

## COURSE IN PRAGUE FEATURES FIRST ISAPS CADAVER DISSECTION COURSE

**C**o-sponsored by the Czech Society of Plastic Surgery, the fourth ISAPS Course of 2011 was held in the historic and magical city of Prague from September 30th to October 3rd. The meeting was a huge success with 170 attendees from 38 countries around Europe, Asia, the Middle East and the Americas. The participants were grateful to ISAPS for bringing modern and safe aesthetic surgery education to the Czech Republic.

Among the 26 exhibiting companies were Platinum Partners, *Silhouette Lift* and *Lipoelastic Medical Products*. Without the generous support of our four Cadaver Course Partners who supplied instruments and equipment, this part of the educational program would not have been possible. We are indebted to

*Johnson & Johnson* for providing instruments, to *Laparo Tech Instruments, s.r.o.* for providing K. Storz endoscopic systems, to *Medin, a.s.*, a Czech company for providing surgical instruments, and to *Surgipa Medical, spol. s.r.o.* for providing Endotine.

A prestigious international faculty

came to Prague at their expense and made this course one of the most memorable ever held in Central Europe, filling two full days with panels covering all aspects of aesthetic surgery.

As is customary at ISAPS events, the social activities surrounding the educational program encouraged

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# MESSAGE FROM THE EDITOR

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



Welcome to this issue of ISAPS News. I am very proud of the expanding leadership role our Society is taking in surgical education, and this edition of the newsletter highlights the first every cadaver dissection course at our symposium in Prague. The world-class faculty performed their demonstrations with custom made artistic scalpel handles made by Czech craftsman, a true testament to the artistry of teaching!

This issue also continues our trend of featuring global perspectives on a particular area of practice, and we are pleased to focus on facial

rejuvenation. Our ISAPS member surgeons from different countries present their views on trends and practice patterns for facial rejuvenation in their country or region. It is exciting to compare and contrast these perspectives from around the world.

You will also find very useful information inside about protecting your patient photos (and your practice) from internet pirates who seek to claim your expert work as their own. This issue of ISAPS news will further captivate with a very interesting look at the history of blood transfusions by Riccardo Mazzola. Additionally, we feature not to be missed pieces on humanitarian efforts by our ISAPS members, the status of our ongoing battle for regulations that protect patients, global survey data, and much more.

With warm regards to my colleagues.

J. Peter Rubin  
*ISAPS News Editor*

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Divers at Sharm El-Sheikh, Egypt: Luca Piovano-Italy, Bernard Cornette SaintCyr-France, Akin Yucel-Turkey, Nazim Cerkes-turkey, Daniel Knutti -Switzerland, Enrico Robotti-Italy

# PHOTO PIRACY: HAS YOURS BEEN STOLEN YET?

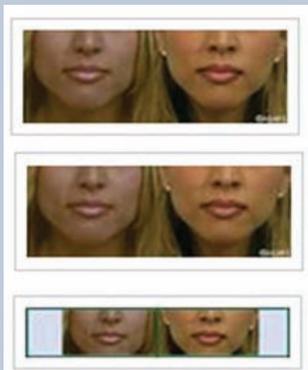
Bob Aicher, Esq.  
ISAPS Attorney



We've all endured these warnings on movie rentals, especially since studios disable the fast-forward function. Why are they stating the obvious? Why isn't this legal tutorial reserved for the uneducated youth and petty criminals for whom it might do some good? Why waste the time of law-abiding plastic surgeons? Of course, when you discover your patient's photos on a colleague's website, you realize neither medical degrees nor codes of ethics guarantee protection from photo pirates. So how do you know if your photos have been stolen? Here are three easy steps.

## Step 1: Try to Find Your Photos on TinEye.

Go to [www.tineye.com](http://www.tineye.com) and click *Browse* to upload a patient photo from your computer. TinEye is only in beta mode and thus not impressive, but it did find photos using its reverse image search software. For example, searching on a photo from one website produced three results: one from [www.surgery.org](http://www.surgery.org) as well as [www.atauniv.com](http://www.atauniv.com) and [www.femmestyle.de](http://www.femmestyle.de). Notice that the third image was cropped to remove the copyright notice from the lower right corner. You can perform this search over and over, and don't be surprised if you find your photos in more locations than you expected.



**Step 2: Really Find Your Photos on Google Images.** Not to be outdone, Google now offers reverse image search as well. Go to [www.google.com](http://www.google.com), click on *Images*, click on the little camera in the search bar and follow the instructions. Unlike TinEye, Google not only finds your photos in more places, but also finds images its software recognizes as visually similar. It is far from

perfect; searching for our President, Jan Poëll, MD reveals not only two locations on the ISAPS website, but Google believes Dr. Poëll resembles Robert DeNiro. Software limitations aside, be prepared to make several phone calls to your colleagues when you see the search results.

**Step 3: Digitally Watermark Your Photos.** If only clever digital messages were sufficient to prevent piracy. Experience teaches us otherwise, hence the availability of digital watermarks. Deriving its name from watermarks on paper and currency designed to discourage counterfeiters, a digital watermark overlays a visible deterrent upon the digital image, similar to embossed paper. Free software abounds, such as the Kigo Image Converter [www.kigosoft.com](http://www.kigosoft.com) or TSR Watermark Image [www.watermark-image.com](http://www.watermark-image.com), not to mention Photoshop. Programs like these allow you to add text overlaid on your photos. Such watermarks will at least identify you as the surgeon. If your photos are nevertheless pirated, they can only be used as examples of your good work, and not of a colleague.





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*ISAPS News* is pleased to present these perspectives on trends and practice patterns in facial rejuvenation from our esteemed members across the globe

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## PERSPECTIVE: GERMANY

Dirk Richter, MD – Germany



**W**ith regard to facial rejuvenation, the mid-facelift has gained importance in Europe within the last decades. In former times, the technique was used more or less for aesthetic indications through transconjunctival, endoscopic and transcutaneous incisions. The vector of pull was mainly cranio-lateral and in many cases combined with a temporal lift.

In time, the subperiosteal approach through a subciliar incision with a pure vertical vector and secure fixation became popular for reconstructive purposes in the lower lid area as well. Patients with a negative vector also could benefit from the support of the lower lid structures through the repositioning of soft tissue to prevent complications.

Through a subciliar or transconjunctival approach, the arcus marginalis is addressed and released. The periosteum is incised and the infraorbital nerve identified below the levator labii superior muscle. All retaining ligaments especially the masseteric ligaments are carefully divided and the periosteum is incised at a level of about 3-4 cm below the lid margin. This maneuver ensures that the mobility of the soft tissue block increases. A safe and stable fixation is done through three drill holes along the orbital rim and the upper part of the incised periosteum. Non-resorbable sutures are preferred. The lifting effect can be balanced by each suture to support the medial or lateral structures at the same time. A canthopexie should always be performed at the same time to respect gravity and retraction.

The periosteum sticks to the bone within several days and

gives a stable and long lasting fixation. The down time of this subperiosteal approach is usually much longer and could result in prolonged swelling and lymphedema that needs to be addressed conservatively.

Because of the release of the orbito-malar and zygomatico-facial ligaments in combination with repositioning the soft tissue the vertical subperiosteal mid-face lift is especially indicated for complex aesthetic deformities of the lower lid area such as long lid cheek junction, tear trough deformity, arcus marginalis and malar fat pads. Deep nasolabial folds can also be improved.

Retraction of the anterior lamella due to over resection of skin or cicatrition of the mid lamella after hematoma or trauma can also be treated by this technique. Even patients with Graves' disease presenting a lower lid retraction of the posterior lamella type and a negative vector can be treated accordingly.

One can state that the indication for a mid-facelift has become a wider range. Not only complex aesthetic deformities can be addressed. It can also be helpful in preventing and treating complications of the lower-lid area. Without a strong and secure fixation, the situation can get worse and severe ectropion may occur. Negative vector patients are prone to lower lid malposition and should be considered for support through a mid-face suspension.

The mid-facelift can be performed before, during or after a traditional facelift and helps to improve the overall rejuvenating aspect. 

# FACIAL REJUVENATION

## PERSPECTIVE: AUSTRALIA

Bryan Mendelson, MD – Australia

The trend in this competitive world of appearance is for profitable new products and techniques to spread globally in a short time. This is due to individual practitioners attending the many conferences designed to provide information on the latest techniques and the multinational corporations maximizing global sales of fillers and other rejuvenating products and high tech equipment.

Australians are expected to increase spending on cosmetic procedures by around thirty-one percent this financial year, an enormous increase, but plastic surgery procedures are predicted to rise only eight percent. This tells the story of the dramatically changing market in Australia as elsewhere. The acceptability of product based non-surgical rejuvenation procedures is broadening the base of first time users at the entry level for rejuvenation. It is also penetrating into the traditional market of plastic surgery to allow immediate improved looks by deferring or replacing established surgical procedures.

Regulation of procedures is effectively uncontrolled in Australia at present, as they are increasingly being performed by

practitioners other than medical specialists. Fortunately, the authorities control the product side so the range of fillers approved by the TGA, the Australian government regulatory body equivalent of the FDA, is restricted to the proven safe hyaluronic acids and this has protected the public from some of the disasters seen in those who had permanent fillers performed overseas. Plastic surgery tourism is another problem.

In Australia, as overseas, it is more of the same with the media leading the charge featuring Hollywood celebrities who seem to be looking progressively more alien and this frightens off prospective patients. Advertising is increasingly about non-invasive treatments to “melt away” imperfections during the proverbial lunch break. Surgery is mentioned, but negatively in the advertisements as something to avoid. It is part of a new trend, where over the top, obvious surgery is out, and non-invasive treatments are in. Of course the public does not know that aesthetic plastic surgeons who practice at an increasingly high level have no place for over the top surgery in their quest



*continued on page 7*

## PERSPECTIVE: ASIA

Woffles Wu, MD – Singapore

Aesthetic medical procedures and operations continue to see strong demand in Asia despite the economic slowdown in other parts of the world. This demand is partly driven by the growing affluence of many Asian countries as well as an increased awareness of what is currently available.

Whilst traditional media vehicles such as newspapers, magazines and television still provide information on these procedures it cannot match the importance or speed of the internet in disseminating information at the press of a button. Patients seeking consultation are now well prepared with information on any conceivable procedure gleaned from websites, blogs, vlogs and videos from YouTube. Social media services also allow patients who have never met before and prospective patients

to share information about surgeons and procedures. As a result, physicians have become more circumspect and careful about what they say or do not say to patients as any perceived wrongdoing can be blasted into cyberspace with dire consequences. We now not only have to worry about the results of the procedures we perform, but we also have to be mindful of what our staff says, how the office looks, what magazines are offered in the waiting area, even what music is played. Everything in the clinic can be scrutinized and criticized by patients.

From Singapore to China, India to Korea, plastic surgery clinics are kept busy although the wish-list of procedures in the



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## PERSPECTIVE: SWITZERLAND

Daniel Knutti, MD – Switzerland



In general, Swiss people of middle and upper class prefer to go through life with a low profile. They do not like to be very “visible” in society. Therefore, facial rejuvenation and especially aesthetic plastic surgery of the face are not things one would want others to know about. Typically I am asked every day how long it will take before normal life is possible without somebody being able to see that the patient has had a facelift. They do not ask how long it will be until it is acceptable to be seen in public again.

Most people do not look for major changes. They do not seek to look much younger, but they want to look good, fresh, dynamic, appropriate for their age or maybe a little younger. Like all over the planet, there exists a huge promotion of non-surgical facial rejuvenation procedures in Switzerland, promoted by the travel industry and happily offered by myriad non-core physicians. For most people, when looking for facial rejuvenation, they prefer non-surgical, non-invasive procedures. The barrier to accept invasive facial rejuvenation is still quite high. For decades, plastic surgeons in this country were busy doing aesthetic surgery alone and let others do the Botox and other filler procedures. This has changed dramatically. Aesthetic facial surgeons today must offer the whole palette of procedures: Botox, fillers, lasers, and all types of facial surgery. At the same time, some dermatologists try to offer the full spectrum of procedures by hiring plastic surgeons from other European countries to do the invasive work under their name.

In facial surgery, the objectives are to provide good and natural results according to the wishes of the patient and at the same time to select procedures that insure a short and comfortable recovery. Large and heroic procedures are out. Patients would rather come again after a few years to get more minor surgical improvements, once they have gained confidence in aesthetic facial surgery – and in their doctor. You need to be able to offer a large selection of fine tuned procedures for eyelids, necks, midface, and forehead.

