

ISAPS NEWS

Official Newsletter of the International Society of Aesthetic Plastic Surgery

ISAPS EXPANDS ITS MISSION OF AESTHETIC EDUCATION WORLDWIDE IN A SERIES OF "FIRSTS"



Dr. Renato Saltz, President of ISAPS, is welcomed in China during the 5th World Congress of Plastic Surgeons of Chinese Descent. The first ISAPS Course in China, combined with a meeting of the Chinese Society of Plastic Surgeons, is scheduled for September 2017.



Drs. Renato Saltz & Bertha Torres Gomez (ISAPS President and newly-elected National Secretary for Mexico) welcome the first Cuban delegation to ever attend an ISAPS Course (Cancun, Mexico - December 8-10). Negotiations are under way for the first ISAPS course and Visiting Professor Program in Cuba next year.



Drs. Lina Triana (Colombia) and Vakis Kontoes (Greece), past and current ISAPS Education Council Chairs and Board Members, attending the first ISAPS Course in Vietnam.

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ISAPSNEWS

MESSAGE FROM THE EDITOR



Welcome to this edition of *ISAPS News*!

This issue highlights our recent Congress in Kyoto, Japan. We congratulate Immediate Past President, Dr. Susumu Takayanagi, for his outstanding leadership and production of this most amazing event. It was such a great experience to join our colleagues from around the globe in Kyoto, enjoying the wonderful education program, camaraderie, and outstanding setting for the meeting. We also congratulate Dr. Renato Saltz who took office as President of our great society in Kyoto. Please see Dr. Saltz's message to the membership in this issue, as well as his article describing the first Global Alliance Forum held in Kyoto. We welcome

Dr. Saltz's experienced leadership and his commitment to the mission of ISAPS.

This issue of *ISAPS News* also features the Patient Safety Report presented by Dr. Robert Singer, and an update on education courses held in Ukraine, Peru, Argentina, Dubai, and China. Notably, Dr. Saltz also served as an ISAPS Visiting Professor in China and we present a summary of his visit. This issue also has an update on our journal, *Aesthetic Plastic Surgery*, presented by our new Editor-in-Chief, Dr. Bahman Guyuron, of the United States. We congratulate Dr. Guyuron on this new position and know that he will take the journal to new heights. He has been an accomplished leader in aesthetic education and a respected author of many publications.

Our Global Perspective Series features the topic of abdominoplasty from leading experts from around the globe. Please take the opportunity to see how our colleagues in different regions of the world are approaching abdominoplasty and compare differences in technique, practice trends, and aesthetic goals. This issue also features a report on the humanitarian efforts of our members, and a wonderful historical article on the "Italian Technique" for nasal reconstruction by our prolific history author, Dr. Ricardo Mazzola, from Italy.

I hope you enjoy this issue of *ISAPS News*, and are as proud as I am to be a member of this incredible international society.

J. Peter Rubin, MD

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MESSAGE FROM THE PRESIDENT

Renato Saltz, MD, FACS – United States



Dear Friends and Colleagues,

It gives me great pride - and is an enormous honor - to be your President for the next two years. I first became involved in ISAPS leadership as the National Secretary for the United States in 2002. Since then, I have been on the ISAPS Board continuously for the past fourteen years and have served in many positions representing our Society.

This is an amazing time for ISAPS following a very successful biennial Congress in Kyoto that concluded two years under the wise leadership of President Susumu Takayanagi.

Your Society has changed in many ways and you need to know what is going on at the *New ISAPS*. Below are just a few of the many reasons why I am so proud of being an ISAPS Member.

My vision for the *New ISAPS* is based on meritocracy, service and hard work! And that starts right at the top with the fantastic Board of Directors we have today. As your society grows, it requires more work, time and dedication from your volunteer board of directors. We are now starting monthly board conference calls. These colleagues are volunteers who work very hard throughout the year to improve ISAPS and aesthetic surgery on a global scale. They are true servants of the specialty and deserve our thankful recognition.

We now have nearly 3,400 members in 104 countries and our mission of *Aesthetic Education Worldwide* could not be more vital as supported by the new Education Council (EC) that is planning over thirty annual courses and symposia all over the world. The EC, now under the leadership of Vakis Kontoes (Greece) and Ozan Sozer (US), has been expanded with two outstanding Regional Chairs for every continent who will provide more support and oversight for our many courses worldwide.

Our journal, *Aesthetic Plastic Surgery*, has a new Editor-in-Chief, Dr. Bahman Guyuron, a world renowned author and academician who needs no introduction. The transition took place on October 1, 2016 and he is already hard at work. Submit your manuscripts to Dr. Guyuron and follow the many innovations coming soon to the Blue Journal.

One of my top priorities for the next two years is Patient Safety. Ultimately, our responsibility as well-trained, ethical surgeons is to protect our patients. As the number of cosmetic surgeries and non-invasive procedures continues to climb, ISAPS has a very important responsibility to educate patients about cosmetic surgery. I have asked Foad Nahai, ISAPS Past-President, to chair this very important committee.

We welcomed 30 new National Secretaries and re-elected 34 sitting National Secretaries in the last two years. This group of 92 volunteers

is the life-blood of ISAPS, representing our members in 77 of our 104 countries. As our smaller countries gain new members, they too will elect National Secretaries to join the leadership of ISAPS. We owe a great deal to them as the in-country links to our members around the world, our Ambassadors who actively represent us and recruit new members, and in some cases serve as the local organizers of our courses and symposia.

The newly established Global Alliance now has 40 affiliated National Societies. We held our first meeting in Kyoto and the interaction among these leaders was outstanding and valuable. Our focus going forward will be creating a single international voice for global aesthetic plastic surgery, representation on all international issues related to patient safety, developing new strategies for safe medical tourism and promoting a global partnership in our diverse education, training and accreditation activities. We have never had this *direct line* of communication in the history of international aesthetic plastic surgery before. I encouraged all the other Society Presidents who attended the Alliance Forum in Kyoto to ignore our own national politics, personal agendas and aspirations and use this opportunity for the good of the specialty, for our colleagues - and for our patients. United no one can stop us!

Our new Premier Global Sponsor Program began earlier this year with the goal of attracting key industry players to support our many global activities. In this short period of six months, we have already gained five top industry partners who believe in our mission and will help us to achieve and expand it. They are Platinum Sponsor Polytech Health & Aesthetics, Gold Sponsors Merz, Motiva and Zeltiq, and Bronze Sponsor NeoGraft. We look forward to expanding this new branch of the ISAPS family tree very soon.

As a proud Past-President of The American Society for Aesthetic Plastic Surgery (ASAPS) and the new President of ISAPS representing North America, my goal is to expand and strengthen the positive relationship that exists between these two major societies. Efforts already underway include a very well-attended first ISAPS-ASAPS Panel on Facial Rejuvenation in Kyoto; a jointly planned ASAPS-ISAPS Course during the ASAPS Annual Meeting in San Diego in May 2017; ISAPS endorsement of the ASAPS Cruise in July, 2017 with many ISAPS faculty teaching during the onboard scientific program; ASAPS becoming an active member of the ISAPS Global Alliance with Dr. Dan Mills (ASAPS President) participating in the Global Alliance Forum in Kyoto. I count on ASAPS members and all my American plastic surgery colleagues to fully support the next ISAPS Biennial Congress in Miami Beach in 2018.

We have an amazing Executive Office staff, headed by Catherine Foss. They take care of our members, meetings, finances, and so many details that make this society run so efficiently. This past summer, the first financial audit in our history was completed by
continued on next page

PRESIDENT'S MESSAGE CONTINUED

Crowe Horwath LLP, one of the top ten ranked accounting firms in the US. We passed with flying colors. Catherine, among her many jobs, is also the Managing Editor of our very popular newsletter, *ISAPS News*. I encourage members to submit articles, ideas and suggestions to her for consideration.

Our marketing and re-branding initiative is under the direction of Julie Guest. In her first year at ISAPS, Julie and her team put us more squarely on the world map through an aggressive PR campaign and various social media activities. Much of the communication between the Board and members is done digitally, so gaining control of all of the social media tools available was critical. Among the many innovations we have seen come to fruition are the ISAPS Business School launched at the Kyoto Congress. Through face to face meetings and articles in our publications, the best professionals will teach you and your staff all aspects of Practice Management to help you improve your business. You can now benefit from that unique educational activity at all our courses, symposia and during each biennial Congress. Our monthly digital newsletter, global media outreach, new website development focusing on members and patients, and the global survey will all serve to increase our presence in this very busy, competitive and often confusing world of aesthetics. Please make sure you follow your society and all the marketing/branding innovations on Facebook, Instagram, and Twitter.



ISAPS Board of Directors

At the end of a very successful Congress in Kyoto, our entire team was already working hard to prepare for the next one. ISAPS is going back to North America and I chose Miami Beach to host our 24th Biennial Congress. You will see a whole new concept of Aesthetic Education including Cadaver Dissections, Live Injection, ISAPS Business School, and ISAPS Skin Care sessions to help your practice and your staff do better business. All this will be combined with a full, vibrant and energized exhibit hall where you can interact

with our industry partners and friends, and enjoy a fantastic social program in the brand new Miami Beach Convention Center in the heart of South Beach - the number one resort destination in the world! We will assemble the best multidisciplinary faculty and all you have to do is come! Register today at ISAPS.org and take advantage of the early discounted fees.

If you are a member, thank you for your trust and your membership. If you are not a member yet, it is time to join us!

Best regards,

Renato Saltz, MD, FACS
ISAPS President

We are pleased to announce that beginning in 2017, *ISAPS News* will move to quarterly publication.

We ask that submissions for each issue follow the copy deadline schedule and invite readers to send articles to the Managing Editor at this address: ISAPS@isaps.org

Kindly include all graphics and photos as attached high resolution JPG files, not photos imbedded in the email, and be sure to send head shots of all authors.

ISSUE

March
June
September
December

COPY DEADLINE

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FEATURES

Kyoto CONGRESS



Susumu Takayanagi, MD, PhD – Japan
Immediate Past President

The 23rd Congress of ISAPS was held at the Miyakomesse Conference Center in Kyoto, Japan from October 23 through 27, 2016. More than 1,650 persons from 89 countries



participated and the Congress was a great success. On October 23, basic procedures for aesthetic plastic surgery were presented under the title of ISAPS Course for Residents and Fellows. This course was provided for free and the venue was filled with participants. The lecturers were Dr. Nazim Cerkes (Turkey), Dr. Bryan Mendelson (Australia), Dr. Jim Grotting (USA), Dr. Ozan

Sozer (USA), Dr. Joca Sampaio Goes (Brazil), Dr. Luis Vasconez (USA), Dr. Tom Biggs (USA), and Dr. David Park (South Korea). All of them are top-level plastic surgeons in the world. It was a great contribution to patient safety, which is one of the missions of ISAPS, to provide young plastic surgeons an opportunity to learn from these experts for free. As ISAPS President, I deeply appreciate that these great plastic surgeons volunteered to provide these lectures.

The Congress itself continued on October 24 through 27. Dr. Kunihiko Nohira, the Program Chair, and Dr. Lina Triana, ISAPS Education Council Chair, prepared an excellent program. I thank them for doing a wonderful job.

At this Congress, we presented a practice management and marketing program under the title *ISAPS Business School* - a first in the history of ISAPS. This program was very successful and I think we should include this type of session by raising its level in the future. Renato Saltz, our new President, will

include a new panel under the title of *ISAPS Skin* in addition to the Business School when we hold the Congress in Miami two years from now.

On Monday, the traditional opening ceremony included a tea ceremony and a top demonstration team in Japan showed their performance of *Shorinji Kempo*. We were moved by their overwhelming impact. In addition, the lecture by Professor Yamanaka of Kyoto University, a Nobel Prize winner, was excellent. His lecture was so interesting and exciting because our future aesthetic procedures may be drastically changed as a result of his work.

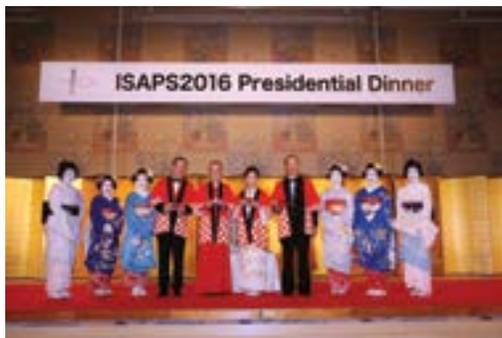
On Tuesday, during the Faculty Dinner, participants enjoyed a Noh performance and a recital by concert pianist Tomoko Ohmori, the wife of Kitaro Ohmori. Dr.



Ohmori was this year's Ohmori Lecturer in memory of his father, Seiichi Ohmori, a Charter Member of ISAPS. During the dinner, I presented certificates of appreciation and gifts to each board member and each committee chair. Board members and committee chairs for this term are the most powerful members in the history of ISAPS, and it is the greatest pleasure for me to have worked with these excellent people on the same team for two years as President. I am very proud of these members and will never forget this feeling of gratitude. Thank you again for these wonderful two years.

On Wednesday, the Presidential Dinner was held at the Westin Miyako Hotel and ended on a high note, including a dance

performance by Maiko and a Samurai show. During this dinner, certificates of gratitude and gifts were presented to representatives of five sponsoring companies that made enormous contributions to ISAPS.



Joint sessions with ASAPS, EASAPS, OSAPS, and JSAPS were organized as an integral part of this Congress and all of the panels were full with many participants. The presidents of each society participated and made great contributions. Therefore, we also presented gifts and certificates of gratitude to each of them.

Presidents of twenty societies represented in the newly created ISAPS Global Alliance gathered for the first time during the Congress in Kyoto. During a lunch forum, the group discussed many future possibilities. We still have many things to achieve, such as providing discounts when the Global Alliance Partner society members participate in the ISAPS Congress, organizing ISAPS courses and symposia together with each society, implementing joint projects to promote patient safety legislation, incorporation of these societies as affiliates with our journal, simplifying new ISAPS member admission procedures, collaboration in training members,



and much more. Therefore, it was very meaningful to hold this first meeting. There are currently 41 societies in the Alliance, and several more societies requested information about joining during the Congress.

Kyoto is a city with a long history and has a very different atmosphere from other cities in Japan. Despite the

disadvantage that Kyoto is far from major airports, it is the most popular tourist city in Japan. By holding an international congress in Kyoto, I think we provided participants a unique opportunity to enjoy visiting the many temples and shrines, strolling through bamboo groves, and drinking our famous sake.

I deeply appreciate that many people who participated in the Congress in Kyoto came from all over the world. I hope that all the participants left with many happy memories of my city.

Now Renato Saltz, the new ISAPS President, has taken over from me and I am so happy to have a strong leader of our international family. I am so excited to see us moving forward under the leadership of a new president of ISAPS.



2016 BCRF Award

Thank you to the seventeen presenters who were eligible for the Body Contouring Research Foundation (LSNA-BCRF) awards at the 23rd Congress of ISAPS in Kyoto. We are pleased to report the winners:

Clinical

1st prize:
Abdominoplasty and Body Mass Index Impact on Complications Profile: Improving Safety in Patient Selection
Presenter: Iris M. Brito, MD (Portugal)
Authors: Brito IM, Brandao C, Vaz M, Ramos S, Diogo C, Sanches F, Freire-Santos MJ, Lima J

2nd prize:
Evaluation of Oncological Safety of Fat Grafting After Breast-Conserving Therapy: A Prospective Study
Presenter: Ondrej Mestak, MD, PhD (Czech Republic)
Author: Mestak O

Research

1st prize:
Autologous Platelet Rich Plasma (PRP): A Safe and Efficient Culture Media for Adipose Derived Stem Cells Expansion
Presenter: Ali Modarressi, MD (Switzerland)
Authors: Modarressi A, Atashi F, Pittet-Cuenod B

2nd prize:
Animal Study: The Effect of Lipo-Aspirate on Wound Healing
Presenter: Marisse Venter, MBChB, FC Plast (SA) (South Africa)
Author: Venter M

We congratulate the winners and all participants in this competition for their excellent work.



