dr. Guillermo Vázquez, Dr. Marcelo Rodrigues Da Cunha Araujo, Dr. Lazaro Cardenas, Dr. Alfonso Riascos.



Dr. Marcos Sforza, Dr. Viviana Sprohnlle, Dr. Akin Yucel, Dr. Bertha Torres, Dr. Arturo Ramirez-Montanana, Dr. Teresa De La Cerda, Dr. Mehmet Bayramicli, Dr. Montserrat Fontbona, Dr. Alfonso Riascos, Mrs. Mónica Barona.

## CHILE ISAPS SYMPOSIUM, OCTOBER 2015— ANOTHER PERSPECTIVE

Arturo Ramirez-Montanana, MD – Mexico

ISAPS National Secretary for Mexico



I'm delighted to share this experience with you. Every time I have the opportunity to leave my town, either for vacation or to attend a meeting, I have some expectation about the trip in my mind. Some trips are worthwhile, some are not, but sometimes I can say that it was an unforgettable trip. The Chilean ISAPS Symposium was one of those unforgettable trips of my life. Many people say that beauty and intelligence can't be present in the same person. I can say they are wrong. Two beautiful ladies, Montserrat Fontbona and Teresa de la Cerda, both plastic surgeons and ISAPS members, are good examples of this unusual combination of beauty, intelligence and so much class.

### LOCATION

Marbella is a private development on the Chilean coast, two hours' drive from Santiago with a wonderful golf course, surrounded by beautiful houses, a fantastic hotel with a great convention center, a spectacular ocean view, and a great forest full of pines – and a rainy day made this the perfect mixture for this one-day ISAPS Symposium.

### SOCIAL EVENT THE FIRST NIGHT



The day before the course, we went to Teresa de la Cerda's and her husband Osvaldo Carvajal's home. The place was perfect. What a house! I arrived about nine o'clock, dinner time. Teresa cooked for all the guests. What a hostess! There were several carpaccios and fresh seafood and the traditional CURANTO, which is a fantastic stuffed local food, that includes smoked pork, chicken and shrimp, incredible ice cold champagne and a fantastic Chilean (Carmenre grape) red wine. A little later, guitars appeared and spontaneous singers popped up. Oh, what a night!



Faculty members Akin Yucel, Alfonso Riascos, Mehmet Bayramicli and Arturo Ramirez-Montanana.

### COURSE DAY

On a beautiful rainy morning, pretty early in the morning, a very well organized course, commanded by Montserrat, started and in the middle of the session, another surprise: an EARTHQUAKE. Yes, as incredible as this sounds, an EARTHQUAKE! And the scientific session simply continued. I have to admit, I have been in hundreds of courses in several countries, but this is my first earthquake in the middle of a session. Everything was on time and I can say, the level of discussion was outstanding.

### FACULTY DINNER

Teresa and her charming husband organized a great Faculty Dinner within walking distance of the hotel, in a big white tent, surrounded by pines. The mood was great – you could feel the friendship, good spirits and very warm people. The salad fountain, a seafood buffet and a lamb cooked in the traditional South American way over firewood, (FOGO DE CHAO) were wonderful. Again the capacity to organize it all in an elegant, classy way, with a little touch of glamour, was coordinated by Teresa de la Cerda. On a very cool night, the environment was warm, the location fantastic, the food and music great – and once again, the amazing Chilean wine.

Thanks Teresa, thanks Montserrat and thanks Chile. I feel very privileged to have been a part of this event. Definitely everybody needs to visit Chile. I strongly recommend it.



# ISAPS BREAST PANEL & ISAPS SYMPOSIUM, PRAGUE ISAPS CADAVER COURSE, BRNO

Gianluca Campiglio, MD, PhD – Italy ISAPS Secretary & Course Director

Bohumil Zalesak, MD – Czech Republic Chair of ISAPS Local Organizing Committee

Three successful scientific events were recently organized by ISAPS in the Czech Republic.

During the 36th National Congress of the Czech Society of Plastic Surgery, the beautiful city of Prague hosted an ISAPS Panel entitled Update in Breast Surgery on September 26th (without additional costs for congress participants) On September 27th there was an ISAPS Symposium with twelve distinguished internationally recognized speakers. On September 28-29, the 2nd ISAPS Cadaver course was held in Brno, the capital of the Moravian region.

The one-day ISAPS Symposium *What's New in Aesthetic Plastic Surgery* closed the scientific program of the national congress. Almost one hundred (98 exactly) colleagues attended. Many of those who had not planned to attend registered on site after they heard the ISAPS Panel.

The ISAPS educational mission was presented during the national congress. This strategic decision was very effective and many young doctors had a chance to attend an ISAPS panel and see how ISAPS Aesthetic Education Worldwide looks. There were fourteen new applications for ISAPS membership.

Local hosts organized a spectacular social program including a welcome reception with a panorama view of Prague from the top of the Corinthia Hotel accented by a micro-magician performance. The faculty dinner started with a Vltava River cruise, complete with expert commentary on the many famous buildings and history, and continued in one of the city's best restaurants located on the right river bank in close vicinity of



Charles Bridge.

The next morning, the faculty and participants moved to the city of Brno located two hours from Prague. This second hands-on ISAPS cadaver dissection course took place in a first-class facility provided by the Department of Anatomy at Masaryk University in Brno. Eight distinguished faculty and twenty students spent two days teaching, dissecting and demonstrating anatomy and various procedures in this comprehensive course. The first day's program focused on breast, abdomen, arms and thighs. Students used several types of implants giving



## ISAPS Panel and Symposium Faculty

- Eric AUCLAIR, MD (France)
- Gianluca CAMPIGLIO, MD, PhD (Italy)
- Nuri CELIK, MD (Turkey)
- Nazim CERKES, MD, PhD (Turkey)
- Tomas DOLEZAL, MD (Czech Republic)
- Nimrod FRIEDMAN, MD (Israel)
- Boris HENRIQUEZ, MD (Colombia)
- Vakis KONTOES, MD, PhD (Greece)
- Apostolos MANDREKAS, MD, PhD (Greece)
- Drahomir PALENCAR, MD (Slovakia)
- Mario PELLE-CERAVOLO, MD (Italy)
- Carlos Del Pino ROXO, MD, PhD (Brazil)
- Daniel Del VECCHIO, MD (USA)
- Bohumil ZALESAK, MD (Czech Republic)

## Cadaver Course Faculty

- Gianluca CAMPIGLIO, MD, PhD (Italy)
- Nuri CELIK, MD (Turkey)
- Nazim CERKES, MD, PhD (Turkey)
- Boris HENRIQUEZ, MD (Colombia)
- Vakis KONTOES, MD, PhD (Greece)
- Apostolos MANDREKAS, MD, PhD (Greece)
- Mario PELLE-CERAVOLO, MD (Italy)
- Carlos Del Pino ROXO, MD, PhD (Brazil)

them a unique chance to try and compare different implants from different manufacturers. The second day was focused on head anatomy and aesthetic procedures including brow, periocular region, nose and facial rejuvenation surgery. The dinner that was part of the cadaver course program gave everyone the opportunity to start new friendships. We want to thank also BOS org sro, the organizing company, and the companies who supported financially the meeting and provided breast implants and suture materials for the Cadaver Course.



# ISAPS COURSE: BRAZILIAN-EUROPEAN SYNERGY RESHAPING THE BODY!

Violeta Skorobac Asanin, MD – Serbia



Belgrade, a city with an open heart, and Serbia, a country known for its extraordinary hospitality, have organized for the first time an ISAPS Course and hosted ISAPS professors from Brazil and Europe. The Course was named “Brazilian-European Synergy Reshaping the Body” to gather, under the auspices of ISAPS, body and breast reshaping techniques and show the importance of harmonizing procedures in order to ensure and promote patient safety both in individual and combined operations.

Given that we did not have any experience in organizing such an event, we started from considering how we would like it to look. Since for me it was not only a scientific but also an emotional event (a great honor and privilege for my country), I asked my husband, a film producer, to make it a dynamic and interesting event. The Course was planned down to the smallest details from design of the website and online material, brochures, program, eco-friendly congress materials, technical organization, video-audio solutions, advertising banners to social events. All these segments created an innovative and different multimedia event.

The Course was held from 8 to 10 October at the Hyatt Regency Hotel in Belgrade and consisted of two days of lectures and one day of live surgery. It was opened by the Minister of Health of the Republic of Serbia, Deputy Mayor of the City of Belgrade,



Local Organizer Violeta Skorobac Asanin, Course Director Dana Jianu, and SRBPRAS President Marijan Novakovic.

acting Brazilian Ambassador in Belgrade, and Chair of ISAPS Education Council, Lina Triana. The event was covered by national and other smaller TV stations and in a variety of print media. The Course gathered participants from 31 countries and everyone

was given equal importance, starting from the choice of cuisine and lunch menus at the Hyatt Hotel. During the three days, we offered diverse cuisines from local Serbian, through Italian, Mediterranean and Asian, so that everyone would feel at home.

On the first evening, we hosted our faculty members and speakers at “Le Petit Piaf” in Belgrade’s old Bohemian street from the 19th century, where they were able to enjoy local food and wine of a traditional Belgrade welcome. Acoustic orchestra entertained

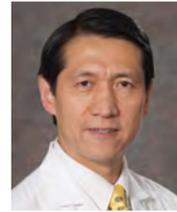
us and dedicated to each lecturer a song from his own country. We have tried to make all our guests feel at home, creating such positive energy that has flown into amazing synergy that emerged and shined through the following three days.

Education, as the basis of the existence of ISAPS, came fully to the fore with the selection of topics and active discussions in the field of techniques and safety in removal of excess skin in the block, after massive weight loss, enlargement of buttocks with implants, combined techniques of abdominoplasty with lipo-

continued on page 21

## 2015 ISAPS TAIPEI COURSE

Chien-Tzung Chen, MD, *Local Chairman*  
Lee L.Q. Pu, MD, PhD, FACS, *Course Director*



We were very proud to host the 2015 ISAPS course in Taipei, Taiwan, September 5-6, 2015. It has been 13 years since the last course in Taipei. The two-day course was held at the Grand Hotel which has a 42-year historical brand and was the most beautiful landmark of Taipei having retained the elements of classic Chinese architecture in its building.

This course assembled 12 international and 11 national talented, well-known plastic surgeons from the USA, Turkey, Japan, Korea and China



Figure 2. Invited faculty members and their spouses during the faculty dinner in the Yuan Yuan Restaurant of the Grand Hotel

countries attended the course, which covered fat grafting, aesthetic breast surgery, facial rejuvenation, blepharoplasty, rhino-



Figure 1. Group photo taken in front of the Grand Hotel

who presented high quality and up to date lectures and videos incorporating all aspects of aesthetic surgery.

The excellence of this course attracted the attention of local plastic surgeons and colleagues from the Southeast Asia. A total of 239 plastic surgeons from Taiwan and 70 plastic surgeons from foreign

plasty, body contouring, and most recent research on stem cells and their clinical application. (Figure 1). Such an excellent scientific program awakened a huge interest and interaction among participants and faculty members during the panel discussions and even the coffee break time. Many participants stayed on even

for the last panel discussion and the immediate response we got from the participants for this ISAPS course has been overwhelmingly good.

In addition to the outstanding scientific program, there were three unforgettable social events. The faculty dinner was held the night before in the restaurant of the Grand Hotel with a stunning view to see the Taipei 101 Tower and Keelung River. (Figure 2) The welcome reception took place

pool-side at the Yuan Shan Club that provided an outstanding Mongolian BBQ. All meeting participants enjoyed not the only the fantastic food and graceful music, but also the traditional folk arts performance. All the faculty members all enjoyed an unforgettable river cruise from Guandu Wharf along the Tamsui River to the Fisherman's Wharf to view the sunset.

We received such excellent feedback from the attendees, that we are definitely encouraged to pursue another high quality ISAPS Course in the future. We appreciate Dr. Susumu Takayanagi (President of ISAPS) for his unending support and spending precious time with us. We would also like to thank the meeting's local administrative team for their hard work and super organization for this fantastic meeting. We already see the spirit of ISAPS that is full with teaching, education, joy and friendship through this two-day course. The success of the ISAPS Taipei course has again demonstrated the value of "Worldwide Aesthetic Surgery Education," an important mission of our wonderful international society.



## REPORT ON ISAPS SYMPOSIUM AUSTRALIA

Peter Scott, MD – South Africa

*ISAPS Chair of National Secretaries*



At the request of Morris Ritz, the Australian National Secretary for ISAPS, the Education Council was asked to provide a symposium on fat grafting to precede the 38th Annual ASAPS (Australia) Conference at the Hilton Hotel in Sydney.



Lina Triana and I assembled a strong faculty for this meeting that included Klaus Ueberreiter from Germany, Ewa Siolo from South Africa, Raphael Sinna from France, Nimrod Friedman from Israel and by video link Kotaro Yoshimura from Japan. In addition, there were trade presentations and a very informative session by a medical indemnity company exploring the medico-legal aspects of fat transfer and embracing this new technology. This company offers indemnity for doctors performing these procedures.

The principal sponsors were Device Technologies and Stratapharma.

Our faculty covered the basic principles and science behind

fat grafting, the French guidelines and the use of fat transfers for breast aesthetics and reconstruction. All of the ISAPS faculty accepted the invitation by the ASAPS conference organisers Mark Magnusson and Tim Papadopoulos to become part of their faculty and improve ISAPS expo-

sure in Australia.