Slowly the tradition of one doctor practicing aesthetic plastic surgery on his own is dying out. More and more young colleagues open their practices or clinics with two or more practicing together.



## PERSPECTIVE: UNITED STATES

Julius W. Few, MD, FACS – us



The art of facial aesthetic enhancement is changing at a rapid rate and the way we view it is in a state of continued evolution. The consistent trend is toward less extensive surgery with resuspension/preservation of tissue planes as opposed to traditional dissection/elevation. In addition, the concept of blending is being presented in a variety of ways and I have spent much of my lecture time abroad discussing various approaches to achieve harmony with less invasiveness. The use of injectable agents has continued to increase despite the global economic challenges, creating a pan facial approach for fillers and neurotoxins.

The introduction of non-invasive energy based delivery devices such as focused ultrasound and radiofrequency, with advances in laser technology, have further enhanced our ability to deliver more options to our patients. Differing cultures are gravitating toward less involved surgery at differing rates, but the interest remains the same: more result for less recovery and cost.

The other unifying finding globally is the younger plastic surgeons’ desire to embrace the new world of non-surgical and energy based technology in facial aesthetic treatment. During several lectures abroad over the past year, at least 4 or 5 younger plastic surgeons have asked me the best way to grow their non-surgical base, as they see the non-surgical aesthetic technology as an avenue that more senior plastic surgeons tend to avoid. I am encouraged by this and feel that non-surgical mixing with well-crafted surgical intervention is universal and not just for the young plastic surgeon. Blending of surgery with non-surgical technology is the future and it is clear we have a unique opportunity to lead this very exciting revolution. 

# FACIAL REJUVENATION

## PERSPECTIVE: CANADA

Richard J. Warren, MD, FACS – Canada

Even the casual observer in any Canadian city can see that facial rejuvenation has gone mainstream. In storefronts throughout the country, aestheticians and other non-medical personnel offer numerous anti-aging therapies – some proven and some not. Medical doctors from many different medical specialities provide non-invasive services purported to improve facial skin texture and tightness. Similarly, plastic surgeons have also experienced an increased level of interest in facial rejuvenation, although as in the rest of the world, the major trend has been in the direction of non-surgical therapies.

Plastic surgeons and their staff are doing more injections than ever before; these are primarily injections of botulinum toxin and various dermal fillers – mostly hyaluronic acid. Recently, some surgeons have been using fillers specifically designed for deep soft tissue augmentation. Also surgeons are now much more familiar with fat injection to correct the volume loss; surgeons continue to experiment with different approaches for processing and injecting the fat. Numerous laser and other light based technologies have to come into plastic surgeons' offices, some of whom now employ aestheticians and nurses to coordinate their skin care practice in a medical spa setting. Lastly, there has been a falloff in the use of ablative laser technology such as the CO<sub>2</sub> laser, and there now appears to be a near total absence of surgeons doing non-surgical thread lifts.

Generally, in Canada, there has been a greater willingness for patients to consider rejuvenation facial surgery, especially if they have been introduced to the field through positive experiences with non-surgical therapies. This increasing demand, over the last 10 years, has caused aesthetic surgery to move out of the Canadian public hospitals which, especially in large cities, no longer wish to accommodate cosmetic surgery. With most aesthetic surgery now done in private facilities, the number of private aesthetic cases is unknown, although the incidence is thought to parallel the case load seen in the United States as demonstrated in data collected with the American aesthetic society (ASAPS). In this regard, there was a slight drop off in the number of facelifts being done in 2009, but a rebound in numbers in 2010 and 2011. Facelifts have seen a trend toward less invasive manipulation of deep tissues with

many surgeons, especially younger surgeons, preferring suture techniques such as plication and MACS lifts. There has been a decrease in the number of sub-mental incisions being used, and an increase in the use of short scar approaches – partly in response to patients' requests for “mini” facelift procedures. Volume augmentation with injected fat has become a common adjunct to standard facelift surgery. There has been a clear drop in the number of brow lifts of all types as surgeons reconsider the way in which foreheads age. Also, botulinum toxin has changed the pattern of practice in this area. There has been a slow but steady increase in the number of blepharoplasties being done. Surgeons are showing a willingness to attempt different approaches (trans-conjunctival), and to do more complex manoeuvres such as canthopexies and fat transfer into the tear trough.

With regard to surgical training, a paper by Chivers, et al (submitted for publication), looked at graduating plastic surgery residents in Canada and found a significant lack of confidence about performing aesthetic surgery, especially in the face. There are 11 training programs in Canada, and 2 of them provide a resident clinic where residents independently assess patients and perform aesthetic procedures under some supervision. Residents from those centers reported much higher confidence levels for aesthetic procedures. As a result, several other training programs now plan to establish similar resident cosmetic clinics. 

**Mendelson, continued from page 5**

for natural appearing and lasting surgical rejuvenations. However, individual surgeons' marketing efforts cannot match the seduction of non-invasive treatments in the current market.

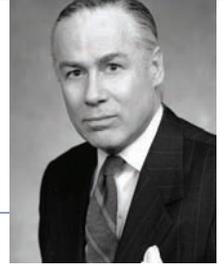
Australian plastic surgeons include non-surgical treatments as part of their practices and so the Australasian Society of Aesthetic Plastic Surgeons is conducting a 3-day non-surgical symposium to update members on the latest techniques. It is ironic that the current increase in facial rejuvenation is largely in the non-surgical field. Fortunately, fillers have not intruded into body reduction surgery! 





## AMERICAN STATISTICS

J. William Little, MD — United States



Facial rejuvenation in the United States has undergone significant evolution over the past decade, and especially during the prior three years, with three separate forces driving most of the change. First, and most important, has been the explosion in the number of effective, non-surgical alternative therapies. The second has been a synchronous, patient-driven movement within traditional surgical operations toward simpler, less-invasive procedures offering faster recoveries. The third has been the profound economic downturn that began in this country in 2007, and then spread globally with the fall of Lehman Brothers in September, 2008.

Our two major plastic surgical societies whose members perform facial rejuvenation – the American Society of Plastic Surgeons (ASPS) and the American Society for Aesthetic Plastic Surgery (ASAPS) – have both maintained valid, annual procedural statistics for well beyond a decade. Both data sets provide a national, society-wide picture of the professional activity of some 24,000 board-certified physicians and surgeons most likely to perform cosmetic procedures in the United States, including dermatologists and otolaryngologists, as well as plastic surgeons. The survey methodologies of both reach a 95% level of confidence with margins of error less than  $\pm 4\%$ . While there is considerable breakdown of data within non-surgical categories (with respect to competing technologies and product names), there is little such specificity or breakdown within surgical procedural categories. Thus, while trends can be traced from the growth of non-surgical alternatives with reasonable validity, as they also can from recent economic factors, those stemming from technical simplifications remain more anecdotal, subjective, and speculative, derived largely from impressions received at society meetings and focused symposia and courses, including informal audience polling.

Eleven and-a-half million (ASPS) non-surgical procedures were performed last year (more than double the number a decade ago), a quarter of them by board-certified plastic surgeons (a ten-fold increase over that same decade for our specific group), with neuro-modulators (botox®, dysport®) leading the list at more than 5 million (ASPS), a 12% increase over 2009

and five-fold increase since 2000 for all injectors. Among plastic surgeons, such activity approached two million procedures, a 12% increase over 2009 and sixteen-fold increase since 2000. Soft-tissue fillers ranked second among all practitioners at 1.75 million (ASPS), an increase of 3% over 2009 and nearly three-fold the number in 2000. For plastic surgeons, their half-million injections represents a 7% increase over 2009 and a six-fold increase for the decade. Some unsurprising trends included: a continuing reduction in the use of collagen, especially among plastic surgeons (down 35% last year alone); a steady hold for hyaluronic acids (two-thirds of all fillers used) over last year, while newer fillers (calcium hydroxylapatite, polylactic acid, polymethyl-methacrylate, etc.) all registered significant increases; ASAPS recorded an increase over the past year in laser skin resurfacing among all practitioners, ASPS a decrease – with nonablative lasers (e.g.: Fraxel®) outnumbering ablative lasers two-to-one for both. Board-certified plastic surgeons specifically registered a significant decrease in laser use, all of it within the nonablative group, which was down 10%; chemical peels, which showed no change, remained competitive with lasers overall.

In contrast to this explosive growth in alternatives to surgical procedures, there has been an overall contraction in the number of surgical operations themselves over the past decade, with facelift decreasing among all practitioners by 16%, blepharoplasty by 36%, forehead lift by 65%, and even autologous fat grafting by 12%. The figures are not much better among plastic surgeons, with facelifts down by 5%, blepharoplasties by 46%, and forehead lifts by 34%; fat grafting, on the other hand, has grown from less than 25,000 procedures in 2000 to more than 41,000 in 2010 – an increase of 66%. On the upside, there has been a positive trend in the numbers over the past year as compared to the prior two years, likely reflecting an improving economic outlook; whether this trend will continue in 2011 in the face of current tepid growth forecasts remains to be seen. Looking at facelift for all practitioners, the 2008 ASPS data recorded a contracture of 5%, followed by another contracture of 8% in 2009; so the 2010 increase of 9% (considerably higher for ASAPS) is

# FACIAL REJUVENATION

significant. This increase was identical for board-certified plastic surgeons alone who performed 60% of the 113,000 rhytidectomies that year. The three-year trend was similar for blepharoplasty: two contractures of 8% each, followed by growth of 3% last year, placing eyelid surgery as the third most popular cosmetic operation, behind breast augmentation and rhinoplasty. Again, growth was identical among plastic surgeons who performed 44% of the more than 200,000 blepharoplasties. Forehead lift showed no growth (ASPS) or contraction (ASAPS). The three-year trend for fat grafting showed minor contracture in 2008, followed by growth of 8% in 2009 and 15% in 2010 for all practitioners, as well as for plastic surgeons who performed 71% of such grafts in 2010. Among ASAPS members (board-certified plastic surgeons with a particular interest in aesthetic surgery), the average number of annual facial rejuvenation operations was 12 facelifts, 4 forehead lifts, 19 blepharoplasties, and

6 autologous fat graft sessions. ASAPS 2010 data suggest a first-time change in the prevailing tide of non-surgical vs. surgical procedures in facial rejuvenation, with a 5% decrease in the former measured against an 11% increase in the latter! The same data shows that while surgical operations comprised only 17% of total rejuvenation procedures that year, they accounted for 62% of all economic activity within the field.

With respect to unmeasurable trends within surgical rejuvenation toward less invasiveness and complexity, some such changes are apparent. Traditional SMAS elevation and suspension, for example, has decreased significantly, as SMAS plication and cerclage (MACS lift) have correspondingly increased. Submental access for subplatysma resection and platysma plication appears to be decreasing, as lateral approaches (alone) for platysma suspension appear to be increasing. A growing reluctance to surgically undermine the skin of the neck

and especially the face appears evident in both. Subperiosteal midface lift has decreased significantly since the turn of the century, despite its avoidance of skin undermining. Central forehead lift by all approaches has significantly decreased probably with its recognition as a less appropriate aesthetic goal, as selective suspension of the lateral brow and temple has increased. Endoscopic techniques, despite their limitations upon skin undermining, have also decreased significantly within the forehead and face.

In summary, over the past decade the numbers of non-surgical procedures in facial rejuvenation have grown exponentially, while those for surgical operations have remained stagnant or decreased. But while neuro-modulator and filler injectables clearly bring benefits in earlier aging, there is a strict limitation to their effectiveness in established, structural aging where soft-tissue descent typically predominates. Our specialty has

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*Wu, continued from page 5*

different countries can vary.

Singapore, Malaysia, South Korea, Hong Kong, Taiwan and Japan share not only similar economic similarities, they have mature and established plastic surgery training programs and thus are able to provide more advanced aesthetic procedures. Surgery to create double eyelids, eye bag removal, augmentation rhinoplasty and facial contouring still see high demand, but have also been challenged by the rapid growth and acceptance of the non-surgical segment of the market. Botulinum toxins, fillers and non-ablative skin resurfacing and tightening devices have become extremely popular in Asia. Threadlifts also remain a popular procedure in these countries. Most Asian patients prefer to see subtle changes to their appearance and many do not want to be operated on at all, perhaps explain-

ing the low frequency in Asia of traditional open facelifts. In contrast, breast augmentations and liposuction are always in high demand.

