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# ISAPS NEWS

Official Newsletter of the International Society of Aesthetic Plastic Surgery



Opening Ceremony Reception, San Francisco Opera House

## ISAPS 20th BIENNIAL CONGRESS: AUGUST 14-18, 2010

Foad Nahai, MD – United States, ISAPS Immediate Past President

Although late summer in San Francisco can be chilly, for five days this past August, we enjoyed mild sunny weather as the “City by the Bay” provided a beautiful setting for our 40th Anniversary and 20th Biennial Congress. The Marriott Marquis, our headquarters hotel, and the nearby Moscone Convention Center were ready for our guests arriving from 83 countries, representing all continents and corners of the globe.

ing, *Cosmetic Medicine* and *Patient Safety and Complications*.

The only named presentation that ISAPS supports at our Congress is the coveted Ohmori Lecture given this year by Past President Dr. Joao Sampaio Goes (Brazil) on *Bridging Aesthetic and Reconstructive Periareolar Breast Surgery*. Two awards were presented by a grant provided to ISAPS by the Body Contouring Research Foundation for best clinical and research papers in body contouring. The 2010 recipients were: Dr. Wilson Matos (Brazil) for his paper, *Lipotorsoplasty: a new body contour technique*, and Dr. Ivan Rosales-Berber

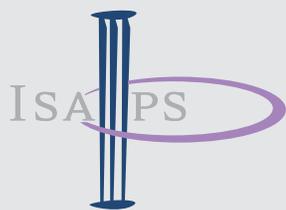


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The scientific program organized by Dr. Renato Saltz and his committee included eight panels, each including surgical videos, 87 free paper presentations and 131 electronic papers that could be accessed on a bank of computers in the exhibit hall. The faculty represented 40 of the 89 countries in which ISAPS has members. Global thought leaders and internationally recognized educators and experts in our field contributed to the overwhelming success of the packed scientific sessions. Eight half-day sessions focused attention on *Periocular Rejuvenation, Facial Rejuvenation, Rhinoplasty, Aesthetic Breast Surgery, Aesthetic Reconstructive Surgery, Abdominoplasty and Body Contour-*

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St. Gallen, Switzerland  
poell.prs@bluewin.ch

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carlos@uebel.com.br

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info@mega-clinic.com

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Argentina  
jorge.herrera2971@gmail.com

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danknutti@swissonline.ch

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Nahaimd@aol.com

### PARLIAMENTARIAN

Thomas Davis, MD  
Hershey, PA, United States  
drtomdavis@aol.com

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bcm@bmendelson.com.au

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tony@conmx.net

## MESSAGE FROM THE EDITOR

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



**E**xcellence, collegiality, innovation . . . these are words that come to mind after attending the 20th Biennial ISAPS Congress in San Francisco, August 14-18, 2010. We celebrated the international community of plastic surgeons in a glorious event with outstanding educational opportunities and world class social functions.

Welcome to this issue of *ISAPS News*. We are proud to highlight the wonderfully successful Biennial ISAPS Congress in this newsletter. If you were able to join us in San Francisco, this issue of *ISAPS News* will provide many pleasant reminders of the experience. If you could not be with us in San Francisco, please read about this great event and plan ahead to join us at future ISAPS meetings. Dr. Foad Nahai presents a wonderful overview of the meeting sessions and social events. Additionally, Dr. Nahai presents a report from the ISAPS Global Summit on Patient Safety. Most certainly, there is nothing more important than the safety of our patients. ISAPS plays a key role in promoting global standards for protecting the patients under our care. We all stand united in congratulating Dr. Foad Nahai and Dr. Renato Saltz in producing a superlative Congress. We also congratulate Dr. Nahai for his exceptional leadership as ISAPS President, and wish Dr. Jan Poëll from Switzerland great success as he takes the helm of the most important international plastic surgery society.

This issue of *ISAPS News* not only has a report of the patient safety summit held at the Congress, but also features a piece by Ivar van Heijningen, MD, from Belgium, on the effort to establish patient safety guidelines in the European community. This is a thought provoking look at the real challenges inherent to setting regulations to protect patients.

An article by Kirill Pshenisnov, MD, Nikolay Milanov, MD (Russian Federation), and Gennadiy Patlazhan, MD (Ukraine), discusses safety issues with polyacrylamide hydrogel fillers. Eugenio Gandolfi, MD, from Italy, collaborated with an attorney to discuss stem cell regulations in his home country.

Paul Wylock, MD, from Belgium, presents a fascinating historical piece, “The Life and Times of Guillaume Dupuytren (1777-1835).” Don’t miss this glimpse into the life of one of the most famous names in plastic surgery.

As a special feature, *ISAPS News* is proud to present worldwide plastic surgery statistics, available for the first time. This is a great testament to the broad reach of our international society.

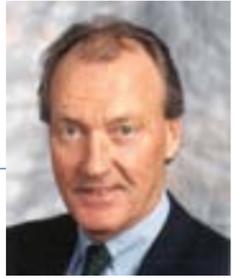
We hope you enjoy this issue of *ISAPS News*.

Sincerely,

**J. Peter Rubin, MD**

## PRESIDENT’S MESSAGE

**Jan Poëll, MD – Switzerland**  
*ISAPS President*



Dear friends and colleagues,

**I**t is a great honor not only for me but also for Switzerland that you trust in me to lead your society for the next two years. I am starting at a favorable point after all the excellent preparatory work of my predecessors. But ISAPS will not evolve in a positive way without work. This work that has been very rewarding for me as a member of the board for the past ten years will continue. Only my position has changed, but not the team. You cannot lead a society like ISAPS alone. The whole board is one big happy family with good friends that understand the needs of ISAPS and are willing to contribute to its success, not to mention our Executive Director Catherine Foss and her team and Tony Staffieri who does all he can to make us famous. Theirs are the shoulders I will stand on (to use the words of Tom Biggs). I am looking forward to the coming two years. There is a lot of work to do.

We have been growing fast in the last few years. But growth is worthless if we do not also maintain our quality. Although we invite all plastic surgeons to become members, the requirements to become a full member are still the same and it is not our intention to weaken these conditions. None of us wants to be a member of

the biggest society – we all want to be part of the best society.

We are an international organization with members now in 90 countries. Our main goal is teaching and therefore we produce ISAPS courses all over the world where we teach other plastic surgeons how best to perform aesthetic operations. There are many other groups offering courses in aesthetic medicine and also aesthetic surgery. At these meetings, often laymen and other doctors with no education in plastic surgery attend. This is not where we want our members to present as faculty. These people go home and think they can do what others needed a profound education in surgery and plastic surgery to master. We will keep an eye on our members who try to become well known by speaking at these events. This goes against the safety of patients when uneducated people try to do aesthetic surgery and this is what we want to avoid. We want to be the number one organization in aesthetic plastic surgery and that means that we have to behave like number one and only develop the knowledge and skills of well educated plastic surgeons.

Another way to improve patient safety is our Medical Procedures Abroad™ pilot project that will offer insurance products to patients who wish to have medical procedures outside their own country, but only if they go to an ISAPS member. This program does not promote medical tourism, a practice that we cannot stop.

It is an attempt to make it safer. The future will show if this was the right thing to do.

At our congress in San Francisco, we had a very successful half day meeting, the ISAPS Global Summit on Patient Safety, and we are planning to repeat this in Geneva and probably make it a full day. As Geneva is the seat of the World Health Organization (WHO) we will invite them to participate in this Congress together with all other interested societies including IPRAS, ESPRAS, EASAPS, ASAPS and ASPS.

To further improve patient safety, ISAPS members are working to promote regulations by establishing standards and requiring certification. Some European countries already have laws that regulate who can do what operations. We recommend that all ISAPS members have their facilities certified by organizations such as our partner, Surgical Facilities Resources (SFR). Today it is voluntary, soon it will be mandatory. Let’s not wait until politicians take over.

ISAPS has two regular publications that provide contact among our members. One is this newsletter, *ISAPS News*, that reaches over 20,000 plastic surgeons worldwide three times a year in its electronic form, and the other is our indexed journal *Aesthetic Plastic Surgery* that has now reached an impact factor of almost 1.2. This is due to the work of our past editor, Tom

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Cover story, continued from page 1

(Mexico) for his paper, *Controlled subcutaneous undermining for cellulite improvement*.

The traditional Congress Opening Ceremony and Reception were anything but traditional. Held at the magnificent San Francisco Opera House, the evening included entertainment to suit every taste ranging from opera arias performed by three fabulous Adler Fellows, young singers from the Opera Company, Mr. Franc D'Ambrosio who has performed on Broadway for eight seasons as the Phantom of the Opera, to the unforgettable sight of our local hosts Drs. Bryant Toth and Bud Alpert dancing, *incognito*, with a troop of young break dancers. The stage set for the opera season opening performance of *Cyrano de Bergerac* provided the backdrop for the entertainment, my welcome remarks as president, and for our keynote speaker, Dr. Charles Elachi, Director of the Jet Propulsion Laboratory and Vice President of the California Institute of Technology in Pasadena, California. His photos of the Mars rovers landing on Mars, and his description of the geology of Mars compared to Earth were surprising and unbelievably exciting. On the one hand the classic opera set, on the other the Powerpoint images tracing our society's history, its current role and its future. Perhaps the starkest contrast to the *Cyrano* set were the images from space which punctuated the keynote address.

Following the formal portion of the opening celebrations, the reception continued on all three levels of the classical opera house, which had been decorated with banners bearing the images of notable plastic surgeons through the courtesy of our historian Dr. Riccardo Mazzola. Local restaurants and wineries provided food and wine for a "Taste of San Francisco." World class wines from California's vineyards accompanied cuisine from all corners of the globe. Musical and other entertainment was provided on two levels of the opera house.

In the very special setting of the historic Pacific-Union Club, a memorable faculty dinner was held to thank the ISAPS leadership and our invited speakers, acknowledging the generous donation of their time and talents to the Society and to the specialty at large.

One of the new Seven Wonders of the Modern World, the California Academy of Sciences was the venue for the grand finale, our wonderful Gala Evening. We were

greeted by loud drums and acrobats outside and a dinosaur on entering the building. Live music and several bars and food stations were scattered throughout the expansive facility – a wonderful setting for the conclusion of our 20th Congress.

We gathered together in San Francisco to share new ideas, renew old friendships, and make new friends, but most of all to affirm our commitment to patient safety through education and new efforts to enact legislation globally.

A very special thanks to all who worked so hard to make the Congress such a success: our program chair and all the speakers, the local arrangements chairs who even learned how to breakdance for the occasion, our dedicated hard-working staff led by Catherine Foss, and Lynn Winslow and her staff, our San Francisco social event coordinators.

In closing, I offer a personal note of thanks to all our members for allowing me to serve as your president. I am also grateful to the Board of Directors and the Executive Committee for their efforts to manage the truly global organization that is ISAPS. 