We were treated to wonderful local hospitality which included a meet and greet dinner, a cocktail party aboard a floating restaurant in Sydney harbour adjacent to the Opera House with spectacular views of the Sydney harbour bridge, a faculty dinner at the famous Quay Restaurant and a very lively gala dinner at the Point Piper Yacht Club.

The entire experience highlighted the depth of expertise of our willing faculty members and the local committee made a point of emphasising that ISAPS lecturers attend these meetings at our own cost for the love of promoting up-to-date and safe plastic surgery practice and skills transfer.



**Education, Asanin, continued from page 19**

suction and lipoaugmentation of buttocks, various techniques of isolation and preparation of fat tissue and the importance of stem cells in the survival of fat, vaginoplasty and various techniques of breast lifting and enlargement.

The quality of teaching is significantly raised with video presentations and a clear definition of certain surgical procedures in each area. Dynamic lectures were the contribution of Carlos del Pino Roxo, Ricardo Cavalcanti Ribeiro, Raul Gonzalez, Lina Triana, Luiz Toledo, Mario Pelle-Ceravolo, Vakis Kontoes, Nuri Çelik, Gianluca Campiglio, Cemal Şenyuva, Dana Jianu and Ivar Van Hejningen, who, among other things, pointed out the importance of establishing clear European standards in aesthetic surgeries.

Four very carefully planned and demanding surgeries had to be packed into one 8-hour period. These took place in two operating rooms with high-quality transmission of image and sound via satellite. In the first OR, Dr. Carlos del Pino Roxo with brachioplasty and body-lifting, and after him implant replacement by Mario Pelle Ceravolo. In the second OR we had buttocks augmentation with implants done by Raul Gonzalez and lipoabdominoplasty with lipoaugmentation of buttocks by Velibor Kostic. A great atmosphere in DIONA hospital and synchronized staff allowed the operations to run smoothly, like a dance, and both ORs finished the work at the same time.

Moderators in the Hyatt, Gianluca Campiglio, Dana Jianu and Ricardo

Ribeiro led an active and clear conversation, establishing unreal dynamics between operating surgeons and participants, not hesitating to pass their knowledge to the smallest detail. At the same time, the rhythm in the ORs was maintained by Luiz Toledo and Mario Pelle-Ceravolo.

After a successful surgical day, lecturers deserved an amazing faculty dinner in the restaurant "Aero Klub" since that day they actually did touch the sky! Great food and virtuous domestic and international music has afforded us all a memorable evening in Belgrade. The President of the Serbian Society for Plastic, Reconstructive and Aesthetic Surgery (SRB-PRAS), Marijan Novakovic presented the ISAPS lecturers honorary membership

*continued on page 23*

# MESSAGE FROM THE CHAIR OF NATIONAL SECRETARIES

Peter Scott, MD – South Africa

**G**reetings to all our National Secretaries. Since my last report, we have been very busy with the Membership Committee and the Education Council. Lina Triana is doing a sterling job in finding speakers for and co-ordinating numerous ISAPS Symposia and Courses around the world. I was personally involved as the Course Director for the ISAPS Symposium attached to the Australian ASAPS Meeting in October for which we gathered excellent speakers who concentrated on fat transfer.

Membership Chair Ivar van Heijningen and I, in conjunction with Membership Services Manager, Jordan Carney, have been involved in screening a number of candidates who are keen to join the ISAPS family. We rely heavily on the input of our National Secretaries to advise us on the suitability of the candidates. I would like to reassure the respective NSs that we would not go against the recommendation of the NS if they feel that a candidate is unsuitable.

Sanguan Kunaporn continues his work in Vietnam and we have approved our first member from that country.

I would like to compliment our NSs who are replying more promptly to e-mails sent out by the Education Council, the Membership Committee, Catherine Foss and me. We would encourage you to consider organizing meetings in your country and again emphasize that the format for the website promoting your meeting should read [www.isapscourse\(local\)](http://www.isapscourse(local)).

Catherine Foss and I worked all summer on a project to meet the requirements of our By-Laws with regards to National Secretary election and re-election. We had thirteen National Secretaries who had served a four-year term and required re-election. It must be emphasized that elections must be run through the Executive Office and not by local societies. At the time of any re-election, the ISAPS members in that country may self-nominate or nominate other candidates to stand against the existing NS.

There were nine NSs already in their second terms without being formally re-elected so we conducted retrospective re-elections to comply with our By-Laws.

Finally, five NSs had served for eight years were therefore no longer eligible to hold the position. We thank them for their long service and dedication to ISAPS and in all cases where new National Secretaries are elected we would encourage the outgoing National Secretary to mentor them to allow for a smooth transition.

Please remember to add the ISAPS Congress in Kyoto, Japan on 23-27 October 2016 to your calendar. I would like to see as

many NSs there as possible so that we can have a meaningful NS meeting and where the Board can present to us their vision for the future of ISAPS.

Included here is an extensive list of new NSs and Assistant NS as well as NSs who have been re-elected for their second term in 2015. We welcome all of them and thank them for their acceptance of this responsibility. We especially thank our outgoing NSs for their contributions to ISAPS.

### New National Secretaries

Bolivia	Maria Teresa Zambrana Rojas
Brazil	Antonio Graziosi
Czech Republic	Vladimir Marik
Ecuador	Marcela Yopez Intriago
Egypt	Hussein Abulhassan
India	Manoj Khanna
Indonesia	Teddy Prasetyono
Kuwait	Mohamed Farouk Abdelaziz
Lebanon	Paul Audi
Malaysia	Toh Lee Peter Wong
Russia	Kirill Pshenishov
Slovak Republic	Vlastibor Minarovjeh
Turkey	Akin Yucel
United Kingdom	Paul Harris

### New Assistant National Secretaries

Australia	Richard Hamilton
Brazil	Luis Perin
Italy	Adriana Pozzi
Mexico	Bertha Torres Gomes
Spain	Jesus Benito-Ruiz
United Kingdom	Naveen Cavale

### Re-Elected National Secretaries

Austria	Katharina Russe-Wilflingseder
Belarus	Vladimir Podgaiski
Cyprus	Lefteris Demetriou
Finland	Timo Pakkanen
Jordan	Mutaz Alkarmi
Morocco	Fahd Benslimane
Netherlands	Jacques van der Meulen
Norway	Petter Frode Amland
Romania	Dana Jianu
Saudi Arabia	Jamal Jomah
Singapore	Martin Huang



# ISAPS APPOINTS NEW CHIEF MARKETING OFFICER

Catherine Foss – United States

ISAPS Executive Director

**I**SAPS welcomes the newest member of our management team, Julie Guest.

Born in South Africa, raised in New Zealand, and living in the United States, Julie Guest is a highly respected and sought after strategic marketing consultant. With a law degree and impressive experience in marketing, Julie is co-founder of a full-service marketing agency for top ranking plastic surgeons, Premier Physician Marketing, specializing in “trust-based” marketing. Julie and her team will manage ISAPS marketing, branding, social media and public relations – working closely with the Executive Office staff and our Board of Directors.

Julie has worked with hundreds of entrepreneurially minded physicians and successful businesses from around the world including Nike, the Walt Disney Company and Exxon Mobil. In 2012, Julie co-authored a best-selling book with renowned motivational speaker Brian Tracy, *The Only Business Book You'll Ever Need*. Last year, she authored her first book for aesthetic doctors, *67 Marketing Secrets to Ethically Attract New Patients, Make More Money and Grow Your Practice*.

A popular speaker, Julie has shared the stage with such notable people as billionaire entrepreneur Kathy Ireland and entertainer Janet Jackson. She has

also been featured on television networks including CBS, NBC and ABC, and in the print media including *USA Today*, *The Miami Herald*, *Salt Lake Tribune*, the *San Francisco Chronicle* and many others.

Julie is poised to make a difference in how ISAPS is perceived by the profession and the public. She will be a regular contributor to our newsletter and a valuable resource to help our members with the marketing of their practices. See her first article on the next page.

We are delighted to welcome Julie and her team to ISAPS, and we're excited that the future of ISAPS continues to grow even brighter. 



### Education, Asanin, continued from page 21

and acknowledgements of our association, as recognition of the efforts they invested to come to our country and generously share their knowledge with everyone. We have not stayed too long, as responsible hosts and surgeons, since one more strenuous but beautiful day was ahead of us.

The course was attended by around 170 participants and what was interesting was that the hall was full during all day, all three days, without participants leaving the lectures. Dynamic change of lecturers, at 10 to 15 minute intervals, provided meant that both lecturers and listeners enjoyed a long day from 09h to 19h.

Evaluation forms were completed before granting certificates of attendance and showed unbelievable results in all segments of the organization, accommodation, surgery, round tables, discussions and lectures with Course average mark of 4,66. With everyone being so satisfied, it was in order that we celebrate during the final Gala Dinner at the “Kalemegdan Terrace”

restaurant. Homemade food with contemporary international music was interrupted occasionally by Brazilian dancers and Serbian folk dances who entertained all of our guests.

In Belgrade, ISAPS completely fulfilled its mission, showing its strength as an educational organization with no borders between countries, cultures or people; demonstrating that it is truly a synergy of East and West, North and South, a sublimation of knowledge and experience in one association. Lina Triana, Ivar Van Heijningen and Alison Thornberry did an amazing job in promoting ISAPS which resulted in a number of new members joining from Serbia and the region.

Our initial Course slogan, ISAPS building bridges among people, science and knowledge, proved to be true to its core!

It will be our pleasure to host you again!

Greetings from Serbia! 

# DO YOU KNOW WHAT JUST ONE OF YOUR PATIENTS COULD BE WORTH TO YOUR PRACTICE?



## How to Re-think, Revitalize and Re-activate Your Approach to Clinical Marketing

Julie Guest – United States

ISAPS Chief Marketing Officer

Many years ago, I worked with a doctor in aesthetic surgery who presented a bit of a challenge. He had been in private practice for twenty years, and when it came to running his practice, he was used to doing things one way – his way. He came to our marketing agency for help because (despite his excellent reputation, multiple board certifications and many years of experience) he was constantly losing patients to other cosmetic practices in his town – none of which had the breadth or depth of experience he had in cosmetic surgery. Understandably, this fact equally confused and irritated him. I’ll be the first to admit that it’s a sad day when patients choose the physician who has the best marketing over the physician who is the best qualified.

However, this is an undeniable fact of life – not just in cosmetic surgery, but in every area of business. *The business with the best marketing wins.* For years, this doctor had enjoyed an enviable level of success, based solely on the goodwill of his patients. Happy patients referred other patients. But as times changed, and patients had more choices about which physician to see, our doctor had dug in his heels, refusing to market his practice (as all his colleagues were now doing) – insisting that patients would eventually beat a path back to his door. When, of course, they didn’t, and he noticed that doctors in his town (who were not nearly as qualified) were making twice as much money as he was, he realized the starring role that great marketing needed to play in his practice.

No matter where in the world you are located, the power of great marketing to grow your practice is undeniable. Relying on the incidental goodwill of patients to refer their friends and family to you is not a wise – certainly not an effective – marketing strategy. It’s something that may be nice to have as a bonus, to attract a few new patients, but it depends entirely on your patients taking their own action. You have no control over whether they do it or not. Please remember that hope is never a viable marketing strategy.

That raises a whole new, somewhat distressing, question, though, doesn’t it? Like the doctor I describe above, you may be growing tired of “hoping and wishing” as your strategy to retain current patients and attract new ones, but how do you

determine a better solution? Yes, you think, I would love to have a great marketing plan. But how do I go about making that happen? And how much should I be investing in my marketing? The answer to that is – it depends – on one thing you may not even be aware of.

### What is the value of adding a single new patient to your practice?

When I ask doctors what the “average patient value” (APV) is in their practice, most either have no idea, or they think in terms of a single treatment or procedure such as \$10,000 for a breast augmentation or \$30,000 for a facelift. They are NOT thinking about the overall lifetime value of a patient – which, in North America, could be \$60,000–\$100,000 or more!

The role of great marketing in your practice is simple. It’s to build a lifetime relationship with your patients, so that whenever they or their friends need something aesthetic done, they know that you and your expertise are right there to help them – it’s *you* they’ll want to visit, *and not your competitors.*

Accordingly, the goal of great marketing is NOT simply to attract as many new patients as possible, treat them once and then move on to new ones. Why? For the simple reason that it costs you five times as much money and effort to attract one new patient as it does for you to sell additional treatments and procedures to your existing patients. To put it another way, the goal of your marketing is not to make a sale – it is to build and sustain a relationship with a patient – *for life.*

Let’s work through an example. Perhaps a patient first visits your clinic at age 40 for a breast augmentation, but then, if you’ve done a good job with your marketing, they decide to keep coming back to you every three months for their Botox and dermal fillers. At age 42, after looking in the mirror and feeling awful every time they wear their favorite pair of jeans they decide to finally get something done about those love handles around their waist and schedule liposuction with you, plus perhaps a series of skin tightening treatments to boost the collagen production in their face and neck. By age 50 they’re ready for a facelift – and on it goes.

As their plastic surgeon, you become a vital part of their inner circle, one of the consistent, dependable elements in their life, who – along with their fitness trainer, hair stylist, therapist, manicurist, tailor, dentist, gynecologist and family doctor – are all there to help them look and feel their best.

That’s another reason I believe it’s essential that plastic surgeons start taking a wider view of their role in women’s lives. You are not simply their plastic surgeon. You are your patient’s personal *beautification guru.* While they might come to you, holding a fistful of printed material from the internet about the various cosmetic procedures that they “think” they want, what they’re really looking for is a cosmetic physician-expert they can trust. Someone who will tell them what treatments and procedures they need to reach their goals – and then go ahead and perform them.