In India and China, non-surgical procedures are only just becoming popular largely due to the lack of availability of many of the imported products and the difficulty in registering these products with the relevant regulatory bodies. In China, this can take several years. But this is changing as local manufacturers (especially in China and South Korea) are producing their own toxins and fillers which are not only safe and efficacious, they are also more price competitive than established brands.

Over the next few months to years, we will witness an explosion in the demand for aesthetic enhancements in Asia.



# MINI SURVEY ON AESTHETIC IMPROVEMENT OF UPPER LID AND ORBIT BY VOLUME EXPANSION



Henry M. Spinelli, MD – United States

Editor-in-Chief, Aesthetic Plastic Surgery

At the last ASPS meeting in Denver, Colorado, I presented data compiled from a small survey of members of our society.

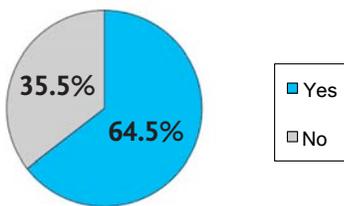
The poll was performed in preparation for a panel discussion entitled: Aesthetic Improvement of the Upper Lid and Orbit by Volume Expansion: Fat vs. Fillers, for which I served as the moderator. The panelists included Drs. Val Lambros and Patrick Sullivan.

As evidenced by the 500 respondents to this mini-survey, distributed from Algeria to Zimbabwe, our society has world-wide representation. Our poll asked the following questions:

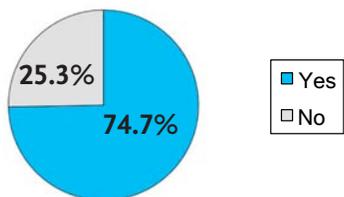
**1. What is your country?**

500 respondents, only 9% from the US

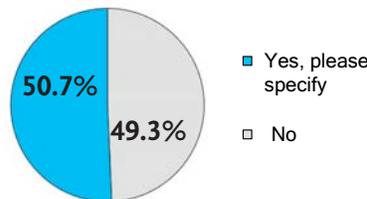
**2. Are you doing anything volumetrically to expand the orbit or upper lid?**



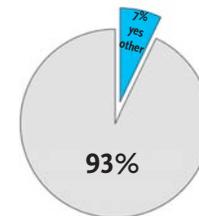
**3. Do you use autologous fat?**



**4. Do you use fillers?**

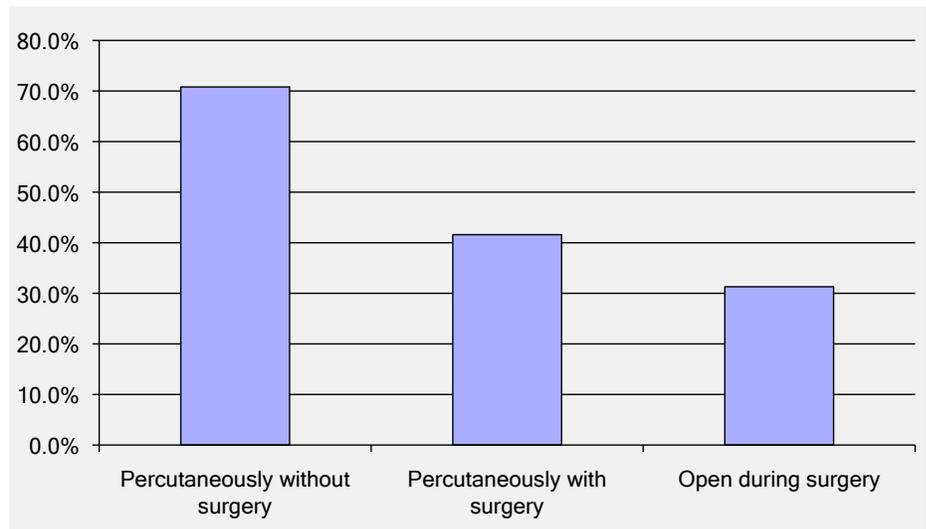


**5. Do you use another method?**



**6. If you are volumetrically expanding the orbit or upper lid, please indicate how:**

- Percutaneously without surgery
- Percutaneously with surgery
- Open during surgery



With reference to filling the superior eyelid, the responses indicated sulcus fat and injectibles were utilized in roughly equal distribution.

The technique in which fat and or injectibles were administered seemed to vary based on the individual preference of the treating surgeon. That is to say that some preferred to do it percutaneously, not in surgery, while others preferred percutaneously at surgery while some performed volumetric expansion of the superior sulcus open during surgery.

Needless to say, the panel was very successful and well attended due in large part to those ISAPS members who responded to the poll and contributed. As Editor-in-Chief of *Aesthetic Plastic Surgery*, I would like to personally thank the members of our society who responded to the survey.



# ISAPS GLOBAL SURVEY ON AESTHETIC PROCEDURES – A PRELIMINARY REPORT

Scott A. Hackworth, CPA – United States

Senior Vice President – Industry Insights, Inc.



The survey response period recently ended for the 2011 Procedural Statistics Survey funded by the International Society of Aesthetic Plastic Surgery (ISAPS). Though data analysis is still in progress, there are many positive signs indicating that this year's study will be an even more accurate gauge of the number of aesthetic procedures performed worldwide.

The success of last year's study helped significantly increase the number of plastic surgeons who completed this year's questionnaire. The overall number of participating plastic surgeons increased more than thirty percent over 2010. Additionally, the number of surgeons participating from certain countries more than doubled this year. Improved samples will naturally provide more confidence in the projected totals.

In addition to an increased number of participating plastic surgeons, this year's study should be more accurate because of a significant increase in the number of National Societies reporting the number of plastic surgeons practicing in their country. These surgeon counts are crucial because they provide the basis from

which the survey results are projected.

Largely due to the exposure that last year's study received, twenty-six additional National Societies told us how many plastic surgeons are practicing in their country. In total, the National Societies have now provided surgeon counts for over eighty-seven percent of the total number of plastic surgeons we estimate exist world-wide.

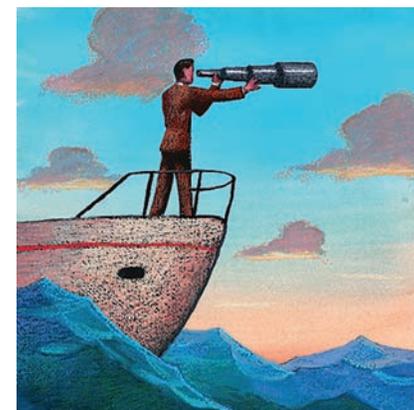
This year's results will be available at [www.isaps.org](http://www.isaps.org) in mid-December, and as last year, the results will provide a complete list of estimated aesthetic procedures performed worldwide and by country. The results of several newly added, fee-related items will also be available this year, since the cost of surgery is so variable around the world and is always a question of interest to the public.

As we learned last year, patients, the media, and indeed surgeons and surgical societies want this information. We are appreciative that such a large number of plastic surgeons across the world – and their National Societies – have made a great effort to help us achieve our goal of providing the world with the most accurate statistics possible.



## Notes

1. For countries in which the National Society did not provide its number of plastic surgeons, an estimate is calculated based on the country's per-capita gross domestic product and overall population.
2. The top 25 countries will be shown individually.



Cover story, continued from page 1

camaraderie and our Czech hosts, known for their superb hospitality, provided not only charming social activities, but a glimpse into the romantic history of this beautiful city. A dinner for all participants was held on Vyšehrad Hill, the site of a 10th century castle, the preferred residence of the Bohemian royal family until 1140 when they moved to Hradčany, the castle that today is the focal point above the city of Prague. The faculty dinner included a boat cruise on the Vltava River highlighted by the spectacle of an illuminated city all around such as we remember from fairy tales.

The first hands-on ISAPS cadaver dissection course ever held took place in a first-class facility provided by the Department of Anatomy at Masaryk University in Brno, located two hours from Prague. Ten distinguished faculty and thirty-six students spent over eight hours teaching, dissecting and demonstrating anatomy and various procedures including brow, periocular region, nose and facial rejuvenation surgery on ten fresh cadaver heads including three endoscopic tables.

Bohumil Zálešák, Chair of Local Organizing Committee and the ISAPS National Secretary for the Czech Republic, together with his planning team at Guarant International headed by Lenka Sliwkova, did all the work to organize this course and deserve our congratulations and thanks. Nazim Cerkes, Chair of the ISAPS Education Council and Course Director, put the faculty and program together and made ISAPS shine in Central Europe. As the local host, Dr. Zálešák wanted to thank his guests in a special way that exemplifies ancient Czech craftsmanship:

“I took me a long time to find a special gift to thank our guests, Renato Saltz, Nazim Cerkes and Daniel Baker. My idea to make an artistic scalpel handle for them was quite difficult to realize and became a real team effort. I took my initial idea to my good friend Jiri Tomanec, an extremely skilled craftsman and a



**Brno Cadaver Course Faculty:**

*Top row:* Renato Saltz (US), Nazim Cerkes (Turkey), Woffles Wu (Singapore).

*Bottom row:* Nuri Celik (Turkey), Bohumil Zálešák (Czech Republic).

master of old blacksmith techniques at the Czech medical instruments company, Medin, a.s. We cooperated closely to create the handles. Each artistic instrument was handmade from high grade surgical martensitic stainless steel (DIN-1.4021) using an old blacksmith technique of twisting and hammering steel in fire. Each one is a unique, original, fully functional piece reminding one of a piece of fine jewelry rather than a surgical instrument.”

ISAPS’s most important mission, Aesthetic Education Worldwide, was once again accomplished with very high marks.

**Prague Faculty:**

**Course Directors:** Nazim Cerkes

(Turkey) & Renato Saltz (US) *Cadaver Course Instructors*

**Local Chair:** Bohumil Zálešák (Czech Republic) *Cadaver Course Instructor*

Daniel Baker (US)

Nuri Celik (Turkey) *Cadaver Course Instructor*

Javier de Benito (Spain)

Markéta Dušková (Czech Republic) *Cadaver Course Instructor*

Raul Gonzalez (Brazil)

Moustapha Hamdi (Belgium)

Miroslav Krejča (Czech Republic) *Cadaver Course Instructor*

Frank Lista (Canada)

Vladimír Mařík (Czech Republic) *Cadaver Course Instructor*

Igor Niechajev (Sweden)

Drahomír Palenčár (Slovak Republic) *Cadaver Course Instructor*

Enrico Robotti (Italy)

Gaith Shubailat (Jordan)

Henry Spinelli (US) *Cadaver Course Instructor*

Woffles Wu (Singapore) *Cadaver Course Instructor*





Fine Czech craftsmanship — scalpel handle created for guest faculty.

**Czech Hosts:**

Bohumil Zálezák, Markéta Dusková, and Dr. Miroslav Krejča



Cadaver Course attendees, Brno

## ISAPS COURSE DEBRECEN-HUNGARY

Another successful ISAPS Course was held in Debrecen-Hungary on November 11-12. About 150 plastic surgeons attended the course and the meeting hall was full until the end of all sessions. The meeting organization was superb and the social program and overall hospitality offered by our hosts of the Hungarian Society, was outstanding. As usual, the scientific level was very high and the participants were very happy. We anticipate several new membership applications from our colleagues in Hungary before the end of the year.

On behalf of the ISAPS Education Council, I would like to thank Vakis Kontoes (ISAPS National Secretary for Greece) who was the Course Director for his great efforts in preparing the program. Vakis is one of the real servants of ISAPS and has been helping me in the organization of many ISAPS educational programs. I thank the members of our faculty for their contribution of high standard lectures and the Local Organizing Committee Chair, Czaba Molnar and his committee, for their outstanding organization and hospitality.

Nazim Cerkes, MD, PhD  
Chair, ISAPS Education Council



Debrecen Course faculty

## PATIENTS TRAVELLING ABROAD FOR SURGERY FROM THE UK

Alison Thornberry

*Managing Director, Sure Insurance Services Limited, London, UK*



Patients travelling abroad for plastic surgery remains a reality. In the UK, it may soon become an even more attractive option as patients could see a sudden increase in prices if the tax man has his way. In October this year, revenue guidelines state that surgery for purely aesthetic reasons will incur a 20% value added tax. Needless to say this has provoked much debate.