#### ISAPS Executive Office

EXECUTIVE DIRECTOR Catherine Foss	catherine@conmx.net
DIRECTOR OF ACCOUNTING Becky Cook	becky@conmx.net
DIRECTOR OF MARKETING Jodie Ambrose	jodie@conmx.net
MEMBER SERVICES MANAGER Jennifer Hamilton	jennifer@conmx.net
SPECIAL PROJECTS Gael de Beaumont	gael@conmx.net
ASSISTANT TO THE EXECUTIVE DIRECTOR Jordan Carney	jordan@conmx.net
MARKETING/PR COUNSEL Tony Staffieri	tony@conmx.net

ISAPS EXECUTIVE OFFICE  
45 Lyme Road, Suite 304  
Hanover, NH, USA 03755  
Phone: 1-603-643-2325  
Fax: 1-603-643-1444  
Email: isaps@conmx.net  
Website: www.isaps.org

Biggs, and I cannot thank him enough for the great job he has done for our society and our journal. This is your journal and you are always invited to submit papers. To maintain our high standards, all articles are reviewed blindly by three specialists in the field. If you are interested in becoming a reviewer, please contact our Editor-in-Chief, Hank Spinelli.

The preparations for our next congress in September 2012 in Geneva are on track. When our planning committee releases the on-line abstract submission program next year, I encourage you to send in abstracts using this powerful electronic tool. Our Scientific Program Committee Chair will be Alain Fogli of France who will be working closely with our Education Council chaired by Nazim Cerkes of Turkey. I hope to see you all in Geneva and long before that at one of our ISAPS courses. This newsletter includes a calendar of these events, and they are also posted on our website.

ISAPS is governed by our Board of Directors and Committee Chairs, but there is another internal family in ISAPS that is invaluable to our leadership structure. These are our 70 National Secretaries representing those ISAPS member countries with at

least three members. The importance of this group has been enhanced by our past Chair of National Secretaries, Theo Voukidis of Greece, and is now in the capable hands of our new Chair, Lina Triana of Colombia who will be assisted by the equally capable Assistant Chair, Alberto Arguello Choiseul of Costa Rica. The chair has a voting position on the board and is your voice at the board meetings. I urge you to contact your National Secretary first if you have any questions, wishes or concerns. She or he knows your local circumstances the best. Of course you can always contact me or our Executive Director Catherine Foss and her staff at our central office.

I wish you all a wonderful winter.



Jan Poell, MD



Incoming President Jan Poell (Switzerland) and President Foad Nahai (US) preside over the 20th Biennial Business Meeting.



New President-Elect, Carlos Uebel (Brazil)

Can you guess which ISAPS member is pictured here?



Find the answer on page 31.

## EUROPE WORKS ON STANDARDS TO ENHANCE PATIENT SAFETY

Ivar van Heijningen, MD – Belgium



The Patient Safety Summit in San Francisco highlighted a worldwide concern with patient safety in aesthetic surgery procedures. Since many of these procedures are performed by non-plastic surgeons, the traditional self regulation as instituted by our national and international societies no longer works.

### Plastic surgeons versus non-core practitioners

As plastic surgeons, we can be well trained, we can choose the right procedure for each particular patient, and we can perform that procedure in a safe accredited clinic. While this is the ideal scenario, plastic surgeons sometimes face a challenge of balancing between the medical and commercial aspects of aesthetic plastic surgery. This can cause plastic surgeons to push ethical boundaries. Each Society leadership sets ethical guidelines for this reason. Deviation from the guidelines may result in expulsion from Societies. By setting self-imposed rules and mandating that members in good standing adhere to them, plastic surgeons have some “control” over their colleagues.

This is not the case when we look at more commercial stakeholders such as the product industry, medspa-owners, the medical tourism industry, clinic-chains and non-core physicians. Medical specialists at least have some sense of patient safety, but non-specialists simply lack the essential knowledge. The situation for non-physician practitioners is even worse, and patients are often at risk without any regulatory oversight.

### Laws and regulations

Laws are desirable, since they are mandatory and everybody must abide by them. But as we have seen discussed by our ISAPS faculty in San Francisco at the patient safety summit, politicians tend to be reactive, not proactive. Only when a mishap appears in the media do they wake up and create legislation. Generally the mishap was not related to a plastic surgeon, and the legislation imposes a lot of extra costs and administration without regulating the core problem.

Nevertheless, some countries, such as Denmark, have valuable laws to regulate aesthetic plastic surgery. Unfortunately, most countries have not followed suit and lack any legislation. Europe has a very complex situation, with different laws, different politics from one country to the next and different health care systems. Therefore, influencing politicians to establish a common goal of patient safety is virtually impossible. The first step in changing the attitudes of the legislators is for us to take the lead and create guidelines that would apply to all practitioners on a voluntary basis to protect the public. This is consistent with our obligation to our patients. It is also important for the general perception of aesthetic plastic surgery that we become the visible leaders in patient safety. We all know that when something goes wrong, the finger of the media generally points at us.

### European Standard for Aesthetic Plastic Surgery

That is why we (the Austrian and Belgian Societies for Plastic, Reconstructive and Aesthetic Surgery) took the initiative to create a European Standard in December, 2009. The proposal for a European Standard for Aesthetic Surgery Services (ESASS) was accepted by 26 out of the 31 European countries. By the time we met for the first time all 31 countries supported this initiative and 24 countries are willing to participate on this project. Nineteen EFTA-countries (non-EC members) will follow these standards and some will participate (Turkey) or intend to participate (Serbia). It is possible that even more countries will join. Some organizations obtained a liaison status of “observer” including ISAPS, IPRAS and IQUAM. The consumer organization ANEC is represented as well.

In Bratislava, Slovakia, where the first official meeting took place in late September, we learned that it is not always easy to find a consensus among all the stakeholders involved. However, we all shared the view that patient safety is very important and this positive attitude helped everyone to agree on basic principles aimed at quality and safety for the patients. We decided on the title as well as the

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## MESSAGE FROM THE EDUCATION COUNCIL CHAIR

Nazim Cerkes, MD – Turkey

It is my honor to be asked by our new president, Jan Poëll, to become the chair of the ISAPS Education Council for the coming two years. The primary mission of ISAPS is to provide education in aesthetic plastic surgery, by plastic surgeons, for plastic surgeons worldwide. It is the responsibility of the Education Council to oversee all educational activities and specifically to organize official ISAPS courses and symposia and to review and endorse programs organized by our member societies. ISAPS educational activities always have the highest standard in the teaching of new developments in the field of aesthetic plastic surgery.

The new membership of the Education Council is now constituted for the term of 2010-2012 and represents all corners of the world. We have four members from Europe, three mem-

bers from South America, two members from Asia, two members from the Middle East and one from North America. We are already planning to increase the number of scientific activities, organize courses and symposia all over the world, and spread ISAPS education especially in countries where aesthetic plastic surgery is still developing and our members there are not always able to attend meetings outside their own country or region.

We will promote one-day symposia as often as possible in combination with national society and regional meetings and continue to disseminate our message of patient safety promoting the ISAPS safety diamond. We must count on our national secretaries to play an active role in these plans to insure their involvement and support of our educational activities. Three new, focused educational initiatives are in the planning phase now and will be reported in future issues of this newsletter. Among these is the

development of *live surgery webinars* that can be watched on the ISAPS website and will be free of charge for ISAPS members.

At this time, an ISAPS course for 2011 has already been approved in Russia. There is also strong interest in additional courses from the Czech Republic, Egypt, India, South Korea, Finland, Italy and Brazil. ISAPS symposia are being planned in Ecuador, Argentina and Bosnia in combination with national and regional meetings. The Education Council is also willing to organize meetings in countries or regions where ISAPS activities have not been seen before.

Finally, our 21st Biennial Congress will be held in Geneva, Switzerland 4-7 September 2012 continuing our tradition of providing outstanding congresses for our members – and potential members.



## ISAPS ENDORSED MEETING IN CALI, COLOMBIA

Lina Triana, MD – Colombia

Chair, ISAPS National Secretaries

The XVI International Aesthetic Plastic Surgery meeting on September 15-18 in Cali, Colombia held by the Colombian Society of Plastic Surgery and endorsed by ISAPS was the most important plastic surgery meeting that has ever been held in Colombia. The very high quality scientific program, typical and enjoyable social events, active participation by our exhibitors and, best of all, our plastic surgeon colleagues from Colombia and abroad ratified the importance of the event with a 25% higher than expected registration rate. We welcomed plastic surgeons

from Colombia, Ecuador, Peru, Venezuela, Argentina, Italy, USA, Turkey and Belgium. The scientific program proved how we can really integrate the whole globe with aesthetic plastic surgery showing a higher participation of facial and post bariatric surgery themes from the United States and Europe and corporal themes from Latin America. Once more, with this type of event, we see how important this world globalization has become and how it can bring us enormous benefits by sharing knowledge between different regions.



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## REPORT OF THE ISAPS COURSE IN XIAN, CHINA

Susumu Takayanagi, MD – Japan

The 2010 ISAPS China Course was held in Xian, China from September 23rd to 26th in Jianguo Hotel in Xian and had a great turnout of 628 participants. I was really impressed to see so many people in the conference room on the first day. Many participants were from China, while the others were from South Africa, Europe, Japan, Taiwan, and Korea. As Course Director, I worked closely with our local chairman, Dr. Guo Shuzhong, to arrange the course.

Our faculty members for the course were the following 14 international doctors: Woffles Wu (Singapore), Yu-Ray Chen (Chinese Taipei), Ithamar Stocchero (Brazil), Onur Erol (Turkey), Darryl Hodgkinson (Australia), Brian Kinney (USA), Lee Pu (USA), Dae Hwan Park (South Korea), Yoonho Lee (South Korea), Jin Wang Kim (South Korea), Susumu Takayanagi (Japan), Yukio Shirakabe (Japan), Kunihiko Nohira (Japan), and Kotaro Yoshimura (Japan), and our eight Chinese colleagues: Yilin Cao, Xia Wei, Guo Shuzhong, Xin Xing, Jie Luan, Lu Shengkang, Lan Mu, and Li Yu.

Some doctors were kind enough to come to China from distant countries at their own expense. We owe the great success of the course to every faculty member. As Course Director, I would like to express my gratitude for their wonderful lectures. As this course was managed very well without any troubles, it was highly appreciated by the participants. I was glad to see many people were satisfied. Furthermore, Dr. Guo Shuzhong and other Chinese doctors kindly planned many events during the course including sightseeing tours for family members, dinners for the faculty members and a gala dinner for all the participants.

Xian is an historic city with lots of things to see; for example, life-like images of soldiers and horses, the world renowned Terracotta Warriors, and many temples. I saw a large number of foreign tourists in the hotel where the course was held. Some faculty members were accompanied by their families and enjoyed sightseeing.