Kyoto Photos

Instructions to download photos from the Kyoto Congress album:
Go to this link: pix.sfly.com/TyU8sYM8

1. Click the photo you would like to download
2. Your screen will have a full image view of the photo
3. In the bottom right corner, click the button with an arrow pointing down.

When you hover over the button, it will say “download to desktop”.

Downloads to your desktop are free. You cannot download multiple images at the same time unless you have a Shutterfly account, but opening an account is free. You can do that at the link above. To purchase photos, you must have a Shutterfly account where you can choose what you would like to order, for example calendars, mugs, basic printing of photos or an album.





GLOBAL ALLIANCE



S P O T L I G H T



Toma T. Mugea, MD, PhD – Romania
EASAPS President

Fifteen years after EASAPS' founding by Ulrich Hinderer, Jose Manuel Perez-Macias and Yann Levet in Valladolid, Spain during the first AECEP Congress, we had an opportunity to add to EASAPS' history at the 23rd ISAPS Congress held in Kyoto, Japan on October 23-27.

During the EASAPS Forum, I presented the *Ulrich T. Hinderer Memorial Plaque*, to Yann Levet, Antonio de la Fuente, Norbert Pallua, and Nigel Mercer – all distinguished for their activities in teaching and promoting the aesthetic surgery speciality through EASAPS. ISAPS President, Susumu Takayanagi, also received the *Ulrich T. Hinderer Memorial Plaque* during the Presidential dinner.

EASAPS had a special dedicated ISAPS/ EASAPS joint session on the first day of the Congress where we had the opportunity to include fourteen scientific presentations, all at an outstanding scientific level. Speakers included Jose Carlos Parreira (Portugal), Lina M. Triana (Colombia), Bertha Torres Gomez (Mexico), Joachim Graf von Finckenstein

(Germany), Norbert Pallua (Germany), Hiroko Yanaga (Japan), Alexis Verpaele (Belgium), Ana Zulmira Diniz Badin (Brazil), Panagiotis N. Mantalos (Greece), Ernest Magnus Noah (Germany), Nigel Mercer (UK), Jose Maria Serra Renom (Spain), Toma T. Mugea (Romania), Mario Pelle Ceravolo (Italy), and Joan Fontdevila (Spain). Many other top European plastic surgeons presented their valuable experience during different sections of the ISAPS Congress.

As a member of the ISAPS Global Alliance, EASAPS was represented during the first Forum of this new group moderated by Susumu Takayanagi and Renato Saltz.

Special thanks with our gratitude to Mrs. Catherine B. Foss, the ISAPS Executive Director, the heart of this international institution, who did a lot of planning to make our joint meeting a successful event.

In Kyoto, after months of preparations, EASAPS became more visible, increased in popularity and managed to have full member attendance during the ExCo (10 members from 10 countries) and a wider European representation during the General Assembly (38 members from 18 countries: Austria, Azerbaijan, Belarus, Belgium, Bulgaria, Denmark, Finland, France, Germany, Greece, Hungary, Israel, Lebanon, Portugal, Romania, Switzerland, Sweden and United Kingdom).

It was unanimously voted to approve the new EASAPS ExCo members, the new EASAPS bylaws, and to organize EASAPS' own congress in Bucharest on 6-7 October 2017 at the Pullman Hotel. We have more than 45 invited speakers and expect to have strong competition during the "Voice of Europe" contest among the best papers selected by the EASAPS national societies. A joint ISAPS/EASAPS meeting will be organised, as a new traditional and reciprocal partnership, during the first day of the congress, having the ISAPS President, Renato Saltz as our special invited guest. It will be the 10th EASAPS anniversary since our official registration in Bordeaux, France, and we want to make this a flourishing event.



You are welcome to join us! ISAPS NEWS



Renato Saltz, MD, FACS – United States
ISAPS President

FIRST GLOBAL ALLIANCE FORUM HELD IN KYOTO

The ISAPS Global Alliance now has 41 members. The first Alliance Forum was held during the Congress in Kyoto with Presidents of twenty of our member societies attending. A summary of topics discussed follows.

1 - One international voice for global aesthetic plastic surgery

Dealing with regional/national adversities as a group strengthens our position. Gaining international attention is easier when we represent 41 societies, not just ourselves. One way to generate a great deal of media attention is through our annual Global Survey of procedures. Our members, industry and the press are all anxious for this information. It is the best way to gather international aesthetic data and inform the public and the media about what and how much we do. We need to work together to motivate all national society members to increase response and thus focus world attention on our issues.

2 - Representation on all international issues related to Patient Safety

Any crisis that affects our country or our national society affects us all. We will work together on relevant issues and help each other. Legislators often do not care about “*the cause*” and will favor lobbyists. Any indication of the possibility of creation of new laws supporting bad professionals (recent example is Thailand) should be a warning to all of us. By combining our efforts worldwide, and using ISAPS’ global public relations capabilities, perhaps we can help protect each other and most importantly our patients.

3 - Safe Medical Tourism (SMT)

We must develop minimum standards for SMT, use that as our major flag and “*market it*” worldwide.

4 - Partnership on education, training & accreditation activities

We all recognize the training diversity and differing standards of accreditation among our countries, cultures and surgeons. Our goal should be to narrow these international gaps. For that I will request the support of AAAASFI and several committee chairs at ISAPS. Bahman Guyuron is the new Editor-in-Chief of our journal, *Aesthetic Plastic Surgery* (APS). He supports the Global Alliance and was present at the Forum. He will look at the many possibilities to have better national representation at the blue journal. We all need to encourage our members to support this journal with their manuscript submissions.

This Alliance is meant to create networking opportunities directly among Presidents and that should be our first priority. We have never had this “*direct line*” of communication in the history of international aesthetic plastic surgery before. As a group, we need to ignore our own national politics and personal agendas and aspirations and use this opportunity for the good of the specialty, for our colleagues – and for our patients.

ISAPS GLOBAL ALLIANCE PARTICIPATING SOCIETIES

American Society for Aesthetic Plastic Surgery, Inc. (ASAPS)
Asociación Española de Cirugía Estética Plástica (AECEP)
Association of Plastic and Reconstructive Surgeons of Southern Africa (APRSSA)
Associazione Italiana di Chirurgia Plastica Estetica (AICPE)
Australasian Society of Aesthetic Plastic Surgery (ASAPS)
British Association of Aesthetic Plastic Surgeons (BAAPS)
Canadian Society for Aesthetic Plastic Surgery (CSAPS)
Dansk Selskab for Kosmetisk Plastikkirurgi (DSKP)
Egyptian Society of Plastic and Reconstructive Surgeons (ESPRS)
European Association of Societies of Aesthetic Plastic Surgery (EASAPS)
Hellenic Society of Plastic, Reconstructive and Aesthetic Surgery (HESPRAS)
International Society of Aesthetic Plastic Surgery (ISAPS)
Indian Association of Aesthetic Plastic Surgeons (IAAPS)
Iranian Society of Plastic and Aesthetic Surgeons (ISPAS)
Japan Society of Aesthetic Plastic Surgery (JSAPS)
Korean Society of Aesthetic Plastic Surgery (KSAPS)
Lebanese Society of Plastic, Reconstructive, and Aesthetic Surgery (LSPRAS)
Oriental Society of Aesthetic Plastic Surgery (OSAPS)
Philippine Association of Plastic, Reconstructive and Aesthetic Surgeons (PAPRAS)
Romanian Aesthetic Surgery Society (RASS)
Royal Belgian Society for Plastic Surgery (RBSPS)
Schweizerische Gesellschaft für Aesthetische Chirurgie (SGAC)
Serbian Society of Plastic, Reconstructive, and Aesthetic Surgery (SRBPRAS)
Singapore Association of Plastic Surgeons (SAPS)
Sociedad Argentina de Cirugía Plástica Estética y Reparadora (SACPER)
Sociedad Boliviana de Cirugía Plástica Estética y Reparadora (SBCPER)
Sociedad Chilena de Cirugía Plástica, Reconstructiva y Estética (SCCPRE)
Sociedad Colombiana de Cirugía Plástica, Estética y Reconstructiva (SCCP)
Sociedad Dominicana de Cirugía Plástica Reconstructiva y Estética (SODOCIPRE)
Sociedad Española de Cirugía Plástica Reparadora y Estética (SECPRE)
Sociedad Peruana de Cirugía Plástica (SPCP)
Sociedade Portuguesa de Cirurgia Plástica Reconstructiva e Estética (SPCPRE)
Sociedad Venezolana de Cirugía Plástica, Reconstructiva, Estética y Maxilofacial (SVCPPREM)
Società Italiana di Chirurgia Plastica Ricostruttiva ed Estetica (SICPRE)
Société Française des Chirurgiens Esthétiques Plasticiens (SOFCEP)
Society of Plastic Surgery Azerbaijan (SPSA)
Suomen Esteettiset Plastiikkirurgit r.y. (SEP) - Finland
Svensk Förening för Estetisk Plastikkirurgi (SFEP)
Turkish Society of Aesthetic Plastic Surgery (TSAPS)
United Kingdom Association of Aesthetic Plastic Surgeons (UKAAPS)
Vereinigung der Deutschen Aesthetisch Plastischen Chirurgen (VDAPC)

PATIENT SAFETY



Robert Singer, MD, FACS – United States
Member, ISAPS Safety Committee

PATIENT SAFETY SHOULD ALWAYS BE THE PRIMARY CONCERN

Internationally, there is an ongoing significant increase in ambulatory plastic surgery procedures and medical tourism as well as an explosion in social media highlighting unfortunate disasters in plastic surgery. These disasters are often the result of inadequately trained physicians, or procedures performed in inappropriate facilities with no oversight.

There are four key issues with regard to patient safety:



1. Appropriate patient selection
2. Opting for the right procedure for the individual patient
3. A fully trained plastic surgeon
4. An adequate safe surgical facility with properly trained staff

In this article, we are going to concentrate on the facility while future articles will emphasize the importance of each of the other factors.

In most countries, the majority of cosmetic procedures are being performed in office-based plastic surgical facilities as well as in free standing ambulatory surgical facilities. While there are many good office-based and free standing ambulatory surgical facilities around the world, there are an enormous number that are inadequate. Unfortunately, there is a lack of emphasis on accreditation or licensure of ambulatory surgical facilities by most governments. It is an international disgrace that in the United States only 27 states require any accreditation of surgical facilities.

There are many advantages of an office-based facility: discretion, privacy, confidentiality, a consistent dedicated operating room team, comfort, specialized operating equipment, ease of scheduling, convenience, lower risk of infection, and it is usually more economical than a hospital. These benefits are only of value, however, if the facilities are safe and provide a high level of patient care.

Internationally, the oversight of office-based and free-standing ambulatory surgical facilities is generally lacking or inconsistent

with established standard of quality care. As ethical physicians, our principle concern should be patient safety and quality of care. Accreditation has been shown to improve the quality of patient care, increase education of practitioners, and establish reasonable, minimal standards for facilities. As physicians we are held to the standard of first, do no harm. If we are going to operate, it is important to do it as safely as possible.

Both the marginal training of physicians (hopefully surgeons, but unfortunately not always) and inadequate facilities can lead to disasters. It is not enough for a facility to look good, it needs to function safely. The way to assure that is through oversight of the facility via reasonable regulation, approved standards and accreditation. Accreditation assures the patient of a commitment to safety and the efficiency of the facility and equipment.

There are currently three organizations that perform accreditation on an international basis: The American Association for Accreditation of Ambulatory Surgery Facilities International (AAAASF-I) which is the gold standard for accreditation of office-based surgical facilities; the Joint Commission International which primarily inspects hospitals; and the Accreditation Association for Ambulatory Health Care (AAAHC) which has just begun to enter the international market.

Accreditation standards, at least from AAAASF, encompass: the basic mandates of the practice, operating room policy (class of accreditation based on level of anesthesia), the environment and procedures, recovery room environment and procedures including sterility, the general safety of the facility, intravenous fluids and medications, medical records, quality assessment/quality improvement, the personnel and assurance they have adequate training, and the governance and oversight of anesthesia and who provides it. Recognizing differences in various countries, the standards are modified to the specific needs of each country. There are scheduled objective inspections.

Safety was initially documented in a survey of accredited facilities, as proven by the AAAASF data, the only accredited organization that has published data, "Patient safety in accredited office

surgical facilities”, Authors: Morello, D.C., Colon, G.A., Fredericks, S., Iverson, R., Singer, R., PRS. Volume 99: 1496, 1997, that the overall risk in an office-based plastic surgery facility was comparable to the hospital.

AAAASF pioneered collection of data and mandates reporting of all unanticipated sequelae including:

- Unplanned admission
- Unscheduled return to OR
- Untoward result (e. g. bleeding, infection)
- Cardio-respiratory problem
- Mortality

Based on that data, safety was further confirmed in “Outpatient Surgery and Sequelae: An Analysis of the AAAASF Internet-based Quality Assurance and Peer Review Database”, Authors: Ali M. Soltani, MD, Geoffrey R. Keyes, MD, FACS, Robert Singer, MD, FACS, Lawrence Reed, MD, Peter Fodor, MD published in “Outpatient Plastic Surgery”, Editors: Geoffrey R. Keyes, MD, FACS and Robert Singer, MD, FACS, Clinics in Plastic Surgery, Volume 40, Number 3, 2013. The rates of unanticipated sequela and mortality in 3,922,202 patients undergoing 5,525,255 plastic surgery procedures from 2001-2012 was on par or better than in hospitals and government certified facilities.

The fact that plastic surgical procedures performed in accredited plastic office-based surgical facilities by board certified plastic surgeons had a lower risk of developing a complication as compared to an ambulatory surgical facility or a hospital was documented in the article, “Is Office-Based Surgery Safe? Comparing Outcomes of 183,914 Aesthetic Surgical Procedures Across Different Types of Accredited Facilities” published in Aesthetic Surgery Journal Advance Access, August 23, 2016 by Varun Gupta, MD, MPH; Rikesh Parikh, MD; Lyly Nguyen, MD; Ashkan Afshari, MD; R. Bruce Shack, MD, FACS; James C. Grotting, MD, FACS; and K. Kye Higdon, MD, FACS showed that. This level of safety cannot be extrapolated to unaccredited facilities or those with inadequately trained, or untrained, surgeons since there is no oversight of those facilities and no comparable data.

The ultimate unanticipated disastrous sequela is mortality and the rate of that occurring in an accredited office-based facility has been shown to be on par with or better than in hospitals according to the AAAASF extensive data base. The majority of plastic surgery mortalities are caused by pulmonary emboli, often days after surgery, which could occur no matter where the procedure is performed.

Consider if all ISAPS members’ surgical facilities were accredited. Beyond elevating the bar of safety, there are additional benefits that can offset the cost of accreditation for ISAPS members:

- 1) Standardization so any patient will know that every ISAPS member’s facility meets appropriate safety guidelines which will ensure that patients will receive safe care no matter the locus of treatment.
- 2) With regard to international competition in an era of medical tourism, it would position an accredited office as identified with quality and safety.
- 3) On a domestic level, it would distinguish the quality and safety of that facility from those who have no accreditation.
- 4) It can enhance marketing based on patient safety.

The only focus must be on quality medical care and patient safety. Patients must be treated as patients not customers. There should be: **No compromises. No substitutes. No greed.**

The ISAPS website emphasizes that patient safety is the highest priority. The challenge for ISAPS is to live up to that claim. That can be achieved by taking the same measure that was adopted by the boards of the American Society for Aesthetic Plastic Surgery (ASAPS) and the American Society of Plastic Surgeons (ASPS) by requiring that all of its members only operate in accredited or licensed facilities. By doing that, ISAPS would assure that aesthetic plastic surgeons would be the only specialty internationally that would require accreditation. It would raise the bar for patient safety and would elevate the image of the specialty of plastic surgery by its ongoing commitment to proven safety.