If a patient decides to travel abroad for treatment, they need adequate specialist insurance as standard travel insurance products exclude cover if the policyholder is travelling to obtain medical treatment.

In the UK, Sure Insurance Services, the company that provides ISAPS insurance through Surgery Shield revision and complications insurance to certified surgeons, has launched a patient travel insurance product, Medical Travel Shield — [www.medicaltravelshield.com](http://www.medicaltravelshield.com). At the moment, it is only available to UK patients. There are similar products available in the UK and around the world. However, if a patient is thinking about their own safety and decides on an ISAPS surgeon who is covered by ISAPS insurance, then they will also benefit from revision and complication cover should they need further surgery.

The insurance does not cover the normal medical costs for the treatment nor does it provide financial protection against poor treatment. In fact, there are key exclusions related to unauthorized clinics, practitioners and treatment against medical advice. But the specialist insurance does provide the normal benefits of travel insurance and additional benefits tailored to patients, particularly life-threatening complications during the treatment and cover for accommodation and travel for extended recovery. There is also an optional benefit towards a return trip if it is necessary within 12 months of original treatment.

Medical Travel Shield is a natural addition to the policies offered by Sure Insurance Services. We anticipate an announcement in the coming months to confirm policy availability on a pan-European basis. We are not aware of any other company offering a pan-European policy. Sure Insurance Services is committed to patient safety and intends to continue improving benefits and protection for patients.

It may be worth having a conversation with patients about their insurance to ensure that excellent treatment abroad is not ruined by a hefty bill for something that the patient expected to be covered under their normal travel insurance. ISAPS

## REGULATIONS TOWARD PATIENT SAFETY – A DANISH PERSPECTIVE

Anne Mette Dons, MD – *Head of Supervision and Patient Safety*

Anna Murphy – *Assistant Manager, Senior Legal Advisor*

**The National Board of Health, Supervision and Patient Safety – Copenhagen, Denmark**

**T**here is a huge focus on patient safety and quality of treatment all over the world. In Denmark, the situation is no different: patient safety and the quality of treatment is a constant focus in health care. As a consequence of repeated adverse events in cosmetic treatment, the Danish parliament passed a new Act in 2005 that allowed the National Board of Health (NBH) to regulate cosmetic treatment – Statutory order no. 1245 of 24th October 2007. All doctors performing cosmetic treatment are to be registered and have an inspection by the NBH.

The Danish regulation of cosmetic treatment was presented at the ISAPS Global Summit on Patient Safety in 2010. Registration by the NBH is mandatory for all doctors carrying out cosmetic procedures. This includes information about which specific types of cosmetic procedures are performed. The registration of doctors is based on proven qualifications, which is considered to be a prerequisite for the supervision of cosmetic procedures in Denmark. Only specialists, whose training occurred where cosmetic procedures are a mandatory part of the official medical curriculum, can be registered automatically. This enables plastic surgeons to perform most procedures, dermatologists some procedures, ophthalmologists and otorhino-laryngologists a few procedures. Other procedures can be registered after the surgeon has proven qualifications.

The clinics are inspected by the NBH on a regular basis, and the inspection reports are published on the NBH's website. This, in itself, is a motivating factor for the registered doctor to focus on patient safety.

The cosmetic regulation has been a success. There has been general good will on the part of the surgical community to comply with all demands from the health authorities, and it is our impression that there has been an overall improvement of patient safety and of patients' rights.

Based on the experience with cosmetic treatment, and to ensure patient safety and the quality of treatment in all private medical treatment, another Act has recently been passed by the Danish parliament. It states that all premises where medical doctors perform patient treatment shall be registered by the NBH before 1st January 2012. The NBH will regularly inspect

all clinics. NBH are now in the process of establishing the registration and inspection of all premises where doctors perform private medical treatment.

Why is more inspection necessary in a time where accreditation is the buzzword? In short, accreditation is focused on working with quality, constantly improving quality on a general level, whereas supervision and inspection by the health authorities is focused on ensuring patient safety on a very specific and concrete level and ensuring that quality is above a minimum acceptable level. Thus, there will be establishments that pass accreditation, but fail an inspection by the NBH. It is not possible to eliminate all problems through inspection or accreditation, but so far the inspection of cosmetic treatment in Denmark has been a success, and we hope to achieve the same results in the rest of the private health sector in the years to come. 

## WHY THE ISAPS PATIENT SAFETY DIAMOND IS IMPORTANT



**Peter D. Scott, MD – South Africa**

*National Secretary ISAPS South Africa*

**I**recently consulted on a second generation, South African Indian patient to provide a second opinion at the request of another ISAPS member, Dr. Martin Kelly, past president of our local Society.

Mr. N travelled to India in 2008 to be operated on by a famous surgeon, Dr. X, based on what he had seen on a local Indian culture television programme known as “Eastern Mosaic.”

Dr. X performed a rhinoplasty on the then 27-year-old patient, using alloplastic material. At the same time, he performed fat

*continued on page 21*

## ISAPS RESPONSE TO TURKISH EARTHQUAKE

Catherine Foss

*ISAPS Executive Director*

In global disasters such as the recent earthquakes in Haiti and Turkey, the Tsunami in Japan, and the flooding in Thailand, local and indeed international members of ISAPS are quick to respond. Attention to the victims of these disasters by various aid organizations, the military and surgical teams within hours is vital, but according to ISAPS member, Dr. Tunc Tirkyaki, "there is a significant time gap between the 3rd and 10th days when the well equipped health organizations arrive. This is a major shortfall for both the triage activities and the first surgical interventions to be made on the rescued and the injured." Turkish ISAPS surgeons were on the scene at the latest tragedy in eastern Turkey within hours.

The following message was sent to all ISAPS members the morning after and the messages below are updates from our National Secretary for Turkey and one ISAPS member on the scene the following day.

### NOTICE TO MEMBERS



24 October 2011

Dear ISAPS Members,

As you may have heard by now, there has been a 7.2 magnitude earthquake in eastern Turkey with more than 100 strong aftershocks, over 300 dead and more than 1,000 injured, as of early this morning.

I am in touch with our members in Turkey and am waiting to hear how we can help as an organization. I will keep you informed. Teams are already on site and the plastic surgery community in Turkey is responding.

While we wait for more news, we send our collective good thoughts to the people of the region.

Catherine Foss  
*ISAPS Executive Director*



25 October 2011 – 8:46 am

Dear Ms. Foss,

Thank you very much for your communication. As you have already mentioned, as soon as the news of the disaster appeared, the Turkish Plastic and Reconstructive Surgery Association organized a team of plastic surgeons to fly to the area. The Turkish Ministry of Health Disaster and Rescue Division was kind enough to reserve an operating suite for emergency plastic surgery operations in support of our rescue mission.

After the initial preparations, the first team of three plastic surgeons, Drs. Tiryaki, Ozkaya and Aksungur, arrived at the scene on Monday. They were performing emergency surgeries and patient care in the town worst hit by the quake since then. I just talked to Dr. Tunç Tiryaki now, who mentions that the worst is over. They are returning to Istanbul tomorrow, to be replaced by a new group of plastic surgeons to relieve the stress of long working hours on the local plastic surgeons.

Thanks again for your concern. I will try to keep you informed.

Sincerely,  
Nuri Çelik, M.D.  
National Secretary for Turkey



Outside of the Erçiş basketball stadium which was used as field hospital

25 October 2011 – 1:59 pm

Dear friends,

Sorry for the gap in communication. It was quite a bit messy in the region. Very briefly, we arrived in the disaster area in the 26th hour, but it took us another 6 hours to find the crisis coordination center, get to the right people, and be transferred to our mission location.

We were in Ercis, a town with 75,000 people, which was the worst hit area. Thanks to the rapid response of the Ministry of Health and related rescue teams coming from all over the country by helicopters, the worst was over at that time. Our center was a basketball stadium, since the hospitals were damaged. On one side we were doing triage and operations, on the other the staff was sleeping, with the pharmacy in the middle. The operations we performed were basically wound closures, burns and fasciotomies. We joined also field rescue missions.

Tomorrow we are flying back and another team of our society will arrive if necessary.

I will send some pictures to Catherine as soon as possible.

Thanks again,

Best  
Tunc Tiryaki, MD



Emergency intervention of a survivor: Simultaneous central vein catheter and chest drain insertion, right arm and left leg fasciotomies



First aid by plastic surgeons to a 14-day-old baby, rescued after 45 hours



Interior of the field hospital one day after the initial earthquake



First disaster intervention team of TPRECD (Turkish Plastic and Reconstructive Surgery Society)

# THE INTRIGUING HISTORY OF BLOOD TRANSFUSION

Riccardo F. Mazzola, MD – Italy

ISAPS Historian

The beginning of modern therapeutic transfusion has an official date: December 22, 1818. On that occasion, the British obstetrician James Blundell (1791-1878) infused human blood into a patient for treatment of postpartum hemorrhage. One century later, Karl Landsteiner (1868-1943), an Austrian physician, discovered the blood group system and the Rh factor, creating the basis for a safer use of the procedure. For this epochal accomplishment, Karl Landsteiner was awarded the Nobel Prize in 1930.

## THE REMOTE ORIGIN

Transfusion has a much earlier origin. In an attempt to recover the ailing body from sickness, the Royal Society, founded in London in 1661, decided to conduct research on blood transfusion, considering it a panacea for lifesaving therapy. Among the several persons involved in this project was Richard Lower (1631-1691), a British physician, who showed it was possible to transfuse blood from animal to animal for later application into human beings.

In February 1665, Lower successfully transfused blood between two dogs before the members of the Society. At that time it was common practice, that experiments should first be conducted in front of colleagues and peers, and then written down and published. Lower used a silver tube to connect the carotid artery of one dog to the jugular vein of another. The recipient animal survived. Experiments were repeated on different creatures, mixing the blood of lambs and dogs. Details of the operation were reported in the *Philosophical Transactions*, the official journal of the Society.<sup>1</sup>

In France, Jean-Baptiste Denis (about 1640-1704), an eminent physician and member of the team appointed to oversee the health of King Louis XIV, read of Lower's experiments. In association with a surgeon, Paul Emmerez, Denis initiated his own trials, performing numerous dog-to-dog transfusions. On June 15, 1667, Denis was asked to take care of a feverish 15-year-old boy, who had been bled by his physicians numerous times, ". . . to lessen the excessive heat." In his *Lettre . . . touchant une nouvelle manière de guérir plusieurs maladies par la transfusion du sang, confirmée par deux expériences faites sur des homes* (Letter . . . describing a new method to heal many diseases by blood



**Fig. 1** – Blood transfusion in the 17th century. 1-The patient is bleeding from the right arm and receives blood into the left; 2-the lamb donates blood from the carotid artery; 3-the physician oversees the transfusion; 4-the surgeon takes care of bleeding (From: Lamzwerde, 1671)

transfusion witnessed by two experiments in men) published in Paris in 1667,<sup>2</sup> Denis says: "Before the disease, the youth had not been noticed to be of a depressed character, his memory was happy enough, and he seemed cheerful and active; but since the aggressiveness of the fever, his smartness seem'd completely ruined, his memory totally lost, and his body so apathetic and lazy that he was unable or fit for anything." Thus, the poor fellow was bled another time to the extent of about three ounces and received in exchange nine ounces of blood from the carotid artery of a lamb. The improvement that ensued was described as "amazing," and immediately the young patient was showing ". . . a clear and smiling expression," whereas previously he was living ". . . in an incredible apathy." The patient referred to ". . . a very great heat along his arm," something similar to what we consider a transfusion reaction nowadays. Apparently no further side effect was reported.

One month later, Denis carried out another animal-to-man transfusion on a 45-year-old man (fig. 1). Ten ounces of blood

were drawn from one arm, whereas twenty ounces of lamb's blood were infused into the other. On completion of the treatment, the man said he was feeling stronger than before.

On November 23, 1667 the Royal Society organized an important event: a blood transfusion from lamb to man, before its members. The aim of the procedure was relieving pain, ensuring longevity, and introducing a youthful, healthy spirit into an old individual. Lamb's blood was chosen because it was thought that blood from a docile animal might quiet the tempestuous spirit of an agitated person. Lower introduced at various times twelve ounces of lamb's blood into the bloodstream of the patient, a certain Arthur Coga, a poor, old clergyman, without any inconvenience to him. "The man after this operation, as well as in it, found himself very well, and has given in his own narrative under his own hand. . . . He urged to have the experiment repeated upon him within three or four days after this; but it was thought advisable to put it off somewhat longer . . . ." <sup>3</sup> The second experiment took place the following month. No complication occurred, apart from a little headache. Once the treatment was over, Arthur Coga said he felt better.