Which brings us back to the question of how much you should be investing in marketing your practice. That answer depends on four main criteria:

- 1) What is your target market? People who want, and can afford, your services – not just “tire kickers” who look but don’t buy.
- 2) How competitive is that market in your area?
- 3) How quickly do you want to grow?
- 4) What’s the *lifetime* average patient value (APV) of any given patient, to your practice?

Only you can answer the first three questions, but I can help you answer the fourth. Let’s be conservative and say that the average lifetime value (ALV) of one new patient in your practice is \$50,000. This means that every single time you welcome a new patient into your clinic, assuming your marketing does a good job of building an ongoing relationship with them, it’s like you just added another \$50,000 to your bank account.

So, if you invested \$200,000 a year in your marketing – how many new patients would you need to break even? Just four. Marketing is an investment in your practice – not an expense.

Feeling a little intrigued by these ideas? Perhaps still a bit overwhelmed by the question of how to market your aesthetic practice?

Think about what you’ve already accomplished to become the doctor you are, and then compare that to what you’re learning right now. You’ve got this!

Here are the bottom lines:

- 1) It doesn’t matter in which part of the world your clinic is located – marketing it is essential. It’s no longer a question of if you’re going to market your clinic – it’s only a question of how good at marketing you decide to be. As marketing is – and will continue to be – such a central component of your practice, you and/or your staff might as well get good at it, so you can avoid ineffective kinds of marketing, and only use the compelling kinds in your clinic – in other words, to make your marketing money count.
- 2) Understanding the average patient value over the lifetimes of your patients is critical to your ongoing success. Adding just one new patient to your clinic can add many tens of thousands of dollars in revenue to your practice over the coming years – providing your marketing does a good job building an ongoing relationship with them. The goal of your marketing must always be to win a patient for life – not just to get one sale. Expand your view of your role in your patients’ lives – what they’re really looking for is someone they can trust to keep them looking beautiful.
- 3) View the marketing of your practice as an investment, not an expense. The only reason you invest your marketing dollars is so that they will bring more dollars back into your clinic! Commit to understanding the differences between good marketing and bad marketing. It will make a world of difference to running your practice.

To your continued, and increased, success! 



# THE ROAD TO KYOTO: ARASHIYAMA

Tomoko Hayashi, MD – Japan

**M**y name is Tomoko Hayashi, one of the local organizing committee members. I appreciate introducing you to my beautiful hometown, Kyoto, especially Arashiyama, one of the leading tourist destinations of Kyoto. Although it is some distance from the center of the city, the area boasts grandeur of nature and wildlife. I hope you enjoy another aspect of Kyoto, different from the urban area.

## 1 Tenryu-ji (Tenryu Temple)

At one time, Tenryu-ji's grounds encompassed a majority of Arashiyama. As a site for the Rinza school of Japanese Buddhism, the temple continues to teach Zen Buddhism to this day. The Unryu-zu (image of the cloud dragon) painted on the ceiling of the teaching hall is particularly famous, and you will be overpowered by the fierce all-encompassing glare of the dragon! The original painting is severely damaged and is annually displayed for a limited time. Instead, a replica painted in 1997 is on permanent display.



## 2 Bamboo forest

A must for any visitor of Arashiyama is a stroll through its bamboo forest. Countless bamboos that shoot straight into the air, slightly tilting atop to encroach into the path is a rare



sight to behold. The bamboo forest of Arashiyama is particularly majestic, imparting a cool, breezy and somewhat surreal feel to its visitors.

## 3 Seiryu-ji (Seiryu Temple)

Seiryu-ji, also known as Saga Shaka-do, is one of a few ancient temples, even in the Sagano region. A national treasure and considered one of Nihon-san-nyorai (three Tathagata of



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

## 4 Matsunoo-taisha (Matsunoo Grand Shrine)

Matsunoo-taisha has a long history and dates back to the fifth century. Referenced in the Kojiki (An Account of Ancient Matters), the oldest extant chronicle of Japan, the shrine and the deity it represents has gathered faithful patronage from antiquity. In fact, one theory describes it as the oldest piece of architecture in Kyoto. The Hata clan that had principally held patronage to Matsunoo Grand Shrine was famed for sake making, and the shrine's deity is considered to be a god of sake brewing. For that reason, there is a museum on sake within its grounds. Matsunoo-taisha is my highly recommended place of visit for sake fans!

## 5 Okochi-sanso (Okochi Mountain Villa)



The Okochi Mountain Villa was envisioned by the actor Denjiro Okochi, who spent his life slowly building the villa after finding fascination with the sacred mountains of the old capitol. For 30 years, from the age of 34 (1931) to his death at 64, Denjiro spent a majority of his earnings from movie appearances on the expansive garden, seeking eternal beauty in it. The villa is not a mere retreat, but is a creation that represents the distillation of Denjiro's life. The Japanese gardens illustrate the four seasons with cherry blossoms and maples. With its back to Arashiyama mountain, the Daijokaku, or Mahayana pavilion, looks out to Mount Hiei, Daimonji, Higashiyama-sanjuropo mountain range, and Narabi-gaoka relating to Tsurezuregusa (Essays of Idleness). A short climb from the Tekisuian, a hermitage style tearoom, leads to an overlook down at the Hozu River. The garden provides an opportunity to experience tranquility where time continues at a leisurely pace. Arashiyama area can be very crowded with tourists in high season in autumn, but you can get away from the congestion and relax here.

## 6 Tram-train and Hozugawa Kudari (River ride on the traditional boat)

Among all the attractions available at Arashiyama, the tram



ride along the Hozu River and Hozugawa Kudari are my best recommendation. Sagano serves as a base for the Sagano tram-train, which is a sightseeing tram ride that travels 7.3 km, over the course of 25 minutes, along the Hozu-kyo ravine to Tamba-kameoka. After enjoying the beautiful landscape on the train, next comes a float down the river on a Japanese-style boat ride.

The Hozugawa Kudari river goes from Kameoka to Arashiyama (about 16 km in 2 hours) along a stunning river gorge of rapids with wonderful mountain views. There are mountains overlapping each other in Hozu-kyo Ravine, and the highest one is called Mt. Atago where the Fire God is worshiped. When going down the winding river in the valley, you will catch glimpses of the mountains. With rocky, piney, mixed tree mountains and autumn foliage, nature shows many different aspects through the seasons. The flow is extremely varied including torrents and deep pools. There are large and strangely-shaped rocks scattered on the shores and it looks as if they are going to block the flow. Each rock is quaint and there are some stories of particular rocks that have passed from generation to generation. Even more unique, there are marks of the poles where the boatmen have pushed, and the traces of ropes made when they pull the boat upstream by manpower.

This boat trip will invite you to an impressive and healing world in a place of tranquility.

You can see more detail information at <http://www.hozugawakudari.jp/en/tickets-en>

For further information, you may visit: <http://www.japan-guide.com/e/e3965.html>

We will welcome you all with our best hospitality. Omotenashi. See you in my beautiful hometown Kyoto next year at the 23rd Congress of ISAPS. 

# THE ROAD TO KYOTO: MY FAVORITE HOTELS AND JAPANESE INNS

Susumu Takayanagi, MD – Japan

ISAPS President



As attendees at the ISAPS Kyoto congress, perhaps many of you are planning to extend your visit from Kyoto to other places. Or, even if you're going to spend time solely in Kyoto, you may be interested in hotels and Japanese inns other than those referred to on the ISAPS website. Here are some that I would like to introduce to you. These are my personal favorites – and I have no financial interest in them.

## 1 Hotel Chinzanso Tokyo (Tokyo)

<http://www.hotel-chinzanso-tokyo.com/>



If you're going to stay in Tokyo, this hotel of extra comfort is highly recommended. It has a Japanese garden of approximately 66,000 square meters, which used to be the property of a government dignitary in the Meiji Period in Japanese history (about 140 years ago). No other hotel in Tokyo has such a large garden. In Hotel

Chinzanso Tokyo, there are four good Japanese restaurants and a high-quality Italian restaurant.

## 2 Hotel de Yama (Hakone)

<http://www.odakyu-hotel.co.jp/yama-hotel/english>



This hotel is about a 40-minute taxi ride from JR (Japan Railways) Odawara Station. (It takes 35 minutes to get to Odawara Station by JR Shinkansen, a bullet train, from Tokyo Station.) The hotel has an extensive garden of approximately 1,458,000 square meters that is famous for colorful azaleas each

spring. Furthermore, you will have a wonderful view of Ashi-no-ko (also referred to as Lake Ashi or Hakone Lake) from your room. You will also see Mt. Fuji when weather permits. If you have time, you can go to Ashi-no-ko by shuttle bus and take a ride on a sightseeing boat to enjoy panoramic scenery. The hotel has two good restaurants; one is Japanese and the other serves French cuisine. It's so delightful to have breakfast on the patio of the French restaurant surrounded by scenic beauty and cool mountain air.

## 3 Gion Hatanaka (Kyoto)

<http://www.thehatanaka.co.jp/english/>

A Japanese inn located in Kyoto City. There are many shrines and temples around this inn that you will find are the essence of Kyoto. A usual plan offered by the inn includes breakfast and dinner.

While staying at this inn, if you would like, you meet a group of Maiko (apprentice geishas) by making an appointment through the inn. The inn is off the route of the shuttle bus that arrives at and departs from the congress venue. If you choose to stay at this inn for the congress, you will have to take a taxi to the venue every day. It will take about 20 minutes.



## 4 Westin Miyako Hotel (Kyoto) – Japanese-style rooms

<http://www.miyakohotels.ne.jp/westinkyoto/english/>

As the headquarters hotel for the ISAPS Kyoto congress, this hotel is referred to on the ISAPS website. The Presidential Dinner of the congress will be held at the hotel. Most of the

rooms in this hotel are in Western style, but some are in Japanese style. If you would like, you can spend time in an elegant Japanese-style room, even though you are not to be waited on at dinner in your room (unlike a true Japanese inn). There are not many of these popular Japanese-style rooms so if you want to book one, you are advised to make an early reservation.



## 5 Matsubaya Ryokan (Kyoto)

[http://www.matsubayainn.com/top\\_e.html](http://www.matsubayainn.com/top_e.html)

Another Japanese inn located in Kyoto City, the price is quite reasonable. Many tourists from foreign countries choose to stay at this inn. Same as Gion Hatanaka mentioned above, Matsubaya Ryokan is off the route of the shuttle bus that arrives at and departs from the congress venue. If you choose to stay at this inn for the congress, you will have to take a taxi to the venue every day – also about 20 minutes.



## 6 Bouyourou (Boyoro) – Mikuni-Fukui Ryokan (Mikuni Town, Fukui Prefecture)

<http://www.bouyourou.co.jp/bouyourou/information.html>

This is a hot-spring inn located in Mikuni Town, Fukui Prefecture. From an open-air bath, there is an awesome view of the sunset over the Japan Sea. A stay offered by this inn includes breakfast and dinner at which fresh seafood will be served to you. As for access, take a JR limited express called "Thunderbird" from Kyoto

Station to Awara-onsen Station which will be about 1½ hours. The inn is about a 20-minute car ride from Awara-onsen Station. Be sure to notify the inn of your arrival beforehand so that you can be picked up at the station. Near the inn,

there is a cliff called Tojinbo, which is famous for a grand rocky area on the shore. You can go there by taxi from the inn, or perhaps you'll find it pleasant to walk along the coastal path to get there.



## 7 Ritz-Carlton Osaka (Osaka)

<https://www.ritz-carlton.co.jp/>

If you love to go shopping, you may want to stay in Umeda in Osaka rather than Kyoto. Umeda, where JR Osaka Station is located, is the north district of Osaka City. It takes 30 minutes by JR train from Kyoto Station to Osaka. Or you may take a Bullet Train, Shinkansen, from Kyoto to Shin-Osaka. If you take bullet train, it takes only 17 minutes. From Shin-Osaka you have to take a taxi to this hotel which will be about 20 minutes. Umeda is a bustling downtown with three large department stores: Hanshin, Hankyu and Daimaru, as well



as Yodobashi Camera (electronics retail chain) dealing in electrical appliances and cameras. The Ritz-Carlton Osaka is a 10-minute walk from JR Osaka Station (or Umeda Station of other railway

companies). The hotel's interior decoration is in 18th-century UK style. I love the classic atmosphere of the hotel that is enhanced by dim light, which conjures up images of stately homes of British peers. In addition, as you may know, there is Universal Studios Japan in Osaka. If you want to enjoy this theme park on a full scale, another option is to stay at a hotel

on the premises of Universal Studios Japan, which is more convenient for you.

## 8 Sekitei (Hiroshima)

<http://www.gambo-ad.com/english/hotel/index.php?ar=1&id=17>

A Japanese inn located in Hiroshima City. The city, which is 100-minute JR Shinkansen ride from Kyoto Station, is internationally known as one of the two cities that have once been attacked and destroyed with an atomic bomb. The exhibition of Hiroshima Peace Memorial Museum shows the devastation immediately after the nuclear blast, reconstruction of the city, and the city's commitment to peace-keeping and abolition of nuclear weapons.

Itsukushima Shrine, which is famous for its mystic presence, is in Itsukushima, an island commonly known as Miyajima that is 25-minute train ride or 10-minute ferryboat ride from JR Hiroshima Station. Itsukushima Shrine is built on the seafloor. At high tide, it seems as if the shrine is floating on the ocean. Sekitei stands on a hill with a grand view of Miyajima. The inn also has a beautiful garden.