Dr. Singer is a prior President and Chair of the Board of Trustees: American Society for Aesthetic Plastic Surgery; prior Chairman of the Board of Trustees: American Society of Plastic Surgeons; and prior President and Current Chair of the Board of Trustees: American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF). He currently has a private practice in La Jolla, California and is Clinical Professor of Surgery (Plastic) at the University of California San Diego.



Mark Clemens, MD, FACS – United States
Member, ISAPS Patient Safety Committee

ISAPS KYOTO SHOWCASES LATEST ADVANCES IN BIA-ALCL RESEARCH

雨降って地固まる (ame futte ji katamaru) –
“The rain hardens the ground.”

I took away much from the recent ISAPS Biennial Congress in Kyoto including this Japanese proverb. While few people would see any silver lining during a storm, the proverb reminds us that collective drops of rain bind soil making the earth stronger. Similarly, we as an international society become stronger when we convene to overcome our shared challenges. This was exemplified in Kyoto as 1650 participants from 89 member countries came together to discuss novel techniques, successful outcomes, and debate collective difficulties. Highlighted in a special session lecture, I provided an in-depth report on progress made over the past year in the identification and treatment of breast implant associated anaplastic large cell lymphoma (BIA-ALCL).

BIA-ALCL has become a concern of plastic surgeons, patients, and patient advocacy groups over the past year due to a number of recent statements by international authorities. Specifically, the United States Food and Drug Administration (FDA) released an updated safety communication in January, the World Health Organization provisionally classified BIA-ALCL as a lymphoma in March, and the French National Agency for Medicines and Health Product Safety (ANSM) called for additional research into textured implants in July. In the coming year, additional reports and country-specific summaries are expected from the Therapeutics Goods Administration (TGA) from Australia and the Medicines and Healthcare Products Regulatory Agency (MHRA) from the United Kingdom.

The ISAPS Kyoto special session on BIA-ALCL covered a spectrum from basic essentials to critical advances in the understanding of the disease. BIA-ALCL is a distinct type of T-cell lymphoma involving a breast implant capsule or peri-prosthetic effusion presenting on average 8-9 years after receiving a breast implant. Any clinically evident seroma occurring greater than one year after implantation should be considered suspicious for disease. Optimal screening includes ultrasound with directed fine needle aspiration of the effusion sent for CD30 immunohistochemistry and directions to

rule out BI-ALCL. Surgery alone is curative for the majority of patients with disease confined to the capsule. The FDA specifically recommends that all confirmed cases should be reported to the PROFILE prospective patient registry (www.thepsf.org/PROFILE).

A major breakthrough highlighted during the ISAPS Congress was the recent release of National Comprehensive Cancer Network (NCCN) Guidelines on the diagnosis and management of BIA-ALCL. NCCN guidelines are internationally recognized and followed by oncologists and represent, for the first time, the standardization of the diagnosis and management of BIA-ALCL. These NCCN guidelines are available for surgeons to review by registering at www.nccn.org. The essential recommendations and therapeutic strategies of the NCCN guidelines critical to the plastic surgery community are also introduced at length in an original article co-authored by lymphoma oncologist Steven Horwitz and me that is now available from the Aesthetic Surgery Journal (asj.oxfordjournals.org).

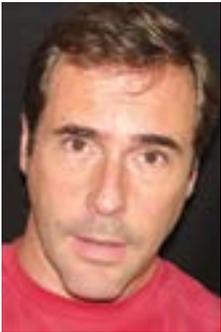
The ISAPS Patient Safety Committee is working with international societies to foster research, support education, and develop best practices for BIA-ALCL. We are here to disburse authority updates and convey aesthetic education worldwide foremost for the benefit of patient safety. Perhaps more fitting is another Japanese proverb:

ちしきはちからなり (chishiki wa chikara nari) –
“Through knowledge is power.”

Dr. Clemens leads a multidisciplinary research team and tissue repository for BI-ALCL at MD Anderson Cancer Center, serves as an ASERF Board Member, and chairs a BI-ALCL subcommittee for ASPS overseeing national research and education efforts. He is a member of ASPS, ASAPS, and ISAPS and serves on the ISAPS Patient Safety Committee. Email: mwclemens@mdanderson.org



VISITING PROFESSOR PROGRAM REPORT



Fabian Cortinas, MD – Argentina
ISAPS National Secretary for Argentina

ISAPS VISITING PROFESSOR PROGRAM IGUAZU FALLS, ARGENTINA

The Visiting Professor Program (VPP) added another chapter on September 8 and 9 in Buenos Aires and Iguazú falls, Argentina.



Dr. Joseph Hunstad from the US presented lectures and performed surgery with Residents and Staff of Hospital Italiano de Buenos Aires and the next day joined the faculty of the 4 Fronteras

Congress held in Iguazú Falls.

Hospital Italiano de Buenos Aires has a long history of leading training in Medical Care. The Residency system was one of the first in Argentina and according to the traditions of this prestigious hospital, the Plastic Surgery Department is well recognized, functioning under the direction of Dr. Hugo Loustau and Dr. Horacio Mayer, the local hosts of the ISAPS Visiting Professor.

Dr. Hunstad spent one full day in the hospital and the following day traveled to Iguazú Falls, the largest waterfalls system in the world, to give lectures on

Post Bariatric Surgery in the 4 Fronteras Congress that included participants from Paraguay, Uruguay, Brazil and Argentina.



Thanks to the Visiting Professor Program, Residents and Fellows at the Hospital Italiano, and a full audience representing four countries, enjoyed the knowledge and kindness of Dr. Hunstad in a relaxed environment. 

Renato Saltz, MD, FACS – United States
ISAPS President

VISITING PROFESSOR IN CHINA

I was delighted to spend time visiting Dr. Sun's program at the Union Hospital, the seventh largest plastic surgery infirmary in China. I made rounds with the entire team, visited their many floors and clinics and spent several hours presenting talks to the faculty, residents, and students. I learned quite a lot from them and was very impressed with the many interesting cases in plastic and reconstructive surgery they presented during rounds on the

several floors that belong to Dr. Sun's service. Their aesthetic clinic offers many modern aesthetic non-surgical treatments and injectables to all patients. The residents and faculty participate in all activities.

I thank Dr. Sun and his wonderful staff for the honor of having me as their ISAPS Visiting Professor. 

ISAPS EDUCATION



Vakis Kontoes, MD, PhD – Greece
Chair, ISAPS Education Council

EDUCATION COUNCIL REPORT

It is my great honor to have been appointed as the Education Council Chairman by our President, Renato Saltz, for the next term, 2016-2018.

In my capacity as the EC Vice-Chair from 2012 to 2016, I had the opportunity to organize many educational events in cooperation with the previous Chairs and the EC committee members. The Education Council's achievements in these last years have raised the bar very high and it is now the new EC's responsibility to honor them and move forward.

The EC has a new and expanded role within the ISAPS organization including organization of the entire worldwide ISAPS Course program, review and approval of Endorsed Program applications, and coordination of ISAPS Symposia. The EC will work closely with ISAPS members, the National Secretaries and National Societies to ensure their involvement and full support during the organization of ISAPS educational events.

The EC guidelines have been revised, approved and circulated to the regional representatives around the globe for their information and implementation during ISAPS educational events.

Every effort will be made so that the EC Chair and/or Vice-Chair will be present at every educational event worldwide, while in their absence the regional representative(s) will represent the EC.

The scope of our work will insure the highest quality of our education - not quantity. My goal, with the support of my entire

EC team, is to strive for this target for the next two years. Our mission is to provide high standard Aesthetic Education Worldwide.

I encourage every member to attend courses, to request ISAPS endorsement of meetings being organized in your country, and to contact me at any time with ideas, suggestions, and criticism so we can create an ISAPS education program that truly responds to the needs of our members. 

EDUCATION COUNCIL MEMBERS

Chair: Vakis Kontoes, Greece **Vice-Chair:** Ozan Sozer, USA

Regional Representatives

Europe:	Ivar van Heijningen, Belgium Apostolos Mandrekas, Greece
North America:	Constantino Mendieta, USA Claudio De Lorenzi, Canada Jose de la Pena Salcedo, Mexico
South America:	Ricardo Ribeiro, Brazil Fabian Cortinas, Argentina
Asia:	Mehmet Bayramicli, Turkey Man Koon Suh, South Korea Ashish Davalbhakta, India
Middle East and Africa:	Marcos Harel, Israel Hussein Abulhassan, Egypt
Australia and Pacific:	Tim Papadopoulos, Australia Marco Faria Correa, Singapore
China:	Lee Pu, USA
Honorary Advisors:	Nazim Cerkes, Turkey Lina Triana, Colombia



Otto Ziegler, MD – Peru
ISAPS National Secretary for Peru

ISAPS COURSE - PERU

During the opening ceremony of the first official ISAPS Course in Lima, Peru, the President of the Peruvian Society of Plastic Surgery, Dr. Ricardo Delgado Binasco, said, “2016 has been a good year for our Society. We entered into the Global Alliance Partnership joining forty of the best plastic surgery societies of the world, forty-five of our members became ISAPS members through the Fast Track program, and today we are opening this wonderful educational course in the presence of the Vice Chair of the ISAPS Education Council, Dr. Ozan Sozer. He joins three great ISAPS Visiting Professors, Dr. Akin Yucel, Dr. Cemal Senyuva and Dr. Mehmet Bayramicli who come from far away Turkey to join our other esteemed faculty members to share with us their knowledge and experience.”

The Peruvian Society of Plastic Surgery congratulates the efforts of ISAPS to maintain the commitment of plastic surgery education worldwide and we hope to have more Peruvian ISAPS members and more educational opportunities in the near future.



Figure 1 - ISAPS Faculty in Lima: Ozan Sozer, Mehmet Bayramicli, Akin Yucel, Cemal Senyuva, Javier Vera Cucchiaro and Otto Ziegler at the podium.



Jamal Jomah, MD – UAE

ISAPS COURSE UAE – DUBAI

The 2016 ISAPS Course UAE was held in Dubai from 16 to 17 November 2016 in Jumeirah Beach Hotel with a great turnout of 250 participants from 32 countries. The course was organized in conjunction with 2nd Emirates Plastic Surgery Society Congress on November 18-19 and was accredited for 12 CME hours by the European Accreditation Council for Continuing Medical Education (EACCME).

The teamwork that included the Education Council Chair Dr. Vakis Kontoes, ISAPS UAE National Secretary Dr. Luiz Toledo and ISAPS Local Chairman Dr. Buthainah Al Shunnar, brought high quality faculty to this event and a high level of satisfaction by those who attended.

The course was designed to provide a comprehensive overview of the latest developments in the field of breast surgery, fat injection, eyelid surgery and facial rejuvenation. In addition, there were three unique sessions presented for the first time in the region: genital plastic surgery, new trends and innovations in plastic surgery and dedicated breast sessions.

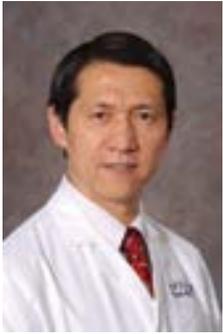
A wonderful faculty dinner was held on the 16th of November at the Sunset Garden of Jumeirah Beach Hotel. Ms. Alison Thornberry, CEO of Sure Insurance, the unique ISAPS insurance

program offered through Lloyd's of London, represented ISAPS at this Course and persuaded 25 attendees to join the organization.

A session entitled “How to market your practice and win more patients” was also tackled, in line with a current emphasis of ISAPS. The high quality scientific program, enjoyable faculty dinner, active participation by our exhibitors, and best of all, our plastic surgeon colleagues from different countries, ratified the importance of the event.

Thank you to everyone who made ISAPS Course UAE a successful one. The success of this course is therefore rewarding not only to our colleagues, but also to the ISAPS Education Council.





Lee L.Q. Pu, MD, PhD, FACS – United States
ISAPS Education Council Regional Chair for Greater China

ISAPS COURSE – CHINA

The Fifth Congress of the World Association for Plastic Surgeons of Chinese Decent

The Fifth Congress of the World Association for Plastic Surgeons of Chinese Decent (WAPSCD) was held in Wuhan, China from November 18th – November 20th, 2016. It follows the previous four successful World Congresses held in Beijing (2008), Taipei (2010), Xian (2012) and Hong Kong (2014). The Congress attracted more than 1000 attendees from 30 countries. There were 50 invited international faculty and 90 domestic faculty from Mainland China who all gave excellent lectures during the Congress. Dr. Renato Saltz, as the President of the International Society for Aesthetic Plastic Surgeons (ISAPS) participated in the congress and delivered a remarkable keynote lecture.

The Congress was organized by WAPSCD, which was founded in 2012 during the Third World Congress in Xian, and the Union Hospital of Tongji Medical College of Huazhong University of Science and Technology. MEVOS College was also a co-organizer of this Congress. The Chinese Society of Plastic Surgeons, Wuhan Miracle Laser System, Inc., and Wuhan Mylike Cosmetic Hospital served as co-hosts.

On Friday, November 18th, a pre-congress Master Course was conducted. The course had two sections: The Cosmetic Surgery section in the morning and the Reconstructive Surgery section in the afternoon. The Cosmetic Surgery section included fat grafting, endoscopic facial rejuvenation, minimal invasive procedures for facial rejuvenation, and breast reduction. The Reconstructive Surgery section included lymphedema surgery, perforator flap surgery, DIEP flap breast reconstructive surgery, facial paralysis reconstruction surgery, and cleft lip and palate surgery.

The formal Congress began on Saturday with welcome remarks by Professors Shuzhong Guo and Lee L. Q. Pu as conference co-chairs, Jie Luan and Ernest S. Chiu as co-scientific chairs and Professor Jiaming Sun as local organizing committee chair. The first keynote lecture by ISAPS President Dr. Renato Saltz on Aesthetic Surgery and Cosmetic Medicine: Strategies for Success was followed by Professor Shuzhong Guo, The Past, Present and Future of Plastic Surgery in China, Professor Lee L. Q. Pu, Four

Previous World Congresses, Professor David T. W. Chiu, Missions of WAPSCD and Professor Andrew Lee from Johns Hopkins, Academic Plastic Surgery in the USA. The second half of the general session began with special lectures delivered by Professor Fu-Chan Wei on Reconstructive Microsurgery and Professor Yu-Ray Chen on Craniomaxillofacial surgery.

This was followed by several selected lecturers presented by renowned Chinese plastic surgeons on Lower Blepharoplasty, Endoscopic Breast Augmentation, Fat grafting, Tissue Engineering and Ear Reconstruction, Tissue Expansion, and Management of Vascular Anomalies. All the lectures delivered by Chinese plastic surgeons are also quite incredible and have shown their tremendous contribution to the art and science of plastic surgery.



Figure 1

The Congress had a total of 60 panels on both cosmetic and reconstructive surgery. There were several world renowned plastic surgeons who also delivered incredible panel lectures. These included Drs. Fu-Chan Wei and Yu-Ray Chen from Chinese Taipei; Drs. David Chiu, Andrew Lee, Renato Saltz, Gregory Evans, Brian Kinney, and William Lineaweaver from the United States, as well as Yilin Cao, Zuoliang Qi, Shuzhong Guo and others from Mainland China. (Figure 1)

We all noticed the quality of work from presentations by many plastic surgeons of Mainland China. Several of their works were being presented for the first time at an international meeting and highlighted the recent contributions to plastic surgery from this exciting country with fast growing economy and a huge market for cosmetic and reconstructive surgery.

On Thursday, November 17th, our local host organized a sightseeing tour for all international invited speakers so that they could visit several historic sights and museums in Wuhan. The Yellow Crane Tower,



Figure 2

which was built about 1900 years ago, has been a prominent symbol of the city for the last several hundred years. (Figure 2) The invited speakers also had the opportunity to visit a museum and watch an historical show of local performers, and tour the shopping district in the center of Wuhan. The speakers also enjoyed a night cruise on the Yangtze River to further explore the city. They witnessed the fast development of the city over the last two decades.

On Friday November 19th, the faculty dinner was held at a six-star hotel where the invited faculty and guests enjoyed the local cuisine and friendly conversation. After the very nice dinner, the attendees were invited to watch the Han show, a Las Vegas-style performance based on an old story from China. They were all very impressed with the theater and the entire show and had an unforgettable night.