It is clear that, though Lower had priority for the initiation of the preliminary transfusion experiments in animals, Denis could justly claim on performing the first blood transfusion on a human being, from lamb to man, for therapeutic purposes, in 1667. This procedure was named *chirurgia infusoria* (infusory surgery), a technique which became quite popular in England, France and Italy, about 1667-68. It should be remembered that these experiments were carried out at a time when the medical treatment used by doctors to treat many illnesses was

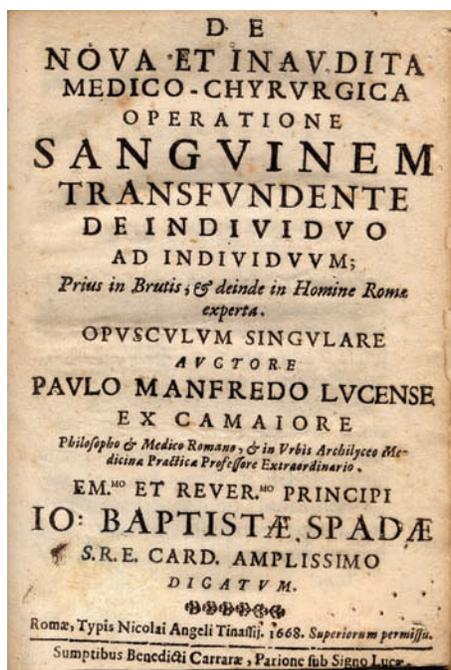


Fig. 2 – Title page of Manfredi's pamphlet on blood Transfusion, published in 1668 in Rome

'bloodletting', i.e., bleeding the patients, instead of transfusing them.

In Italy, blood transfusion was started by Paolo Manfredi (1640-1716) in 1667 in Rome, in cooperation with the Dutch physician Johannes Camay and the Italian Bartolommeo Simoncelli. Manfredi

transfused blood from the carotid artery of a dog into the jugular vein of another, according to the French model. On January 2nd, 1668 Manfredi successfully infused blood from the carotid of a lamb into the vein of the arm of a certain Angelo, a feverish man from Northern Italy. He reported his experiments in a very rare 32-page pamphlet *De nova et inaudita Medico-Chirurgica Operatione Sanguinem transfundente de individuo ad individuum* (On the new and unheard medico-surgical operation transfusing blood from individual to individual), issued at Rome in 1668 (fig. 2), where he describes the advantages and the safety of the procedure. <sup>4</sup> To support his theory he emphasizes the continuous exchanges of blood occurring between the mother and the fetus.

Neither Denis' *Lettre*, nor any other paper contributed by him or by Lower on the subject of blood transfusion in 1667 or 1668 appear to be illustrated. Thus the work by Manfredi, having the earliest images of the operation, is therefore extremely important in the history of medicine. Plates show the technique of transfusion from dog to dog (fig. 3), the



Fig. 3 – Blood transfusion from the carotid artery of a dog to the jugular vein of another

*continued on page 20*

History continued from page 19

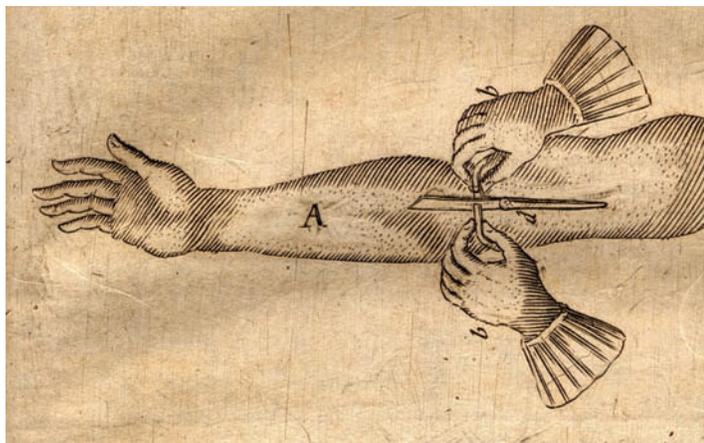


Fig. 4 – The technique of vein preparation

instruments necessary to the operation, the way to prepare the human vein (fig. 4), the transfusion from the neck of a ram into the arm of a human (fig. 5).

## THE DRAMA

Denis's experiments continued. He infused blood into a man, the Swedish Baron Gustaf Bonde, who was in such a bad state in Paris that he had been abandoned by his physicians. Having heard of Denis's miraculous remedy, the family asked for transfusion, as a final hope. After the first procedure, Bonde felt better and began to speak. However, during the second transfusion he died. Soon afterwards, Denis took care of Antoine Mauroy, a 34-year-old man, suffering from long-lasting severe frenzies during which he used to beat his wife. One day, the man escaped through the streets of Paris completely naked. After two transfusions, Mauroy became calm and quiet. But, shortly after the second procedure he developed what is now recognized as a hemolytic transfusion response. Here is Denis' report of the events following the second transfusion:

As soon as the blood entered his veins, he felt the heat along his arm. His pulse rose and abundant sweat all over his face was observed. His pulse varied extremely, he complained of great pains in his kidneys, and he didn't feel well in his stomach. He was made to lie down and fell asleep, and slept all night without awakening until morning. When he awakened he made a great glass full of urine, of a color as black as if it had been mixed with the soot of chimneys.

Denis said that the following morning Mauroy had further haemoglobinuria and epistaxis. However, by the third day, his urine had cleared up and his mental state apparently improved, so the man returned to his wife completely recovered. Denis attributed the color of the urine to a "black cholera" which had been retained in the body. Several months later, Antoine Mauroy became aggressive again and his wife persuaded Denis to

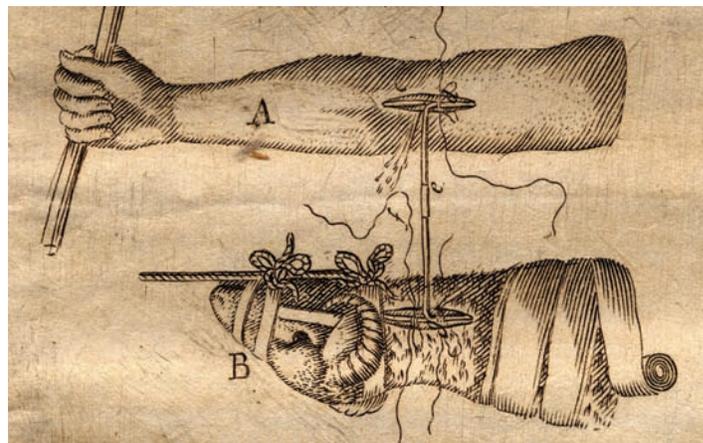


Fig. 5 – Transfusion of blood from the neck of a ram into the vein of the arm of a human being

repeat the procedure. By the end of January 1668, a third transfusion was undertaken. Regrettably, Mauroy died during the procedure.

Since the common practice of the day was bleeding the patient, generally by the use of leeches, Denis, through the transfusion experiments, had acquired many enemies among the physicians of Paris. They persuaded Mauroy's widow to accuse Denis of murder. He replied she had poisoned her husband with arsenic. After a prolonged legal battle, Denis was exonerated.

The Faculty of Medicine of Paris issued a decree based on the results of the trial, which forbade any procedure of transfusion without its permission. Since the Faculty was strongly opposed to the whole idea, this permission was never granted and the practice of transfusion rapidly fell from favor.

The decision provoked a heated controversy in London where the Royal Society prohibited the procedure as well. Finally, in 1679 the Church also announced a ban on the technique. As a result, interest in transfusion rapidly waned and for 150 none dared to transfuse blood.

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Scott continued from page 15



injections on Mr. N's lower eyelids to remove hollowing.

My colleague removed the L strut from the nose a year ago after it had extruded and become infected. He had asked me for an opinion on treatment on this now misshapen scarred nose with extremely thickened, unfriendly skin.

The fat grafts on the lower eyelids have coalesced into a sausage of subcutaneous fat on each side and are understandably causing this young gentleman considerable distress.

I will be working in conjunction with my ISAPS colleague to offer Mr. N the best salvage result possible for his nose and lower eyelids.

I contacted Dr. Lokesh Kumar, ISAPS National Secretary for India, who informed me that this individual is not a qualified plastic surgeon and is not a member of the Indian Association of Plastic Surgeons. However, Dr. X's website lists him as among the top ten cosmetic surgeons in the world according to the International Academy of Cosmetic Surgery in 2003 and the best aesthetic surgeon in Asia as awarded in Tokyo, Japan 2000, by the International Society of Aesthetic Surgery. There is no society with this name. The International Society of Aesthetic Plastic Surgery made no such award at their Congress in Tokyo in 2000. On examining his qualifications, he does have a Bachelor of Medicine and Surgery and a Master of Surgery. He is a board certified cosmetic surgeon by the International Board of Cosmetic Surgery. Any member of the public examining this website would feel that they are in very good hands.

I have presented this case to highlight the need for ISAPS to market our logo and the patient safety diamond aggressively and globally. 

## MESSAGE FROM THE EDITOR-IN-CHIEF AESTHETIC PLASTIC SURGERY



Henry Spinelli, MD — United States

Editor-in-Chief, Aesthetic Plastic Surgery



The 35-year-old ISAPS journal, *Aesthetic Plastic Surgery*, continues to grow in submissions and quality. We have initiated a system of three independent blinded reviewers and all manuscripts are now tested for originality through sophisticated software.

We are embarking on a new manuscript review system that will involve 109 section editors representing all sub-specialty areas of plastic surgery, including non-surgical and basic science areas. To establish our editorial team, we drew from all regions of the world and our section editors are truly an esteemed group. You will see them listed on the masthead in the February 2012 issue.

We are currently reorganizing the journal format to include more color and specialty area headings to help the reader find a topic of interest more easily. We are in the process of developing stringent reproducible criteria for our section editors (with their input) for the evaluation of manuscripts to introduce as much objectivity in the selection process as possible.

In our interaction with editors and publishers in our sister journals, quality of submissions and publications seems to be a recurrent theme of concern and we are making every effort to address this specific problem in our already high-quality scientific journal. In the future, we also plan to engage social media to promote the journal and involve younger surgeons and trainees throughout the world.

On behalf of the journal, I invite everyone to view and submit manuscripts as a first choice for dissemination. Please feel free to contact the editorial office with any suggestions or recommendations at this email: [HMS@conmx.net](mailto:HMS@conmx.net) 

## TEAM WORK

Lina Triana, MD – Colombia

*Chair of National Secretaries*



It is nice to see how we National Secretaries are joining our efforts in praise of aesthetic plastic surgery and creating a better ISAPS. This year we have had several interesting meetings where we have shared our individual situations. It is important for us to know that even in a globalized world aesthetic plastic surgery situations are similar worldwide. Our last newsletter was very helpful because it summarized individual situations from different countries.

Today we know that medical intrusion (meaning non-core health professionals doing aesthetic plastic surgery procedures) is a common situation. We can see how many countries are making an effort to regulate their plastic surgery practice.

We all favor the regulation of plastic surgery, but we are seeing it from an egocentric perspective. We must present the problem to our government as a social risk. With the growth of aesthetic surgery services offered to the public, we are seeing an increase in poor outcomes and sometimes dangerous situations when procedures are done by non-professional people. The use of unsafe materials and unproven techniques are examples we all encounter in our countries that are making some aesthetic procedures a social risk.

We plastic surgeons must help our governments come to the conclusion that it is important to start defining the competencies for aesthetic surgery procedures. In this way, we will not

be seen as egocentric, trying to limit who can do what, rather that we are exposing the problem from an altruistic point of view. We want to ensure the health and wellbeing of our people by saying no to the high social risk aesthetic surgery procedures have become when in the wrong hands. Trying to fight against other surgical specialties is a very hard task. We can work together with other specialties such as ORL and ophthalmologists with whom we share the aesthetic field of the face and eyelids. By doing this we will have a more solid number of professionals behind us and governments will understand we really want the best for the country – and our patients – not just for our own specialty.

I invite you all to start promoting this concept in your own countries so that plastic surgeons can lead the cause of diminishing the social risk that aesthetic surgery has become.