## 9 Yufuin Tamanoyu

<http://www.tamanoyu.co.jp/english.html>

A Japanese inn located in an area called Yufuin that is in Oita Prefecture in Kyushu District of Japan. Among many hot springs in Japan, I especially like Bouyourou (mentioned above) and this Yufuin Tamanoyu. JR Shinkansen (from Kyoto Station to Hakata Station, 2 hours and 50 minutes) and an expressway bus (from Hakata Station to Yufuin, 2 hours and 20 minutes) can

take you from Kyoto to Yufuin. Or you may go to Itami Airport in Osaka to go to Oita Airport by airplane and from the airport you have to take a bus to Yufuin. The bus ride will be about one hour. Yufuin is a fairly small area, but it has

come to be well-known through its "Town Building for the Next 100 Years" activities inspired by similar cases in Europe. Accordingly, some places in the area are alive with gift shops full of tourists, but when you take a few steps off the main street, you will see beautiful and comforting scenery of the Japanese countryside.



## THE ROAD TO KYOTO: JAPANESE KIMONO

Hiroko Yanaga, MD – Japan

Member of ISAPS and Kyoto Congress Scientific Program Committee



**K**yoto has been named one of the top world tourist destinations by several prestigious publications because it is so rich in history and it has so many beautiful temples, traditional gardens, great food and entertainment for visitors to enjoy. It provides a truly unforgettable Japanese experience. One way to enhance this experience is wearing a kimono and learning about its history at the Nishijin Textile Center. Kimono is one of the symbols of Kyoto and wearing one will make your visit to the city even more enjoyable and unforgettable.

### Nishijin History



Nishijin Textile

The beautiful fabrics woven in the Nishijin district are seen as symbolic of Kyoto. These Nishijin textiles developed over 1,000 years of Kyoto's history as the capital of Japan. In the 5th and 6th centuries, a branch of the powerful Hata clan, the descendants of the immigrants from the continent, arrived in this area. With their arrival, the Kyoto basin became a stage for Japan's history. Settling in the Uzumasa district of West Kyoto, they brought with them new farming methods, as well as knowledge of silkworms and the manufacture of silk fabrics. The economic power of the Hata clan was a strong motive behind Emperor Kanmu's decision to move the capital to this area, 12 centuries ago. The imperial court weaving industry later prospered.

### Kimono Rental

Kimono rental is recommended for people who want to enjoy their Kyoto experience and discover this beautiful city clad in traditional wear. If you rent a kimono, the staff at the shop will help you put it on. Choose the kimono you like from among a wide array of colors and patterns. While kimono is usually associated with women, they are also available in styles for men in different colors and are also very popular.



An elegant Kimono fashion show, which lasts 15 minutes, is held 7 times a day at the Nishijin Textile Center. There is no charge to attend.

Enjoy sightseeing in Kyoto dressed in a kimono. With a Kyoto kimono passport, if you are wearing a kimono, you can take advantage of special privileges and discounts at temples and shrines, art galleries, hotels, shops, and restaurants – even on buses. This passport is available at tourist information centers in Kyoto city. Your hotel concierge will be able to direct you.



Try dressing in a Japanese Kimono



Kyoto Kimono Passport

## GETTING READY IN KYOTO

Kuni Nohira, MD – Japan

23rd Congress Program Chair



**T**he Miyakomesse Conference Center in Kyoto is located in the northeast area of the city very near the Heian Shrine with its landmark gate that can be seen from some distance. While it is within 10-15 minutes walking distance from most of our 21 designated hotels, we will provide bus shuttle service from hotels that are at a greater distance.



The Miyakomesse Conference Center

The Conference Center has two main meeting halls, each with 1300 seats on the third floor. The first floor has a large exhibition hall. There are five more meeting rooms on the lower level.

The Japan Society of Aesthetic Plastic Surgery (JSAPS) annual meeting will be held on October 24 and 25 at the same site and ISAPS member can attend the JSAPS meeting for free. The congress will begin on Sunday afternoon with a special ISAPS course for residents and fellows. This is a new educational program designed specifically for young plastic surgeons.

Room A is set up for panels on surgical procedures while Room B is mainly for minimal invasive procedures. The faculty includes 230 world experts from 45 countries who have all been assigned to 39 sessions as moderators and panelists. We also have enough space to accept many free papers. We are looking forward to your abstract submissions.

Since Kyoto is a relatively small city and available hotel rooms are limited, we strongly recommend early hotel reservations.



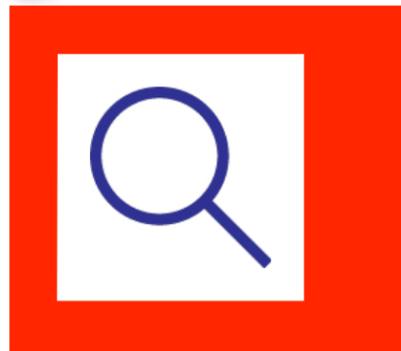
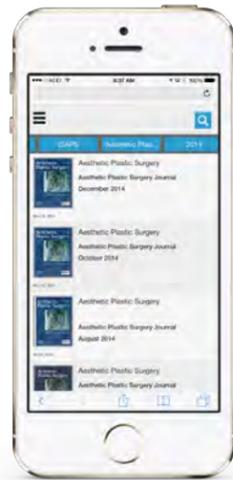
The Heian Shrine





### ajax Features

- Multiplatform Access
- Cloud Syncing
- Powerful Search
- Robust Annotation
- Video Bookmarking
- Discussions Forum



### Powerful Search

ajax now has an integrated Google Search Appliance, which provides instant highly relevant search results of *Aesthetic Plastic Surgery*.

[Learn more about this feature](#)



### How to Access the ajax Responsive Web App

All you need is the web address:

[www.anzumedical.com/login](http://www.anzumedical.com/login)

- On your desktop, you can open this url on your web browser (Chrome, Safari preferable). Log in with your ISAPS credentials and bookmark this address.
- On your mobile device (mobile phone and Android tablet) open this address on your browser and log in. You can bookmark this url. The better option is to add the icon to the homescreen of your mobile device. By doing this, you will get an app icon which will give you instant access.

[Here is a short video on how to do this](#)

ajax has cloud syncing, so whatever you do on one device will sync with all of the others.

### ajax is now multiplatform

You can now access *Aesthetic Plastic Surgery* on multiple devices:

- The iPad via the AnzuMedical App
- Mobile phones, Android tablets, and desktop browsers via the new responsive web application

Q: How do I find the AnzuMedical app ?

A: On your iPad, go to the Apple App Store and search for AnzuMedical. Download the app, select the ISAPS library and log in with your ISAPS credentials. That's it ! From that point on, every time you open the app you will have immediate access to the ajax community.

Q: What is a responsive web app ?

A: This is a url (website) that you can open on a web browser on any device (mobile phones, desktop browsers and Android tablets), and it will automatically resize to any screen and will function just like an app.

Q: What is the advantage of using a responsive web application ?

A: Many app developers are going this direction because it allows rapid new feature update and simultaneous broad delivery to multiple devices at the same time. In other words, new features can be added quickly with one change being delivered simultaneously to multiple platforms at the same time.

## JOURNAL UPDATE

Henry M. Spinelli, MD, FACS – United States

Editor-in-Chief, *Aesthetic Plastic Surgery*



Firstly, on behalf of *APS* (The Blue Journal), I hope you all had a good summer season and anticipate you will all have a productive and inspiring fall. On that note, *APS* continues to receive high quality manuscripts from around the world, and has maintained and even increased our selectivity.

In keeping with our policy of calling attention to several accepted upcoming manuscripts, which have yet to be published, I would like to call your attention to a few.

Please look for:

- **“The Efficacy and Safety of Lidocaine Containing Hyaluronic Acid Dermal Filler for Treatment of Nasolabial Folds: A multicenter, Randomized Clinical Study”** – An original article, published out of Korea, that enjoyed unusually favorable and universal reviews from multiple experts. Indeed, it addresses some fundamental questions concerning injectables.
- **“Flap Failure and Wound Complications in Autologous Breast Reconstruction: A National Perspective”** – A manuscript out of the United States that embraces a national perspective. This should be of interest



to anyone involved in breast oncology and reconstruction

- **“Double Lateral Flap: A New Technique for Lower Eyelid Reconstruction Alternative to the Tenzel Procedure”** – This is an interesting technique concerning lower eyelid reconstruction. As most of you know, lower eyelid construction can be quite demanding and proficiency in doing so requires a full armamentarium of techniques. This manuscript may offer another option.

- **“Evidence Suggesting that the Buccal and Zygomatic Branches of the Facial Nerve May Contain Parasympathetic Secretomotor Fibers to the Parotid Gland by Means of Communications from the Auriculotemporal Nerve”** – This is a most interesting manuscript concerning parasympathetic involvement by way of facial nerve branches. The Cadaver dissection presentation has been well received by our reviewers, and this covers an area of clinical interest especially to those involved in the facial and craniofacial skeleton.

- **“Sexuality in Aesthetic Breast Surgery”** – This manuscript covers the amalgam of social science and clinical surgery/medicine. The title engenders interest; it may even be scintillating for many of our readership and for the general public as well.

Finally, on behalf of our reviewers, the editorial office staff, and Springer, we look forward to interacting with you all in the upcoming academic season. ISAPS

## HAVE YOU RESERVED A ROOM YET?



If you plan to attend the ISAPS Congress in Kyoto next year, you are encouraged to book your room now. October is a busy tourist season. We have a large block of rooms in 21 hotels, however once that block is sold out, it will be difficult to add more rooms.

Go to [www.isapscongress.org](http://www.isapscongress.org) to see the on-line hotel reservations and information.

EUROPE: ITALY

Syringe Liposuction and Wetting Technique: My Personal Experience

Adriana Pozzi, MD



Assistant National Secretary for Italy

Since 1995, we have been using syringe liposuction, to treat both small and large deposits of fat. Syringe liposuction was introduced by Dr. Pierre Fournier in 1985. The technique was soon adopted by some surgeons, initially to remove fat grafts, or treat areas of limited extent. Subsequently, some colleagues, especially in Europe, abandoned the mechanical vacuums and adopted the syringes to treat even larger areas.

In 1995, I was a young plastic surgeon and had travelled to attend several conferences of the Lipoplasty Society of North America (LSNA), which opened a new world for me with regard to liposuction technique. At that time, we were doing liposuction with no infiltration (dry technique) and cannulas connected to a suction machine. In one of those meetings I made friends with a colleague, an aesthetic plastic surgeon from Arizona, who was using UAL. He said that in those years, in the US, patients wanted only the UAL machine: "People want that or nothing!" he used to say, while in Europe it was still not well known, even though the inventor of the machine, Dr. Zocchi, is Italian. Today UAL is in its third generation and is still more popular in the US.

Thanks to those conferences, in addition to syringes I started to perform infiltrations with wetting solutions. In particular the anesthetic hyper-infiltration (the so-called tumescent solution) which had many well-known advantages: strengthening local anesthesia, with larger volumes of dilute lidocaine anesthetic effect, even up to 12 hours during the post-operative time. The infiltrating solution we preferred was the one with the Klein formula, and we used it 20 minutes before starting the liposuction. The biggest advantage of the tumescent technique (from 3 to 4 ml per 1 ml of aspirate) was affording aspiration of large volumes of fat (3000 ml and more) reduction of blood loss of 1% of volume aspirate and, consequently, reduction of bruising: no small feat when you consider that, with the dry technique, the estimated blood loss was approximately 20% to 40% of volume aspirate and many of our patients undergoing liposuction were auto transfused.

Furthermore, infiltrating the sub-cutaneous space, allowed us to expand it and work closer to the skin surface with the

cannulas, performing safely a superficial liposuction at the end of the surgery and removing more precisely small fat deposits, thus reducing the undulations of the aspirated areas and stimulating skin contracture.

Today, at our institution, we practice the superwet technique – 1 ml infiltrate per 1 ml of estimated expected aspirate and for liposuction under general anesthesia and superwet technique, we sometimes reduce or remove the lidocaine component (e.g. in major surgery like lipo abdominoplasty our formula is: 1000 ml of Ringer Lactate at 21°C and 1 mg of epinephrine).

In recent years, many companies have produced small-diameter tubes with multiple ports, (one of my favorites is the Val Lambros cannula) which has allowed us to work the surface with greater confidence.

The syringe technique is still very topical and offers many advantages. It is a soft technique with reduced blood loss, although this is due to the large volume of dilute epinephrine infiltration, essential for proper utilization of the cannulas. The surgeon works freely, since there is no tubing that connects the handle of the cannula to the vacuum. It is possible to accurately calculate the amount of fat that is removed each time. It is inexpensive and, if one desires to save time adapters can easily connect the syringe to suction machines.

Another advantage of syringe liposuction is that fat can be easily reinjected, correcting irregularities already present or that may result from fat aspiration. The disadvantage of the syringe system is the greater loss of time in emptying, cleaning and preparing the syringes and cannulas for new use. Therefore, as it is slower than the vacuum pump, and the amount of work is certainly greater, a well-coordinated surgical team is essential.

For the third year running, liposuction is the most performed aesthetic procedure in Italy: 43,959 interventions, down 1% compared to 2013. This important data was revealed by the Aesthetic Italian Society of Plastic Surgery (AICPE) in 2014. Liposuction is prevalent among men. Women mainly ask for breast augmentation and liposuction is the second most performed aesthetic procedure in females.