The ISAPS China Course was held for the first time in Beijing last year. As most Chinese people didn't know the



name ISAPS and many Chinese doctors seldom use the word "course," some of the organizers were afraid that many Chinese doctors might think it is a less important conference. Therefore, the title was *1st International Aesthetic Surgery Congress: ISAPS Beijing Course*. We had more than 400 participants and gained an excellent reputation. Many Chinese doctors said ISAPS had become a famous name in China as a result. On the basis of the great success in the previous year, our Chinese members requested that we hold an ISAPS Course again, in another city of China. Considering that China is a huge country and that many Chinese doctors have difficulty in attending foreign conferences for economic reasons, we made the unusual decision to hold an ISAPS Course in China for the second consecutive year.

This year, the Course was held with the title of *2nd ISAPS China Course in Xian*. Without the word "congress," we welcomed 628 participants. You see how famous the name of ISAPS has become in one year. As we think it is very important to increase the number of ISAPS members in China, we talked to Chinese participants and doctors of faculties representing China that it is good for China to invite capable doctors to become ISAPS members all over China. I believe they understood our intention very well and expect that we will have many new members in China in the future.

In conclusion, I would like to express my thanks to Dr. Guo Shuzhong, Dr. Yilin Cao, Dr. Lan Mu, Dr. Xia Wei and every member of the staff of the Department of Plastic Surgery, Xijing Hospital, The Fourth Military Medical University who put much work into preparing for the course.

## THE 1st INTERNATIONAL CONGRESS OF THE LEBANESE SOCIETY OF PLASTIC SURGERY

Sami Saad, MD, – Lebanon  
*ISAPS National Secretary for Lebanon*

Bashira Atiyeh, MD, FACS - Lebanon  
*LSPRAS, President*



The Lebanese Society of Plastic, Reconstructive, and Aesthetic Surgery (LSPRAS) organized its first international congress of plastic surgery, in conjunction with the World Congress of Plastic Surgeons of Lebanese Descent on October 14-17. The congress gathered together more than 250 participants from Lebanon, surrounding countries, Europe and the America—representing more than thirty nationalities. Many participants, especially those of Lebanese descent, had their families with them and managed to visit their native villages and meet with relatives they had never met before.

The scientific program had more than 200 presentations, cosmetic and reconstructive, surgical and non-surgical, running in two rooms simultaneously, for four consecutive days. The congress started with a half day session on fat grafts and stem cell research in association with the Professor Illouz Association. Dr. Illouz gave a five thousand dollar (US\$5,000) award for the best presentation on the topic which was given to Dr. Kotaro Yoshimura from Japan. There was also an award for the best original presentation by a junior physician. Many presentations were above standard which forced the scientific committee to present four rewards, one for first place and three second place prizes.

The associated social program was extensive and varied, ranging from cultural visits and ecotourism, to dinners and dancing until the early morning hours. There was also a large medical exhibition with more than 30 companies presenting their most advanced technologies and innovations in the field of plastic surgery.

At the end of this congress, a new association was created named “World Association of Plastic Surgeons of Lebanese Descent” which will include all plastic surgeons of Lebanese descent throughout the world. A biennial scientific meeting will be organized by this association with the next one planned in Mexico City in the year 2012, final date to be determined.

The Lebanese Society of Plastic Surgery was created in 1966 by six plastic surgeons. It has grown markedly in the last few years, and now has more than eighty members. In response to this congress, the society has received a great deal of attention from the general public and the media, and a special plea was launched to the media to stop exploiting the topic of cosmetic surgery and to ban all non-plastic surgeons from talking about it and presenting non-proven advancements that may never stand the test of time. This will hopefully help us pass new laws concerning the practice of plastic and cosmetic surgery, preventing non-specialists from performing such procedures, and causing major complications and even disasters.

## ISAPS GLOBAL SUMMIT ON PATIENT SAFETY IN COSMETIC MEDICINE AND SURGERY

Foad Nahai, MD – United States  
*ISAPS Past President*



On Saturday August 14, immediately preceding the 20th Biennial Congress of ISAPS in San Francisco, representatives of ISAPS, sister societies ASAPS and ASPS, the travel and insurance industries, state and local governments, medical regulatory bodies and leading manufacturers and suppliers of medical devices and injectables participated in the first ISAPS Global Summit on Patient Safety in Cosmetic Medicine and Surgery. The four-part concept of the ISAPS Safety Diamond was at the core of the summit, specifically the two facets emphasizing qualifications of physicians and regulatory standards governing facilities where cosmetic surgery is performed.

The primary goal of the summit was to bring patient safety to the forefront and to highlight the role that various groups play in assuring worldwide safety in cosmetic surgery. Jeff Percy, Executive Director of Surgical Facilities Resources (SFR) and our National Secretary and President of the Costa Rican Society of Plastic Surgery, Dr. Alberto Arguello Choiseul, discussed the recent collaboration to accredit all surgical facilities and recovery centers in Costa Rica. SFR and ISAPS have been working together for several years to expand accreditation internationally to assure patients that the clinic or hospital where their surgery will take place meets rigorous safety standards.

Another goal was to discuss regulations pending and enacted worldwide that serve to define the training and qualifications of those who call themselves aesthetic or cosmetic surgeons and regulations governing facilities where procedures can be performed. The overall theme was to emphasize the ISAPS principle of patient safety ahead of financial gain, not only as it applies to our members, but also as it applies to the travel and insurance industries as well as the manufacturers whose products we work with on a daily basis.

The presidents of ASAPS and ASPS, Drs. Felmont Eaves and Michael McGuire, outlined the efforts of their

respective societies, both welcoming the ISAPS initiative for global collaboration and sharing of ideas. ISAPS members from eight countries discussed efforts to regulate who is permitted to do what procedures to which patients, and in what kinds of facilities. Dr. Alain Fogli from France outlined the regulations in France which were the first and still the most stringent in protecting the public and assuring patient safety. Similar legislation has been enacted in Denmark as outlined by Anna Murphy, the Senior Legal Advisor to the Danish National Health Board. Dr. Ivar van Heijningen, our National Secretary for Belgium, reported on efforts in Europe to address this issue throughout the EU with the help of the European Committee for Standardization (Comité Européen de Normalization, or CEN). Whilst there is some progress in establishing guidelines worldwide, sadly in too many countries including the US, most of Europe, Asia and South America, any physician with a medical license may call themselves a cosmetic surgeon and operate wherever they wish including the back room of their office. For the most part, the “Cosmetic Surgery Industry” remains unregulated worldwide. ISAPS fears that this is a threat to patient safety, an issue further complicated by unscrupulous tour operators and entrepreneurs who promote medical tourism on a large scale.

Representatives of the tourism industry discussed their role in facilitating medical travel and how they deal with patient safety issues. An important discussion concentrated on the ISAPS Medical Procedures Abroad™ (MPA) initiative and how it will impact patient safety for those patients who seek medical treatment abroad. Three CEOs representing Sientra, Allergan and Mentor, companies that manufacture various devices and injectables, provided details concerning regulations and testing of these devices and drugs before they are made available to the public.

The first Global Summit on Patient Safety was an unqualified success. Plans are already under way for a more expanded sequel during the next ISAPS Congress in Geneva in 2012. We are grateful to all the speakers and those who attended and shared their experience in this new and challenging aspect of plastic surgery.

## COMPLICATIONS OF POLYACRYLAMIDE HYDROGEL IN EASTERN EUROPE

Kirill Pshenisnov, MD – Russian Federation

Nikolay Milanov, MD – Russian Federation and Gennadiy Patlazhan, MD, Ukraine



**P**olyacrylamide gel (PAAG) is a permanent injectable inert and biocompatible material, that swells in water. It contains 95-97% water and 3-5% polymer. It is widely advertised as a product that is easy to inject, almost without special training, with minimal tissue trauma under the names of Aquamid, Interfall, Outline, Formacryl, Bioformacryl, Argiform, Amazing Gel, and Bio-Alcamid.

The history of PAAG application in aesthetic surgery begins in the late 1980s when the product named Interfall was developed for large volume injections in Ukraine, former USSR, mostly for penis enlargement. Very soon, breast and calf augmentation gained the most popularity. In the early 1990s clinical studies of Interfall were undertaken in Russia and its analogues were developed. In 1997, these products were introduced in European and Asian markets. In 1999, PAAG injections were selectively approved by the Ministry of Health in Russia and since 1997 to the present, numerous complications were reported.

As in cases with liquid silicone injections, in the first several months affected tissues remained soft. At first, complications were connected to injections performed by non-surgeons and were explained by low quality PAAG. Some advocates of injections blamed their patients for inappropriate sex and massage of their breasts leading to gel migration and dislocation. PAAG apologists tried to assure the surgical community that the gel is easy to evacuate, but this was not supported by clinical experience. New brands to enhance the quality of the product were developed (Formacryl, Argiform and others). Prefabrication of cavities for gel stability were advertised by M. Sulamanidze with “wire scalpel” and G. Lucomsky with endoscopically assisted technique.

At that time, the product under the name of Aquamid was welcomed in Western Europe. Christensen et. al. favorably published in PRS in 2003 an article where they postulated that “the gel is well tolerated by human tissue up to at least nine years postoperatively, but adverse reactions of an infectious nature may occur within the first year after injection.” Gel migration was not reported. They

concluded that “polyacrylamide hydrogel is well tolerated by the breast and does not give rise to severe fibrosis, pain, or capsule shrinkage.” Interestingly, in 2001 that method was not recommended for breast and calf augmentation to the members of Russian Society of Plastic, Reconstructive and Aesthetic Surgeons (President Acad. N.O. Milanov). During ten years, we used the ISAPS tribune to inform the international community of our negative experience with long-term results using large volume injections of this product but unfortunately our colleagues in other countries still want to get this knowledge independently and study their own mistakes.

During the last five years, a number of articles mostly from Asian countries, appeared in the White and Blue journals. They described glandular atrophy, local haematomas, galactostasis, unstable results, increasing rate with time, migration from the areas of active movement, thick and firm capsule in surrounding tissue, even facial musculature paralysis. At the last ISAPS meeting in San Francisco, 200,000 Chinese victims of PAAG injections was announced by Chinese authors.

In Russia, Prof. Arnold Adamjan described so-called polyacrylamide mammary syndrome (PAMS) with periods and phases of this iatrogenic disease. PAAG disasters can be non-inflammatory and inflammatory in origin. Non-inflammatory complications include migration, geleoma formation with huge polymorphism of implications from big cavities with fibrous capsule filled by fluid transformed gel, to small firm and big elastic geleomas. Discoloration and changing of gel structure is a result of biotransformation and instability.

The main zones affected after injections were breast, calf and penis. Facial contour deformities were also common. PAAG was unstable in chin and lips with asymmetric dislocations and granuloma formation.