There have been changes in our team and more will come next year. As a dynamic organization, it is normal that some National Secretaries' terms will finish in the coming year. We are all grateful to those who have already said goodbye and to all our new team members for having accepted the challenge of putting hard work on their agendas because they truly believe we can all help ISAPS to grow. ISAPS is thankful for all your help and although terms finish, I invite you all to keep on working towards the growth of our organization.



### Little, continued from page 9

not been effective in conveying this message to the public. ASAPS 2010 data (the more optimistic of the two data sets) presents a first-time reversal of this trend. Among surgical procedures, there has been a movement toward simpler techniques with shorter recoveries, but with some likely compromise in quality of outcome for certain of these. The final balance remains in flux and is yet to be determined. In the two years following

the economic downturn (2008 and 2009), as non-surgical procedures grew slightly, surgical operations fell sharply (8% each year). Therefore, last year's increase in facelifts by 9% (higher for ASAPS data) looms significant. Whether this growth will be sustained amid the lingering economic pessimism of 2011 remains to be seen. Finally, societal attitudes toward cosmetic plastic surgery vary from culture to culture, with acceptance in Bra-

zil likely higher than that in Britain, for example. With respect to the United States, ASAPS recorded for the first time this year that a majority of Americans (51%) approve of such surgery and that 33% of unmarried Americans (and 27% of married Americans) would consider it for themselves now or in the future.



**R**ecently elected National Secretaries are highlighted in bold text. ISAPS has 72 National Secretaries in our 93 member countries. Any country with at least three members is eligible to elect a National Secretary to represent them in the leadership of ISAPS.

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## ISAPS COURSE IN SHARM EL-SHEIKH

The beautiful Domina Coral Bay Resort was the site of a two day ISAPS Course in Sharm El-Sheik, Egypt attended by over 300 plastic surgeons at the end of October.

Held in conjunction with the 41st Annual Congress of the Egyptian Society of Plastic and Reconstructive Surgeons, the program also included a snorkeling and diving tour in the waters off the coast.

Twenty-five faculty from Egypt, Turkey, France, Switzerland, Italy, Lebanon, Belgium, the UAE and the US provided aesthetic plastic surgery education in Periorbital and Facial Rejuvenation, Rhinoplasty, Breast Augmentation and Reduction, and Body Contouring.



Course Directors – Aly Mofthah and Alaa Gheita with Alison Thornberry

# A BIG STEP TOWARD A EUROPEAN STANDARD

Ivar van Heijningen, MD – Belgium



In earlier articles, I have explained the need for regulation of aesthetic procedures, facilities and practitioners. A European standard will help to accomplish this. On September 23rd and 24th we met in Rimini Italy. The weather was nice, but unfortunately we were bound to the meeting room to cover over 400 remarks on the third draft of the document we are working on: *European Standard for Aesthetic Surgery Services*.

**Annex C:  
Procedures and recommended competencies of practitioners**

The table in this document that describes who is allowed to do what has caused a wave of concern among many practitioners doing aesthetic procedures. It was an enormous task to try to describe all possible aesthetic procedures, and even tougher to allocate them to the different specialties, not to mention practitioners without a medical degree. Everybody basically thinks that what they are doing is alright and that they were properly trained to do so. Every reasonable person agrees that some form of training is essential to engage in these procedures and since we agreed that formal training had to be described in the UEMS-syllabus (Union Europeennes des Medecins Specialistes) it made no sense to have this list included anymore. Furthermore, we decided at the last meeting in Graz, Austria that this Annex was to be informative, which means that nobody could be held to it.

I personally feel that in the future these procedures should be restricted to medical specialists and such a list could be a reminder to non-doctors (e.g., politicians) to regulate this better, so I regretted the removal; however, this proved to be a bridge too far. And since standardization is all about consensus, this was the only option. After this, Chapter 7 on procedures was resolved pretty quickly.

**Other comments**

Considering the number of comments on the different clauses, we covered them starting with the clauses we had not covered before, chiefly the quality assurance chapter. During the discussions, we were confronted by colleagues who were unaware of the standardization process, thus reiterating things that had already been discussed several times. And even worse, since they were not aware of the procedures, they were not well prepared and not everybody mastered the English language very well. Some had even brought an interpreter. But as a lot of comments need to be voted on, there was not much time for translating and decision making on the spot. So it was a challenge to give everybody enough time to voice their concerns and on

the other hand make enough progress to be able to finish. After the first day, we had finished about 180 comments, leaving a lot for the second day.

**CEN Enquiry**

The second day went much more smoothly, although there were some tough discussions; especially whether a separate definition for aesthetic medicine should be added or not. We decided not to; however, a definition for non-surgical services was added. Also a change of the title to clarify the inclusion of non-surgical acts in a standard on aesthetic surgical services was discussed at length. Change of the title would be a lengthy procedure since it had been registered as such at CEN. For practical reasons, it was left the way it is. It was pointed out that this is explained in the scope and introduction.

We finished the draft which will now move to CEN Enquiry. This means that following the publication of this Draft European Standard, a national public enquiry will take place giving the opportunity to everybody interested to comment on this draft at their countries' national mirror committees. This public enquiry will end in June 2012. The next meeting will be held at the end of August or beginning of September to discuss these comments.

**Conclusions**

Moving to CEN Enquiry is a big step forward. The draft is finished with only one more discussion before the final standard can be presented for vote by all standards institutes in the EU region. That will be the final test on how important Patient Safety is to everybody.

Lessons can be learned from this standardization process. To summarize the conclusions:

- Many specialties “claim” aesthetic treatments.
- Plastic surgeons can no longer claim all aesthetic treatments on historic grounds.
- Aesthetic healthcare is taught by few, but more and more and better and better.
- We must improve our training and consider sub-specialization in aesthetic treatments after regular training as a serious option.
- More attention to non-surgical treatments is mandatory to keep our patient population.

## PROTECTING YOUR WORK WITH COPYRIGHT

Richard H. Read – United States

*ISAPS Information Technology Consultant*



**I**magine for a moment that you are an artist or an author. Let's say that you have created an illustrated book with your own pictures and words. As a maker of web pages or PowerPoint presentations, this author and artist is you.

Now imagine how you might feel if you saw your work displayed or for sale elsewhere, with no proceeds or credit going to you. Copyright laws are on the books to address just such an injustice.

As a maker of original works and with the proliferation of methods to digitally publish your ideas, you should familiarize yourself with copyright rights and responsibilities, to promote your practice, to protect your original works, and to keep on the right side of copyright law.

Under copyright law, the maker of an original artwork (photograph or website, for example) owns the copyright to that work at the moment of creation. Theoretically, nothing more should be required. In practice, however, people routinely steal the copyrighted works of others and use them as their own. Here are some simple techniques to help reduce that, and to help in case others violate your copyright.

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Watermark placement requires finesse. It should detract minimally from the image, yet be prominent enough that it is not easy to digitally remove or conceal. Avoid placing the watermark in an area of solid color or repeating texture as this makes it relatively easy to remove. Check your favorite imaging software for watermarking, or do an online search for programs that provide this capability. 

## INSPECTOR TRAINING AND FACILITY ACCREDITATION SEMINARS SCHEDULED FOR GENEVA

**S**urgery Facilities Resources (SFR) will hold two training events in collaboration with ISAPS at the 21st Congress in Geneva. "We are very pleased to be joining ISAPS in Geneva and continuing our close relationship that began in 2006," said Ronald Iverson, MD, SFR Chairman of the Board. Dr. Iverson will be the main presenter at the program.

The primary event will be an Inspector Training Workshop to be held on Tuesday, September 4, 2012, from 9 am until noon at the Intercontinental Hotel in Geneva. This event will be an opportunity to re-credential current inspectors and train new inspectors for the SFR accreditation program. There is a \$50 registration fee for ISAPS members (\$75 for non-members) for this training course.

The second event will be a free informational Seminar on Facility Accreditation on Thursday September 6, from 12:30 until 2:00 pm at the CICG Conference Center.

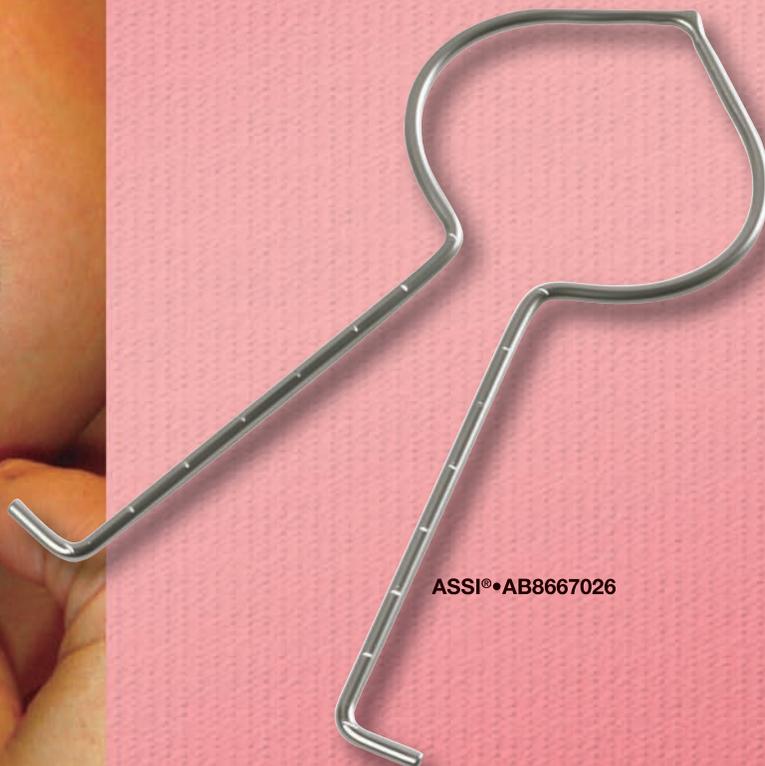
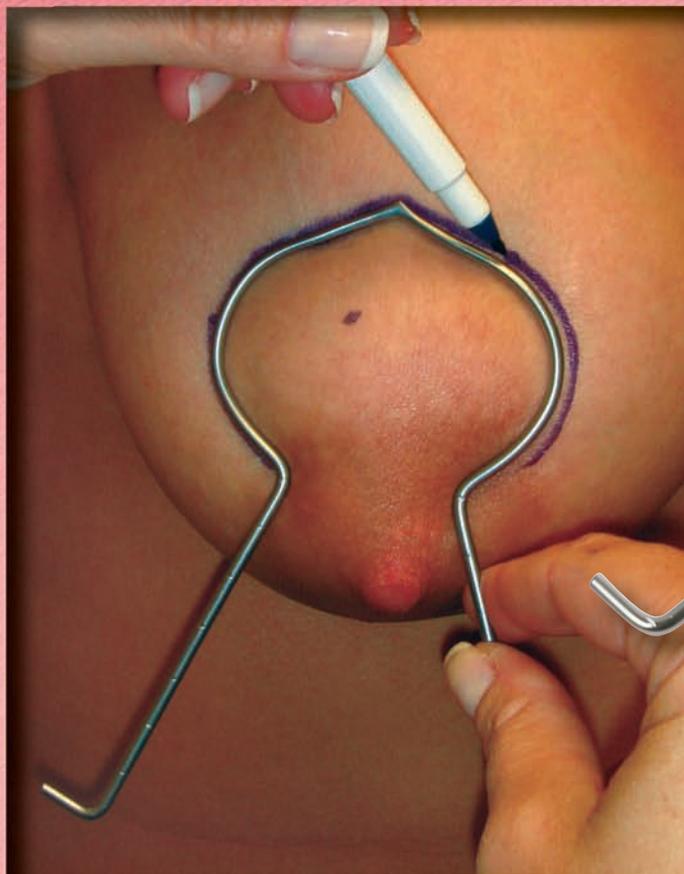
SFR\AAAASFI is the world's leading facility accreditation program with accredited facilities in twelve countries. The accreditation is based on standards for patient safety originally developed by the American Association for Accreditation of Ambulatory Surgery Facilities.

Information about the accreditation program is available at [www.surgeryfacilitiesresources.com](http://www.surgeryfacilitiesresources.com). Registration forms for these two events in Geneva is available at <http://www.ironworks.us.com/SFRWEB/NEWS/news.html> or by telephone at 1-847-775-1970. 