NORTH AMERICA: UNITED STATES

Ozan Sozer, MD



Any member of ISAPS probably performs liposuction on a weekly basis. It has been the most commonly performed cosmetic surgery procedure for over a decade. I would like to take this opportunity to share my perspective about liposuction by discussing the following topics:

- 1 Energy vs no energy during liposuction
- 2 Liposuction with simultaneous fat grafting
- 3 Giving more definition to the waist line

Energy vs no energy

I have VASER, smart lipo and Hercules liposuction machines in my office (Fig. 1). I have had the opportunity to use two different forms of energy in many cases. Currently, I find myself utilizing the standard liposuction for more than 95% of the cases. I think energy assisted liposuction takes too long. We all know that length of the surgical procedure is a risk factor for deep venous thrombosis formation.



Figure 1



Figure 2

Many of us use liposuction during abdominoplasty or during combination procedures where time spent in the operating room becomes critical. In addition, I perform fat grafting in over 90% of the body contouring procedures and prefer not to expose the fat cells to any form of energy. I am also not convinced that results are any better with energy assisted liposuction. In my practice I still use VASER for secondary liposuction cases, and male breast and Smart lipo for liposuction of the neck (Fig. 2).

During a liposuction, we have the golden opportunity to reshape the body that cannot be achieved with diet and exercise.



Figure 3

Fat grafting is the most useful adjunct to liposuction. Usually, I inject buttocks, hips, breasts, specific depressions and clavicles during liposuction. Although there are several expensive methods of pro-

cessing the fat I still prefer some stainless steel salad bowls, and strainer from a local store (Fig. 3).

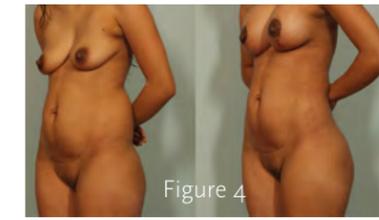


Figure 4



Figure 5



Figure 6



Figure 7

The most important determinant of a defined waistline is the width of the hips. It is impossible to have a waist line with narrow hips. Once the width of the hips is accomplished with fat grafting, liposuction will give the definition to the hips. Anatomically there are two separate compartments of fat in the waistline. The superficial layer is easy to suction and routinely removed during liposuction, but the deep fat is more resistant to suction. It can be removed with careful deep liposuctioning. The surgeon should feel the tip of the cannula at all times during deep liposuction. When the deep fat is removed, a better definition of the waistline can be achieved. (Fig. 7)

In conclusion, in my practice standard liposuction is still the preferred method. I routinely perform fat grafting at the same time with liposuction and removing deep fat is important to achieve a nice definition of the waist line.

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



**NORTH AMERICA: UNITED STATES**  
**Circumferential Liposuction of the Trunk with Synchronous Fat Grafting of the Buttocks**

Joseph P. Hunstad, MD and Charalambos K. Rammos, MD  
 Hunstad/Kortesis Plastic Surgery Center, Huntersville, NC



According to the American Society for Aesthetic Plastic Surgery National Data Bank Statistics, approximately 342,000 liposuction cases were performed in the United States, making it the most common aesthetic surgical procedure. There has also been an exponential increase in demand for augmentation gluteoplasty with the use of autologous fat injection. We present our approach to liposuction to improve the overall contour and shape of the trunk with the addition of fat grafting to achieve an aesthetically pleasing gluteal contour.

The patient's goals are discussed during consultation and reviewed again at the day of the operation. These goals usually entail thinning of the subcutaneous tissue circumferentially, to include the entire abdomen and hip rolls, and volumetric enhancement of the buttocks. The markings are placed and reviewed with the patient (Figure 1).



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

Intraoperative, large volume tumescent infiltration is performed to the entire region to be suctioned through paired lower abdominal and an umbilical incision, achieving minimal bleeding due to the vasoconstrictive effect of the epinephrine. A firm turgid state is achieved with visible vasoconstriction by infiltrating both the superficial and deep subcutaneous tissue (Figure 2).

Because these volumes are large (>5L), the tumescent fluid consists of only 12.5 ml of 1% plain lidocaine per liter, with



Figure 2: Tumescent infiltration. Note the significant vasoconstriction

1:1000 epinephrine. Laser assisted liposuction (LAL) and power assisted liposuction (PAL) are performed for the abdomen and PAL only for the back. The work required is significantly reduced with PAL, and the device allows a greater degree of control and precision. Based on the patient's body habitus, either 3-mm or 4-mm blunt tip cannulas are utilized for PAL. Liposuction is performed with continuous, back-and-forth cannula movement that contours the entire region simultaneously, thus avoiding overcorrection, and achieving an even contour. The laser raises the internal skin temperature to approximately 42 degrees Celsius, which can achieve skin retraction. PAL of the hip rolls is performed initially. The fat is separated using a 4-mm basket cannula, followed by thorough suctioning of the back, both in the superficial and deep compartments, with the fat collected in an in-line trap for later fat grafting. An appropriate volume of fat is removed and confirmed with a pinch test and smooth contour. The 4-mm basket cannula is used again in the end for final feathering. One 7-mm drain is placed in the back and brought out through an anterior incision. It will be removed when drainage is less than 25 ml in 24 hours. The fat is prepared for grafting by removing the excess fluid with a strainer and is injected into bilateral buttocks using a 4 mm cannula attached to a 60 ml syringe (Figure 3). The fat is placed in bilateral buttocks, in the subcutaneous layer and intramuscular, while withdrawing with the syringe, improving the contour of each (Figure 4).

*continued on page 37*

*Global Perspectives, Hunstad/Ramos, continued from page 36*



Figure 3: Preparation and injection of the fat in the buttocks

The patient is then placed supine and LAL of the abdomen is performed. The energy delivered ranges from 8,000-12,000 Joules. The fat is separated using a 4-mm basket cannula. Then, PAL follows with the exact same technique as in the abdomen with final feathering in the end. One 7 mm drain is also placed in the abdomen.



Figure 5: Preoperative frontal and lateral views of a 65 year old female with lipodystrophy of the trunk (above). Image obtained at 7 months follow up after circumferential liposuction of the trunk (below).



Figure 4: Intraoperative lateral view of the buttocks before (above) and after injection of 800 ml of fat (below)

After the conclusion of the procedure, compression garment with foam padding is applied. Patients are advised to maintain an adequate oral intake, stay warm and avoid smoking.

Clinical results of circumferential trunk liposuction only and circumferential trunk liposuction with synchronous fat grafting of the buttocks are shown in Figures 5 and 6.



Figure 6: Preoperative frontal and lateral views of a 35 year old female with lipodystrophy of the trunk (above). Image obtained at 5 months follow up after circumferential liposuction of the trunk and 900 ml of fat grafting of the buttocks (below).

**EUROPE: SWEDEN**

**Circumferential Suction-Assisted Lipectomy: An Effective Surgical Procedure to Normalize Large Chronic Fat-Transformed Lymphedemas**

Håkan Brorson, MD, PhD



Circumferential suction-assisted lipectomy (CSAL) techniques have proved to be a valuable tool in various aspects of reconstructive surgery. Options for treatment of late-stage lymphedema not responding to conservative treatment is not so clear. Microsurgical techniques are promoted to provide physiologic drainage of excessive lymphatic fluid. In many late-stage cases though, adipose tissue deposition and fibrosis are the predominant manifestations of the disease process. CSAL enables complete removal of the deposited adipose tissue leading to complete volume reduction.

**Is there any evidence for adipose tissue in lymphedema?**

Clinicians often believe that lymphedema is purely due to accumulation of lymph fluid, which can be removed by the use of noninvasive conservative regimens. These therapies work when the excess swelling consists of accumulated lymph, but do not work when the excess volume is dominated by adipose tissue as in a chronic lymphedema.<sup>1</sup> Computer tomography and dual-energy X-ray absorptiometry have shown a high content of adipose tissue in patients with secondary lymphedema.<sup>2,3</sup> Recent research shows that chronic inflammation leads to deposition of excess adipose tissue.<sup>4,5</sup> Microsurgical procedures using lymphovenous shunts, lymph vessel transplantation, and vascularized lymph node transfer,<sup>6-10</sup> do not remove adipose tissue; thus complete reduction cannot be achieved with these procedures.



Figure 1a. Marked lymphedema of the arm after breast cancer treatment, showing pitting several centimeters in depth (stage I edema). The arm swelling is dominated by the presence of fluid, i.e. the accumulation of lymph.

Figure 1b. Pronounced arm lymphedema after breast cancer treatment (stage II-III edema). There is no pitting in spite of hard pressure by the thumb for one minute. A slight reddening is seen at the two spots where pressure has been exerted. The 'edema' is completely dominated by adipose tissue. The term 'edema' is improper at this stage since the swelling is dominated by hypertrophied adipose tissue and not by lymph. At this stage, the aspirate contains either no, or a minimal amount of lymph.

**When can CSAL be performed?**

Candidates for this procedure are patients who have been optimally treated with conservative therapy and show no or minimal pitting (4-5 mm in arms, 6-8 mm in legs), thus the excess volume consists of adipose tissue (Figure 1).

CSAL should be used as a method to remove fat, not fluid, even if theoretically could remove the accumulated fluid in a pitting lymphedema.

**Compression garments**

Two custom-made compression garments are measured preoperatively using the healthy arm or leg as a template and one set is put on during surgery.

**Preoperative investigations**

Volumes of both extremities are always measured at each visit using water plethysmography, and the difference in volume is designated as the excess volume.<sup>1,11</sup> Particular to the lower extremity, venous color Doppler examination is used to rule out any venous insufficiency, which can influence leg swelling. Lymphoscintigraphy provides useful information on the lymph transport and is used in patients with primary lymphedema and in patients with unknown leg swelling.

**Surgical technique**

The use of power-assisted CSAL facilitates the removal of adipose tissue and reduces surgeon-fatigue, particularly in the lower extremity. To minimize blood loss, a tourniquet is utilized in combination with tumescence. Through approximately 15-20, 3-4 mm-long, incisions CSAL is performed using 15- and 25-cm-long cannulas with diameters of 3 and 4 mm. When the arm or leg distal to the tourniquet has been treated, a sterilized custom-made compression sleeve and glove is applied to stem bleeding and reduce postoperative edema. The tourniquet is removed and the most proximal part of the upper arm or leg is treated using the tumescent technique after infiltration of 1-2 l of saline containing low-dose adrenaline and lidocaine.<sup>12,13</sup> Then the compression sleeve is pulled up to compress the proximal part of the extremity. The incisions are left open to drain through the sleeve. The aspirate contains 95% fat in mean. Operating time is approximately two hours for arms and three to four hours for legs (Figure 2).

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*Global Perspectives, Brorson, continued from page 38*



Figure 2. Liposuction of arm lymphedema. The procedure takes about two hours. From preoperative to postoperative state (left to right). Note the tourniquet, which has been removed at the right, and the concomitant reactive hyperemia.

**Long term outcome**

Today, chronic non-pitting lymphedema of up to 4.5L in arms (Figure 3) and more than 8L in legs in excess volume can be



Figure 3a. A 74-year-old woman with a non-pitting arm lymphedema for 15 years. Preoperative excess volume is 3090 ml.

Figure 3b. Postoperative result.

effectively removed by use of CSAL. Maximal reduction is usually achieved between three and six months. Long-term results have not shown any recurrence of the arm swelling with the permanent use of compression garments.<sup>1,11,14,15-18</sup> In addition, promising results can also be achieved for leg lymphedema (Figure 4), with maximum reduction usually occurring at around six and twelve months.<sup>19,20</sup>

**Postoperative regimen: Controlled Compression Therapy**

Garments are removed two days postoperatively and the patient takes a shower and the extremity is lubricated. The other set of garments is put on and the used set is washed. The patient repeats this after another two days before discharge. The patient alternates between the two sets of garments, changing them daily. Washing "activates" the garments by increasing the com-



Figure 4. Primary lymphedema: Pre-operative excess volume 6630ml (left). Postoperative result after two years (right).

pression due to shrinkage. The patient is seen after one month when arm volumes are measured.

At the three-month visit, the arm is measured for new custom-made garments. This procedure is repeated at six, nine, and 12 months. When complete reduction is achieved, sleeves without straps are ordered. If complete reduction has been achieved at six months, the nine-month control may be omitted. If this is the case, a quantity sufficient for six months of garments are prescribed, which normally means double the amount that would be needed for three months. When the excess volume has decreased as much as possible and a steady state is achieved, then new garments can be prescribed using the latest measurements. In this way, the garments are renewed three or four times during the first year. Two sets of sleeve and glove garments are always at the patient's disposal and worn continuously; one is worn while the other is washed. The life span of two garments worn alternately is usually 4-6 months. After the first year, the patient is seen at 1.5 years and at two years after surgery. Then the patient is seen once a year only, when new garments are prescribed for the coming year, which is usually four garments and four gloves (or four gauntlets). For active patients, 6-8 garments and the same amount of gauntlets/gloves a year are needed.

**Summary**

- Excess volume without pitting means that adipose tissue is responsible for the swelling.
- As in conservative treatment, the lifelong use of compression garments is mandatory for maintaining the effect of treatment. Since all patients comply with this before surgery nothing new is added.

*continued on page 43*

EUROPE: ITALY

Luigi Maria Lapalorcia, MD



I was recently invited to a hands-on demonstration of Machine X for liposuction in Florence. I happened to gather with a group of physicians: probably 30% plastic surgeons, a few dermatologists, aesthetic doctors, general surgeons and so on. We had a wonderful dinner in a nice restaurant the evening before and after the course and we had the occasion to chat with our peers.

