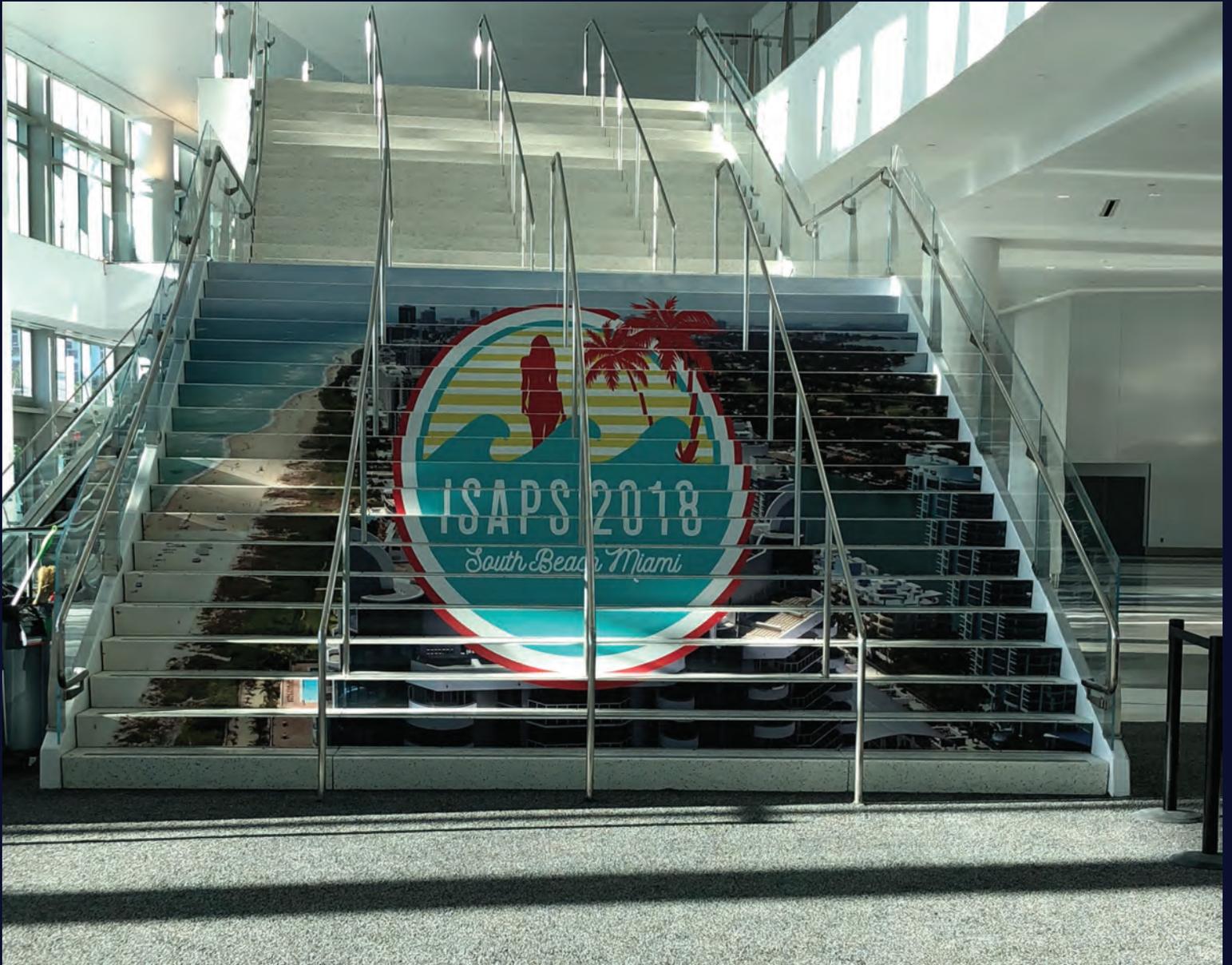


VOLUME 12, NO. 4

# ISAPS NEWS

OFFICIAL NEWSLETTER OF THE INTERNATIONAL  
SOCIETY OF AESTHETIC PLASTIC SURGERY



**THE GREATEST AESTHETIC EDUCATION ON EARTH!**



# MESSAGE FROM THE EDITOR

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Catherine Foss  
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Welcome to this edition of ISAPS News!