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**VALERIO MICHELI PELLEGRINI**

Giovanni Botti with Gianluca Campiglio – Italy



An outstanding man just left us. He dedicated most of his life to medicine, without ever sparing himself. Valerio Micheli Pellegrini was not only one of the fathers of modern Italian plastic surgery, he was also an historian, a musician, a writer, a painter and a poet. He was an extremely knowledgeable man and, besides being a great doctor, he was a valuable artist.

He could fluently speak several languages, but, what is most important, he knew how to talk to people’s hearts, always able to raise enthusiasm and offer sympathy and consolation. In his last months, although over ninety, he was still passionate and full of interests, just like he had been during the rest of his life. He had an eclectic personality, always in search of knowledge and seeking perfection by always refining his professional skills. Until the end, he was pursuing new projects that he was trying to fulfill including a book on history, one on medicine and even a new novel.

For many years now I have been a collaborator in a rhinoplasty course that he had conceived. During these courses, he held lectures that were more like informal speeches, but which actually offered very enriching technical and cultural hints. Within these courses, he still used to perform live surgery in spite of his old age, with steady and skillful hands, being able to convey all of his experience without any hesitation. Nevertheless he was a reserved person and did all this with humility, as is typical of great men.

Well aware of his hectic activity in so many fields of human knowledge, I would compare him to a kind of contemporary Leonardo da Vinci, but he would deny it, claiming not to have anything to do with his famous fellow countryman (they both came from Tuscany) since he was a simple craftsman, always trying to improve himself. I remember that about 20 years ago, when I asked him to write the preface to my first book on facial plastic surgery, not only had he accepted with enthusiasm, but he had read with the utmost attention each one of the 650 pages, giving me suggestions on emendations and finishing touches. He always was an example to follow, even in the most difficult times, when his sensitivity and his brotherly advice allowed me to face and overcome disappointment, envy, jealousy – human trivialities, as he used to call them, not to be taken into consideration.

During the course of his lifetime, Valerio wrote over 200 scientific articles, three surgery textbooks, and seven books of different kinds. He created several surgical techniques that are still in use. A worthwhile painter and musician, he left behind many important works of art, a few of which I feel honored to own. His refined writings have been appreciated by the most celebrated literates, among them Mario Luzi, one of the most well known Italian poets of the past century. He took part in many plastic surgery congresses and was nominated as an honorary member of numerous national and international scientific societies. He was also a life member of ISAPS. 



**DR. JUAN QUETGLAS MOLL – Spain**



**DR. JEAN MARIE GRECO – France**

## JOHN CLARK MUSTARDÉ

1916 - 2010

Caroline Richmond – guardian.co.uk - 6 January 2011



Jack Mustardé was a plastic and reconstructive surgeon who over a sixty-year career developed improved techniques for reconstructing eyelids, preventing eye prostheses from falling out, and normalizing protruding ears. He raised funds to build West Africa's first plastic surgery hospital which opened in 1997 and worked there in alternate months until he was 85. The son of a manufacturer's agent, he was born in Glasgow and educated at Glasgow High School and Glasgow University. After training posts in ophthalmology, he joined the army as an eye surgeon in 1940.

After the fall of Tobruk, he was captured and put into an Italian prisoner-of-war camp. In 1943, he was repatriated in poor health and a year later published *The Sun Stood Still*, the first account of life in a Second World War POW camp.

On his return to health, his interest shifted to plastic surgery for which there was a great need among injured servicemen. He lived and worked in Nottingham and spent one morning each week training under Sir Harold Gillies in Park Prewett hospital, Basingstoke. He also trained under Gillies's cousin, another pioneering surgeon, Sir Archie McIndoe.

In 1948, he was permanently appointmented to Basingstoke under

Gillies. His boundless energy and the need to feed his family in the face of postwar rationing led him to keep pigs, a cow and a large number of chickens. He soon became his hospital's black-market supplier of fresh eggs and pork.

After a short stay in Oxford in late 1954, he moved to Ballochmyle hospital, Glasgow, which had been established to treat wounded servicemen. The plastics unit, under the periodic supervision of Gillies, expanded to treat dental and maxillofacial problems as well as congenital deformities in children. Mustardé's unit later moved to Glasgow Royal Infirmary where he worked for 37 years, publishing 40 papers and three books: *Repair and Reconstruction in the Orbital Region* (1966), *Ophthalmic Surgery Up to Date* (1970) and *Plastic Surgery in Infancy and Childhood* (1971).

Mustardé retired from the NHS in 1991 at age 75. A few months later, he was asked to join a group of medical Rotarians going to several African countries to advise on needs. In Ghana, he was appalled at what he saw: "There were lots of congenital deformities, cleft palates, twisted limbs, burns, tropical ulcers. There was work to be done" – and no trained plastic surgeons. He rolled up his sleeves and worked at Accra's central hospital. The visit ended with a reception hosted by Ghana's president, Jerry Rawlings, who urged Mustardé to return to Ghana to continue operating. Mustardé agreed.

He spent alternate months there for 10 years and organized volunteer surgeons from Scotland, but he felt they were making little impact on the country's needs. Rawlings offered to pay half the cost of a new 75-bed hospital. "Who is going to build this hospital?" asked Mustardé. "Why, you are," replied the president, and Mustardé raised the rest of the money by establishing a charity, now named ReSurge Africa. He "begged, borrowed or stole" equipment and raised donations from businesses and his local church. He established a scheme to train Ghanaian surgeons in Glasgow.

Mustardé was larger than life, roguish and a great raconteur and teacher. He got away with swashbuckling behavior – keeping a loaded shotgun to "pop" any pheasants he encountered on his way to work, and picking up the carcasses on his way home.

He lectured and demonstrated worldwide and loved it, including the wining and dining. He nearly came a cropper in 1992 when he had an inflight pulmonary embolism, but the plane made an emergency landing in Nova Scotia to get him to hospital. He was appointed OBE in 1995 and Knight of the Order of the Volta by Rawlings in 1997. His eyes remained sharp and his hands steady. He finally retired in 2001 and published his last book, *Faith, Hope and a Miracle*, in 2005.



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[www.americanbrazilianaestheticmeeting.com](http://www.americanbrazilianaestheticmeeting.com)  
 Il Campanario Villaggio Resort | Florianópolis | SC | Brasil

Sociedade Brasileira de Cirurgia Plástica American Society for Aesthetic Plastic Surgery

## November 2011

### DATE: 04 NOVEMBER 2011 - 06 NOVEMBER 2011

**Meeting:** 9th Annual IFATS Meeting  
**Location:** Miami Beach, Florida  
**Venue:** Eden Roc Renaissance Hotel  
**Contact:** Catherine Foss  
**Mail:** ifats@conmx.net  
**Tel:** 1-603-643-2325  
**Fax:** 1-603-643-1444  
**Website:** <http://www.ifats.org>

### DATE: 11 NOVEMBER 2011

**Meeting:** ISAPS Symposium – Goiania  
**Location:** Goiania, Brazil  
**Contact:** Prado Neto, MD  
**Mail:** clinicapradoneto@gmail.com  
**Tel:** 55-14-3621-6206  
**Fax:** 55-14-3621-6207

### DATE: 11 NOVEMBER 2011 - 12 NOVEMBER 2011

**Meeting:** ISAPS Course – Hungary  
**Location:** Debrecen, Hungary  
**Contact:** Máté Lukácsi  
**Mail:** mlukacsi@convention.hu  
**Tel:** +36 1 299 0184  
**Fax:** +36 1 299 0187  
**Website:** <http://www.isaps-debrecen.org>

### DATE: 12 NOVEMBER 2011

**Meeting:** Canadian Laser Aesthetic Surgery Society Annual Symposium  
**Location:** Toronto, Ontario, Canada  
**Venue:** Park Hyatt Hotel Toronto  
**Contact:** CLASS  
**Email:** into@class.ca  
**Tel:** 1-905-837-1124  
**Fax:** 1-905-831-7248  
**Website:** <http://www.class.ca>

### DATE: 17 NOVEMBER 2011 - 20 NOVEMBER 2011

**Meeting:** ASAPS Non Surgical Symposium  
**Location:** Sydney, Australia  
**Venue:** Sydney Hilton Hotel  
**Contact:** Suzane Ali  
**Email:** sali@plasticsurgery.org.au  
**Tel:** +61 2 9437 0495  
**Fax:** +61 2 9437 9609  
**Website:** <http://www.asaps.org>

### DATE: 17 NOVEMBER 2011 - 18 NOVEMBER 2011

**Meeting:** 5th International Congress of Advanced Rhinoplasty  
**Location:** Tehran, Iran  
**Venue:** Imam Hall – Imam Khomeini Hospital  
**Contact:** Kamran Asadi, MD  
**Email:** asadi\_km@yahoo.com  
**Tel:** 98-912-109-9757  
**Fax:** 98-218-871-5216

### DATE: 18 NOVEMBER 2011 - 19 NOVEMBER 2011

**Meeting:** Advances in Breast Surgery  
**Location:** Munich, Germany  
**Venue:** Sheraton Munich Arabellapark  
**Contact:** boeld communication GmbH  
**Email:** congress@bb-mc.com  
**Tel:** +49 (0)89 / 18 90 46-0  
**Fax:** +49 (0)89 / 18 90 46-16  
**Website:** <http://http://www.bb-mc.com/>

### DATE: 25 NOVEMBER 2011 - 27 NOVEMBER 2011

**Meeting:** ISAPS Body Contouring Live Surgery  
**Location:** Beirut, Lebanon  
**Venue:** Metropolitan Hotel  
**Contact:** Sami Saad  
**Email:** samsadmd@gmail.com  
**Tel:** 961-01-754-734  
**Website:** <http://www.lspras.com/congress2011/>

### DATE: 26 NOVEMBER 2011 - 27 NOVEMBER 2011

**Meeting:** CATFAS Asia 2011  
**Location:** Phuket, Thailand  
**Venue:** Movenpick Hotel and Resort  
**Contact:** Elien Van Loocke  
**Email:** elien@coupurecentrum.be  
**Website:** <http://doctorseminar.com/catfas2011/catfas.php>

### DATE: 27 NOVEMBER 2011 - 28 NOVEMBER 2011

**Meeting:** World Congress of 19th International Society of Laser in Surgery and Medicine & Asian Pacific Aesthetic Plastic Surgery Symposium 2011  
**Location:** Seoul, Korea  
**Venue:** Baek Beom Musium and KOFST Building.  
**Contact:** Prof. Jin Wang Kim  
**Email:** khg000@unitel.co.kr  
**Tel:** 82-2-511-3713  
**Fax:** 82-2-511-3713

## December 2011

### DATE: 01 DECEMBER 2011 - 03 DECEMBER 2011

**Meeting:** The Cutting Edge Aesthetic Surgery Symposium  
2011. Advanced Body Sculpting Head-To-Foot:  
Needle, Laser, Cannula, Knife

**Location:** New York

ISAPS-ENDORSED PROGRAM

**Venue:** Waldorf Astoria Hotel

**Contact:** Lauren Fishman

**Email:** registration@astonbakersymposium.com

**Tel:** 212-355-5702

**Fax:** 212-308-5980

**Website:** <http://www.aestheticsurgeryny.com>

### DATE: 09 DECEMBER 2011 - 10 DECEMBER 2011

**Meeting:** International Conference on Aesthetic Surgery of  
the Dutch Society for Aesthetic Surgery:  
Forehead, Brow and Periorbital Aesthetic Surgery