The WAPSCD's Fifth Congress was another great success. (Figure 3) It was the largest gathering of plastic surgeons of Chinese decent worldwide showing the many contributions in both cosmetic and reconstructive plastic surgery made by this group and others. We enjoyed the friendship and companionship and had a great time together in Wuhan. (Figure 4) The sixth congress of WAPSCD will be held in Chinese Taipei and we all look forward to another great meeting in 2018. 



Figure 3

Legend

Figure 1. Drs. Saltz and Pu during the banquet

Figure 2. Yellow Crane Tower, Wuhan, China

Figure 3. Board members of WAPSCD

Figure 4. The meeting group photo (on cover)

Renato Saltz, MD, FACS – United States

ISAPS President

ISAPS COURSE – CHINA

The Fifth World Congress for Plastic Surgeons of Chinese Descent offered a special opportunity to visit with Chinese plastic surgery leadership with the hope of establishing new educational partnerships for the future and to participate as an ISAPS Visiting Professor at the Union Plastic and Aesthetic Hospital, a major university affiliated public plastic surgery hospital in Wuhan, China. I am happy to say the visit was very successful and I enjoyed very much the many new friends I made in China.

The Congress was an incredible gathering of Chinese Plastic Surgeons who come from all over the world to exchange knowledge and friendship every two years. The congress Co-Chairs were: Lee L. Q. Pu from Sacramento, California, USA and Shuzhong Guo from Xian, China, the current President of the Chinese Society of Plastic Surgeons (CSPS). Dr. Guo is a

long-time friend and was a past Visiting Fellow of my program at the University of Utah in the mid-90's. The meeting was very well attended and included many world-renowned speakers from China and abroad.

Thanks to Lee L. Q. Pu and Suzhong Guo, we have made progress in the relationship between ISAPS and the Chinese Society. I am very happy to announce that we are currently planning an ISAPS Course preceding the Chinese Society of Plastic Surgeons Annual National Meeting during the fall of 2017 in Tian Jing, China, the first ever joint event between ISAPS and the Chinese National Society. 

NATIONAL SECRETARIES



Peter Scott, MD – South Africa

MESSAGE FROM THE CHAIR OF NATIONAL SECRETARIES

I recently returned from the 23rd Congress of ISAPS in Kyoto, Japan which for those of you who were present was a superbly organised Congress with an excellent social program giving us insight into the Japanese culture and included well-structured panel discussions to update us on the art of our profession.

We had a very successful National Secretaries Meeting on the 23rd of October, the day before the congress started, with a record number of 84 National Secretaries (NS) and Assistant National Secretaries (ANS) attending. This is out of a total of 94 NS/ANS in our Society.

In the morning, ISAPS Board Members were present to interact in real time with our National Secretaries.

Since the NS Meeting at the 22nd Congress in Rio de Janeiro, we have held 65 elections. 35 NS were re-elected and 19 new NS and 11 new ANS were elected, 29 existing NS remain in office to give us a total of 94 NS/ANS. 26 countries have too few members to have their own NS and we encourage neighbouring countries to incorporate them into their local meetings.

Dr. Susumu Takayanagi, President of ISAPS, presented the current state of our Society and Renato Saltz, President-Elect, discussed his vision for the future direction for our Society. They both emphasized that the President Elect and the President work closely in tandem and Dr. Takayanagi's image of there being many roads to the top of the mountain, but that we work together with a common vision to avoid repeating ourselves with each new President.

Dr. Lina Triana, the Education Council Chair, discussed the upcoming courses and introduced Vakis Kontoes and Ozan Sozer as the new Educational Council Chair and Vice-Chair and a plan to have more members in the Council to look after the educational programs on each continent.

Ivar van Heijningen, the Membership Chair, presented various membership issues, emphasising that Jordan Carney is the most important person on the Membership Committee and that her

e-mails must be answered very promptly by the NS as this is the window into the efficiency of new members joining ISAPS.

Alison Thornberry and Carlos Parreira presented forthcoming changes in the ISAPS Insurance program and Julie Guest discussed in detail the ISAPS public relations strategy and how the NS of each country is able to contribute and provide feedback on what the appropriate approach to marketing in their country would be.

Dr. Bahman Guyuron was introduced as the new Editor-in-Chief of *Aesthetic Plastic Surgery*. He brings his wealth of experience to help raise the profile of our Blue Journal. He emphasized that it is our Journal and that we need to publish high quality articles in this Journal and that he would ensure rapid review of articles.

The Board then held an open discussion on specific topics so that feedback could be presented at the Board Meeting. As there were so many NS present, this was a very meaningful discussion and presented a very clear message to the Board. Firstly, the relationship of ISAPS to other national societies was discussed and there are already 40 national societies affiliated with ISAPS and we would encourage other societies to join us. This promotes good co-operation between ISAPS and the national society when running meetings in their country. Secondly, we discussed quality of training and certification and how in some countries this is very clear cut and in others we are still assessing the level of training required to be a board certified plastic surgeon. It was very useful to get the feedback from the many members present. Finally, we revisited the inclusion of other specialities in ISAPS and the very clear message, with an overwhelming majority, was that ISAPS is for board certified plastic surgeons and not for other specialities, but that we would agree for other specialities such as oculoplastic surgeons, facial plastic surgeons, maxillofacial surgeons and dermatologists to lecture at our meetings. We should rather try and recruit more board certified plastic surgeons to join our society and keep the quality of our membership very high.

continued on next page



Jose Carlos Parreira, MD – Portugal
Chair, ISAPS Insurance Committee
National Secretary for Portugal

May I begin by saying how wonderful the Kyoto Congress was and that it was fantastic to see so many of you there.

Each year the ISAPS Insurance program gets bigger and better and this year has been no exception. We can now say that we have ISAPS member surgeons offering the insurance in over 45 countries!

We on the ISAPS Insurance Committee are delighted that we have had such growth in member surgeons offering their guarantee to patients and this speaks volumes for the emphasis that ISAPS puts on patient safety. Due to the positive response to the improvements made to the revision insurance over the past year, we are very excited to announce that we shall soon begin introducing new benefits to the policy.

TESTIMONIAL FROM AN ISAPS MEMBER



“It is an honour to be asked to sit on the ISAPS Insurance Committee. I worked with Alison Thornberry on the first scheme like this in the United Kingdom. The insurance gives patients the security that, if there are complications (and we all get them on occasion!), their surgeon should not have to ask them for more money to help correct the situation. The insurance will lead to less patient dissatisfaction, lower medical malpractice insurance costs and improved patient safety. It is the closest to ‘no fault compensation’ we can get in aesthetic surgery.”
– Mr. Nigel Mercer, Past BAAPS and BAPRAS President, UK

National Secretaries, Scott continued

The result of the elections were that I will serve as Chair of National Secretaries for a second term and Ivar van Heijningen from Belgium will serve as the Assistant Chair for the next two years. We enjoyed a very sociable lunch which set the tone for numerous social interactions among the National Secretaries over the next few days of the Congress. New friendships were made and old friendships rekindled. In the afternoon, we settled into further open discussion where each country was able to give us their thoughts on the future of ISAPS in their respective countries.

We are also happy to say that we have a new addition to our committee, Mr. Nigel Mercer from the United Kingdom.

If you are an ISAPS member and would like information on ISAPS Insurance, please contact Stephanie King by email Stephanie@isapsinsurance.com or by telephone +44 374 4022 (UK). Stephanie can also connect you with a surgeon who can tell you about their own experiences of insuring patients including how easy it is to make a claim.

Information on the ISAPS insurance program is available at www.isapsinsurance.com There is no fee to join and you may apply to be added to the scheme at this website. There is also a surgeons' directory to enable patients to see who provides ISAPS insurance.

Watch for our new ISAPS Insurance videos on the ISAPS website.



Ivar and I are very optimistic that this very motivated group of NS and ANS, in conjunction with the very strong new Board, will lead us on the correct path up the mountain to raise ISAPS to new heights over the next two years.

I look forward to the next meeting at the 24th Congress of ISAPS in Miami, USA. 31 October to 4 November 2018. Let us make the NS meeting there as successful as this one has been.

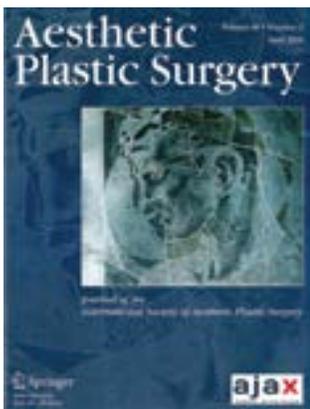


JOURNAL UPDATE



Bahman Guyuron, MD – United States
Editor in Chief, *Aesthetic Plastic Surgery*

I am delighted to have the opportunity to expand my 36 years of academic service to my plastic surgery colleagues internationally in my new position as the Editor-in-Chief of *Aesthetic Plastic Surgery*. My mission is to make this journal the best international journal of aesthetic surgery. I do not accept any responsibility about which I am not passionate. You will witness several initial changes in the journal, beginning with the February issue. The quality of the articles will improve with more scientific strength, thanks to the increase in submissions by many of you. The journal's aesthetic identity will be restored by stricter adherence to the true task of the journal; the design will be fresher; the sections will be revised, and some new sections will be added, including invited articles by those who are admired internationally, but who are often reluctant to put their highly provocative and enormously successful techniques into an article format.



We will invite those who have been helping the journal by reviewing articles for many years to join the journal's editorial board. We will also focus a great deal on patient safety and practice management, both topics that are dear to our organization and its leaders. While the immediate changes will be discernible, this is going

to be an evolving process. It will be the beginning of a cascade of events with the hope of producing a scientific publication that we can all be proud of and will be a source of fresh, practical and scientific knowledge for all ISAPS members and non-member readers alike.

The quality of the articles will be governed solely by your contributions as members. To that end, I will need your assistance in sharing new ideas, basic science, transitional research and clinical research. Beyond my obligations to my patients, the load of which I have reduced to allow me to pay attention to the journal, the journal is going to be my number one priority. You have my absolute commitment that I will forward your meritorious articles to publication as fast as I can by personally reviewing them within hours of submission, by inviting reviewers who are fair, fast, and scientific, but who also understand how much time and energy is devoted to doing research, as well as in the preparation of each manuscript with related pictures, artwork and tables. I will engage reviewers who will take the review process very seriously and consider it a major honor and obligation. I have reviewed the database of almost 3,000 reviewers, carefully analyzed their performance, including the number of articles that they reviewed in the past, the average number of days it took them to review the articles, how often they declined to review the articles and many other important facts about their performance. I have also been watching the severity factor by reviewing how often they have rejected articles. I have been selecting reviewers who understand the topic, review the articles, both by celerity and alacrity, and make fair suggestions to improve the articles that have worthwhile content, rather than simply rejecting the articles.

You have my full assurance that I will be available to you and will make every effort to assist you in any way I can. Additionally, you will have our journal and publishing staff at your disposal with a variety of services, such as English editing, with a nominal fee for the latter service.

Finally, we have established three journal awards. These include the **Best Published Article of the Year Award** and the **Best Resident or Fellow Presentation Award**. The recipient of the first award will receive \$2,000 in cash and a plaque. A committee of five members appointed by the President and chaired by the President-Elect will review and nominate five articles published in Aesthetic Plastic Surgery during the previous calendar year and the entire membership will be invited to vote for the best article. The second award will include \$1,000 in cash and a plaque. This award will be given for the best work presented by a resident or fellow during the previous Congress. The **Most Cited Article Award** will include

\$1,000 in cash and a plaque. The award will be given to the author(s) of the article with the highest number of citations that was published in Aesthetic Plastic Surgery during the previous calendar year as reported by the publisher.

I look forward to receiving your manuscripts, processing them in record time and helping you to share your ideas and research conclusions with our colleagues as fast as possible.



How to pay less to attend the 2018 Congress in Miami:



Pay the lowest registration fee by December 31, 2016 at this link:

www.ISAPSmiami2018.com

See REGISTRATION in the menu at the top of this page. The lowest fees are in the column that says: Kyoto Price because we established these low fees specifically for those who attended our 2016 Congress. To register, click on: **Register for Congress**.



Julie Guest – United States
ISAPS Chief Marketing Officer

WHY Most Medical ADVERTISING FAILS (And How to Fix It)

Just the word “marketing” makes a lot of doctors throw their hands up in the air and roll their eyes. And with good reason! The “rules” of marketing seem murky at best, are ever changing, and sometimes the results are completely illogical. For example let’s pretend that you’ve had a champion ad for your practice that has worked well for several years. Anytime business is slowing down, you know without a doubt that you can run that ad and get your phones ringing again. Then one day suddenly the ad stops working. No reason. No logical explanation. The ad for some inexplicable reason loses its power.

At the other end of the spectrum are all the ads you pay for and they don’t do anything to get your phones to ring. They’re a complete waste of money. The goal of this article is to help you clear some of the marketing fog and give you some helpful pointers to run ads for your practice that work. Let’s jump in:

When marketing your practice, there are three cardinal rules of advertising.

The first cardinal rule is simple and if ignored, will render your adverts impotent. It’s also perhaps one of the most ancient rules of human nature (which most people conveniently forget when it comes to marketing their business). If you truly understand this marketing cardinal rule, it will forever transform the way you communicate with your prospects and clients, end your marketing headaches, and save you thousands of dollars:

Ready to learn this earth shattering truth? Here it is:

The people you’re marketing your clinic to are selfish.

We all are.

They don’t care about why you’re in business; they don’t care about how pretty your brand is, how clever your tagline is, or how long you’ve been around. They don’t even care what school you went to or necessarily what your credentials are either – at least not initially when deciding to call you or not.

All they care about is themselves. How can they put an end to the pain they’re feeling – whether that’s the sting of rejection when they look in the mirror, feeling fat, a painful divorce, or sagging jowls?

That’s *all* they care about.

If you ignore this one simple fact - which most people do – you’re making a very expensive advertising mistake.

Here’s what most ads say: “Buy my brand!” “We’re the best clinic!” “We’re the greatest – we have the best technology!” “I’ve been doing this the longest!” “Give me money and I’ll solve your problems!”

Where’s the appeal in *that*?

The best ads don’t ask for a sale.

They offer wanted information.

They’re rich with advantages to the reader, and they make an offer of little or no risk, so the patient can find out for themselves if what the company is saying is really true.

“An ad where no one is asked to buy? How could this possibly be successful?” you’re likely wondering.

continued on page 28



Chad Erickson – United States
Vice President of Sales & Business
Development - Advice Media

There is one, and only one, reason to have a website for your practice: TO MAKE MONEY.

If you are not making money from your website, something is very wrong.

In order to make money from your website you must do two things extremely well:

- #1. Attract Patients
- #2. Convert Patients

Generating traffic to your website is done through your on-line visibility and search engine optimization (“SEO”). SEO includes technical aspects such as sound site architecture, robust content, proper local and procedural coding, powerful in-bound links and a good site-map. As little as five years ago, you could implement “good” SEO on your page and get great results. I hate to be the bearer of bad news, but those days are gone. Today, you need GREAT SEO strategies. Now you need to be the loudest kid in class, constantly raising your hand and screaming “Pick me! Pick me! Pick me!” to get Google’s attention.

Your website is your foundation and the content on your website is critical to attracting new patients and helping you create a powerful online presence. Getting started with great content can be a challenge, so let’s start with how to make the content on your site stand out and help differentiate you from your competition. This is done by becoming the ‘Wikipedia’ for plastic surgery in your local area. Start by writing down the top 5-10 questions you are asked every day about every procedure and service you offer. Recognize that before someone asks you that question in your office, they’ve already asked Google the same question. Once you have your outline, you can either type out your responses or record yourself taking and then have the recording transcribed. Remember to respond as though you were speaking to a patient and not to one of your colleagues.

This will give you between 700-1,200 words of unique content and sets you up to be the local authority of all things plastic surgery. As the expert, Google is more likely to put your site in front of Google users searching for plastic surgery procedures online.