Convergence. That's what happens when aesthetic plastic surgeons from around the globe gather in Miami Beach for the ISAPS World Congress. The result is a fantastic week of education, comradery, and sharing of ideas. The Miami World Congress was an incredible meeting, representing the best that our planet has to offer in the field of aesthetic plastic surgery. This issue highlights the meeting, as well as all the robust activities of the society. While our members gathered in Miami for the World Congress, leaders in the society served as Visiting Professors at many locations around the world, including my own city of Pittsburgh. Dr. Joao Erfon served as visiting professor at the University of Pittsburgh Department of Plastic Surgery, hosted by fellow Brazilian and local plastic surgeon Dr. Flavia Davit.

Patient safety is always in the forefront and on the minds of plastic surgeons. Dr. James Fernau presents a wonderful article on enhanced recovery after surgery (ERAS). The ERAS movement seeks to optimize all the components of care leading up to surgery, during surgery, and postoperatively to facilitate the most rapid recovery.

Our historical article by Dr. Denys Montandon chronicles the development of allotransplant from historical myth to modern reality. You will find these interesting features and much, much more in this edition of *ISAPS News*.

My warmest regards to everybody for a very Happy New Year!

J. Peter Rubin, MD  
Editor-in-Chief

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## MESSAGE FROM THE PRESIDENT

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Dear Friends and Colleagues,

It gives me great pride - and is an enormous honor - to be your President for the next two years. I first became involved in ISAPS leadership as the Assistant Treasurer in 2008. Since then, I have been on the ISAPS Board continuously for the past ten years and have served in many positions representing our society, most recently as the President-Elect under the very successful leadership of President Renato Saltz who taught us all how to be good servants of the society. He was the perfect role model for us all and breathed ISAPS 24/7. A real servant himself! We are all proud of him and he must be proud of all the achievements in the last two years.

What did I learn from him? Personally, I believe that the servant mentality is key. Good leadership also means listening to our members, to our board colleagues and to our staff. But it also means thinking outside the box, envisioning new ways to educate, finding new options to reach younger members and understanding their needs. As the youngest President of ISAPS, I feel especially responsible for the new generations and our mission: *Aesthetic Education Worldwide*®. A good mission - and says it all!

Our society needs to rejuvenate while maturing and this applies not only to the membership, but also to the leadership, professors and faculty. We need to make more use of digitalization which helps us improve our knowledge anytime and anywhere in the world at every level. But there are also many risks with the different digital platforms that are available on the internet, many of them for free and without proper peer review. Residents learn operations from YouTube channels or from some Aesthetic Academies where nobody knows who the teacher is or if he is even a doctor. They urgently ask for basic education in aesthetics that most of them are missing during their training in big university hospitals or clinics. Our text books are too complicated, and our young surgeons are demanding something simple, reliable and practical to help them survive the first years in private practice. We got the message and saw a wonderful option for ISAPS to jump in.

Our Education Council, under the established leadership of Vakis Kontoes and Ozan Sozer, has already set up a new format called F.A.S.T. - a comprehensive course with three basic modules: Face, Breast and Body. Very didactic, very well structured and with young, highly motivated professors. The first module is already scheduled in February 2019 in Moscow. Reserve your place right now.

Furthermore, I am proud to announce the first book of an aesthetic surgery society, *The ISAPS Manual on Basics in Aesthetic Plastic Surgery*, covering exactly the needs of young plastic surgeons: simple and safe techniques to start with, non-invasive alternatives, marketing aspects and material - all from the masters, all written by ISAPS professors. The publisher is Elsevier and I am confident that this new bible will be available in 2020 including a lot of digital material and perfect drawings for better understanding. So exciting!

Digitalization, including webinars, E-learning, video library, and better membership services such as automatic annual fee renewal, will be one big aim during my term as well as aesthetic education of the younger plastic surgery generation worldwide. Many other projects mostly focused on better service for our members and patient safety are already lined up. New ISAPS insurance models for revisions, malpractice, disability, cyber security and travel will soon be available with very good benefits for the entire membership. Many thanks to Alison Thornberry, our ISAPS insurance director, and Kai Schlaudraff, our Treasurer, for their hard and dedicated work.

Also coming soon is a completely new ISAPS loyalty program that will reward you with safety diamonds and visible different levels of your educational activities at ISAPS when you attend ISAPS courses and symposia, write articles in our Blue Journal, *Aesthetic Plastic Surgery*, or for our newsletter, *ISAPS News*, serve as a committee member or lecturer and so on. We will provide you with nice reductions or free access to many of our courses and symposia worldwide as well as to our digital platforms. We want you to stay with ISAPS and benefit from your membership!