In the recent overview on dermal filler complications (G. Lamperle, PRS Supplement 1, 2006) all the references to the severe adverse effects of PAAG were “deleted in proof” by editors. Complications in breast augmentation were named as anecdotal. On the contrary, results of facial contouring and lip augmentation were described

as well as documented. Results of 4-7 months follow-up in rabbits seemed for the authors to be enough for clinical recommendation. In conclusion, they postulated that PAAG is an ideal alternative for other materials for facial contouring. Surprisingly, the publication of an article by Danish authors in 2003 in the White journal was given without any editorial comments or discussion. On the other hand, reviewers criticize those who describe PAAG complications for lack of personal experience with those injections. In Russia and Ukraine, non-plastic surgeons finished their careers without honor because they could not treat their own complications. Those who were familiar with plastic surgery methods turned out to be opponents of PAAG injections. Unfortunately they do not want to disclose their mistakes.

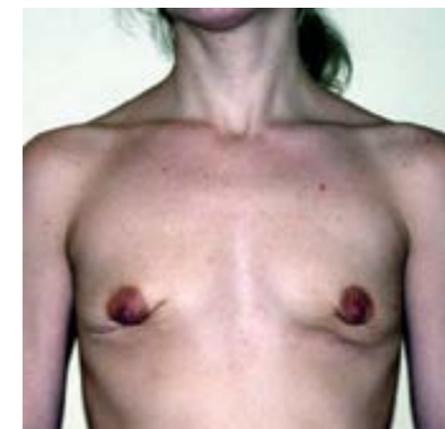
Our personal experience is based on clinical observations of 169 women who underwent augmentation mammoplasty in different institutions by PAAG injections. Localization of the PAAG was found in retro mammary space, in the mammary tissue, inside pectoralis major muscle, in subcutaneous fat. The subclavicular area and axillary region, as well as the chest and abdominal walls, were also affected.

We divided our clinical cases into four groups. In group I, gel was removed and patients allocated for further study (13%). Group II with moderate and large ptotic breasts as indications for reduction mammoplasty and mastopexy (2%). In group III, patients had small breasts and gel removal was followed by breast implant placement (83%, one stage and delayed). The main problem with

that operation was that it was impossible to remove the gel completely. Group IV was characterized by infiltration of internal skin by PAAG causing breast contour distortion (crippled breast). Subcutaneous mastectomy or radical resection in these patients was followed by breast reconstruction (2%). In non-valuable skin envelope, we used staged reconstruction and in sufficient tissues – one stage reconstruction using latissimus dorsi muscular flap and implant.

As a result, an aesthetic problem of breast augmentation turned to a reconstructive one in the series of patients after PAAG injections. Implant placement following gel removal increased the risk of chronic inflammation and postoperative capsular contracture (CC). Subcutaneous mastectomy and subtotal resection of the gland followed by breast reconstruction appear to be a method of choice for the treatment of severe PAMS. In cases of usage of polyurethane foam-covered implants, the rate of seromas and CC was three times less than with textured silicone implants.

The international community of plastic surgeons should consolidate efforts in the localization and treatment of sequelae of PAMS epidemics. PAAG should be prohibited worldwide for breast and calf augmentation and for penile enlargement.



## ONE EXHIBITOR'S SUCCESS AT THE 20th CONGRESS OF ISAPS



Joe Francisco – President, Medelita

*The 20th Congress of ISAPS in San Francisco welcomed 98 companies as exhibitors. We thank them all for their support and for making our exhibit hall a vibrant addition to our educational program. I asked one company to tell us about their success at this Congress. This is their story.*

—Catherine Foss, ISAPS Executive Director

Medelita is changing the way that healthcare professionals think about their uniform. A baffling display of flimsy material and ill-fitting silhouettes, medical uniforms have needed an upgrade for quite some time. For over 40 years, millions of healthcare professionals around the world have worn – and accepted – basic, unisex lab coats and scrubs with a quality similar to rigid pajamas. Medelita set out to change that.

As a first-time exhibitor at an ISAPS Congress, we knew this would be an outstanding synergy. Surgeon attendees would be pleased to find the very best quality lab coats and physician scrubs, consistent with the intended image of their practice. And Medelita would be happy to introduce them to our brand, and to what makes our garments truly special – fit, function, and a professional aesthetic.

In our first hours in the exhibit hall, it became apparent that lab coats of pristine quality and workmanship were not only a rare find in the US, but around the world as well. We were surprised, once again, by the historical lack of professional attire for surgeons and their staff who are more than deserving of high quality garments with quality personalization. As a result, we consistently received a warm welcome by all who set foot in our booth. High-end lab coats, offered in multiple sizes and with gender-specific styling,

simply made sense to the attendees. And it was our commitment to assist each customer in determining their own lab coat size, styling, and custom embroidery details.

Because of the high percentage of international attendees, we planned something a little risky and undoubtedly challenging for our new, growing company – something we had never done before. Any international attendee who requested name and title embroidery, and/or the ISAPS logo on their selected garments, would be able to pick up their completed garment on the final day of Congress. The surgeons were extremely cordial and very appreciative of this service, which made our efforts in reaching this goal highly rewarding. Everyone was pleased with the prestige that Medelita-embroidered lab coats brought to their work wardrobe.

Once the exhibit hall opened, over 160 lab coats and scrub tops were embroidered in the next 24-72 hours in our Southern California workrooms and shipped to San Francisco. We turned what is normally a 10-day service into an overnight option for ISAPS attendees.

Surgeons who purchased our garments ranged from Turkey to Russia to the Philippines to Brazil, Canada and Central America, as well as the US. An Italian surgeon remarked “I haven’t found anything like this in Italy. The fit and sharp lines are prestigious in appearance and well crafted.” A surgeon from Nigeria said the “functionality of your dri-release® with FreshGuard® scrubs is perfect for our hot climate and (again) nothing like this is available to us in our home country.”

ISAPS members, you may now request that we embroider the ISAPS logo on your future purchases at [www.medelita.com](http://www.medelita.com). Simply state in the comments section

*continued on page 15*

## 20th CONGRESS WAS BOTH GREEN & HUMANITARIAN

Tina Valentine, Winslow & Associates, San Francisco

The 20th Congress of ISAPS opened with grand style at the elegant and historic San Francisco Opera House and closed with festive flair at the world-class California Academy of Sciences. In addition to a diversity of dynamic entertainment, guests enjoyed an array of outstanding cuisine and wine provided by premier Bay Area restaurants, caterers and wineries. The ISAPS Congress social functions were not only exciting and fun, they were “green” as well.

To alleviate waste and to promote sustainability, reusable, recycled and compostable products were used where possible. Excess food was donated to Food Runners, a volunteer organization dedicated to alleviating hunger in San Francisco. Food Runners picks up excess perishable and prepared food from businesses such as restaurants, caterers, bakeries, hospitals, event planners, corporate

cafeterias, and hotels and delivers it directly to shelters and neighborhood programs that feed the hungry. Their volunteers deliver over ten tons of food a week to agencies feeding people in need.

Additionally, five cases of unopened wine will be donated in ISAPS’ name to the Tenderloin Neighborhood’s Celebrity Pool Toss, a creative annual fundraising event that benefits the underprivileged children and families living in one of San Francisco’s poorest neighborhoods. Décor, likewise, was repurposed for the benefit of others. Florist Michael Daigian donated his stunning centerpieces from the ISAPS Faculty Dinner to patients at Laguna Honda Hospital. For 140 years, Laguna Honda has provided award-winning skilled nursing and rehabilitation services to the diverse communities of San Francisco.

ISAPS members can enjoy their memories of the 20th Congress even more, knowing that disadvantaged individuals and communities are benefiting from the social functions through sustainable, charitable practices.

*Medelita, continued from page 14*

during checkout that you would like the ISAPS logo included on your lab coat. Please indicate if you would like the matching navy blue, silver-gray, or purple color for your name and title embroidery, as these are the three colors in the ISAPS logo. We strongly recommend maintaining consistency in the colors if you are choosing both the logo and name/title personalization. For personalized service with your order, please call us at 1.877.987.7979 8am-4pm, Monday-Friday Pacific Standard Time (we are located in California). If you have any questions

or prefer email, please write to us at [contact.us@medelita.com](mailto:contact.us@medelita.com).

Your lab coat is your outer display of achievement and prestige. It makes the general statement to your patients that you, personally, care about your appearance, and thus will take good care of them. Some may not agree with this philosophy, but those customers who have found Medelita and choose to wear Medelita lab coats and scrubs professionally, couldn’t agree more.

Here at Medelita, we feel rather strongly about the connection between appearance, confidence, and poise. As

a result, you’ll find nothing but the highest quality performance fabrics, finishing details, functionality, and fit in every garment we make for you..

We are grateful to the ISAPS community for their kind words and their support of our young company and we are especially proud of the reception we received at the Congress. We look forward to meeting more members and continuing to provide aesthetic plastic surgeons with the very best lab coats and physician scrubs.

## REPORT FROM THE LOCAL HOST

Bryant A. Toth, MD – United States

San Francisco provided the magical social setting for the 20th Congress of the International Society of Aesthetic Plastic Surgery.

The opening ceremony and reception were held at the magnificent San Francisco Opera House. It is extremely rare for the Opera House to be used for such an event and we were fortunate that the Opera Association allowed us to use the very same site as the first meeting of the United Nations. The stage production that evening tickled all of the senses and opened with Mr. Franc D'Ambrosio, the longest performing star of the *Phantom of the Opera* on Broadway in New York City, singing a collection of songs from the show. Three very talented Adler Fellows from the San Francisco Opera company entertained us with a series of arias sung individually and in duet.

Dr. Charles Elachi, the Director of NASA's Jet Propulsion Laboratory in Pasadena, California, presented a spectacular array of facts and photos about JPL's work with the Mars rovers and other space facts related to internationalism in space exploration. And what a grand finale of hip hop music with drummers and acrobats performing on and off stage – including your two local hosts, Bud Alpert and me, trying our best to fit in with these energetic young people!

Following the formal performances on stage, entertainers were present on several levels of the Opera House where tastes of San Francisco were provided including wine tasting of more than 20 of California's finest boutique wineries.

The faculty dinner was held at the exclusive Pacific-Union Club, a former private residence which sits regally on top of Nob Hill. At the time of the San Francisco earthquake in 1906, this magnificent building was one of the few that survived in the center of San Francisco. Glorious food, music and dancing provided a

very memorable evening. When the last dance was announced near midnight, there were still at least 50 members of the faculty and their wives and husbands on the dance floor!

The closing Congress gala was held at the California Academy of Sciences. This recently re-opened international treasure has been acclaimed as one of the seven modern wonders of the world. Inside is a planetarium, aquarium, rain forest, roof top garden, albino alligator, and thousands of species of rare and unusual animals. Music on several levels along with food and drink provided by the finest caterer in all of San Francisco throughout this vast and beautiful facility allowed everyone to mingle and meander through the many exhibits.