The second key element for creating a powerful internet presence is patient conversion. Once you’ve gotten a prospective patient

to click on your website, you have less than three seconds to make a meaningful impact. People will make a judgement within seconds on whether or not you are going to be able to meet their needs. Your goal is to make sure that when someone gets to your website by whatever means, they say “Wow! This plastic surgeon looks awesome.” Your site needs to change their body chemistry – and it has to do it instantly!

Some will say, “Well, I get all of my patients from word of mouth referrals.” Even if that were true, which it isn’t, the first place word of mouth referrals go is to your website to make sure that what their friend or family member said about you matches. If they go to your website and it looks like you haven’t updated it in several years, then what message are you sending? Are you saying, ‘I’m the best’ or ‘I’m mediocre and behind the times’. Remember, patients will make a decision within three seconds of visiting your site based on THEIR PERCEPTION. If they leave, you make no money. You have to convince them to stay.

The first thing a potential patient sees has to be something that makes them love you. You and your marketing company need to figure out what a patient in your area needs to see to make them think of you as their plastic surgeon; or more importantly, the person who can help them.

Perhaps it’s a great picture of you, or better yet pictures of happy patients (if allowed), a picture of you and your staff, a beautiful office, your training, the street your office is on, or the number of cases you have handled. Most importantly, these assets need to be presented in a beautiful way. All photos on your site are important, but the ones on your home page need to be great! Whenever possible, adding professional photos that are unique to you is best.

In summary, ‘Words’ get people to your website, but the ‘Imagery and Vibe’ of your site will get prospective patients to call your office and make an appointment. These are the foundations of creating a powerful internet presence. 

Chad Erickson is an owner of Advice Media and has helped thousands of doctors implement the best marketing strategies for their practices since 1999. He is a faculty member for several medical and dental organizations, including ISAPS, where he teaches effective marketing and practice management strategies. He resides with his wife and four children in Park City, Utah.

It's simple and these are not brand ads either. They're ads that are truly successful because they're based on knowledge of human nature and how people's behavior is predictable. **That's our job as copywriters – we know the triggers of what makes people want to buy – even when you're not asking them to buy.** Some people call this Jedi mind tricks. I call *this true salesmanship and a deep understanding of buyer psychology.*

For example, imagine a man knocks on your front door with a pound of coffee and says, "We've got a new brand of coffee we're launching. Please accept this package and try it with our compliments. I'll come back in a few days and see how you liked it."

"Great!" You think to yourself... "free coffee!"

The man returns in a couple of days, asks you how you liked the coffee but *still* doesn't ask for the order. He explains that he'd like to send you a state-of-the-art new coffee machine. Unfortunately it isn't free, but if you like the coffee he'll credit every dollar you spend on the coffee towards the purchase of the new coffee maker and he'll give it you at half price.

Now you're buying coffee and you get a fantastic coffee machine for your money. You're thrilled! Take *that* Starbucks!

Here's another example.

A sewing machine maker was struggling with his advertising, and on good advice, finally stopped trying to chase the sale. Instead, he offered to send his brand of sewing machine to any home (through a dealer), for a one-week trial.

Sounds good so far. The difference was that these machines were accompanied by a person specially trained to show clients step-by-step how to operate them. The ad simply said "Let us help you with your sewing projects for a week – no cost or obligation." It resulted in sales nine out of ten times.

You see your marketing *has* to be all about the customer. Not all about you!

So how can you apply these simple principles to your own marketing?

Easy. Follow these simple guidelines:

- 1) Make your ads big on information that will help educate the prospective patient – for example about the differences between cosmetic doctors and plastic surgeons. Then at the end of the ad make an "irresistible offer" that will offer them a fantastic experience and result at your practice to build the trust. This could be a heavily discounted medical spa treatment or a "credit" for your consult fee. There's a saying in marketing that the first dollar you get from a patient is always the hardest. Make it easy as possible for them to give you their first dollar, deliver an extraordinary experience to them – and then keep them as patients, for life.
- 2) Make sure that you and your team are doing a great job of taking care of new patients with the goal always being to have them become repeat customers. There are many doctors who work so hard to get in a new patient, but then once they have them – very little work is done to keep them! Remember it costs up to 7 times as much to sell to a new patient as it does to sell to an existing one. Why? Because you have already won their trust!
- 3) Do some brainstorming with your office staff about how you can get creative with your ads and your service offering. Put yourself in your prospective patient's shoes. What would make you pick up the phone and call? Reading an advertisement that is more like an article because of its educational basis is definitely one way to set yourself apart from your competitors and show that you really care about educating your patients. But what else? Can you offer private cosmetic parties? A no-risk offer of happiness to try your new line of skin care?

Above all in medical marketing, if you're not sure what to do, just do the opposite of what everyone else is doing by making your ads focus on your patients and not on you – and you'll be in great shape! 

Julie Guest is ISAPS' Chief Marketing Officer. She is also the CEO of Premier Physician Marketing and a best selling author. Her most recent book is called *67 Marketing Secrets to Ethically Attract New Patients and Grow Your Aesthetic Practice* and is available at www.PremierPhysicianMarketing.com or on Amazon.com

Julie Guest – United States
 ISAPS Chief Marketing Officer

ISAPS Social Media: Kyoto Congress 2016

During the Kyoto Congress, ISAPS had its own social media booth which proved to be a major hot spot – both with congress attendees and those of our members who weren't able to make it but could still connect with us via Twitter! Attendees got the opportunity to take “scenic” pictures of themselves and post them live to their own social media profiles and followers. During the five days of the Congress, the Twitter and Facebook social media platforms were buzzing with news and shares which helped spread awareness across the globe and connect with those of our colleagues and members who weren't able to attend.

The top trending topics included the ISAPS faculty, the spectacular display of martial arts and Tea Ceremony at the official opening ceremony, specific courses and our exhibitors'

booths in the exhibit hall – including ISAPS Sponsors Polytech, Zeltiq (Coolsculpting), Motiva, Merz and Neograft. During the Opening Ceremony, over 450 people were talking about the ISAPS Kyoto Congress on Facebook, and Twitter engagement exploded. For those who missed out on the Congress, Twitter was the best way to see what was happening in real time!

Thank you to everyone who visited our booth and tweeted and posted about Kyoto. We're already planning a much bigger and more spectacular social media presence for ISAPS at our Miami Congress so stay tuned!





Charalambos (Babis) Rammos, MD – United States

Bill G. Kortesis, MD

Joseph P. Hunstad, MD

Global Perspectives: United States

N. AMERICA



UNITED STATES

Refinements in Abdominoplasty: A Comprehensive Approach

Abdominoplasty offers improvement in the contour and external appearance of the abdominal wall, with insignificant scars, and contributes to a natural appearance of the umbilicus.

The technique selected for abdominoplasty operations depends on the presenting patient deformity. Abdominoplasty has a long history of technique evolution with various reported methods and refinements. These approaches vary from minimally invasive to multiplane dissections. We present our approach to improve abdominal aesthetics.

Surgical Procedures

According to the American Society for Aesthetic Plastic Surgery National Data Bank Statistics, approximately 181,000 abdominoplasties were performed in the United States in 2015, making it the 3rd most common aesthetic surgical procedure. Redundant skin, adiposity, muscle diastasis, and unsightly scars, are common presenting complaints for patients seeking elective abdominoplasty.

• *Abdominoplasty with Drains and Synchronous Liposuction*

The abdomen is tumesced with dilute Lidocaine and adrenaline through paired inferior abdominal incisions. A 4 mm basket cannula without suction is then used to separate the fat. Power assisted liposuction is then performed until an appropriate volume of fat is removed and confirmed with a pinch test and the contour is smooth. We then begin the abdominoplasty portion of the procedure. The lower abdominal incision is made sharply. Dissection is carried down to the fascia with cautery. The

periumbilical skin is incised sharply, and the stalk is freed sharply to the fascia. Dissection of the abdominoplasty flap is carried superiorly until the xiphoid process and costal margins are reached. A looped 0 Ethilon is run from the xiphoid to the pubis for a tight muscle plication. Exparel is injected into the anterior rectus fascia and laterally into the obliques. The patient is then placed in the semi-Fowler position. The superior incision site is marked with a demarcator. The tissue is divided and passed off the field. The abdomen is temporarily stapled to simulate closure. The midline is confirmed, a vertically oriented skin ellipse is resected, and the umbilicus exteriorized. A JP drain is brought through the right groin and secured with 0 Silk. The abdomen is closed in layers with Vicryl in Scarpa's layer, and 2-0 Vicryl in the deep dermis and 4-0 Monocryl in the intracuticular layer. The umbilicus is inset with a 3-0 Monocryl deep dermal layer and running intracuticular 4-0 Monocryl. A clinical result of an abdominoplasty with drains and synchronous liposuction is shown in Figure 1.



Figure 1: Preoperative frontal and lateral views of 36-year-old female with abdominal lipodystrophy (above). Image obtained at 4 months follow up after abdominoplasty with drains and synchronous liposuction (below).



- **Reverse Abdominoplasty with Drains and Synchronous Liposuction**

The abdomen is tumesced with dilute Lidocaine and adrenaline through paired superior abdominal incisions. Power assisted liposuction is performed until an appropriate amount of fat is removed and the contour is smooth. The Inframammary incision is made. Dissection is continued caudad. The anterior rectus sheath is then plicated from the pubis to the xiphoid using a looped 0 Ethilon. The patient is then placed in the semi-Fowler position. The upper abdominal skin flap is demarcated, and the excess skin trimmed.

- **Fleur-de-Lis abdominoplasty**

In the preoperative area, an additional proposed vertical excision pattern is marked. The initial part of the procedure proceeds as a traditional abdominoplasty. The corners of the proposed vertical excision are grasped with towel clamps and then crossed over each other with equal tension at the low midline. Towel clamps are used to approximate the vertical resection pattern and then bimanual palpation is used for confirmation. The skin is then incised sharply and the flap margins are divided with cautery. A clinical result of a Fleur-de-Lis abdominoplasty is shown in Figure 2.



Figure 2: Preoperative frontal and lateral views of a 52-year-old female with vertical and horizontal laxity of the abdomen (above). Image obtained at 12 months follow up after Fleur-de-Lis abdominoplasty (below)

- **No Drain Abdominoplasty with the use of Progressive Tension Sutures**

By using this technique, drains are not placed. Two double armed 1 Quill PDO sutures are placed as progressive tension sutures, with one placed on each side of the midline. The sutures are placed as an inverted “V”, one for each hemiabdomen. This results into

elimination of the dead space, and decrease of tension at the wound closure (Figure 3,4). A clinical result of an abdominoplasty without drains is shown in Figure 5.



Figure 3: Intraoperative view of the markings for placement of the progressive tension sutures.



Figure 4: Intraoperative view of closure with progressive tension sutures, eliminating dead space and tension.



Figure 5: Preoperative frontal and lateral views of 40-year-old female with abdominal lipodystrophy (above). Image obtained at 2 months follow up after abdominoplasty without drains and use of progressive tension sutures (below).

- **No Drain Abdominoplasty with the use of Cohera TissueGlu**

By using this technique, drains are not placed. TissueGlu is a resorbable adhesive that requires no mixing. A custom applicator applies adhesive in a grid of drops. It is a single step application in less than 2 minutes

In conclusion, there are many well-described surgical approaches to address abdominal wall aesthetics. The ultimate goal is to create beauty and balance while minimizing evidence of intervention.

Drs. Hunstad, Kortesis and Rammos practice at the Hunstad/Kortesis Plastic Surgery Center in North Carolina and the Illinois Plastic and Cosmetic Surgery in Peoria, Illinois in the United States.



Marcela Yépez, MD – Ecuador
ISAPS National Secretary for Ecuador

Pilar Estrella, MD
Plastic and Reconstructive Surgeon

Elisa Velez, MD
Plastic and Reconstructive Surgery Resident

Global Perspectives: South America

S. AMERICA



ECUADOR

With Liposuction and Abdominoplasty with reduced scars, or Mini Abdominoplasty, rankings were developed to select the proper technique to be used in cosmetic correction of the abdomen. These include classification by Bozola and Avelar in 1985 and Pisillaski in 1988. In 1989, Matarasso gave us another

classification of the abdomen that is based on musculofacial variations, sagging skin and excess fat.

On the basis of all these classifications and our experience, we have created a new classification to choose the correct technique for aesthetic correction of the abdomen.

Type I: patients without sagging musculofacial, minimum skin flaccidity, and accumulation of fat in abdomen moderate, for whom just Liposuction would be the treatment, usually for young women and nulliparous women.

Type II: patients with sagging musculofacial and skin flaccidity of moderate grade, especially in the lower abdomen, accompanied by some degree of fat accumulation. In these patients, liposuction associated with Mini Abdominoplasty would be the solution.

Type III: patients with sagging musculofacial and severe skin flaccity accompanied by any degree of accumulated fat. In this case, the solution would be Lipoabdominoplasty with the Saldanha technique.

MODIFIED SALDANHA LIPOBDOMINOPLASTY TECHNIQUE

I modified this technique, in which I have followed the basic principles of Dr. Oswaldo Saldanha. It consists of liposuction of the upper abdominal flap and removal of the lower abdomen from pubis to umbilicus. The muscles of the abdominal wall are tightened and the navel is repositioned.

Until recently, we thought that liposuction should not be performed in the flap of the upper abdomen if we were going to do a classical Abdominoplasty because of potential damage to the vascularization of the flap.

Today, we know that the vascularization of the abdomen is provided by the arteries and veins from the superficial branches of the Epigastric vessels, upper and lower branches from superficial Iliac circumflex superficial and deep vessel, the external Pudenda and

the posterior and lateral perforating branches of the intercostal, subcostal and lumbar vessels.

The dissection of the upper flap of the abdomen is not extended, but just reaches the lateral border of the Rectus abdominal for tightening of the muscles. In this manner, the vascularization of the abdominal flap is not altered.

Anesthesia for this surgery is general or epidural.

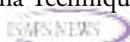
SURGICAL TECHNIQUE

1. Preview marking with the patient in standing position: the locations of Liposuction and the removal of excess skin and fat from the middle and lower abdomen in order to tighten the muscle and fascia of the abdominal wall.
2. Infiltration with a vasoconstrictor solution: 1000 CC of saline solution 0.9% and 2 mg. epinephrine.
3. Liposuction of upper abdomen with 3 mm cannula.
4. Resection of lower abdomen flap according to the marking.
5. Liposuction complementary to release upper abdominal flap.
6. Reduced Dissection in the midline of the upper abdomen for the tightening of the muscles.
7. Muscle tightening with Mononylon – 0
8. Umbilicoplasty fixing the umbilicus in the abdominal wall with 4 cardinal sutures with Nylon 3 -0.
9. Placement of drains with negative pressure.
10. Suture by planes of subcutaneous tissue deep with Monocryl 3 - 0, subcutaneous surface with Monocryl 4 - 0 and skin with internal continuous point Monocryl 3 – 0 and the navel with Mononylon 4-0.

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Alan Matarasso, MD - United States

Mark Albert, MD

Phoebe McAuliffe, BA

Global Perspectives: United States

N. AMERICA



When patients present for the spectrum of procedures that encompass abdominal contouring, an important concept in the decision-making process is based on reconciling patients' anatomy with their desired result. Our choice of procedure is based on the abdominoplasty system of classification and treatment, the foundation of which is the physical exam findings with respect to the treatable tissues of the abdomen (Fig. 1):

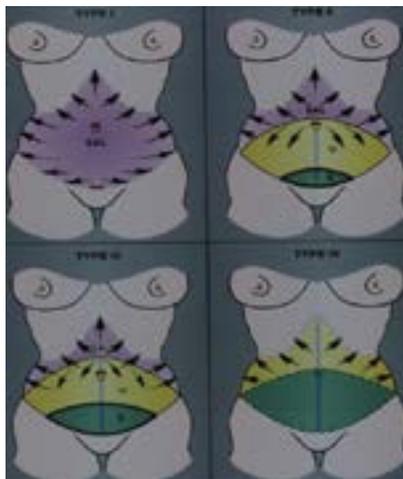


Figure 1 - The four commonly performed abdominal procedures based on physical exam findings. E, excision; U, undermining; SAL, suction-assisted lipectomy.