Machine X looks beautiful and the marketing support provided by the company is incredible. Nice brochures with pre and post op photos, an 800 number (numero verde in Italy), great website and attentive customer service.

*The point is who will benefit from all of this?*

My rhetorical question: is it going to be the experienced plastic surgeon working long hours in the hospital, operating in a high cost facility on a selected number of patients? Or is it going to be the practitioner and entrepreneur who can afford the machine in his own facility (two or three are currently available in Italy).

My experience in liposuction and lipoplasty procedures originates from observing fat surgery and its evolution since the late '90s when I was a medical student and was in operating rooms observing the generation of surgeons who pioneered modern plastic surgery.

Illouz and Gasparotti (and many others as well) popularized traditional lipoplasty and it became one of the five most frequently performed plastic surgery operations according to ISAPS and ASPS statistics of 2014.

Then Coleman and Rigotti re-introduced fat grafting from the history of plastic surgery.

In the mean time fat assisted breast and gluteal augmentation were frequently performed by South American surgeons.

Then came fat assisted body sculpturing, micro fat graft, nano fat graft, SNIF, stem cell enriched fat grafts, citory, lipogems, composite breast augmentation, fat grafts during face lift surgery, and genitalia enhancement surgery.

To be sure:

- Nomenclature has evolved
- Science has helped in identifying mediators, stem cells, growth factors, enrichment methods and survival of fat cells
- Manufacturers have provided us with new incredibly fine quality harvesting and injecting instruments

Fat surgery is a mix of craftsmanship and technology and a distinction between clinical applications in practice and research must be made.

Today in Italy, no machine can replace the common sense required to establish correct indications for procedures and in Italy's current economic conditions there is little place for expensive machines and onerous surgical fees.

The bottom line is the following: what I saw is what I keep seeing in the majority of operating rooms worldwide today. Surgeons have their own sets of instruments, rituals and habits and no machine will ever be able to replace the art.



Global Perspectives – Future Themes

March 2016 **Browlifting and Forehead Rejuvenation** Deadline February 1  
 July 2016 **Fat Grafting – what are we doing in 2016?** Deadline June 1

If you would like to contribute an article of 500-750 words, please forward to [isaps@isaps.org](mailto:isaps@isaps.org)

This is a non-referenced opinion piece of several paragraphs giving your observations and perspectives on the topic.

What do you do in your practice?

What unique approaches do you use?

What do you see your colleagues doing in your region?

NORTH AMERICA: MEXICO

Water Assisted Liposuction: A Step Forward

Rogelio Reza Gallegos, MD



Since liposuction came into use in 1977 by Illouz, this technique gradually became popular around the world, so over the years, new alternatives to conventional techniques have been sought in order to make a safer and practical procedure.

I have been using the water assisted liposuction "Bodyjet" for five years. It is a device made in Germany that uses a water jet, which can be set to different pressures within the thickness of the fat. In doing so, the jet dissects the panicle selectively, so that other tissues like blood vessels, lymph and nerves are respected. The separated fat from the jet is aspirated with a cannula similar to that employed in conventional liposuction.

The technique consists of three steps:

1. Infiltration with water jet only
2. Suction + infiltration water jet
3. Drying (suction only)

Studies have been done to evaluate the quality of adipocytes extracted with this technique, comparing with the ones extracted using the conventional technique. The results read: through histological analysis, a higher amount of intact adipocytes were observed in the sample obtained with WAL technique; grafting in vitro adipocytes had a better fate in samples obtained with technique WAL, when compared with those obtained by the conventional technique. It was found that they are able to survive longer, since improved weight retention, reduced apoptosis and increased angiogenesis was observed.

Given the universal principle of plastic surgery, the most important thing is not what is removed, but what is left and how it is left, the WAL technique helps us to meet this fundamental goal, since it facilitates the maneuver suction allowing it to occur

on a regular basis. Besides, the tissue we leave behind suffers less trauma resulting in a more controlled and uniform fibrosis, and ultimately, a more natural appearance of the skin.

Another important benefit is the superior quality of fat that is lipoinjected. We know that like any living tissue, fat depends on several factors to survive in the recipient bed. One of the most important factors is the trauma suffered by cells during the full process, from extraction to final placement. No doubt the jet of water helps keep the adipocyte intact thus favoring our graft survival and our results.

The retraction of the skin may not be as good as it is with other assisted liposuction techniques such as ultrasound or laser, but I feel it is better than that obtained with the conventional technique.

In my private practice I have used the WAL technique in over 140 patients. The main benefit that I have observed when using this technique is an easier and faster recovery due to minor trauma caused by the procedure to the tissues. The jet of water facilitates the removal of fat, allowing you to perform the maneuver in a very gentle way, with little inflammation, little bleeding and this results in less pain, which your patient appreciates.

I highly recommend the use of water-assisted liposuction, since it offers several advantages over traditional liposuction, both at the time of harvesting as the grafting adipocytes process. I strongly believe this is a safer technique, easier to perform, simple in its recovery and generally provides better results. This is why I consider that science has taken a step forward in the field of liposuction.



*The author has no financial relationship with any product or manufacturer mentioned in this article*



# NORTH AMERICA: UNITED STATES

## Evaluation of a New Liposuction Cannula

Hilton Becker, MD – United States



As new liposuction cannulas have been developed, there have not been many studies examining the advantages of various designs. The original Becker liposuction cannula was developed in 1990 and has since become very widely used. Although this cannula design is excellent at dissecting and breaking down fat, the larger particles of fat tend to become caught at the base of the basket and lead to blockage.



Figure 1a. Double basket cannula

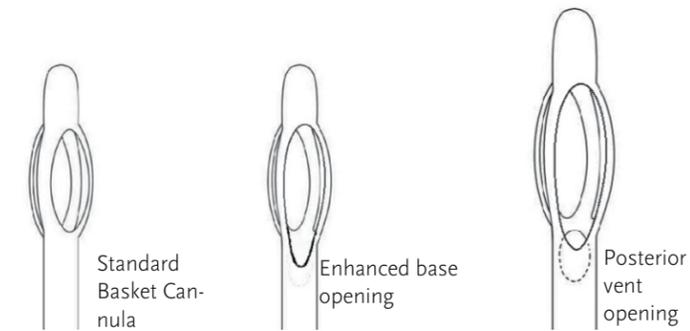
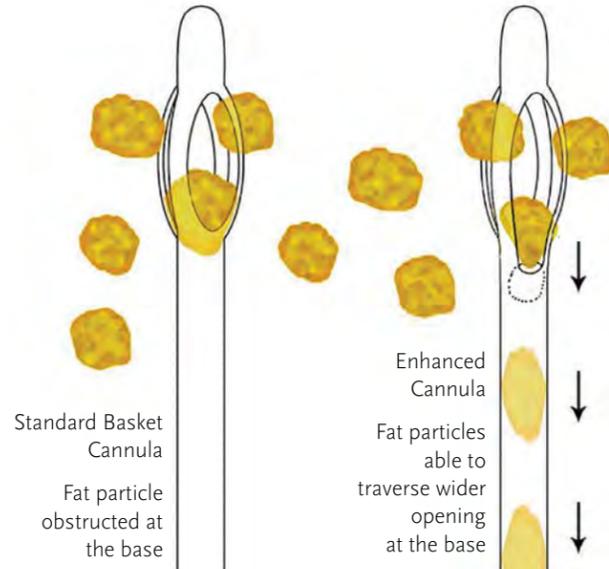


Figure 1b.

A newly designed cannula with a wider, proximally-extended opening at the base of the basket, combined with an opening for ventilation, facilitates passage of larger fat particles through the cannula. Additionally, the projecting ribs of the basket mechanically avulse the fat instead of relying on negative vacuum pressure to pull it in.

Although these new design features appear to increase current liposuction efficiency, it is important to be able to empirically demonstrate these improvements.

We compared the 4mm Mercedes cannula, a very common and widely used cannula, with a 4mm Becker 2 cannula. We evaluated four patients in total, performing liposuction to either the thighs or abdominal area using either the 4mm

Mercedes on one side or the 4mm Becker 2 cannula on the other. In order to compare the performance between the two cannulas, we examined the aspiration speed by measuring the

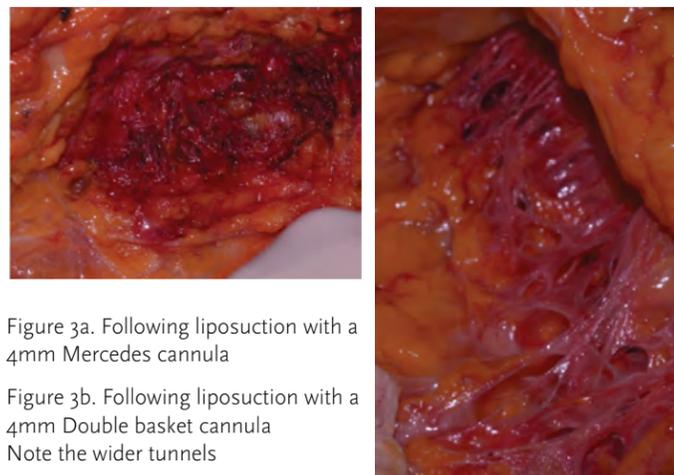


Figure 3a. Following liposuction with a 4mm Mercedes cannula

Figure 3b. Following liposuction with a 4mm Double basket cannula. Note the wider tunnels

time necessary to aspirate 100 cc of adipose tissue. Additionally, we photographed and grossly examined the various planes of dissection formed during liposuction using the various cannulas in patients undergoing liposuction with subsequent abdominoplasty.

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Global Perspectives, Brorson, continued from page 39

- Adipose tissue can be removed with CSAL. Conservative treatment and microsurgical reconstructions cannot, thus CSAL is the only surgical method to normalize the volume of the lymphoedematous limb.

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Global Perspectives, Becker, continued from page 42

Our average speed of aspiration was increased.

- Patient 1:
- 100cc aspirated, multiply times 2:
  - 4mm Mercedes: 1m 55s = 3m 50s
  - 4mm Becker 2: 45s = 1m 30s
- Patient 2:
- 25cc aspirated, multiple times 4:
  - 4mm Mercedes: 52s = 3m 28s
  - 4mm Becker 2: 27s = 1m 48s
- Patient 3:
- 200cc aspirated
  - 4mm Mercedes: 1m 43s
  - 4mm Becker 2: 52s

Patient 4:

- 100cc aspirated, multiply times 2:
- 4mm Mercedes: 1m 55s = 3m 50s
- 4mm Becker 2: 54s = 1m 48s

We had the opportunity to look at the dissected tissue on abdominoplasty patients where one side was aspirated with a 4mm Mercedes cannula and the other with a 4mm Becker 2 cannula. We saw increased tissue dissection and open planes that was documented photographically.

We noticed that with the standard Becker basket cannula there was

increased obstruction with the basket acting as a trap for fat. With the new enhanced cannula, the lack of obstruction was noted. We also observed that with the new cannula the liposuction tubing was full of fat compared to when the Mercedes was used where the tubing was sporadically filled and this was also documented photographically.

The author is the inventor of the Becker cannula and is a consultant for Black & Black. ISAPS

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## RETURNING TO AMMAN, JORDAN

Ryan Snyder Thompson – United States

Director of International Disaster Relief, LEAP Foundation



Following a recent pause in sending international surgical missions to assist our friends with the Treating the Wounded Syrian Program, LEAP Global Missions and ISAPS are proud to announce that we are once again coordinating teams of plastic and reconstructive surgeons to treat war-wounded Syrians. Thanks to the generous financial support provided by the Syrian American Medical Society covering the anticipated costs of surgical procedures, two teams have been scheduled to volunteer in November 2015 and January 2016.

Participating in the November mission are ISAPS member surgeons Dr. Argentina Vidrascu (Romania) and Dr. Evando Lauritzen (Brazil). Participating in the January mission is ISAPS member surgeon Dr. Ali Juma (UK) and LEAP volunteer surgeon Dr. Robert Anderson (USA). Both missions will take place at al-Maqassed Charity Hospital in Amman, Jordan where we have previously sent 16 surgical missions during the period of October 2013 to November 2014.

Like many hospitals and surgical centers servicing war-wounded Syrians throughout the

Middle East region, al-Maqassed Charity Hospital continues to admit capacity levels of patients presenting with acute blast injuries, as well as a wide variety of chronic burn and gunshot wound injuries. In order to help meet the challenges pertaining to these consistent patient flow numbers, we have been asked to coordinate bi-monthly ISAPS-LEAP Surgical Relief Teams®.

Accordingly, we are at this time renewing our request for experienced ISAPS members to volunteer their skills during an upcoming week-long mission. For those members unable to participate in one of these trips, we ask that you consider making a financial contribution to the ISAPS-LEAP Surgical Relief Teams® fund available through the ISAPS website (<http://www.isaps.org/medical-professionals/leap-collaboration>).



Join us in our efforts to offer emergency and essential surgery to those in dire need. Together we can make a world of difference in the lives of our Syrian brothers and sisters.



# THE UNSPEAKABLE HISTORY OF THORACOPAGUS TWINS' SEPARATION

Denys Montandon, MD – Geneva, Switzerland

*Surgery is the art, craft and science of miracles.*

– Joan Cassell: Expected miracles, Surgeons at work (1991)

The incidence of conjoined twins is estimated at 1 in 50,000 births. Thoracopagus is the most common form of conjoined twins, with fusion from the anterior thorax to the umbilicus. They often present a common pericardial sac and sometimes, conjoined hearts. Approximately half are still-born and a smaller fraction of pairs born alive have abnormalities incompatible with life. The condition is more frequently found among females, with a ratio of 3:1. Living thoracopagus twins rarely share a vital organ, except for the liver. In xiphopagus, the two bodies are fused mostly by the xiphoid cartilage.