As one of the local hosts, I can certainly say that the venues that we provided are some of the finest anywhere in the world. It was indeed fun for Dr. Alpert and me to be able to share these experiences with our international friends. 



Franc D'Ambrosio sings *Phantom of the Opera* selections at the San Francisco Opera House.

## REGULATORY SITUATION OF STEM CELLS IN ITALY

Eugenio Gandolfi, MD – Italy  
Stefano Fiorentino, Lawyer – Italy



Italy lacks a unified law regulating stem cells; therefore, the regulatory framework needs to be rebuilt based on the origin and type of stem cells. We distinguish embryonic stem cells from umbilical cord and adult cells present in the bloodstream and different tissues.

With regard to embryonic stem cells, the usage rules are contained in the law 19/02/2004 n°40 (*Rules of medically assisted procreation*) and in particular in Article 13, which prohibits any kind of experimentation on the embryo and limits the clinical and experimental research on any embryo solely to protect the embryo itself.

Actually, in Italy any experimental activity on embryonic stem cells is blocked, as well as any type of research related to this type of cell. Certainly, the particular position, from an ethical point of view, of the Catholic part of the Italian Parliament, had an impact on this situation, following the contention of the Holy See concerning the protection of life in all its forms.

The stem cells in cord blood are subject in Italy to the regulation foreseen by the blood norms. At the end of 2009, ministerial decrees that have completed the legal skyline of the specific field, were issued.

The situation is now as follows: the blood taken from an umbilical cord can be donated only for heterologous use, or for someone other than the donor. The blood is collected in public banks, authorized by the regions.

The autologous conservation is not possible in public banks except for certain diseases playing out in the unborn child and in any case included in a specific list. The autologous conservation is indeed possible at foreign banks, subject to the approval of the head offices of hospital structures where the birth occurred.

From a legal point of view, in Italy, adult stem cells are certainly easier to use because they do not have the ethical problems that severely limit, as we have seen, the possibility of using the embryo.

We have to distinguish adult stem cells between hematopoietic and mesenchymal. The first ones, hematopoietic, can be taken only within the transfusion facilities authorized by the regions (Law 219/2005, Art. 3). The hematopoietic stem cells, as primitive pluripotent cells capable of self-renewal, differentiate and mature through all blood lines, are used by bone marrow transplant centers, after a suitable conditioning of the recipient, for a transplant allowing the recovery of the normal bone marrow functions together with the reconstitution of all blood lines (DM 3/03/2005, Art. 5).

The legal framework concerning the mesenchymal stem cells is slightly more complex. If the same are subject to extensive manipulation (proliferation in the laboratory, genetic modifications, etc.), they are considered medicines for advanced therapies (EU Regulation 1394/2007): this implies that the modification must happen in accordance with GMP standards in authorized cell factories and the product must obtain a pharmaceutical grade to be used on the patient.<sup>1</sup>

Conversely, in Italy there are currently no rules preventing the doctor to use the mesenchymal stem cell as autologous, not manipulated, for the same biological function it had in the donor site and within the same surgery (*one step surgery*)<sup>2</sup> in this case, the more accessible donor sites to the surgeon are the bone marrow and the fat.

From the above, it follows that the simplest and most direct use of mesenchymal stem cells is the one currently used by plastic surgeons who after collecting the adipose tissue through liposuction and a possible intra-surgery manipulation (one-step surgery) of material taken through special equipment (in accordance with EEC approved protocols) they re-inject the obtained tissue in another area of the body of the same patient.

In Italy, studies of the clinical use of stem cells of mesenchymal origin transferred together with the adipose tissue for a variety of reparative and aesthetic purposes, are starting to appear. So far, however, the quantitative studies on the clinical effectiveness of this methodology are extremely rare.<sup>3,4</sup>

*continued on page 18*

Europe Works on Safety Standards, *continued from page 6*

scope and the structure of the European Standard. Representatives of CEN, the European Committee for Standardization (*Comité Européen de Normalisation*) clearly explained the project approach and consensus was achieved on pre-defined target dates to maintain forward momentum.

The first steps toward a multi-national standard of practice were taken. The ultimate goal is to achieve a high quality standard to guarantee patient safety. This standard will be a valuable reference for law makers not only for Europe, but hopefully worldwide.

We will keep you informed.

Stem Cell Regulation in Italy, *continued from page 17*

The Italian association of aesthetic plastic surgery (SICPRE) has not yet issued guidelines on collection methods, treatment and reinjection of the adipose tissue and stem cells contained in it.

**Bibliography**

- 1 Fiorentino S. *Tissue banking. Profili giuridici ed operativi*, Libreria Cortina, 2001.
- 2 Fiorentino S., *Biotechnologie per la rigenerazione tissutale. Profili giuridici ed operativi*, S.E.E. Ed., 2007.
- 3 Gandolfi E. "Gland and Adipose Tissue Augmentation After Micro Fat Grafting for Aesthetic Breast Enlargement with Different Methods: Quantitative Evaluation with 3D MRI" Communication at the 20th ISAPS congress – San Francisco 16.8.2010 (to be published soon)
- 4 Gandolfi E. et al. "Setting up a procedure for accurate human adipose-derived mesenchymal stem cell counting by cytofluorimetric analysis" Communication 2 Lugano Stem cell Meeting 6.2010 (to be published soon)

**SPEAKERS AT THE GLOBAL SUMMIT ON PATIENT SAFETY**



Anna Murphy (Denmark), Senior Legal Advisor to the Danish National Health Board

(left) Top row: Bud Alpert, Angel Papadopulos, Renato Saltz, Foad Nahai  
Bottom row: James Frame, Alain Fogley, Connie Neuhaun-Lorenz



Alberto Arguello Choiseul, President of the Costa Rican society



Foad Nahai, Co-chair of the Global Summit on Patient Safety



Ivar van Heijningen (Belgium) discusses European regulatory issues.



Professor James Frame (UK) speaking on the Medical Procedures Abroad™ program

# WORLDWIDE PLASTIC SURGERY STATISTICS AVAILABLE FOR THE FIRST TIME

## “ISAPS Biennial Global Survey” Reveals Trends in Procedures and Geographic Leadership Non-Surgical Procedures Outpace Surgical Procedures

Our ongoing series of ISAPS Global Surveys, including the recent first international ISAPS aesthetic procedural statistics, have been a great success due to the large number of surgeons involved and the enthusiastic responses of our membership. These surveys have generated important information about global differences in practice patterns and not only are they interesting and informative in and of themselves, but they will also help guide educational efforts and serve as a metric to gauge the effectiveness of our educational efforts in the future. I would personally like to extend a heartfelt “thank you” to all our members who have participated in this series.

The International Society of Aesthetic Plastic Surgery (ISAPS) is a world leader in plastic surgery. After a year-long process, the Society has produced the “ISAPS Biennial Global Survey™” of plastic surgeons and procedures in the top 25 countries and regions – representing 75% of all procedures in 2009. The ISAPS Survey marks the first time reliable international plastic surgery data has been obtained and analyzed by independent statistical specialists.

This year marks the 40th anniversary of the founding of ISAPS, noted Foad Nahai, MD of the United States and immediate past president of ISAPS. *The Society was founded at the United Nations by a group of concerned and proactive plastic surgeons. We could think of no better way of commemorating this important milestone than by commissioning and releasing this breakthrough survey.*

### Geographic Trends

The ISAPS Global Survey revealed a new hierarchy of countries with the most surgical and non-surgical cosmetic procedures. While the United States continues its dominance in the field, countries not always associated with plastic surgery are emerging as major centers.

The top 25 countries and regions are:

- |                  |                    |                  |
|------------------|--------------------|------------------|
| 1. United States | 10. Spain          | 18. Colombia     |
| 2. China         | 11. Argentina      | 19. Greece       |
| 3. Brazil        | 12. Russia         | 20. Thailand     |
| 4. India         | 13. Italy          | 21. Australia    |
| 5. Mexico        | 14. France         | 22. Venezuela    |
| 6. Japan         | 15. Canada         | 23. Saudi Arabia |
| 7. South Korea   | 16. Taiwan         | 24. Netherlands  |
| 8. Germany       | 17. United Kingdom | 25. Portugal     |

### Most Popular Surgical and Non-Surgical Procedures

For the last ten years, the consensus has been that breast augmentation was the most popular plastic surgery procedure. The ISAPS Global Survey reveals a new trend with liposuction representing 18.8% of all surgical procedures, followed by breast augmentation at 17%, and blepharoplasty at 13.5%, rhinoplasty at 9.4% and abdominoplasty at 7.3%.

*The ISAPS Survey marks the first time reliable international plastic surgery data has been obtained and analyzed by independent statistical specialists.*

The popularity of surgical procedures varied by country with Brazil, the United States, China, Mexico, India and Japan the dominant countries for the top five procedures.

Reflecting both advances in cosmetic surgery innovation and the desirability of less expensive treatments, the number of non-surgical procedures performed by plastic surgeons *actually topped surgical procedures*. While there is no previous baseline of information against which to compare these figures, there can be no doubt that this is a dramatic turn of events. The top five non-surgical procedures are: toxins or neuromodulators injections (Botox, Dysport) (32.7%), hyaluronic acid injections (20.1%), laser hair removal (13.1%), autologous fat injections (5.9%) and IP Laser treatment (4.4%).

The countries where non-surgical procedures were performed were dominated by the United States, Brazil, Mexico and China and to a lesser extent by Japan, Hungary, South Korea, India and Germany.

### Grand Totals – Finally a Credible Baseline

The ISAPS Global Survey also establishes several important statistics with regard to the total number of board certified plastic surgeons practicing today; estimated to be 30,817. The total number of surgical procedures is projected to be 8,536,379 and the number of non-surgical procedures is estimated at 8,759,187 – bringing the combined worldwide total of surgical and non-surgical procedures performed by board certified plastic surgeons to: 17,295,557. (This figure does not take into account surgical and non-surgical procedures performed by non plastic surgeons.)

ISAPS President, Dr. Jan Poëll of Switzerland, observed that *The statistics revealed from the ISAPS Global Survey represent the first credible and reliable baseline of information in the field. This is valuable information that will be used by medical professionals and media as an indispensable tool for calculating developments within our specialty and general trends, long before governments or industry have amassed this data.*

### Methodology

*Calculating plastic surgery surgical and non-surgical procedures throughout the world was a complex and challenging initiative,* noted Dr. Sampaio Goes of Brazil, an ISAPS past president and chairman of the ISAPS Communication Committee which oversaw this survey. *We chose a respected survey company with extensive experience in plastic surgery, and the results they produced are credible, scientifically significant and will influence the profession for years to come.*

The ISAPS Biennial Global Survey was compiled, tabulated, and analyzed by Industry Insights, Inc. an independent research firm based in Columbus, Ohio in the United States. The survey leader was Scott Hackworth, a certified public accountant who, along with the firm, has conducted various forms of research on trends in aesthetic plastic surgery for nearly 15 years.