1. Type I (Liposuction Alone): minimal skin laxity, excess adiposity, minimal rectus diastasis.
2. Type II (Mini Abdominoplasty): mild skin laxity, excess adiposity, lower rectus diastasis.
3. Type III (Modified Abdominoplasty): moderate skin laxity, excess adiposity, lower +/- upper diastasis.

4. Type IV (Full Standard Abdominoplasty With or Without Liposuction): severe skin laxity, excess adiposity, complete rectus diastasis.

Patients can also be “downstaged” to less invasive options if they have concerns about scarring, recovery time, pain, cost or operative time. In such cases, patients should understand that the downstaged procedure cannot deliver the same result as the more invasive, indicated procedure.

In general, most postpartum patients who have completed child-bearing will have inevitable changes in the soft tissue layers and will benefit from a full abdominoplasty. Patient evaluation and initial markings are assessed by grasping the skin and determining the ease in which the lower abdominal skin, from umbilicus to

hairline, can be excised. The pannus is grasped with both hands, in an attempt to touch fingers to thumbs, while ensuring removal of the old umbilical site (Fig. 2). The lower incision is designed 6-9cm above the vulvar cleft based on the unique characteristics of each patient, and the ability to excise old scars. It traverses the natural lower skin crease slightly below its normal position while the patient elevates the pannus, and extends just beyond the lateral skin folds (seen in sitting position).



Figure 2 - The Matarasso Maneuver for abdominoplasty marking

Liposuction is performed as indicated on the undermined flap, flanks or adjacent areas at the beginning of the procedure. The abdominal incisions are then checked for symmetry by placing 0-silk sutures in the midline at the xiphoid and the mons below the lower incision. The sutures are crisscrossed to either side of the midline at various points on the upper and lower skin incision lines to confirm symmetry.

The abdominoplasty begins by freeing the umbilicus from the rest of the ellipse to later be excised. The upper limb of the ellipse is incised to the level of the rectus fascia while beveling inward at a 45 degree angle. The superior abdominal flap is then completely undermined as a narrow tunnel in an inverted “V” fashion, which preserves Huger Zone III and potentially Zone I blood supplies (Fig. 3).

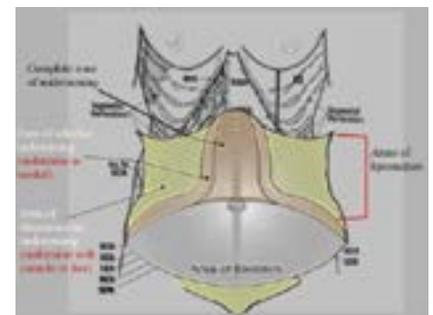
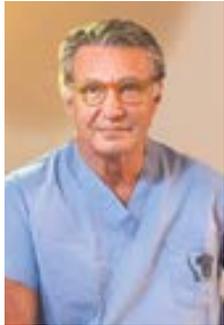


Figure 3 - The degree of undermining in each area of the abdomen is determined by the blood supply following flap elevation.

continued on page 35



Luiz Sergio Toledo, MD – United Arab Emirates
ISAPS National Secretary for UAE

Global Perspectives: United Arab Emirates

MIDDLE EAST



UAE

of the biggest metropolis in South America when during my rotation in plastic surgery I was assigned to assist Prof. William Callía (Fig. 1).

It was one of those rare moments in life when you can say you were in the right place at the right time. In January 1971, I was doing my internship in São Paulo at the *Hospital Municipal*, one of the busiest public hospitals



Figure 1

For those who are too young to remember, Callía was the man who



Figure 2

changed abdominoplasty in the 1950's when he presented his Doctorate Thesis at the University of São Paulo in 1965 (Fig 2) (1). He was approved and the technique became popular. Until then most surgeons performed abdominoplasty with a vertical incision. Plastic surgery always follows fashion. Women were starting to wear bikinis then, following the trend launched by Brigitte Bardot in Saint Tropez. The bikini would not cover the vertical

scars of the old procedure and a new technique was necessary to help hide them.

Callía designed a very low horizontal incision, sub inguinal and supra pubic, more or less in the shape of a lazy “w”, which he joked was due to his first name initial (Fig. 3). The low hip Saint Tropez bikini in fashion then would totally cover the scar.

He presented many cases he had done since 1959 with different indications, and the Brazilian plastic surgeons started using his very innovative technique.

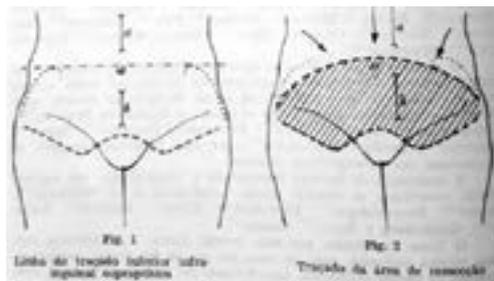


Figure 3

Callía was a bit of a rebel; he would present the technique at Congresses (like in the IPRS Rome Congress of 1967) but he would not publish. One of the few publications is his doctoral thesis in 1965. In addition, the fact that he did not speak English made it difficult for him to promote his technique worldwide. Soon other surgeons started using his technique with a few modifications, like David Serson in São Paulo and Ivo Pitanguy (2) in Rio de Janeiro, who published their work in 1967.

Callía's doctorate manuscript covered all types of abdomen, from the type 2 (small excess treated with a small incision and no umbilical displacement) to five (the big abdomens with skin and fat excess, plus muscle flaccidity) of the classifications we have today. He also showed the so-called umbilical floating technique, where the umbilical stalk is moved a few centimeters lower, in what we call today a mini-abdominoplasty. The big modification of his technique happened after 1980 when Illouz introduced liposuction in Brazil, a technique that would affect every other plastic surgery procedure. With liposuction, we could now treat the type 1 abdomen (only excess fat with no muscle flaccidity) without having to leave a long scar.

In the 1960's, there were few plastic surgeons in Brazil, most of them performing reconstructive surgery. Callía was one of the first to dedicate 90% of his practice to aesthetic surgery. He would still work and teach at the *Segunda Cirurgia Unit* of the University and at the *Hospital Municipal*, but he opened a private office at *rua Itapeva*, sort of the Harley street of São Paulo at the time, and would operate at *Hospital Sírio Libanês*, one of the poshest private hospitals in the city. His clientele grew exponentially and many considered him one of the top five Brazilian plastic surgeons through the 60's and 70's.

When I started working with him, he took a liking to me and invited me to assist him in his private practice. I was

starting my residency and had to juggle my time. I was lucky because he started work very early and was a very fast surgeon; he would do a facelift and eyelids in one hour, a nose job in 10 to 15 minutes (for which his detractors criticized him.) Nevertheless, it allowed me to arrive in time for my residency at Santa Casa. I continued working with him through my residency, even after I opened my first office. I only stopped in 1980. I was in my mid-thirties and feeling I could fly solo. I bought myself a Mercedes Benz that was every plastic surgeon's dream at the time and when I showed it to him, he said, "OK. Now it is time for you to work alone." He got himself a younger assistant. It was a bit of a shock then, but later I understood he was kicking me out of the nest, out of my comfort zone, and sending me into the lion's den.

His teachings were unforgettable, not only to me, but also to everyone who was lucky enough to have worked with him. Obviously to learn a technique was important in the beginning, but most of all, we learned his attitude; how to behave as good surgeons. Moreover, how to get out of a difficult situation in the operating field. "If you start a case you have to know how to finish it," he would say. It seems obvious, but in my life, I have seen many surgeons getting lost in the middle of a procedure when they face some difficulty. It has been many years since his death, but I often think of him. Sometimes when facing trouble in the operating room I close my eyes and think, "What would Callia do now?"

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Illustrations

Fig. 1: Luiz Toledo and William Callia in his office in São Paulo, 1985

Fig. 2: The cover of his published doctorate thesis on Abdominoplasty, 1965

Fig. 3: Callia thought the inguinal incision should be lower because there is a tendency of getting higher post-operatively



Global Perspectives - Matarasso continued

After rectus fascia plication, the area surrounding this tunnel is undermined as necessary to decrease skin gathering after muscle closure. This pattern of dissection maintains blood supply while allowing for rectus muscle plication. The entire flap can thereby be suctioned during full abdominoplasty, giving rise to the term lipoabdominoplasty.

The operating room table is then beach-chaired to the degree necessary, and the upper skin flap is pulled over the pannus in a vest-over-pants fashion so that the upper flap reaches the lower incision. The lower incision is then made to the level of the fascia. An ocular conformer is sutured to the umbilicus to facilitate later identification. The rectus diastasis is repaired from xyphoid to pubis in layers with running 0-loop nylon sutures and then multiple layers of buried interrupted 2-0 Neurolon sutures.

Exparel (Pacira Pharmaceuticals, Parsippany, NJ) is then injected linearly using a threading technique at strategic submuscular points and in the wound edges. Wound closure begins with 2-0 Vicryl sutures in the midline, and a 2-0 PDO bidirectional barbed suture (Quill SRS, Angiotech, Vancouver, Canada) in the deep layers from Scarpa's fascia to the dermis on either side of the midline. A second layer of 3-0 monoderm Quill is run in the subcuticular layer. Closed suction drains are placed through the incision.

To exteriorize the umbilicus, the patient's midline is verified with the silk marking sutures and the new umbilical site is determined and marked as a 2.5-cm inverted "V". The umbilical opening is defatted, the umbilicus is exteriorized, and the ocular conformer is removed. The umbilicus is sutured to the skin flap with deep absorbable sutures, and the umbilical skin is closed with 3-0 nylon sutures. Umbilical design modifications can be made according to patient preferences.

Patients are discharged to a hotel-like facility, accompanied by an experienced registered nurse who monitors them for 24 to 48 hours and is familiar with the standard postoperative regimen. Drains are removed as indicated. Postoperatively, patients are regularly inspected for seromas and offered venous doppler exams. A full abdominoplasty, with or without liposuction (lipoabdominoplasty), is indicated for patients who desire abdominal contouring and have skin laxity, excess adiposity and complete rectus diastasis.

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Pietro Lorenzetti, MD – Italy
Dr. L. Vescera
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Dr.ssa R. Dibartolo

Global Perspectives: Italy

Seroma Prevention After Abdominoplasty

EUROPE



ITALY

Introduction

Abdominoplasty is one of the most performed procedures in plastic surgery. Seroma formation, after abdominoplasty, is a common, unpleasant complication both for the patient and the surgeon. The most important factors in seroma prevention include: correct selection of

the patient, not excessive dissection of the flap at the level of the Scarpa's fascia, preservation of the vascular and lymphatic floor, positioning of adequate caliber drains and especially obliteration of the space below the flap by multiple sutures.

Materials and Methods

Our team performs approximately 100 abdominoplasties every year. A seroma can easily form when there is lack of adhesion between the tailored flap and the underlying surface, and this is easier when one or both of the opposing planes are natural sliding planes. In the traditional abdominoplasty, the tailored flap rests above muscle fascia, so a natural sliding plane and, additionally, many lymph vessels are inevitably dissected. All these factors determine the development of seroma as a frequent complication. Scientific studies have shown that positioning

Baroudi's stitches, sutures which reduce dead space between the flap and the muscle fascia, significantly reduce the seroma's formation causing premature adhesion, allowing early patient mobilization and more uniform distribution of the scar tension post abdominoplasty. We routinely place between 20 to 30 Baroudi's stitches between the tailored flap and the underlying muscle fascia.

Results

Using this technique does not result in seroma formation, the most frequent complication in abdominoplasty. Seroma formation may occur when the breakaway surface was wider such as in cases of circumferential abdominoplasty. The percentage of this complication is still at around 1-2%. The placement of these sutures also allows correct positioning of the flap in the periumbilical and epigastric region and of the suprapubic scar.

Conclusions

It is possible to drastically reduce the formation of seroma as well as most of the complications after abdominoplasty by the apposition of Baroudi's stitches, but also through careful patient selection, meticulous dissection flap, correct removal of the tissue excess and correct information in the postoperative period.



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Adriana Pozzi, MD – Italy
ISAPS Assistant National Secretary for Italy

Global Perspectives: Italy

Abdominoplasty and Aesthetic Criteria: Past and Present

EUROPE



Since ancient times, a well contoured abdomen has been the expression of health, beauty and fertility. Let us just remember the Sleeping Venus of Giorgione and her abdomen which expresses soft sensuality, but also generosity and the warmth of a mother's womb. Nowadays, that abdomen probably looks too fatty and our patients do not appreciate it at all.



Despite this, according to my personal taste, the abdomen is still very sensual and feminine. Aesthetic goals in abdominoplasty must

take into account the differences between males and females, in order to give our patients excellent and natural results.

In a young female abdomen, aesthetic units are joined by soft transition lines. An S-shaped silhouette highlights the front and sides. Around the umbilicus, tissues are soft and have a slight convexity, while at the epigastrium there is concavity with a slight depression to the navel, which is vertically oriented. Gentle vertical depressions, starting laterally to the recti muscles and joining below the costal arches, correspond to the semilunar lines, where the obliques and transverse muscles separate the lateral edge of the recti muscles.

The male abdomen has a V-shape and is flat. There is no concavity of the sides. The transition lines between the aesthetic units are sharper and the musculature is better defined with much more marked separation lines between the various elements. The iliac crests are less divergent and the pelvic girdle is not as wide as that of a woman.

Nowadays in the western world, the prototype of a beautiful female abdomen is a slender and harmonious silhouette, a virtually flat abdominal wall, without fat deposits, and convexity around the navel is not at all welcome.

This aesthetic concept expresses the idea of a healthy young belly. There seems to be a tendency to regard a perfect body silhouette as a muscular type, and to consider that the idea of beauty and health manifests itself through a body that shows its structure and its muscular frame. We can say that our patients today are very demanding, but we, as plastic surgeons, have many more tools than in the past, to be able to meet their needs.

Abdominoplasty is a powerful operation, and today the aesthetic plastic surgeon has many choices to satisfy her or his patients.

Undoubtedly, the introduction of liposuction by Dr. Illouz in 1980 has allowed us to reduce the length of the incisions and the degree of undermining, while improving circumferential body contouring, a combination of tissue resection and liposculpture.

While, the main steps of abdominoplasty, the incision, undermining, plications and umbilical transposition, have remained the same, there have been modifications in the techniques, especially in manipulation of the umbilicus and limited undermining, which allows better vascularization of the advanced flap.

We have more alternatives now to perform an abdominoplasty from a minimal elliptical skin resection, indicated for mild laxity, to a more comprehensive treatment of skin excess, muscle fascial repair, and adipose contour deformities.

Thus we have many ways to improve an abdomen, other than a full abdominoplasty, which provides us with the opportunity to achieve excellent results with less scarring.

From 2012 to 2013, in Italy, abdominoplasty was the sixth most requested operation. Since 2014, it has become the ninth most requested aesthetic operation, down 23.9% compared to 2013. This reduced demand has been due to many factors. First of all, the economic crisis that has led people to save money, but also the spread of non-invasive treatments of aesthetic medicine. In the last year, however, based on my personal experience, there has been an upward trend, with greater demand. We will see what the future holds.





Christopher Patronella, MD – United States

Global Perspectives: United States

Redefining Abdominoplasty Through 10 Key Refinements

N. AMERICA



UNITED STATES

In my experience, authentic-looking results for all aesthetic surgery procedures is one of the most important goals for most patients, and the concern for the possibility of an unnatural-appearing abdomen is often their greatest deterrent from having abdominoplasty surgery.

While traditional abdominoplasty methods can restore a flat appearance to the abdomen, often the outcome is overly board-like, devoid of the natural three-dimensional contours that can be seen on an attractive youthful abdomen. A surgical-looking conspicuous belly button and unnatural transitions between the abdomen and its adjacent regions are some of the other most common aesthetic pitfalls I see. While not easy to articulate, patients instinctively recognize when an abdominoplasty result is clearly different than the distinctive abdominal character they remembered before having children.