The Global Alliance now has 61 affiliated National Societies. We held our first meeting in Kyoto in 2016 and the interaction among these leaders was outstanding and valuable. Our focus going forward has created a single international voice for global aesthetic plastic surgery, representation on all international issues related to patient safety, developing new strategies for safe medical tourism and promoting a global partnership in our diverse education, training and accreditation activities. We need more protection to strengthen our specialty. This means a lot of political involvement and management by perception and international strength - exactly what the Global Alliance stands for!

The recently concluded biennial Congress in Miami Beach - what an event! Record-breaking attendance from 98 countries, 372 Faculty, over 400 free papers, and 160 Exhibitors! The biggest meeting ever in the history of ISAPS!

But was it good? Was it worth it to attend? Did we learn new things? Well, the feedback was overwhelming and personally, I learned a lot from our faculty: tips, tricks, little things, new things. That's what I expect from a scientific meeting from the biggest international society of aesthetic plastic surgeons in the world - and also to re-connect with my friends from all over the globe. We are a big and powerful network of distinguished colleagues who share the same interests: to improve their skills and to have some fun together. Yes, it was very good, and we noticed valuable tips for improvement, which is also good. To me, the Miami Beach Congress was one of the most exciting moments in my life culminating with ISAPS President Dr. Renato Saltz handing over the duties of the Presidency to me. Palpitations, joy, respect and pride.

Continued on Page 4

## PRESIDENT'S MESSAGE CONTINUED

A big, big THANK YOU also to Catherine Foss, our Executive Director, and the whole team in our Executive Office, Julie Guest and her marketing team, and the Board of Directors who all worked day and night to make this big event a success.

We have decided to go to Vienna in 2020! A young and vibrant city full of historic buildings, hip multi-cultural restaurants, bars and clubs! The ideal place to learn from the best of the world in aesthetics, to reconnect with your international friends or simply to enjoy Austrian hospitality. I could not think of a better place to celebrate our 50th anniversary. We have planned special live surgery courses on complication cases (SOS) and cadaver courses at the famous Anatomical Training Center at the University of Vienna in the days before the World Congress starts so that there is no overlap with the meeting. Marking courses, best and worst-case sessions, problems and solutions panels, migraine surgery labs and the Best of the World Competition – a new event where all Global Alliance Partners can present their best speaker – these will be some highlights of the scientific program.

Vienna in September 2020 – definitely the highlight but also the end of my presidency. I will have a strong team of servants on my Board of Directors and committees to support and help me during the next two years. They are all hand-picked and already started many activities.

I hope that you support me during my Presidency to rejuvenate and protect our society.