Participants in the survey completed a two-page, English-based questionnaire that focused on the number of surgical and non-surgical procedures they performed in 2009. ISAPS issued an invitation to participate in the study to approximately 20,000 plastic surgeons whose contact information is housed in an ISAPS proprietary database. In addition, a request was made that all national societies encourage their members to take part in the survey.

Final figures have been projected to reflect international statistics and are based exclusively on the estimated number of plastic surgeons in each country. To aid in tallying the world-wide number of plastic surgeons, representatives from national societies provided the counts for over 75% of the 31,000 total estimated plastic surgeons.

Though the confidence intervals change by procedure and by country – depending on the sample size and response variance of each – the overall survey portion of this research holds a standard error of +/- 4.24% at a 95% level of confidence.

## ISAPS GLOBAL SURVEY: ANTIBIOTIC USE IN AESTHETIC SURGERY

Felmont F. Eaves, III, MD – United States  
ISAPS News Survey Editor

We introduce our next survey, “Antibiotic Use in Aesthetic Surgery.” This survey will explore the global patterns of antibiotic use particularly related to surgical prophylaxis. Together we will be looking at antibiotic selection, timing of administration, length of treatment, and other cogent issues related to antibiotic administration. This information will establish a baseline of current antibiotic use practices. Please help your society by filling out the survey promptly, and don’t forget – as always, the respondent’s identification is not recorded, so the survey is completely confidential.

Visit [www.isaps.org](http://www.isaps.org) to participate in the survey.

# THE LIFE AND TIMES OF GUILLAUME DUPUYTREN (1777-1835)

Paul Wylock, MD - Belgium

Plastic surgeon, University Hospital, Brussels

It is my pleasure to introduce Dr. Paul Wylock from Belgium. He is a fan of the history of Plastic Surgery, with a particular interest on Dupuytren. —Riccardo Mazzola, MD, ISAPS Historian



At the time of Dupuytren's birth in 1777, France was still governed by an absolute monarch, Louis XVI. When Dupuytren died in 1835, he had lived through two revolutions (1789 and 1830), a republic, a *Directoire*, a consulate, an empire under Napoleon and another two royal restorations under Louis XVIII and Charles X.

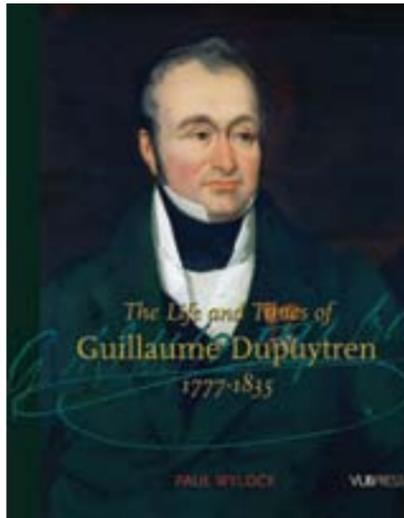


Figure 1

Dupuytren (Figure 1) was always closely involved in these historic events as he was in direct contact with the leading figures from the different periods, both privately and professionally. He played an important role in the organisation and reorganisation of medical surgical education. As the "head surgeon" at the Hôtel-Dieu hospital, the largest hospital in France, he treated not only a large and highly varied number of surgical patients but also the victims of riots, insurrection, revolutions and wars, as well as victims of the cholera epidemic of 1832.

His role in the development of modern surgery and surgical pathology was so overwhelming that the period during which he was "head surgeon," is called *The Dupuytren Age* in the history of surgery in France.

His fame brought him into contact with the great and powerful. He was the surgeon to King Louis XVIII and Charles X; he became a friend of, amongst other nobility, Baron James de Rothschild and Baron Alexander von Humboldt.

Under Napoleon, Dupuytren became "Officier de la Légion d'Honneur." Louis XVIII elevated him to the aristocracy as a baron and Tsar Alexander I gave him the "Medal of the Order of St. Vladimir." He became an honorary member of numerous academies and associations both

in France and beyond.

In art, Romanticism developed as a reaction against the 18th century Rationalism. During his life, there was a resurgence of prose, poetry, opera, ballet and fine art in Paris. The French Revolution naturally caused a huge revival of creativity.

The name Dupuytren has become immortal in medicine, not only in the contracture of the palm, which he described in extreme detail, but also in a specific fracture of the fibula. His name survives also in road names, in the "Musée Dupuytren," the museum of pathological anatomy in the medical faculty in Paris, in the new university centre of Limoges, which is named after him, and in an amphitheatre at the Parisian hospital Hôtel-Dieu. The anniversary of his birth and death are also still commemorated in Pierre-Buffière where he was born and in Paris where he studied, worked, lived and died. A statue of him has been erected in the inner courtyard of the Hôtel-Dieu hospital in Paris and a memorial has been built in his place of birth.

in France and beyond.

### Dupuytren's working day and work

Dupuytren was 38 years old when he became "chirurgien-en-chef" of the Hôtel-Dieu (Fig.2) on September 9, 1815. He was to hold this position, for which he had worked so hard, for the next 20 years. His name was at the top of the French surgical world and the Hôtel-Dieu hospital itself was the most famous surgical teaching hospital at that time.

### Dupuytren's strict working schedule

For the next 20 years Dupuytren's day-to-day programme remained practically unchanged. His working schedule was very strict. Dupuytren's assistant was Jean Nicolas Marjolin.



Figure 2

Dupuytren expected him to step in should he ever be absent or sick. But he said *Monsieur, vous avez été désigné pour me remplacer quand je m'absenterai ou quand je tomberai malade; je vous préviens que je ne m'absente jamais et que je ne suis jamais malade.* [Sir, you were appointed to replace me when I am absent or if I should be sick; I should remind you that I am never absent and never sick.]

**He arrived at the hospital at 6 am in the summer and one hour later in the winter, every day, including on Sundays and holidays.**

The arrival of this illustrious man was announced by the ringing of a bell. Everyone was waiting for him, *interns* [residents] and *externs* [non-residents], students, nurses, visitors and lower staff. A nurse, according to some *la mère supérieure* [the matron] took his coat and hat and gave him the well-known white apron, pulled up to under his armpits, which he would wear into the operating room.

Before beginning the ward rounds Dupuytren checked attendance and woe betide those who were absent without a valid excuse. Unjustified absence meant sacking from the service.

He occasionally received distinguished visitors, such as King Charles X in 1824. (Figure 3)

Dupuytren had a soft voice. The impact he had on his patients was incredible. His words *Allons mon brave, nous vous guérirons* [Come on my man, we will cure you], had a magical affect on them.

Dupuytren became most famous for his description of finger contracture, previously wrongly named as a contracture of the tendons *crispatura tendineum* by Felix Platter in 1614. There is absolutely no doubt that this illness was first described in an exact manner by Dupuytren, who was also

the first to make a differential diagnosis with other types of finger contracture, observe the same type of pathology in the sole of the foot and to describe an effective operation and make the diagnosis and treatment available to the entire world.

**At 9 o'clock the lessons started in the amphitheatre of the Hôtel-Dieu hospital.**

He sat in his high-backed green chair behind a table and in that way often addressed 500 people, coming from all over Europe and even from America. Testimonies from visitors are known from this period. One of the most famous was John Collins Warren from Boston (1778-1856), the son of John Warren (1753-1815), the founder of the Harvard Medical School in Boston and first professor of anatomy and surgery at that school. J. C. Warren visited Paris at the beginning of Dupuytren's career. His son Jonathan Mason Warren (1811-1867) visited Paris at the end of Dupuytren's career.

Mostly he lectured extensively on a few cases he had seen during ward rounds. He taught the case history and semiology; the differential diagnosis was also explained. He was well aware of when surgery could be helpful and

*continued on page 24*



Figure 3

History, continued from page 23

when it could not. He was later (in early 1835) to refuse the operation for thoracic empyema for himself because he preferred to die of the illness rather than of the operation.

**At around 10 o'clock, after a one hour lecture, the operation session began . . .** without anaesthesia. This took place in the same hall. He operated at breakneck speed; he would amputate a thigh in a few minutes. The operation session was an extension, a demonstration, of his clinical lectures. He often spoke the following winged words: *Je me suis trompé quelque fois, mais je crois m'être trompé moins que les autres.* [I have made a few mistakes, but I believe I made fewer mistakes than the others.]

**After the operating session the "Consultation Générale et Gratuite" [General and Free Consultation] began.**

Seated in his famous green chair Dupuytren received the patients who came to his free consultation. Dupuytren's morning was spent in the Hôtel-Dieu hospital.

**In the afternoon he concentrated on his private practice at his home on the "Place du Louvre."**

When he arrived at his private consultation the waiting room was mostly already filled with waiting patients. If his consultation for the poor and needy was always overcrowded, the same was also true of his consultations for his richer patients who came to him from all areas of France, Europe and Great Britain. Everyone received the same attention: the powerful, the middle class and also the poor and needy.

Through his private consultations Dupuytren amassed a fortune, though he does not seem to have been greedy or mean. He adjusted his fee to his patient's financial status. He left millions of francs, not just the profits from his fees but also the result of investments that were very profitable. He had been advised about them by none other than the Baron James de Rothschild, who had become a patient of Dupuytren's after having received a serious head injury when falling from his carriage. De Rothschild not only remained Dupuytren's patient but also became an intimate friend and financial advisor besides being the executor of Dupuytren's will.

After the private consultation Dupuytren made his way to the faculty, where countless professional obligations awaited him: examination preparation, composing the panel of judges for theses, and scientific sessions. Sometimes he operated on a rich patient at their home. It would take a long time before well-off patients would allow themselves to be operated in hospital.

**Every evening he returned to the Hôtel-Dieu hospital between 6 and 7 o'clock . . .** to check on the patients he had operated on in the morning and also to see new patients. He checked the register of observations, which he corrected or supplemented. He also checked important bandages. 