In an effort to more closely reproduce the natural elegant beauty of the female abdomen and improve patient satisfaction, I've modified the traditional abdominoplasty procedure by incorporating 10 key refinements (Patronella, C.K., *Redefining Abdominal Anatomy: 10 Key Elements for Restoring Form in Abdominoplasty*. *Aesthetic Surgery Journal*. 2015; 35:972-86.)

1. A low scar that can easily be concealed in a modest undergarment or swimsuit

Strategic low positioning of the scar using a series of specific measurements helps to meet the goal many of my patients express: to wear a two-piece swimsuit with the scar well hidden.

2. Balanced Repair of the upper and lower fascia

By applying equal tension to the repair of diastasis above and below the umbilicus, limited to the actual separation seen intra-operatively, a more congruent and anatomically accurate restoration is achieved.

3. Variations in abdominal fat thickness

Precise thinning of sub-Scarpa's fat over the linea alba, linea semilunaris, and external oblique fossa more accurately restores

the 3-dimensional native condition. This step facilitates the next aesthetic objective.

4. Three-Dimensional Anatomical Contouring

Once the fat is thinned and Scarpa's fascia is exposed, the natural muscle definition in these areas is emphasized with detailed placement of an ordered series of anatomy-defining progressive tension sutures.

5. Consistent skin tone of the entire abdominal unit

Many women who've experienced pregnancy have some degree of skin laxity and diastasis in both the upper and lower abdomen. Isolated repair of the lower abdomen can result in a taut, flat lower abdomen that noticeably contrasts with the looser skin and unrepaired convexity above the umbilicus. This disharmony can be avoided with a more thorough flap dissection, repairing the diastasis and ensuring access to all areas of the upper abdomen so that laxity can be fully recruited and uniformly redistributed.

6. Mons rejuvenation

The removal of excess fat and skin from the mons is frequently required as part of the abdominal unit treatment. Attentiveness to this element prevents the issue of a toned abdomen with a pillowy loose mons beneath it---one of the most frequent complaints heard from women who consult with me for revision abdominoplasty surgery.

7. Customization of the abdominal skin flap

For the most precise correction of skin redundancy, I prefer to resect the flap after thorough flap mobilization, correction of diastasis, and advancement of the flap using progressive tension sutures. I have found this allows me to more accurately assess skin laxity and avoid over-resection of the flap, which can sometimes occur when resection is performed as the initial maneuver in the abdominoplasty procedure.

8. Soft tissue equalization at incision

Often the abdominal flap just above the incision is thicker than the region below it. To avoid creating the appearance of an incision line "step-off", it is often necessary to thin sub-Scarpa's fat of the flap just above the incision.

9. Comprehensive torso unit treatment

Attentive treatment of the entire torso, particularly the hips and waist, creates a more harmonious overall aesthetic outcome. As plastic surgeons, we should use our vision and experience to assist our patients in understanding the potential impact of treating the entire aesthetic unit. I frequently combine abdominoplasty with liposuction of the waist, hips and thighs; and body lift surgery to achieve a more toned, smoother transition to the lateral portion of the abdomen/hip/buttock aesthetic unit.

10. Restoration of a deeply-contoured navel

Small though it is, the umbilicus is a key distinguishing factor of a natural versus surgical-looking abdominoplasty outcome. Though opinions vary on the ideal umbilical contour, I opt for a vertically-oriented, deep oval shape.

Fat removal in a vertical fashion where the umbilicus is to be repositioned restores the native condition, and four small dermal flaps allow the umbilical inset site to be pulled downward toward the umbilical base.

As my 25-year career in plastic surgery has progressed, I've observed that my patients have become more informed and far more detail-oriented in their aesthetic goals. Through online research and more openness among consumers in social circles, they've typically viewed numerous results directly or through before and after photos on blogs and websites. In addition, patient reviews and candid comments help them identify and express what they do and do not want. It seems clear that consumer demand for better, more natural looking results will continue to spur plastic surgeons to develop and refine techniques that accomplish their patients' objectives, advancing the art and science of plastic surgery in the process.



These before and after photos of my 35-year old abdominoplasty patient, taken 1-year postoperative, demonstrate the key refinements I incorporate to achieve more authentic-appearing restoration of the abdomen and entire torso unit. Soft contouring recreates the natural muscle definition of an attractive, toned female abdomen. A consistent skin tone is maintained throughout the entire abdominal unit via fat-thinning above and below the incision line and the removal of excess skin in both the upper and lower abdomen as well as the mons. In addition to abdominoplasty, I performed a body lift and liposuction of the hips, flanks and outer thighs to create an overall harmonious appearance of the entire torso unit.

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Nina Naidu, MD – United States

ISAPS Assistant National Secretary for the US

LEAP International Disaster Relief Program – Mission Trip

In August 2016, LEAP's International Disaster Relief Program sent a group of three plastic surgeons and one anesthesiologist to Beirut to provide care for Syrian and Palestinian refugees at al-Hamshari Hospital located in Saida, Lebanon. I was privileged to be one of the plastic surgeons selected for this mission, which was also my first encounter with international relief work. My colleagues on this trip included plastic surgeon Dr. Adam Hamawy, plastic surgery resident Dr. Giancarlo McEvenue, and anesthesiologist Dr. Kevin Healy. We were accompanied by LEAP Program Director Ryan Snyder Thompson.



During our seven days working at al-Hamshari Hospital, we evaluated over 70 patients and performed almost 40 surgeries on children who had been directly injured by bomb blasts and rockets in Syria, or who had sustained injuries while living in refugee camps in Lebanon. The majority of these injuries were from scald and flame burns to the upper extremities and face, and in most cases patients had not received any care aside from traditional topical treatments to their burn sites. The surgeries we performed included contracture releases of the hands and digits, skin grafting, scar excisions, and even one case of fat grafting for severe volume loss of the face following a rocket blast injury. Dr. Hamawy also performed a heroic latissimus flap in one patient with a significant soft tissue contracture of the axilla. I was struck by how stoic our young patients and their parents were; after having witnessed so much trauma in their

short lives, undergoing elective surgery under controlled conditions must have seemed comparatively easy. While we did not have the benefit of seeing most of these patients in follow-up given the relatively short duration of this trip, it is my hope that we were able to make the lives of at least a few of our patients a little bit easier.

Although I had always wanted to do relief work, it took me many years to be able to make the mental and physical commitment to go on a mission. For me, the limiting factor was always fear. Fear has many forms for me: fear of being away from my son, fear of a change in routine, fear of entering unknown and possibly dangerous lands, fear of not being able to communicate with my patients, fear of being unable to provide the level of care required, and fear of an overwhelming schedule on my return.

I will forever be grateful to Ryan Snyder Thompson who in addition to arranging our transportation to Beirut and accommodating our schedules, ensured that we were safe and comfortable at all times. Understanding my concerns about flying alone into Lebanon after midnight without any knowledge of Arabic, he arranged for me to fly from Dubai to Beirut seated beside Dr. Hamawy, with whom I did my general surgery training over 15 years ago. Our hosts were also incredibly hospitable and gracious. Mahmoud al-Hajj, Area Coordinator for the Palestinian Children's Relief Fund, facilitated every aspect of our stay by coordinating patient visits to the clinic, operating room schedules, transportation to and from the hospital, and our numerous memorable meals.

There were many reasons which drove me to complete a mission, including a desire to give back, a feeling of helplessness when reading the news every morning, and simply a need to fulfill some inner calling. The choice to perform relief work is ultimately a very personal one. My life was certainly changed by my experience.



HISTORY

THE ROLE OF THE VIANEOS FROM CALABRIA IN NASAL RECONSTRUCTION: The Origin of the Italian Technique for Nasal Reconstruction



Riccardo F. Mazzola, MD – Italy

Usually, nasal reconstruction is associated with India, where this procedure possibly began about 600 BC. Instead, in the Western world, the first attempts to reconstruct the amputated nasal pyramid, sequelae of traumas, date back to the first half of the 15th century and were performed by members of the Branca family from Catania (Sicily). Little is known about the Brancas. Gustavo, the initiator of the procedure, used skin transposed from the cheek. In the middle of the 15th century, Antonio, Gustavo's son, preferred the arm as an alternative donor site to avoid unpleasant scars on the face. This represented the beginning of the so-called Italian rhinoplasty.

The impact on their contemporaries was enormous. Regrettably, no manuscript written by the Brancas has survived. On the contrary, we have numerous reports published in scientific and non-scientific literature mentioning the miraculous technique, capable of repairing a mutilated nose (1).

At Antonio Branca's death (about 1460), the method kept as a family secret was discontinued in Sicily.

The Vianeos

After a delay of a few decades, in the second half of the 15th century, nasal reconstruction was resumed by Vincenzo Viano, a barber-surgeon working at Maida, a picturesque village in Calabria in southern Italy. Whether this technique was independently conceived or arrived in Calabria from Sicily is still open to speculation. Vincenzo's nephew, Bernardino (fl. first half of the 16th century) continued the surgical tradition and moved from the small Maida to Tropea, a more important city, a bishop's seat, located on the northern coast of Calabria (fig. 1).



Figure 1 - The city of Tropea (Calabria, Southern Italy), as it appears in a 17th century engraving

Neither Vincenzo nor Bernardino became particularly famous. Instead, Bernardino's sons, Paolo (about 1505-1560) and Pietro (about 1510-1571) soon reached great repute. Apart from their technical capability, we can consider them two skilled entrepreneurs, as they established and organized, around 1540, a flourishing and well attended clinic in Tropea, specifically dedicated to nasal repair, where they had five rhinoplastic cases every day (2). Pietro's fame was so widespread in Italy for more than 20 years (1545-1565) that numerous patients came to Tropea from various Italian cities to have their noses fixed. Among them, the Neapolitan historian Camillo Porzio (1530-1580), who received a coup-de-sabre on his face and had his nose amputated. At the completion of the operation, carried out using the arm flap technique, with the arm held into position for 15 days, he wrote a letter dated July 9, 1561, now preserved in the National Library of Naples, to his friend Cardinal Seripando, informing him about the successful outcome of the repair (3).



Figure 2 - Leonardo Fioravanti (1517-1588) portrait

The Bolognese Leonardo Fioravanti (1517-1588) (Fig. 2), physician and army surgeon, described in detail the Vianeos reconstructive work in his book *Il Tesoro della vita Humana* (Treasure of Human life) (Fig. 3), published at Venice in 1570 (2). Fioravanti travelled extensively in Italy and, on board the Spanish fleet, reached the coasts of the northern Africa. In 1549, on the way back to Calabria and Naples he disembarked at Tropea with the precise plan to visit the Vianeos and to assist to their operation.

“I moved to Tropea where at that time there were two brothers Pietro and Paolo, who made a nose for anyone who had lost his by some accident (...).”

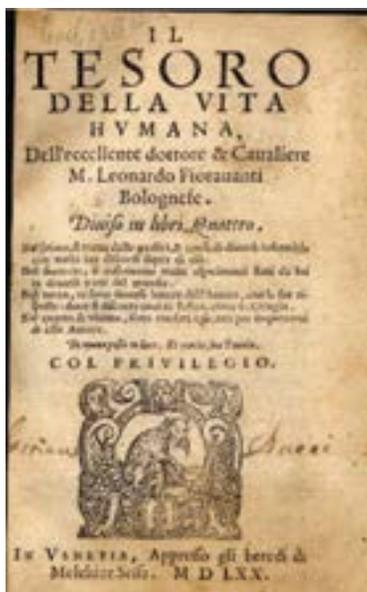


Figure 3- Title page of *Il Tesoro della vita Humana* (Treasure of Human life) published at Venice in 1570, where the Vianeos procedure for nasal reconstruction is described in detail.



Figure 4 - The interior of a 16th century operating room, possibly similar the one used by the Vianeos, where a surgical procedure on the forehead is performed. The surgeon is standing in front of the head of the patient. The first assistant is holding the head, whereas the second assistant is illuminating the operating field.

At that time surgeons were extremely jealous about their art and it was almost impossible for any visiting physician to be admitted in the operating room (Fig. 4).

He shrewdly solved the problem in the following way:

“Being therefore in Tropea, excellently horsed and with a servant, I went to the house of those two physicians, explaining them that I was a Bolognese gentleman and had come there to talk with them, because I had a relative who had his nose amputated on the road to Serravalle in Lombardy, while fighting against the enemies and he wished to know whether he could be treated or not (...). In the meantime, I went every day to the house of these surgeons, who had five noses scheduled for repair and when they wanted to carry out these operations they called me to watch and I, pretending I had not the courage to look at, I turned my face away, yet my eyes saw perfectly. Thus, I saw the whole secret from top to toe, and learned it. The procedure is as follows: the first thing they did to a patient scheduled for the operation was to give him a purgative; then in the left arm, between the shoulder and the elbow, they took hold of the skin with a forceps and passed a large scalpel between the forceps and the flesh of the muscle (...). They cut the nose stump similarly and then they cut the skin flap at one end and sutured it to the nose and bound it with such skill that there was no way to move the arm until the skin had grown into the nose, and when it had grown they cut the other end and freshened the lip of the mouth and sewed there the skin of the arm and trimmed it until it was joined to the lip and applied there a metal template in which the new nose could grow to the right proportions and remain well shaped, although somewhat whiter than the rest of the face. And this is the procedure they used in restoring noses (...).”

In the same book, Fioravanti supplies one of the earliest reports about the healing of a completely separated nose:

“During the time I was in Africa (...) a Spanish gentleman Andrés Gutierro was strolling through the camp one day and came to words with a soldier. They drew weapons and with a backhand stroke the soldier cut off Andrés’ nose, which fell in the sand and I saw it as we were together. The quarrel ended and the poor gentlemen remained without his nose. And I, who had it into my hand, all full of sand, urinated on it, and having washed it with my urine, I attached it and sewed it on very firmly (...). And I had him remain thus for eight days. When I untied it, I found it was well attached once again (...). And this was indeed the truth, and Andrés can tell about it because he is still alive and healthy”.

It is very possible that Fioravanti’s book *Il Tesoro della vita Humana*, containing the account on nasal repair, was read and examined by the Bolognese Gaspare Tagliacozzi (1544-1599), at that time newly appointed Professor of Surgery at Bologna University. Hence, Fioravanti may represent the liaison between the Vianeos and Tagliacozzi. Impressed by the efficacy of the technique, Tagliacozzi became interested in facial repair and successfully applied the arm flap procedure for nasal reconstruction on some patients. In 1586, he wrote a letter to his friend Gerolamo Mercuriale (1530-1606), Professor of Medicine at Padua University, describing step by step the technique, the improvements he had done to the original Vianeo’s procedure, the different clinical applications with an account of the cases he had already operated on and finally announcing the future publication of a textbook on the subject, *De Curtorum Chirurgia per Insitionem (On the Surgery of Injuries by Grafting)* which was issued at Venice in 1597.

Certainly, it is not correct to consider Tagliacozzi as the discoverer of Rhinoplasty. On the contrary, he deserves credit for being the first one who made a work of art out of a surgical practice, left until then at an empirical state of development and transmitted until then by word of mouth. For this reason, Tagliacozzi is considered the founder of Plastic Surgery.

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IN MEMORIAM



Dr. Ivo Pitanguy passed away on August 6, 2016, at age 93. Two ISAPS Presidents share their remembrances of this great leader in plastic surgery.

Tribute to Prof. Ivo Pitanguy **Carlos Uebel, MD, PhD – Brazil**

Ivo Pitanguy was not only a great surgeon and professor, but a man with the intelligence and the ability to express his culture and knowledge to as many as possible. He knew how to captivate his students and especially those who lived around him. He mastered six languages fluently which allowed him to give lectures in various languages and in many different countries.