## HISTORY

The earliest known documented case of conjoined twin separation dates from the year 942, when a pair of conjoined twin brothers from Armenia was brought to Constantinople for medical evaluation. Leon Diakonos (950-992 AC) recalls that they had the same trunk from the armpits to the hips. Their members were proportionate and had no anomaly. When, at the age of thirty, they came back to Constantinople from where they had been chased away previously because their presence was considered a bad omen, one of the twins died suddenly. The surgeons decided to try to detach the body of the dead one. The scene is represented in a miniature of a Madrid Manuscript at the end of the 12th century, the Byzantine Chronicle of John Skylitzes (Figure 1). Apparently the initial result of the operation was successful; however, the surviving twin died three days after.



Figure 1: A Byzantine separation of a dead conjoined twin. (Codex Skylitzes Matritensis, fol. 131 (12th c.) Madrid National Library)



Since antiquity, and even up to recent times, these deformities were considered as monstrous and often displayed in fairs and circuses. They are described and pictured in a number of chronicles during the Middle Ages and belong to the bestiary of monsters of the famous surgeon of the Renaissance Ambroise Paré (Figure 2). He attributed the conjoined twins to an excess of semen, but he never advised to operate on them. For him, the

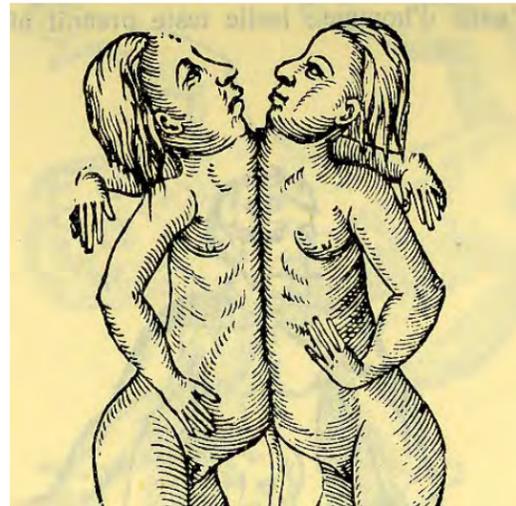


Figure 2: Thoracopagus represented by Ambroise Paré in the 16th century. (Paré A: Les oeuvres de chirurgie, Paris, Buon 1598)

Monsters differ from the Prodigious and the Mutilated in that they are creatures against nature and are often signs of some misfortune to come. His contemporary surgeon, Pierre Franco, however, refused to call them “monsters.” They are God’s creatures, and if possible they should be operated.

The French writer Montaigne living also in the same period, gives a detailed description of thoracopagus twins: “Two days ago I saw a child that two men and a nurse carried about to get money by showing it by reason it was so strange a creature. Under the breast it was joined to another child. . . .” Montaigne concludes: “Those that we call monsters are not so to God, who sees in the immensity of His work the infinite forms that He has comprehended therein. From His all wisdom nothing but good, common, and regular proceeds, but we do not discern the disposition and relation. Whatever falls out contrary to custom we say is contrary to nature, but nothing, whatever it be, is contrary to her.”

Following the Byzantine operation, the first attempt to separate conjoined twins was recorded in 1689, on the omphalopagus girls Catherine Elizabeth by a German surgeon “with a sharp blade.” The girls apparently survived. In 1700, the French naturalist Buffon recalls the story of the pygopagus Hélène-Julie, separated with a cautery by the surgeon Treyling, at the age of four. The two girls died immediately.

## Nineteenth Century

During the 19th century, the most famous pair of conjoined twins was Chang and Eng Bunker (1811–1874). Thai-American brothers, born in Siam, Chang and Eng were joined at the torso by a band of flesh and cartilage at their sternum, with apparently fused livers. In 1829, the British merchant Robert Hunter “discovered” them and paid their family to let them be exhibited as a curiosity during a world tour. They travelled with the PT Barnum circus for many years and were labeled the Siamese twins. In 1935, the two brothers were examined by a number of scientists at the Academy of Science in Paris. Debates were mainly concerned with the nature of the junction, its origin and the particular psychology twins had developed, which fascinated the observers. It was the starting point for a think tank on teratological malformations and the capacities of surgery to correct them.

Upon termination of their contract with Hunter, the brothers successfully went into business for themselves and settled in a farm in Traphill, North Carolina. They bought slaves and adopted the name of Bunker. On April 13, 1843, they married two sisters: Chang to Adelaide Yates and Eng to Sarah Anne Yates. Their Traphill home is where they shared a bed built for four. Chang and his wife had eleven children; Eng and his wife had ten. In 1870, Chang suffered a stroke and his health declined over the next four years. On January 17, 1874, Chang died while the brothers were asleep. A doctor was

summoned to perform an emergency separation, but he was too late. Eng died approximately three hours later.

When in Paris, an embryologist, Jean Victor Coste, had been in favor of the possibility of separating the Siamese twins, because, he said, “their viscera are probably free of any adhesion and an operation to divide them presents the better chances of success.”

The famous French naturalist Isidore Geoffroi Saint-Hilaire had examined not only the Siamese twins, but also later on the twins of Prunay, Hortense-Henriette and Marie Louise, who were attached by their whole lower body as well as the monsters publicly exhibited like Millie-Christine or Rosa-Josepha united by their lower back with a single anus and vulva, in any case impossible to separate. Geoffroi Saint-Hilaire was however a fan of surgical operations for congenital malformations, in opposition to ineffectual medicine:

‘For surgery, contrariwise, its benefit towards abnormal individuals is almost unlimited. Conducting useful unions, repairing unfortunate displacements, removing accessory and harmful parts, one can see that surgical operations sometimes give life to an individual, sometimes deliver him from organic flaws.’ He agreed however that operable cases of conjoined twins ‘must be and are in fact extremely rare.’

Toward the end of the 19th century, a number of living cases of conjoined twins had been recorded all over the world. A few surgeons had considered performing bold operations, but either the patients died prematurely, or their parents or they themselves, refused for fear of the complications or because they could count on their malformation to make their living by presenting themselves in circuses. However, between 1870 and 1881, three operations of separation took place. A German surgeon, Bochum, on his own daughters performed it right after birth in his private clinic. One of the twins

apparently survived. In 1874, Lardier, a practitioner in Moselle (France), separated shortly after birth an incomplete parasitic child inserted in the epigastrium. The Medical Society of Nancy considered it as a premiere, but in fact, it was more like removing a tumor. In 1881, two Swiss surgeons, Biaudet and Bugnon, separated two three-month-old twins Marie and Adèle. One died immediately and the other a few days later. The doctors declared: “And now, what can we conclude from this unsuccessful procedure: that the operation of xiphopagus is impossible, that it is not justified; that in front of such a great and moving misery, nothing else can be done than crossing our arms? We don’t think so.”

Before their attempt, Baudet and Bugnon had in fact required the opinion of a famous teratologist, Camille Dareste, who had made a classification of congenital double monsters: the ones where the organs are not inversed and less interdependent, who are due to late fusion of the fetal bodies, would be more prone to an operation; the cases presenting a *situs inversus* (sign of early fusion, according to Dareste) should not be separated. He made also a distinction between the thoracopagus twins (intimate early fusion), where the operation should be “absolutely rejected,” and the xiphopagus, for whom he encourages the surgeons to attempt a separation after a careful examination: “The progress of surgery and particularly the use of antiseptic methods allow today to attempt operations in cases in which we would have renounced before.”

## Twentieth Century

On the 30th of May 1900, 36-year-old Eduardo Chapot-Prevost operated the separation of Maria and Rosalina (Figure 3) in Rio de Janeiro. He had made before an exploratory laparotomy and tests with a radio-opaque bismuth compound to be certain that their digestive

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History, continued from page 47



Figure 3: Maria and Rosalina in 1899

tracts were separate. It revealed, however, joined livers, and no conjoined twin operation thus far had successfully divided a shared liver. Although he was aware of Dareste's warnings he determined that they could be separated successfully, thanks to his experiments with dogs, which had shown that the liver healed rapidly as long as bleeding was controlled. The surgery lasted an hour and a quarter and was initially successful, but Maria devel-

oped an infection and died six days later. Rosalina, on the other hand, recovered quickly. She lived for many years after the operation, although she suffered from some paralysis in the left side of her face and body. In a 1964 interview, she recalls, "My earliest memory is that my sister and I were always squabbling, in spite of our affection for each other. We slept badly; one of us always wanted to turn over when the other didn't. It was the same when we walked; we always wanted to go in different directions. We ate off the same plate and wore a single dress specially designed by Mother. Our house was like a prison. We both longed to be separated, but in different ways. I longed for a successful operation, but Maria always feared she would never survive one."

Thanks to his spectacular operation, Chapot-Prevost became a national scientific hero and the Brazilian parliament allocated him credits to tour Europe and present this sensational "first case of living thoraco-xiphopagus operated at the age of seven." On the 9th of October 1900, he exhibited Rosalina at the Salpêtrière in Paris, with pictures and x-rays, showing the inversion of the heart on the operated child, underlying its importance, considering Dareste's declaration ten years earlier. Chapot-Prevost published then a book, *Chirurgie des tétatopages*, where he claimed that he himself could have been able to cure several of these historical conjoined twins, like Chang-Eng, Marie-Adèle or Rosa-Josépha, if he had been asked. He went to Berlin to examine carefully a new phenomenon, the "Chinese brothers" considering himself to be the indisputable and inescapable authority on these matters: "All these cases are absolutely operable; and it is really regrettable that modern civilization cannot prevent this odious slavery imposed on these creatures who have all the



Figure 4: Radica and Doodica in 1896

rights to freedom and independent life." Back in Paris, he became interested in the case that got the most attention at that time: Radica and Doodica. Born in India in 1889, Radica and Doodica (Figure 4) were sold in 1893 to London showman Captain Colman, who exploited them commercially. In 1900, they came with the PT Barnum circus to Paris and were admired by a great number of onlookers. Chapot-Prevost tried to negotiate with the Barnum the right to operate them, but either the

offer was insufficient or the health of the girls was not alarming and the project failed.

However in February 1902, it was the French surgeon Eugène-Louis Doyen who performed the separation of Radica and Doodica in his private Parisian clinic (Figure 5). A month before, one of the sisters had become sick with bronchitis which was most probably tuberculosis, and they had been hospitalized in Hôpital Trousseau. A few days later, they had been literally kidnapped, to be brought to Doyen's Clinic. The operation took place in the presence of selected personalities and filmed by a camera installed by the operator himself. A few journalists were wondering about this transportation from a public hospital and insinuated that the surgeon had paid Colman for the exclusivity



Figure 5: Dr. Doyen separating Hindoo twins (The Library of Congress)

of the operation. But Doyen justified this choice for calm and safety measures.

One day after the procedure, newspapers like *Le Figaro*, *Le Petit Parisien*, *Le Matin*, *L'Echo de Paris* announced on their first page, with engravings, pictures and accounts, the spectacular achievement of Doyen, who declared: "the separation of well conformed and viable monsters linked together by a large bridge of tissue at the level of the sternum, and scientifically labeled xiphopagus, was for a long time considered impracticable." Radica died one week later and Doodica, who had also contracted tuberculosis, died one year later. The film of the operation was often shown in sideshows specialized in exploitation of 'freak' films. It was last shown in the UK documentary series *The Last Machine* in 1995.

At 43, Eugène-Louis Doyen was reputed for his daring, difficult, spectacular and lucrative operations. In pursuit of modernity, he became interested since 1898 to the newborn cinematograph, for "teaching purposes," as he said, and started filming autopsies and operations in his private clinic. Most of his colleagues considered however that he did it to flatter his ego, for publicity or to resell the movies. He was accused, as several of his contemporary surgeons, to be mainly interested in money and to harm the idealized disinterested and philanthropic medicine. Concerning the case of Radica and Doodica, he claimed that his operation was far superior to the one performed by Chapot-Prevost in that it was quicker (20 minutes) and more difficult, and that the section of the liver could be achieved only thanks to his original method of compression of the hepatic pedicle with a special double lever instrument of his invention.

This was the start of an incredible quarrel between the two surgeons in defense of their prestige. In a number of professional journals and newspapers, they tried to discredit each other about the difficulty of the procedure, its duration and its achievement: Chapot-Prevost would have retouched the x-rays to show the heart inversion in Rosalina. . . . The death of Radica was due to poor hemostasis and so on.