**Then his social life would begin.**

#### References

1. Dupuytren G. De la rétraction des doigts par suite d'une affection de l'aponévrose palmaire, opération chirurgicale qui convient dans ce cas. *Compte rendu de la clinique Chirurgicale de l'Hôtel-Dieu J. Univ. Hebd. Méd. Chir. Pract.* 1831, 5: 352-365.
2. Dupuytren G. Permanent retraction of the fingers, produced by an affection of the palmar fascia; *Lancet* 1834, 2: 221-225.
3. Dupuytren G.: Edition of the second, completely reworked edition of the 'Leçons Orales de Clinique Chirurgicale' published in Brussels by the 'Société Encyclographique des Sciences Médicales' in 1839. This monumental work consists of four parts. Dupuytren did not write this famous work himself, but his lectures were collected and written down by his students B. de Boismont and Marx.
4. Barsky Hannah K., *Guillaume Dupuytren*, Vantage press, 1984
5. Delhoume Leon, *Dupuytren*, third edition, librairie J.B. Bailière et fils, 1935.
6. Elliot D.: Early History of Contracture of the Palmar Fascia, *The Journal of Hand Surgery*, Vol 14 B, 1989, 1, 25-31
7. Goldwyn R.M. *Guillaume Dupuytren*. *Plast. Reconstr. Surg.* 1968; 42:195-202
8. Mondor Henry, *Dupuytren*. Galimard, 1945.
9. Wylock P. *The Life and Times of Guillaume Dupuytren*, *Can. J. Surg.* 1989, 32: 473-477.
10. Wylock P. *Guillaume Dupuytren 1777-1835*, *Acta Chirurgica Belgica* 1990, 90: 1-4
11. Wylock P. *In the Footsteps of G. Dupuytren*, *Acta Chirurgica Belgica* 1997, 97: 277-280.

*Dr. Paul Wylock – Pupil of Prof. Guy Matton from Ghent (Belgium) and of Dr. K.L. Pickrell, from Duke University (USA). Currently the chief of Plastic Surgery at the V.U.B. (Free University of Brussels). He was President of the Belgian Hand Group from 1990 to 1991, and started his presidency with a Dupuytren Day in his department in May 1990. Prof. John Hueston, Jacques van der Meulen and G. Mc Grouther were guests of honour. He recently published a book, "The Life and Times of Guillaume Dupuytren, 1777-1835," Vubpress 2010. This book tells not only the story of Dupuytren's life, but also reviews the interesting politics and medical history of the late 18<sup>th</sup> century and the early 19<sup>th</sup> century.*

## ISAPS: THE TREE FOR AESTHETIC PLASTIC SURGERY

Lina Triana, MD – Colombia

Chair, ISAPS National Secretaries



**I**t is very exciting to see how ISAPS has grown! Just look at how wonderful our last meeting in San Francisco was: high quality scientific program, wonderful social events and a marvelous exhibit hall. This proves once more how relevant ISAPS has become. ISAPS is the source of information where the world needs to go when in need of any information regarding aesthetic plastic surgery. Here is where we, the ISAPS National Secretaries, play a very important role in the organization. We are the roots of this huge tree that grows more every day. Without us, no nutrients arrive to the branches and leaves that make this tree so alive. The organization NEEDS us. That is why it is sad when we have national secretaries who do not respond to emails and show no interest in being a part of "the family." All of our team must be active and responsive. Remember we are the roots of ISAPS. Our patients and our profession, present and future, need us to be an ACTIVE part of ISAPS.

The whole idea of having one representative in each one of our countries is a wonderful concept. It is what makes ISAPS truly global and in order for ISAPS to grow

globally, our coordinated efforts are a must. We are the leaders in each of our countries and as such we are the ones who can provide good and globally relevant ideas to the organization on an ongoing basis. That is why I personally want to keep this communication active with all of you. In the little time that has passed since the ISAPS meeting in San Francisco, we have already generated a lot of productive communication filled with good ideas. We need never to give up and always be as active as possible so that these nutrients that our organization needs are delivered in a constant way so that this growth never ends. Always remember why it is that we are doing this.

A good national secretary is someone who is always working to make ISAPS better. Someone who understands that a good ISAPS benefits the whole world: the general public, our patients and our profession. A good national secretary works hard to make ISAPS visible in their own country and helps it grow both from within and from without. We all need to give our ideas so that this journey never ends. The world tendency to globalization is growing as we speak and our society was conceived as an international entity paving the way to make today's Aesthetic Plastic Surgery the best ever. 

## ISAPS WELCOMES UKAAPS

The United Kingdom Association of Aesthetic Plastic Surgeons (UKAAPS) is a new organization created to play a fundamental role in educating the public on the benefits and risks associated with plastic surgery. UKAAPS is the only association in the UK in which membership is only available to fully accredited plastic surgeons practicing non-surgical aesthetics and aesthetic/cosmetic surgery.

UKAAPS emphasis is on the promotion of patient safety and the role of plastic surgeons in cosmetic surgery. They are currently working with the UK's leading insurers to be sure that all UKAAPS members have suitable insurance cover to protect patients and to collect and validate patient reported outcomes.

This data along with the facilitation of ISAPS membership for all UKAAPS members will enhance UKAAPS members' knowledge and experience, establish contact with 2,000 international plastic surgeons, and provide each member with the 34-year-old, indexed ISAPS journal, *Aesthetic Plastic Surgery*, to make it easier for members to continue their on-going education about new methods and techniques within the cosmetic surgery field.

UKAAPS will develop an advisory role in the regulation of cosmetic surgery, emphasizing the qualifications and experience of UKAAPS surgeons. Access to the *Membership Directory* is available through the just launched UKAAPS website, [www.ukaaps.org](http://www.ukaaps.org) 

## ISAPS MEMBERS TAKE UP SOCIAL MEDIA

Dozens of ISAPS members are now active participants in the largest social media site on the web for aesthetics, RealSelf.com. ISAPS forged a new relationship with RealSelf that allows members to join the social community *for free*.

ISAPS surgeons have the opportunity to post before and after images, answer questions that can be re-posted back on their own websites, and receive recognition on a free profile page of their affiliation with ISAPS. "We're excited to see our international community of core aesthetic physicians grow," states Tom Seery, the CEO of RealSelf. "Our audience of over one-million consumers reflects a global interest in plastic surgery. Consumers from all parts of the world are seeking quality information from trusted doctors. ISAPS members get the benefit of reaching new prospective patients, while also helping people make informed decisions," says Seery.

To learn more or to join, visit [www.realself.com/doctor](http://www.realself.com/doctor)



Education Council, *continued from page 8*

This meeting was such a success thanks to the kind hearts of the seventeen international invited lecturers, of whom fifteen are members of ISAPS including: Dr. Gianluca Campiglio, Dr. Nazim Cerkes, Dr. Felmont Eaves, Dr. Ewaldo Bolivar De Souza Pinto, Dr. Alan Gold, Dr. James Grotting, Dr. Reinaldo Kube, Dr. Willaim Little, Dr. Timothy Marten, Dr. Ernesto Moretti, Dr. Foad Nahai, Dr. Henrique Radwanski, Dr. Renato Saltz, Dr. Jose Tariki, and Dr. Alexis Verpaele who all accepted the invitation to share their experience in Colombia. We Colombians are well known for our hospitality and, spiced with salsa dance, I am sure all our guests had a wonderful time. I hope everyone went back home with a nice memory of our city of Cali.

It was a great opportunity to show how ISAPS can be promoted in each country's annual plastic surgery meeting. It was very important to have an ISAPS booth in the exhibit hall and to witness how it was always full, with colleagues eagerly requesting information about ISAPS. Our Executive Director, Catherine Foss, was with us and was able to enlist 25 new members from several Latin American countries.

From our experience in Cali, Colombia, we encourage an ISAPS presence in every country's National Plastic Surgery Meeting.



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## Can you guess which ISAPS member is pictured here?

Answer:

## MARTIAL ARTS, ZEN, AND THE PLASTIC SURGEON

by Julio Wilson Fernandes, MD

I was fourteen years old when I finally convinced my father to take me to a judo club in my hometown. From that day forward, something in me changed and is still changing. The weak, helpless, scared child that I was gave birth over time to an adult committed to life, health, lifelong learning and a transcendental path.

After 10 years of judo and a little karate, my long years of surgical training in Brazil, England, Denmark and Spain took me away from the dojo (the place where you learn a martial art and the life path to be mastered).

But at age 38, I again sought my childhood *sensei* (martial arts master) and went back to my training, and then on Karate Shotokan. Now 55, I practice martial arts on an almost daily basis, and over the past two years, I have expanded my training beyond judo and Karate to include some other very appealing disciplines. Of course, the martial arts offer enhanced personal safety in a world that can be dangerous, but beyond that, an outstanding complement to the plastic surgeon's practices streams from the practice.

Often rushing straight from the operating theatre at my clinic or the university hospital to the dojo, after an hour and half of kicks, throws, falls and arm-locks, I am revitalized and centered enough to face 10 patients that afternoon in my cosmetic plastic surgery practice, with improved equanimity.

After all these years, I have realized that nothing, not even a hard-core Karate or Brazilian JiuJitsu session, can be more exhausting than an ill-tempered or demanding patient, or some long-term difficult postoperative follow-ups. Worse still, the ever-present possibility of a serious complication or a lawsuit can be far more devastating than any of the injuries and fractures I have suffered in 27 years of martial arts training.

The life of a surgeon is extremely demanding, physically and emotionally, and the practice of martial arts has provided an enormous benefit to my physical health and endurance, helped me develop a greatly enhanced capacity for concentration on the surgery at hand while remaining fully alert to the performance of my anesthesiologist, nurses and assistants, and given me great equanimity in the face of uncertainty and difficulty. I liken this kind of concentration, awareness and balance to the karate *guard stance position*, where my attention is fully and calmly directed toward the task at hand my opponent's attack without missing other possible dangers and threats.

Martial arts training can be an outstanding help to any plastic surgeon in the quest for perfection in the operating room, and for peace of mind and psychodynamic acumen in the office, when dealing with the most challenging patients and situations.



After devoting yourself to your martial arts practice for a period of time, when doing *kata* (a series of movements you perform alone, like tai chi) or in the instant you throw (or are thrown to the ground by) your opponent/friend, something very interesting happens. In those fractions of a second, your entire body and soul, all your vital energy, are directed toward a specific intention and direction. There are no thoughts in your mind you are alone in the universe, beyond self and ego. It is at this point that, possibly, a door opens to the Zen. Although there are no words to truly define Zen, a new perception of existence comes from this experience, and that door, once opened, can make you a better human being and a better surgeon, as well.

It's never too late to begin the practice of martial arts, and you don't need to get your bones broken or compete for a medal. I believe that once you experience the dimensions of focus and wellness this practice can bring to you, your patients and your family, there's no turning back.