**Location:** Amsterdam, The Netherlands

**Contact:** Ren Nio, MD

ISAPS-ENDORSED PROGRAM

**Email:** cr.nio@slaz.nl

**Tel:** 31-20-510-8670

**Fax:** 31-20-510-8704

**Website:** [www.nvepc.nl/congress2011](http://www.nvepc.nl/congress2011)

### DATE: 13 DECEMBER 2011 - 15 DECEMBER 2011

**Meeting:** 2nd International School of  
Plastic Surgery and Cosmetology

**Location:** Moscow, Russia

**Contact:** Natalya Polonskaya

**Email:** school@pscj.ru

**Tel:** 8-499-142-6401

**Website:** <http://www.pscj.ru>

### DATE: 17 DECEMBER 2011

**Meeting:** Advanced MACS Lift Course

**Location:** Ghent, Belgium

**Venue:** Ghent Marriott Hotel

**Contact:** Elie Van Looche

**Email:** elien@coupurecentrum.be

**Tel:** +32-9/269.94.94

**Fax:** +32-9/269.94.95

**Website:** <http://www.Macs-lift.com>

## January 2012

### DATE: 12 JANUARY 2012

**Meeting:** 5th Annual Oculoplastic Symposium

**Location:** Atlanta, Georgia

ISAPS-ENDORSED PROGRAM

**Venue:** Intercontinental Hotel Buckhead

**Contact:** Susan Russell

**Email:** srussell@gunnerlive.com

**Tel:** 1-703-234-4067

**Fax:** 1-435-487-2011

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

### DATE: 13 JANUARY 2012 - 15 JANUARY 2012

**Meeting:** 28th Annual Atlanta Breast Surgery Symposium

**Location:** Atlanta, Georgia

**Venue:** Intercontinental Hotel Buckhead

ISAPS-ENDORSED PROGRAM

**Contact:** Susan Russell

**Email:** srussell@gunnerlive.com

**Tel:** 1-703-234-4067

**Fax:** 1-435-487-2011

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

### DATE: 20 JANUARY 2012 - 22 JANUARY 2012

**Meeting:** ISAPS Course Goa, India

ISAPS-OFFICIAL COURSE

**Location:** Goa, India

**Venue:** Grand Hyatt

**Contact:** Dr. Lokesh Kumar

**Email:** isaps@dacindia.com

**Tel:** 011-29228349

**Website:** <http://www.isapsindia.com>

### DATE: 27 JANUARY 2012 - 29 JANUARY 2012

**Meeting:** ASPS/ASAPS Expanding Horizons Symposium

**Location:** Las Vegas, Nevada

**Venue:** Encore Hotel

ISAPS-ENDORSED PROGRAM

**Contact:** Andrea Contreras

**Email:** acontreras@plasticsurgery.org

**Tel:** 1-847-228-3359

**Fax:** 1-847-228-0628

**Website:** <http://plasticsurgery.org/x5337.xml>

## February 2012

### DATE: 02 FEBRUARY 2012 - 05 FEBRUARY 2012

**Meeting:** American-Brazilian Aesthetic Meeting 2012

**Location:** Florianopolis, Brazil

**Venue:** Il Campanario Villaggio Resort

ISAPS-ENDORSED PROGRAM

**Contact:** Susan Russell (US); Alisson Barcelos (Brazil)

**Email:** srussell@gunnerlive.com; alisson@alisonbarcelos.com.br

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

### DATE: 09 FEBRUARY 2012 - 11 FEBRUARY 2012

**Meeting:** 46th Annual Baker Gordon Educational  
Symposium

ISAPS-ENDORSED PROGRAM

**Location:** Coconut Grove, Florida, USA

**Venue:** Hyatt Regency Hotel

**Contact:** Mary Felpeto

**Email:** maryfelpeto@bellsouth.net

**Tel:** 1-305-854-8828

**Fax:** 1-305-854-3423

**Website:** [www.bakergordonsymposium.com](http://www.bakergordonsymposium.com)

## March 2012

**DATE: 01 MARCH 2012 - 03 MARCH 2012**

**Meeting:** 3rd Bergamo Open Rhinoplasty Course: From Fundamentals to Finesse

ISAPS-ENDORSED PROGRAM

**Location:** Bergamo, Italy

**Venue:** Centro Congressi Giovanni XXIII

**Contact:** Enrico Robotti

**Email:** congress@cq-travel.com

**Tel:** +39 02 48 04 951

**Fax:** +39 02 43 91 16 50

**Website:** <http://www.bergamoplast.com>

**DATE: 07 MARCH 2012 - 11 MARCH 2012**

**Meeting:** 15th Annual Dallas Cosmetic Surgery Symposium & 29th Annual Dallas Rhinoplasty Symposium

**Location:** Dallas, Texas, USA

**Venue:** Westin Galleria Hotel

ISAPS-ENDORSED PROGRAM

**Contact:** Veronica Mason

**Email:** Veronica.Mason@utsouthwestern.edu

**Tel:** 1-214-648-2154

**Fax:** 1-214-648-2317

**Website:** <http://www.dallascosmeticsymposium.com>;  
<http://www.dallasrhinoplastysymposium.com>

**DATE: 12 MARCH 2012**

**Meeting:** ISAPS Symposium – Boracay Island

**Location:** Boracay Island, Philippines

**Contact:** Susumu Takayanagi, MD

ISAPS SYMPOSIUM

**Email:** info@mega-clinic.com

**Tel:** 81-6-6370-0112

**Fax:** 81-6-6327-0584

**DATE: 23 MARCH 2012 - 25 MARCH 2012**

**Meeting:** XIII International Symposium of Plastic Surgery

**Location:** Sao Paulo, Brazil

**Venue:** Sherton Convention Center

ISAPS-ENDORSED PROGRAM

**Contact:** Hanna Stutz

**Email:** assistente@relations.com.br

**Tel:** 55-11-5543-4142

**Fax:** 55-11-5543-4142

**Website:** <http://www.simposiointernacional.com.br/>

## April 2012

**DATE: 11 APRIL 2012 - 13 APRIL 2012**

**Meeting:** XLVII Congress of the Spanish Society of Plastic, Reconstructive and Aesthetic Surgery (SECPRE) and I Iberian-Scandinavian Congress on Plastic, Reconstructive and Aesthetic Surgery

**Location:** Palma de Mallorca, Spain

**Venue:** Nuevo Pueblo Español

**Contact:** Carlos Lázaro

**Email:** c.lazaro@bnyco.com

**Tel:** 34 91 571 93 90 – 34 91 571 92 10

**Fax:** 34 91 571 93 90 – 34 91 571 92 10

**Website:** <http://iberian-scandinavian-secprecongress.com>

## June 2012

**DATE: 01 JUNE 2012 - 03 JUNE 2012**

**Meeting:** ISAPS Course Como-Italy

**Location:** Como, Italy

ISAPS-OFFICIAL COURSE

**Contact:** Karen Rogerson

**Email:** isapscomo@cq-travel.com

**Tel:** +39 02 49542901

**Fax:** +39 02 43911650

**Website:** <http://www.isapscomo2012.com>

**DATE: 06 JUNE 2012 - 08 JUNE 2012**

**Meeting:** Rome Breast Surgery 2012, Reconstruction and Aesthetic: Excellence as the common challenge

**Location:** Rome, Italy

**Contact:** Organizing Secretariat

**Email:** breastsymposium2012@alfa-international.it

**Tel:** 0039 (0)6 32282204

**Fax:** 0039 (0)6 3222038

**DATE: 07 JUNE 2012 - 09 JUNE 2012**

**Meeting:** Beauty Through Science

**Location:** Stockholm, Sweden

**Venue:** Stockholm Waterfront Congress Centre

**Contact:** Anna Eliasson

**Email:** bts@ak.se

**Tel:** + 46 8 614 54 00

**Fax:** + 46 8 614 54 29

**Website:** <http://www.beautythroughscience.com>

**DATE: 09 JUNE 2012 - 11 JUNE 2012**

**Meeting:** VII International Plastic Surgery Course

**Location:** Ekaterinburg, Russia

**Venue:** World Trade Center

**Contact:** Irina Vlokh

**Email:** irinav@plastic-surgery.ru

**Tel:** 7-343-371-8802

**Fax:** 7-343-371-8999

**Website:** <http://www.b-med.ru>

**DATE: 13 JUNE 2012 - 17 JUNE 2012**

**Meeting:** 57th Plastic Surgery Research Council

**Location:** Ann Arbor, MI

**Venue:** University of Michigan

**Contact:** Catherine Foss

**Email:** psrc@conmx.net

**Tel:** 1-603-643-2325

**Fax:** 1-603-643-1444

**Website:** <http://www.ps-rc.org>

**DATE: 16 JUNE 2012 - 19 JUNE 2012**

**Meeting:** 4th Eurasian International Aesthetic Surgery Course

**Location:** Istanbul, Turkey

**Venue:** Lutfi Kirdar Convention and Exhibition Center(ICEC)

**Contact:** Nazim Cerkes

**Email:** ncerkes@hotmail.com

**DATE: 22 JUNE 2012 - 24 JUNE 2012**

**Meeting:** ISAPS Course – Fortaleza

**Location:** Fortaleza, Brazil

**Contact:** Carlos Uebel, Raul Gonzalez

ISAPS-OFFICIAL COURSE

## August 2012

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**DATE: 23 AUGUST 2012 - 26 AUGUST 2012**

**Meeting:** 4th European Plastic Surgery Research Council

**Location:** Hamburg Harbor, Germany

**Venue:** Freighter MS Cap San Diego

**Contact:** Isabelle Laerz

**Email:** info@epsrc.eu

**Tel:** +49 3641 311 63 20

**Fax:** +49 234 325 20 80

## September 2012

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**DATE: 04 SEPTEMBER 2012 - 08 SEPTEMBER 2012**

**Meeting:** 21st Congress of ISAPS

**Location:** Geneva, Switzerland

**Venue:** Centre International de Conférences Geneve

**Contact:** Catherine Foss

**Email:** isaps@conmx.net

**Tel:** 1-603-643-2325

**Fax:** 1-603-643-1444

**Website:** <http://www.isapscongress2012.org>

ISAPS OFFICIAL CONGRESS

**DATE: 12 SEPTEMBER 2012 - 15 SEPTEMBER 2012**

**Meeting:** Laser Innsbruck 2012: Advances and Controversies in Laser and Aesthetic Surgery

**Location:** Innsbruck, Austria

**Venue:** Faculty of Catholic Theology of the University of Innsbruck

**Contact:** Katharina Russe-Wilflingseder, MD

**Email:** office@laserinnsbruck.com

**Tel:** 43-512-25-2012

**Fax:** 43-512-25-2737

**Website:** <http://laserinnsbruck.com>

**DATE: 20 SEPTEMBER 2012 - 22 SEPTEMBER 2012**

**Meeting:** ISAPS Course – Lima & Machu Pichu

**Location:** Lima & Machu Pichu, Peru

**Contact:** Julio Kirschbaum and Carlos Uebel

**Email:** consultas@kirschbaumplasticsurgery.com

**Tel:** 511-715-0808

**Fax:** 511-718-8849

ISAPS-OFFICIAL COURSE

**DATE: 26 SEPTEMBER 2012 - 28 SEPTEMBER 2012**

**Meeting:** XVIII International Course on Plastic & Aesthetic Surgery

**Location:** Barcelona, Spain

**Venue:** Clinical Planas

**Contact:** Course Secretariat

**Email:** cursos@clinica-planas.com

**Tel:** 34-93-203-2812

**Fax:** 34-93-206-9989

## October 2012

---

**DATE: 04 OCTOBER 2012 - 07 OCTOBER 2012**

**Meeting:** IFATS 10th Annual Meeting

**Location:** Quebec City, Canada

**Contact:** Jordan Carney

**Email:** ifats@conmx.net

**Tel:** 1-603-643-2325

**Fax:** 1-603-643-1444

**Website:** <http://www.ifats.org>

## May 2013

---

**DATE: 01 MAY 2013 - 05 MAY 2013**

**Meeting:** 58th Annual Meeting of the Plastic Surgery Research Council

**Location:** Santa Monica, California

**Contact:** Catherine Foss

**Email:** psrc@conmx.net

**Tel:** 1-603-643-2325

**Fax:** 1-603-643-1444

**Website:** <http://www.ps-rc.org>

## September 2013

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**DATE: 11 SEPTEMBER 2013 - 15 SEPTEMBER 2013**

**Meeting:** 15th ISCFS Biennial International Congress

**Location:** Jackson Hole, Wyoming, USA

**Venue:** Teton Village

**Contact:** Catherine Foss

**Email:** ISCFS2013@conmx.net

**Tel:** 1-603-643-2325

**Fax:** 1-603-643-1444

**Website:** <http://www.iscfs2013.org>

ISAPS OFFICIAL CONGRESS

## Admitted in September 2011

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Bianca OHANA, MD\*

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JIE LUAN, MD

WEI XIA, MD

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Nikolai MILANOV, MD, PHD

Olga NICHKOVA, MD

Kirill PROTASOV, MD

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Badwi ELIAS, MD

### Thailand

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Boonchai TAWERATTANASIL, MD

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### USA

Joseph GRYSKIEWICZ, MD, FACS

\*Associate Member (Candidate)

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