I had the privilege to be one of his fellows attending his service at the clinic in Rio de Janeiro, and as I was fluent in German and English, Professor Pitanguy asked me frequently to receive and give attention to surgeons and students who came from abroad to observe and learn his techniques. At that time, great personalities came from the international jet set in countries like Germany, Austria, Switzerland and other European and Middle Eastern countries. Always with discretion and professional ethics, Professor Pitanguy did not allow the disclosure of the any names or comment on the procedures performed. I have been with him at numerous international meetings and also traveled sometimes with him to Germany and every time he was hailed as one of the most famous physicians of Brazil.

It was in the city of Berlin where we conducted in 1987 the first International Meeting of the Ex Alumni Pitanguy Association, bringing together surgeons from different parts of the world. In 1992, after the fall of the wall, he gave the first lecture at the University Charité introducing in that center (that was previously in East Germany) modern reconstructive and aesthetic plastic surgery - something extraordinary for that time – receiving the Dieffenbach Honor at that University.

But it was in Brazil, supported by his lovely strong family, where Ivo Pitanguy constructed his educational empire, mentoring more than 613 Residents and Visitors who are now practicing their specialty in more than 45 countries. 65% are Brazilians and 35% are foreigners. With over 800 papers and books published, his techniques are considered as the world reference and his school is respected in Brazil and abroad as one of the largest training centers in plastic surgery. He was a professor at the Catholic University of Rio de Janeiro, Patron of the Brazilian Society of Plastic Surgery, member of the Brazilian Academy of Medicine, member of the Brazilian Academy of Letters, Honoris Causa of 9 Universities including PUCRS University in Porto Alegre, a title he received from the Rector, Joaquin Clotet.

His personality left its mark on several generations because of his surgical skills (he operated on more than 60,000 patients), his intelligence and above all, his enthusiasm to transmit the knowledge.

Some time ago, I asked him, after he had had major surgery some weeks before: “Professor, how do you feel now after being almost on the other side and come back twenty years younger and with all this enthusiasm?” He quickly replied: “Enthusiasm is the hallmark of youth and those who have it will be a candidate for his own eternity.”

This was Ivo Pitanguy: A master of science and life who now enters into eternity as one of the greatest names of our specialty.



Ivo Hécio Jardim de Campos Pitanguy – 1923-2016

Renato Saltz, MD, FACS – United States

Most know Ivo Pitanguy as one of the greatest aesthetic surgeons who ever lived - a leader of the specialty not only in Brazil but in the entire world. In reality, he was a pioneer in many areas including his own training, his teaching abilities, his pioneering in many aesthetic procedures and perhaps most importantly, his vision of marketing in plastic surgery throughout his amazing life.

His training in the late 50's was quite unique for a young Brazilian plastic surgeon. He sought training in plastic and reconstructive surgery in the US and specialized in burn surgery in Cincinnati. He then had fellowships in England in head and neck surgery and in France for hand surgery.

He returned to Brazil and established his training program in Rio de Janeiro at his private clinic and Santa Casa Hospital where he served the underprivileged. In the early 60's the tragic fire at the circus in Niteroi helped to project his name and skills as a burn reconstructive surgeon throughout Brazil, and that was just the beginning of an amazing life.

Dr. Pitanguy trained more plastic surgeons than any other person in the world. I experienced it myself when I spent a few weeks visiting him immediately after I finished my training at the University of Alabama. His surgical and teaching skills were unmatched and his ability to make me feel "at home" unsurpassed. Since we had many scientific and social encounters and he was always the kind man that I first met in 1990, even including me at many social events like I was a member of his own family.

In 2012, I returned to Rio to spend a day at the famous Pitanguy Clinic as the ASAPS International Visiting Professor. I found a much older and more reflective man who despite a recent illness and still in a lot of pain spent the entire day with me and his many fellows reviewing many aspects of his life and his eternal passion for our specialty. That day he shared many of his great feelings for America and for the Aesthetic Society - a day I will never forget!

What has always impressed me the most was "the professor" vision for the specialty and his relentless pursuit of perfection in his procedures, his books and his personal life and business. It always amazed me how aggressively he used marketing and publicity as a piece of information to colleagues and patients which helped aesthetic surgery to be known as it is today in Brazil and in the world. Once I asked him how he dealt with the early criticism for his aggressive marketing and publicity activities. He smiled, held both of my hands and said in typical *carioca Portuguese*, "Renato, where are the critics now?"

He will be missed, but the legacy will always be here among the many he touched in so many different ways.

To Gisela, Antonio, Paulo and his entire family my sincere condolences. To his many students, colleagues and friends, I share your loss, but also the privileged and honor to know and learn from such a man like Ivo Pitanguy. Rest in peace Professor!



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ISAPS *Calendar* of International Meetings



January 2017

14 - 15 January 2017

GLOBAL ALLIANCE - Turkish Society of Aesthetic Plastic Surgery - 21st Annual Meeting

Location: Istanbul, TURKEY

Contact: Dr. Nuri Celik

Email: nuri.celik61@gmail.com

Website: <http://epcd2017.org>

19 January 2017

ISAPS ENDORSED PROGRAM

10th Annual Oculoplastic Symposium

Location: Atlanta, GA, UNITED STATES

Contact: Susan Russell

Email: srussell@sesprs.org

Tel: 1-435-901-2544

Fax: 1-435-487-2011

Website: <http://www.sesprs.org/>

19 - 21 January 2017

ISAPS OFFICIAL COURSE

ISAPS Aesthetic Dissection Course

Location: Liege, BELGIUM

Contact: Anne-Marie GILLAIN

Email: amgillain@chu.ulg.ac.be

Tel: +32 (0) 4 242 52 61

Fax: +32 (0) 4 366 70 61

Website: <http://www.isapscourse.be>

20 - 22 January 2017

ISAPS ENDORSED PROGRAM

33rd Annual Atlanta Breast Surgery Symposium

Location: Atlanta, GA, UNITED STATES

Contact: Susan Russell

Email: srussell@sesprs.org

Tel: 1-435-901-2544

Fax: 1-435-487-2011

Website: <http://www.sesprs.org/>

February 2017

04 - 05 February 2017

GLOBAL ALLIANCE - UKAAPS 2017 @ Aesthetic Medicine Live Conference

Location: Kensington, UNITED KINGDOM

Contact: Prof. James Frame

Email: info@ukaaps.org

Tel: +44 1245 363950

Fax: +44 1245 363951

Website: <http://www.ukaaps.org>

09 - 11 February 2017

ISAPS ENDORSED PROGRAM

51st Baker Gordon Educational Symposium

Location: Miami, FL, UNITED STATES

Contact: Mary Felpeto

Email: maryfelpeto@bellsouth.net

Tel: 1-305-854-8828

Fax: 1-305-854-3423

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

24 - 27 February 2017

ISAPS ENDORSED PROGRAM

ABAM 2017

Location: Park City, UT, UNITED STATES

Contact: Susan Russell

Email: srussell@hdplanit.com

Tel: 1-435-729-9459

Fax: 1-435-487-2011

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

March 2017

08 - 09 March 2017

ISAPS Course - Bahrain - Immediately preceding the Pan Arab Plastic Surgery Conference

Location: Manama, BAHRAIN

ISAPS OFFICIAL COURSE

Contact: Dr. Rajesh Gawai & Dr. Tariq Saeed

Email: arabiaplast2017@gmail.com

Tel: 00973 17 822 873

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

09 March 2017

ISAPS SYMPOSIUM

ISAPS Symposium - Bangkok, Thailand immediately preceding the 18th ASEAN Congress of Plastic Surgery

Location: Bangkok, THAILAND

Contact: Dr. Sanguan Kunaporn

Email: sanguank@me.com

10 - 11 March 2017

ISAPS OFFICIAL COURSE

ISAPS Course - Germany - 6th SOS Course - Secondary Optimizing Aesthetic Surgery

Location: Cologne, GERMANY

Contact: Dr. Dirk Richter

Email: sos@bb-mc.com

Tel: +49 89 1890460

Fax: +49 89 18904616

Website: <http://www.sos2017.eu>

ISAPS CALENDAR OF INTERNATIONAL MEETINGS

March 2017

14 - 15 March 2017

ISAPS Course - Saudi Arabia
Location: Mena, SAUDI ARABIA

ISAPS OFFICIAL COURSE

17 - 19 March 2017

GLOBAL ALLIANCE - AICPE 5th National Congress
Location: Florence, ITALY
Contact: Barbara Urbani
Email: congressoaicpe@gmail.com
Tel: +39 334 686 3347
Website: <http://www.aicpe.org>

29 March 2017 - 01 April 2017

ISAPS Symposium - Israel
Location: Eilat, ISRAEL
Contact: Einat Bar-Ilan
Email: einat@duetevents.co.il
Tel: 972-54-4304045
Website: <http://www.redseaplastics2017.com>

ISAPS SYMPOSIUM

31 March 2017 - 01 April 2017

ISAPS Symposium - Chile
Location: Santiago, CHILE
Contact: Dr. Montserrat Fontbona
Email: soccpchile@gmail.com
Tel: 56-2-2632-0714
Website: <http://www.sccp.cl>

ISAPS SYMPOSIUM

April 2017

01 - 02 April 2017

GLOBAL ALLIANCE - Aesthetic Plastic Surgery 2017 - Korean Society for Aesthetic Plastic Surgery
Location: Seoul, SOUTH KOREA
Contact: Prof. Seung-Kyu Han
Email: ksaps@ksaps.or.kr
Tel: +82-2-3472-4243
Fax: +82-2-3472-4254
Website: <http://www.aps-iae.com>

06 - 07 April 2017

ISAPS Symposium - Korea
Location: Seoul, SOUTH KOREA
Contact: Dr. David Park
Email: dhpark@cu.ac.kr
Tel: 82-53-650-4581
Fax: 82-83-650-4584

ISAPS SYMPOSIUM

07 - 08 April 2017

7th Body Lift Course
Location: Lyon, FRANCE
Contact: Géraldine Buffa
Email: contact@docteur-pascal.com
Tel: 33-4-78-24-59-27
Fax: 33-4-78-24-61-58
Website: <http://www.jfpascalmd.com/meetings>

ISAPS ENDORSED PROGRAM

12 - 15 April 2017

ISAPS ENDORSED PROGRAM

Dr. Nazim Cerkes Open Rhinoplasty Hands-On Course
Location: Istanbul, TURKEY
Contact: Seven Event Company
Email: yagiz@seveneventcompany.com
Tel: 90-533-7471423
Website: <http://www.istanbulapsc.com/>

22 April 2017

GLOBAL ALLIANCE - RBSPS Spring Meeting - Reconstructive Microsurgery: from cutting-edge knowledge to aesthetic refinements
Location: Brussels, BELGIUM
Contact: Aurélie Geldhof
Email: secretary@rbpsps.org
Tel: +32 479 07 07 88
Website: http://bit.ly/RBSPS_SM17

27 April 2017 - 01 May 2017

GLOBAL ALLIANCE - The Aesthetic Meeting - American Society for Aesthetic Plastic Surgery
Location: San Diego, CA, UNITED STATES
Website: <http://www.surgery.org/>

May 2017

04 - 06 May 2017

ISAPS OFFICIAL COURSE

ISAPS Course - Egypt
Location: Cairo, EGYPT
Contact: Dr. Hussein Abulhassan
Email: husseinabulhassan@hotmail.com
Tel: 20-1-2218-9725
Fax: 20-3-420-4246

18 - 20 May 2017

GLOBAL ALLIANCE - 52nd Congress of the Spanish Society of Aesthetic, Plastic and Reconstructive Surgery (SECPRE)
Location: Bilbao, SPAIN
Contact: Carlos Lázaro
Email: c.lazaro@bnyco.com
Tel: 00 34 91 571 93 90 – 00 34 91 571 92 10
Fax: 00 34 91 571 92 06
Website: <http://www.congresosecpres.com>

June 2017

22 - 25 June 2017

GLOBAL ALLIANCE - Non-Surgical Symposium
Location: Gold Coast, AUSTRALIA
Contact: The Production House Events
Email: gina@tphe.com.au
Website: <http://www.asapsevents.org.au>

22 - 24 June 2017

MIPSS 2017 - Marbella International Plastic Surgery Summer School
 Location: Marbella, SPAIN
 Contact: Vanessa Garcia
 Email: info@oceanclinic.net
 Tel: 34-951-775518
 Fax: 34-952-868827
 Website: <http://www.mipss.eu/>

ISAPS ENDORSED PROGRAM

30 June 2017 - 01 July 2017

8th Body Lift Course
 Location: Geneva, SWITZERLAND
 Contact: Géraldine Buffa
 Email: contact@docteur-pascal.com
 Tel: 33-4-78-24-59-27
 Fax: 33-4-78-24-61-58
 Website: <http://www.jfpascalmd.com/meetings>

ISAPS ENDORSED PROGRAM

July 2017

21 July 2017 - 01 August 2017

GLOBAL ALLIANCE - ASAPS-ISAPS Cruise 2017
 Location: North Sea, NORWAY
 Contact: Bob Newman
 Email: BNewman@CruiseBrothers.com
 Tel: 1-401-223-4711
 Website: <http://www.surgery.org/downloads/microsite/cruise2017/index.php>

ISAPS ENDORSED PROGRAM

26 - 29 July 2017

ASBPS/ISBPS - Body, Breast, and Beyond Contouring Symposium
 Location: Anguilla, ANGUILLA
 Contact: Rachele Gallardo
 Email: rachele@surgery-plastic.com
 Tel: 1-949-640-6324
 Fax: 1-949-640-7347
 Website: <http://www.ISBPS.org>

ISAPS ENDORSED PROGRAM

August 2017

31 August 2017 - 02 September 2017

GLOBAL ALLIANCE - XV Chilean Congress of Plastic Surgery
 Location: Viña del Mar, CHILE
 Contact: Dr. Stefan Danilla
 Email: soccpchile@gmail.com
 Tel: 56-2-2632-0714
 Website: <http://www.sccp.cl>

September 2017

22 September 2017 - 23 September 2017

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

ISAPS OFFICIAL COURSE

October 2017

06 - 07 October 2017

GLOBAL ALLIANCE - EASAPS Congress
 Location: Bucharest, ROMANIA
 Contact: Karen Rogerson
 Email: easaps@mzcongressi.com
 Tel: +39 02 6680 2323 ext 933
 Fax: +39 02 668 6699

11 - 13 October 2017

ISAPS Course - Jordan
 Location: Amman, JORDAN

ISAPS OFFICIAL COURSE

19 - 22 October 2017

GLOBAL ALLIANCE - 40th Annual ASAPS Conference
 Location: Melbourne, AUSTRALIA
 Contact: The Production House Events
 Email: gina@tphe.com.au
 Tel: 61 (03) 9020 7056
 Website: <http://asapsevents.org.au>

February 2018

01 - 03 February 2018

ISAPS Course - India
 Location: Udaipur, INDIA

ISAPS OFFICIAL COURSE

April 2018

07 - 08 April 2018

GLOBAL ALLIANCE - Aesthetic Plastic Surgery 2018 - Korean Society for Aesthetic Plastic Surgery
 Location: Seoul, SOUTH KOREA
 Contact: Prof. Seung-Kyu Han
 Email: ksaps@ksaps.or.kr
 Tel: +82-2-3472-4243
 Fax: +82-2-3472-4243
 Website: <http://www.aps-iae.com>

26 - 30 April 2018

GLOBAL ALLIANCE - The Aesthetic Meeting - American Society for Aesthetic Plastic Surgery
 Location: New York, NY, UNITED STATES
 Website: <http://www.surgery.org/>

June 2018

21 - 23 June 2018

ISAPS Course - Panama
 Location: To be determined, PANAMA

ISAPS OFFICIAL COURSE

October 2018

31 October 2018 - 04 November 2018

24th Congress of ISAPS
 Location: Miami Beach, FL, UNITED STATES
 Contact: Catherine Foss
 Email: isaps@isaps.org
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 Fax: 1-603-643-1444
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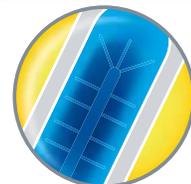
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