*Julio Wilson Fernandes is Assistant Professor of Surgery (Plastic Surgery) at Universidade Positivo Medical School, in Curitiba, Brazil; active member of ISAPS; and titular member of the Brazilian Society of Plastic Surgery and the Brazilian College of Surgeons. Third degree black belt in Karate Shotokan at the dojo of his lifelong Sensei Aldo Lubes (8th Dan), plus brown belt in Judo, blue belt in Brazilian JiuJitsu and yellow belt in Krav Maga.*

November 2010

**DATES:** 30 November 2010 - 01 December 2010

**Meetings:** International Scar Meeting in Tokyo 2010  
**Location:** Tokyo, Japan  
**Venue:** Toshi Center Hotel  
**Contact:** Rei Ogawa, MD, PhD  
**Tel:** +81-3-5814-6208  
**Fax:** +81-3-5685-3076  
**e-mail:** r.ogawa@nms.ac.jp  
**HomePage:** <http://y7.net/r.ogawa/en>

December 2010

**DATES:** 02 December - 04 December 2010

**Meetings:** 30th MEETH Aesthetic Surgery Symposium: The Cutting Edge  
**Location:** New York, NY ISAPS-ENDORSED PROGRAM  
**Venue:** The Grand Hyatt Hotel  
**Contact:** Lauren Fishman, Program Coordinator  
**Tel:** 1-212-355-5702  
**Fax:** 1-212-308-5980  
**e-mail:** [astonbakersymposium@gmail.com](mailto:astonbakersymposium@gmail.com)  
**HomePage:** <http://www.aestheticsurgeryny.com>

**DATES:** 03 December - 04 December 2010

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

**DATES:** 10 December - 11 December 2010

**Meetings:** 4th International Live Surgery & Congress on Aesthetic Plastic Surgery  
**Location:** Amsterdam, The Netherlands  
**Venue:** St.Lucas Andreas Hospital & Amsterdam Hilton  
**Contact:** Hein ter Linden, MD  
**e-mail:** [heinterlinden@mac.com](mailto:heinterlinden@mac.com)  
**HomePage:** <http://www.nvepc.nl/congress2010>

**DATES:** 11 December - 15 December 2010

**Meetings:** 12th Pan Arab Association congress in Plastic, Reconstructive and Burn Surgery 8th. Conference of GCC Association of Plastic, Reconstructive, Aesthetic and Burn Surgery 2nd. Qatar Plastic, Reconstructive, Aesthetic and Burn  
**Location:** Doha, Qatar  
**Contact:** Kouloumpis Gerasimos  
**Tel:** +30 2111001770  
**Fax:** +30 2106642116  
**e-mail:** [gerasimos.kouloumpis@zita-congress.gr](mailto:gerasimos.kouloumpis@zita-congress.gr)  
**HomePage:** <http://www.panarabprs2010.com>

January 2011

**DATES:** 13 January - 16 January 2011 ISAPS-ENDORSED PROGRAM

**Meetings:** 4th Annual Oculoplastic Symposium and The 27th Annual Atlanta Breast Surgery Symposium  
**Location:** Atlanta, Georgia  
**Venue:** Intercontinental Hotel  
**Contact:** Susan Russell  
**Tel:** 1-703-234-4067  
**Fax:** 1-703-435-4390  
**e-mail:** [srussell@gunnerlive.com](mailto:srussell@gunnerlive.com)  
**HomePage:** <http://www.sesprs.org>

March 2011

**DATES:** 04 MARCH 2011 - 07 MARCH 2011

**Meetings:** American-Brazilian Aesthetic Meeting  
**Location:** Park City, Utah ISAPS-ENDORSED PROGRAM  
**Venue:** Park City Marriott  
**Contact:** Tracee Lolofie  
**Tel:** 1-801-274-9500  
**Fax:** 1-801-274-9515  
**e-mail:** [americanbrazilianaestheticmtg@gmail.com](mailto:americanbrazilianaestheticmtg@gmail.com)  
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**DATES:** 25 March 2011 - 27 March 2011

**Meetings:** Facial Aesthetic Conference of Egypt  
**Location:** Sahl-Hasheesh Hughada, Cairo, Egypt  
**Venue:** Citadel Azur Resort  
**Contact:** Ahmed Gamil El Sharkawy, Chairman of the Conference  
**Tel:** 202-12-217-3841  
**Fax:** 202-334-60-352  
**e-mail:** [agsharkawy@hotmail.com](mailto:agsharkawy@hotmail.com)  
**HomePage:** <http://www.face-egypt.com/>

April 2011

**DATES:** 28 April 2011 - 01 May 2011

**Meetings:** 56th Plastic Surgery Research Council  
**Location:** Louisville, KY  
**Venue:** Seelbach Hilton  
**Contact:** Catherine Foss  
**Tel:** 1-603-643-2325  
**Fax:** 1-603-643-1444  
**e-mail:** [psrc@conmx.net](mailto:psrc@conmx.net)  
**HomePage:** <http://www.ps-rc.org>

May 2011

**DATES:** 22 May 2011 - 27 May 2011

**Meetings:** 16th International Congress of IPRAS  
**Location:** Vancouver, Canada  
**Venue:** Vancouver Convention Center  
**Contact:** Donald Lalonde, MD / Karyn Wagner  
**e-mail:** [csps\\_sccp@bellnet.ca](mailto:csps_sccp@bellnet.ca)  
**HomePage:** <http://www.ipras2011vancouver.ca>

June 2011

**DATES:** 09 JUNE 2011 - 11 JUNE 2011

**Meetings:** Beauty Through Science 2011  
**Location:** Stockholm, Sweden  
**Venue:** Grand Hotel  
**HomePage:** <http://www.ak.se/bts>

**DATES:** 24 June 2011 - 26 June 2011

**Meetings:** 3rd International Eurasian Aesthetic Surgery Course ISAPS-ENDORSED PROGRAM  
**Location:** Istanbul, Turkey  
**Venue:** Hilton Convention Center  
**Contact:** Nazim Cerkes, MD  
**Tel:** 90-212-283-9181  
**Fax:** 90-212-219-0588  
**e-mail:** [ncerkes@hotmail.com](mailto:ncerkes@hotmail.com)  
**HomePage:** <http://www.eurasian2011.org>

August 2011

**DATES:** 25 August 2011 - 28 August 2011

**Meetings:** 3rd European Plastic Surgery Research Council  
**Location:** Hamburg Harbor, Germany  
**Venue:** Freighter MS Cap San Diego  
**Contact:** Lars Steintraesser, MD, FAAPS  
**Tel:** +49 234 302 3542  
**Fax:** +49 234 302 6379  
**e-mail:** [info@epsrc.eu](mailto:info@epsrc.eu)  
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**THIRD ANNUAL ABAM IS COMING BACK TO PARK CITY – MARCH 2011**

*Renato Saltz, MD – United States*

The Third Annual American-Brazilian Aesthetic Meeting (ABAM) is coming back to Park City, Utah during Brazilian Carnival Week, March 4-7, 2011. We have moved the meeting to the beautiful Park City Marriot, home of the famous Sundance Film Festival, with plenty of meeting space and great accommodations.

The first ABAM was held in Park City in 2009 with faculty and attendees from the United States, Brazil and 10 other countries from around the world. Endorsed by both ISAPS and ASAPS, ABAM welcomed over 170 surgeons for this unique educational event. The Second ABAM was held in March 2010 in Sao Paulo, Brazil during the 11th International Symposium with great scientific and social functions and a record audience of 1100. Like the first ABAM, the scientific program covered critical aspects of face and body surgical procedures, aesthetic and reconstructive, and included interactive videos, panels and patient safety issues.

ABAM meetings provide an excellent opportunity not only for an international clinical exchange of knowledge, but for discussion of the current socioeconomic conditions and how they affect plastic surgery communities in the United States, Brazil and the rest of the world. It serves also as a new forum for residents, fellows and colleagues in private practice to present their innovative work in the United States and Brazil with possible publication in the ISAPS and ASAPS Scientific Journals.

This year, we have scheduled a special afternoon workshop on Skin Care/Cosmetic Medicine endorsed and moderated by the Society of Plastic Surgery Skin Care Specialists. We hope you will bring your estheticians and nurses for a very special educational session and a great weekend in the mountains.

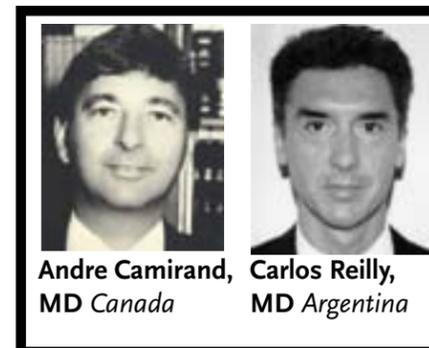
The 2011 meeting is again endorsed by ISAPS, ASAPS, and ASPS. Please mark your calendar and plan to join us. I suggest that you try to extend your stay until March 9th to enjoy a full day of snowmobiling and the best snow on earth. The scientific program and more details will follow on our website, [www.usa-brazilmeeting.med.br](http://www.usa-brazilmeeting.med.br)

- Program Chair* – Renato Saltz
- Co-chairs* – Joao Carlos Sampaio Goes, Ricardo Ribeiro, Mark Jewell, and Foad Nahai
- Meeting Coordinator* – Susan Russell: [srussell@gunnerlive.com](mailto:srussell@gunnerlive.com)
- Travel Arrangements in Brazil* – Impactours: [impactours@impactours.com.br](mailto:impactours@impactours.com.br)

**Admitted in September 2010**

- Argentina:** SILVESTRE, Alejandro
- Belgium:** MYNY, Peter  
NARDELLA, Daniele\*
- Brazil:** BUSCH, Renata\*  
D'ALESSANDRO, Gabriel\*  
PAOLIELLO, Victor  
PELLARIN, Leandro  
SCIPIONI, Aristotles  
TADOKORO, Adalberto
- Colombia:** HERNANDEZ, Johanna  
ZAMBRANO, Juan Carlos
- Dominican Republic:** MEJIA SANTANA, Raymundo Eduardo\*
- Egypt:** KENAWY, Ahmed  
KHODAIR, Fathy
- France:** AUCLAIR, Eric  
COUSTAL, Benoit  
DUPEYRON, Franck  
SABATIER, Henry
- Germany:** KUERTEN, Martin
- Greece:** CHANTES, Achilleas\*
- India:** AYYAPPAN, Thangavel  
JAIN, Sandip  
VASU, Rajesh
- Iraq:** NAWRES, Ahmed
- Israel:** CASTIEL GREEN, Helen
- Italy:** AGOSTINI, Philip  
CASDEI, Alessandro
- Lebanon:** LAHOUD, Pascal
- Mexico:** NEVAREZ, Wilfredo  
ROSALES-BERBER, Ivan
- Netherlands:** WYNBERG, David
- New Zealand:** KENTON-SMITH, Jesse
- Nigeria:** ABUBAKAR, Amina
- Panama:** DIAZGUILLEN, Ricardo  
ESPINO, Jose Austin
- Russia:** DREVETSKIY, Alexander  
POBEREZHNYAYA, Alla  
SAVITSKIY, Gennadiy  
VERBO, Elena
- South Korea:** LEE, Taik-Jong  
SUH, Insuck
- Switzerland:** SCHEUFLER, Oliver
- Taiwan:** CHEN, Chen Kun\*  
TSENG, Oliver Fan-Yin
- Tunisia:** Benjemaa, Hassen  
Jemel, Taher  
Mahjoub, Nizar\*
- USA:** Adair, Stefan  
Haeck, Phillip  
Mendieta, Constantino  
Schaffner, Adam\*  
Gallegos, Miguel

\*Candidate



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