### COMMENTS

Although these operations performed by Chapot-Prevost and Doyen seem very benign by today's standards, this incredible struggle between two surgeons at the beginning of the last century raises several questions that are worth discussing for today's practice, the first being the ethical considerations concerning the decision whether or not to do a life-threatening operation on twins who could live up to an advanced age like Chang and Eng. In her book, *One of Us: Conjoined Twins and the Future of Normal*, bioethicist and writer Alice Dreger succeeds in questioning such an accepted concept as normal and the practices that enforce it, particularly in the presence of living

conjoined twins who share an important or vital organ. A whole chapter is concerned with the "split decision" and by whom the decision to operate is made. Most often, the parents and the doctors think it should be done for a better reassignment in society, without questioning the true feeling of the children who might be perfectly happy as they are. This questioning becomes even more acute, when the only solution is to sacrifice one twin, to preserve a vital organ for the other. This type of euthanasia has been the subject of great debate in recent cases. Although Dreger's focus is on conjoined twins, she also explores intersex, and cranio-facial malformations, where the question arises: who should make the decision to operate at an early age: the doctors, the parents? Nowadays, with the security of modern anesthesiology, the separation of xiphopagus or the cure of cleft lip and palate are widely recognized procedures and encounter few opponents; but what about intersex reassignment – a subject of high controversy today – what about craniofacial operations for pure cosmetic reasons?\*

The second issue raised by these conjoined twin separations is related to the concept of innovation and performance in surgery. Although we agree with Riskin et al., that it is clear that surgical innovation is fundamental to surgical progress and has significant health policy implications, we have to be very cautious about the motivations leading to innovation. For a few surgeons, innovation signifies a performance whose main purpose is to enhance its own fame and ego, and prove his superiority to colleagues and the general public.

The so-called "world premiere operations" have often led to unspeakable rivalries between self-centered surgeons, as was the case between Doyen and Chapot-Prevost, or recently concerning the first facial transplantations. These shameful and indecent disputes certainly discredit our profession.

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\* As an example, a patient of mine was born with severe craniofacial malformation including cleft lip, plagiocephaly with asymmetrical height of the orbits and hypertelorism. the cleft was operated at 6 months, the plagiocephaly at age 2, with the plan to correct the hypertelorism at age 3, but the parents refused, saying that the girl would decide later for herself. she came back at age 18, asking only for a rhinoplasty, being perfectly happy with the wide distance between her (now symmetrical) orbits.

December 2015

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**Fax:** 1-435-487-2011  
**Website:** <http://www.sesprs.org/>

DATE: 22 JANUARY 2016 – 24 JANUARY 2016

**Meeting:** 32nd Annual Atlanta Breast Surgery Symposium  
**Location:** Atlanta, GA, UNITED STATES  
**Contact:** Susan Russell  
**Email:** srussell@sesprs.org  
**Tel:** 1-435-901-2544  
**Fax:** 1-435-487-2011  
**Website:** <http://www.sesprs.org/>

DATE: 25 JANUARY 2016 – 26 JANUARY 2016

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

February 2016

DATE: 11 FEBRUARY 2016 – 13 FEBRUARY 2016

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

DATE: 26 FEBRUARY 2016 – 28 FEBRUARY 2016

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

March 2016

DATE: 10 MARCH 2016 – 12 MARCH 2016

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

DATE: 18 MARCH 2016 – 20 MARCH 2016

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

April 2016

DATE: 02 APRIL 2016 – 07 APRIL 2016

**Meeting:** The Aesthetic Meeting – American Society for Aesthetic Plastic Surgery and ISAPS Board Meeting  
**Location:** Las Vegas, NV, UNITED STATES  
**Website:** <http://www.surgery.org/>

DATE: 12 APRIL 2016

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

DATE: 13 APRIL 2016

**Meeting:** ISAPS Symposium – Japan  
**Location:** Fukuoka, JAPAN  
**Contact:** Dr. Hiroyuki Ohjimi  
**Email:** ohjimi@fukuoka-u.ac.jp  
**Tel:** 81-92-801-1011 ex 2390  
**Fax:** 81-92-801-7639  
**Website:** <http://www2.convention.co.jp/jsprs59/>

DATE: 21 APRIL 2016 – 23 APRIL 2016

**Meeting:** 1st German Brazilian Aesthetic Meeting (GBAM)  
**Location:** Munich, GERMANY  
**Contact:** boeld communication GmbH  
**Email:** gbam@bb-mc.com  
**Tel:** +49-89 18 90 46 0  
**Fax:** +49-89 18 90 46 0  
**Website:** <http://www.gbam2016.com>

DATE: 22 APRIL 2016 – 23 APRIL 2016

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

DATE: 26 APRIL 2016 – 28 APRIL 2016

**Meeting:** LSPRAS 50th Anniversary Conference  
**Location:** Beirut, LEBANON  
**Contact:** Trust & Traders Intl  
**Email:** lspras2016@trustandtraders.com  
**Website:** <http://www.lspras.com>

May 2016

DATE: 12 MAY 2016 – 14 MAY 2016

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

DATE: 26 MAY 2016 – 27 MAY 2016

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

June 2016

DATE: 02 JUNE 2016 – 04 JUNE 2016

**Meeting:** ISAPS Course – Greece  
**Location:** Mykonos, GREECE  
**Contact:** PCO Convin S A  
**Email:** congress@pco-convin.gr  
**Tel:** +30 210 683 3600  
**Fax:** +30 201 684 7700  
**Website:** <http://www.mykonosisaps2016.org>

August 2016

DATE: 31 AUGUST 2016

**Meeting:** ISAPS Symposium – Colombia immediately after the 19th International Meeting of the Sociedad Colombiana de Cirugía Plástica, Estética y Reconstructiva  
**Location:** Cali, COLOMBIA  
**Email:** cursocirugiaplasticacaliz016@gmail.com  
**Tel:** 318 827 3556  
**Website:** <http://www.cursocirugiaplasticaesteticaacaliz016.org>

October 2016

DATE: 23 OCTOBER 2016 – 27 OCTOBER 2016

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

DATE: 28 OCTOBER 2016 – 31 OCTOBER 2016

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

December 2016

DATE: 01 DECEMBER 2016 – 03 DECEMBER 2016

**Meeting:** The Cutting Edge 2016: 36th Aesthetic Surgery Symposium  
**Location:** New York, New York, UNITED STATES  
**Contact:** Bernadette McGoldrick  
**Email:** bmcgoldrick@nypsf.org  
**Tel:** 1-212-327-4681  
**Fax:** 1-646-783-3367

April 2017

DATE: 27 APRIL 2017 – 29 APRIL 2017

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

ISAPS-OFFICIAL COURSE

DATE: 27 APRIL 2017 – 01 MAY 2017

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

April 2018

DATE: 26 APRIL 2018 – 30 APRIL 2018

Meeting: The Aesthetic Meeting – American Society for Aesthetic Plastic Surgery and ISAPS Board Meeting  
 Location: New York, NY, UNITED STATES  
 Website: <http://www.surgery.org/>

October 2018

DATE: 31 OCTOBER 2018 – 03 NOVEMBER 2018

Meeting: 24th Congress of ISAPS  
 Location: Miami Beach, Florida, 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.isaps.org>

ISAPS OFFICIAL CONGRESS

Guess who!



ISAPS Secretary, Gianluca Campiglio, river rafting with son Pietro and wife Sabina in Courmayeur, Italy.

IN MEMORIAM



Gustavo A. Pirulo Colón, MD  
 1938 - 2015

Gustavo Colón passed away on Thursday, November 12, 2015 at the age of 77. He was born in Ponce, Puerto Rico and grew up in New York City.

He received a BA degree from Johns Hopkins University and an MD degree from the University of Maryland and subsequently did residency training in both General Surgery and Plastic Surgery in New Orleans, LA. He was Board Certified in Plastic and Reconstructive Surgery and was a Clinical Professor of Plastic and Reconstructive Surgery at Tulane University. He was a member of many professional societies including the American Society of Plastic and Reconstructive Surgeons, the International Society of Aesthetic Plastic Surgery, and was Past President of The American Society for Aesthetic Plastic Surgery as well as a Director of the American Board of Plastic Surgery.

Dr. Colón was formerly chief of the Department of Plastic and Reconstruction Surgery at Ochsner Clinic Foundation and was active in medical missionary work with Operation Smile and “Christ the Healer” program to Nicaragua. He was President of the AAAASF (American Association for Accreditation of Ambulatory Surgical Facilities), the largest organization that accredits outpatient surgical facilities in the United States and abroad. A medical historian, and painter, he had an avid interest in Civil War medicine and surgery.

Dr. Colón is survived by his wife Carmen Sanchez Colón, daughters Lisa M. Colón, MD and Nairda “Lesa” T. Colón, stepdaughters Carmen “Carin” Sanchez, MD and Alicia M. Sanchez, sons Gustavo “Gene” E. Colón, Alberto Adrian “A.A.” Colón and five grandchildren.

In Dr. Colón’s memory, donations may be made to The American Cancer Society, P.O. Box 22478, Oklahoma City, OK 73123 <https://donate.cancer.org/index> or The Parkinson’s Foundation – Louisiana Chapter, 200 SE 1st Street, Ste 800, Miami, FL 33131, <http://parkinson.org/get-involved/ways-to-give>. To view and sign the family guestbook, please visit [www.lakelawnmetairie.com](http://www.lakelawnmetairie.com).

Adapted from the *New Orleans Advocate*



DID YOU KNOW?

- ISAPS Insurance is not medical malpractice but does cover costs towards corrective and remedial treatment following cosmetic surgery.
  - The cover lasts for 2 years post procedure
  - All ISAPS member surgeons are entitled to use the scheme and registration is free
  - We create a personalized guarantee document that you can provide to your patients
  - You do not have to insure all of your patients
  - Over 80% of claims have been paid to date
- Further information may be seen at [www.isapsinsurance.com](http://www.isapsinsurance.com) or alternatively contact [Stephanie@isapsinsurance.com](mailto:Stephanie@isapsinsurance.com)

Admitted July – October 2015

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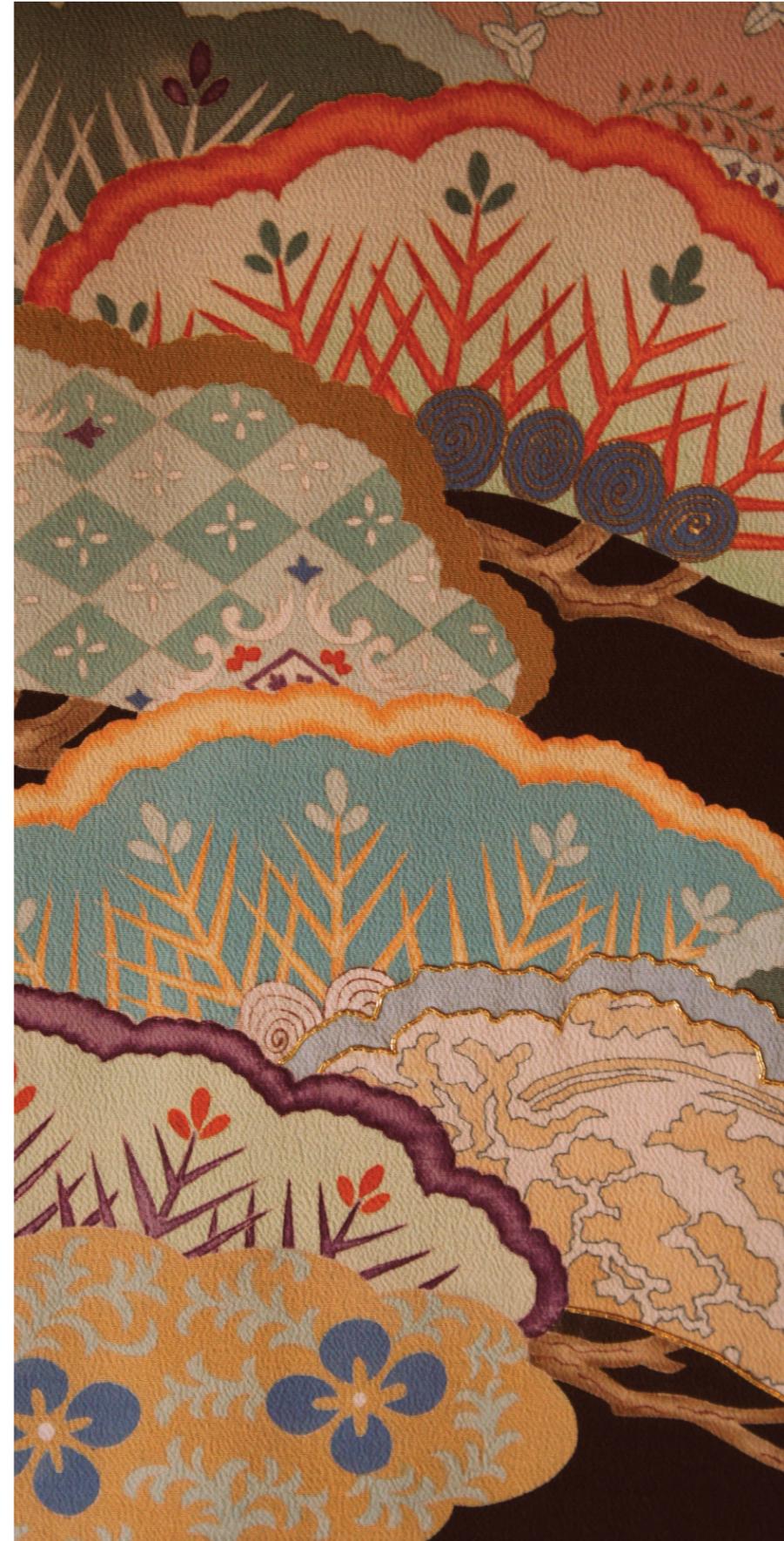
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**ISAPS**  
**2016**  
KYOTO JAPAN



**INTERNATIONAL SOCIETY OF  
AESTHETIC PLASTIC SURGERY**

# ISAPS 2016

## Kyoto, JAPAN

# 23<sup>rd</sup> CONGRESS

in conjunction  
with

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

## October 23-27, 2016

Venue: Miyakomesse, Kyoto, JAPAN

[www.isapscongress.org](http://www.isapscongress.org)