Best regards

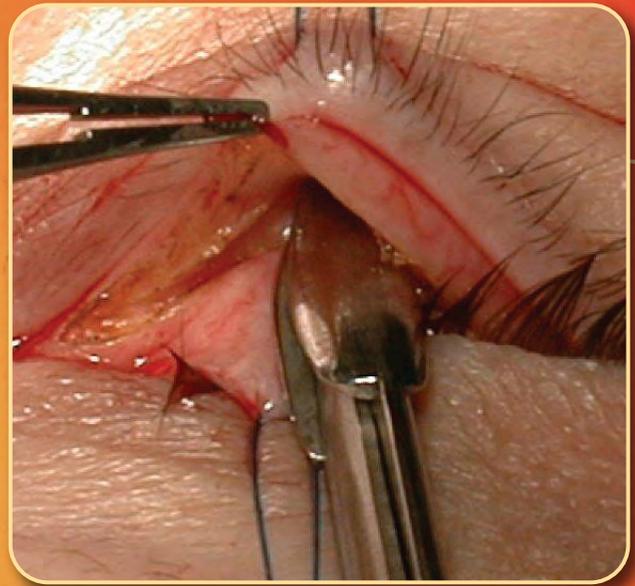


Dirk Richter, MD  
ISAPS President

## CONGRESS PHOTOS

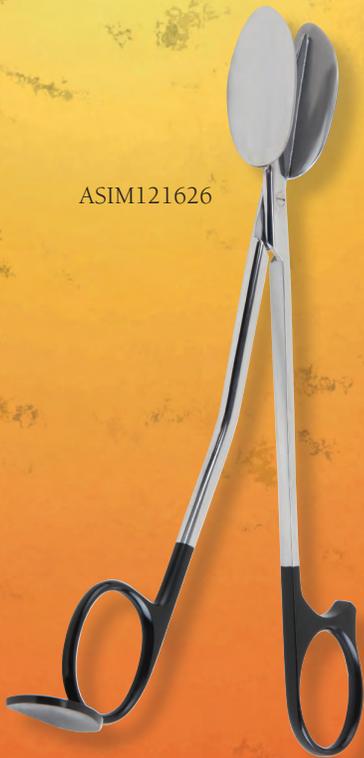


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# ISAPS GLOBAL ALLIANCE PARTICIPATING SOCIETIES SPAN THE GLOBE



ISAPS is very proud to have welcomed 62 national societies into the Global Alliance. This opens a line of communication at the Presidential level to create a strong, international presence for plastic surgery that benefits all members of the group. Several quiet initiatives developed by the Alliance have already influenced needed legislative changes in several countries.

# ISAPS GLOBAL ALLIANCE MEETS IN MIAMI BEACH



## DIRK RICHTER, MD, PHD

Germany

ISAPS President

It was a big get-together. The Presidents of the Global Alliance partner societies were invited and met for lunch at the World Congress in Miami Beach. A total of 32 Presidents of the current 61-member states accepted the invitation of ISAPS President Dr. Renato Saltz and discussed further projects and cooperation.

The Global Alliance was founded over three years ago by ISAPS and has met with an amazingly fast response from many aesthetic plastic surgery societies throughout the world.



Figure 1

The aim of this special community is to help each other and to have rapid communication channels at the presidential level. This has already proven itself in broadly coordinated statements, for example on ALCL and how to handle the many deaths after gluteal fat injections.

“Together we are strong” is the motto and this starts with the communication. Therefore, a WhatsApp group was established to connect even faster in the future. It’s always good to speak with one strong, common voice.

Further thoughts were to create an international congress in the future, where all Global Alliance partners can send their best presenter, identified at their national meeting. They can then compete, and the best lecture will be honored. “Best-of-the-World” is the working title.

Many colleagues found the ISAPS initiative positive and welcomed a further expansion of networking among the national societies. I am pleased to announce that we can now welcome the 62nd member of the Alliance, the Malaysian Association of Plastic, Aesthetic and Craniomaxillofacial Surgeons (MAPACS). Welcome to a fast-growing community! Who is next?

### Participating Societies

1. ARGENTINA – Sociedad Argentina de Cirugía Plástica Estética y Reparadora (SACPER)
2. AUSTRALIA – Australasian Society of Aesthetic Plastic Surgery (ASAPS)
3. AUSTRIA – Österreichische Gesellschaft für Plastische, Ästhetische und Rekonstruktive Chirurgie (ÖGPÄRC)
4. AZERBAIJAN – Society of Plastic Surgery Azerbaijan (SPSA)
5. BELGIUM – Royal Belgian Society for Plastic Surgery (RBSPS)
6. BOLIVIA – Sociedad Boliviana de Cirugía Plástica Estética y Reparadora (SBCPER)
7. BRAZIL – Sociedade Brasileira de Cirurgia Plástica (SBPCP)

8. CANADA – Canadian Society for Aesthetic Plastic Surgery (CSAPS)
9. CHILE – Sociedad Chilena de Cirugía Plástica, Reconstructiva y Estética (SCCPRE)
10. CHINA – Chinese Society of Plastic Surgery (CSPS)
11. CHINESE TAIPEI – Taiwan Society of Plastic Surgery (TSPS)
12. COLOMBIA – Sociedad Colombiana de Cirugía Plástica, Estética y Reconstructiva (SCCP)
13. CYPRUS – Cyprus Society of Plastic, Reconstructive and Aesthetic Surgery (CySPRAS)
14. CZECH REPUBLIC – Czech Society of Aesthetic Surgery (CSAS)
15. CZECH REPUBLIC – Czech Society of Plastic Surgery (CSPS)
16. DENMARK – Dansk Selskab for Kosmetisk Plastikkirurgi (DSKP)
17. DOMINICAN REPUBLIC – Sociedad Dominicana de Cirugía Plástica Reconstructiva y Estética (SODOCIPRE)
18. EASAPS – European Association of Societies of Aesthetic Plastic Surgery (EASAPS)
19. ECUADOR – Sociedad Ecuatoriana de Cirugía Plástica, Reconstructiva y Estética (SECPRE)
20. EGYPT – Egyptian Society of Plastic and Reconstructive Surgeons (ESPRS)
21. FINLAND – Suomen Esteettiset Plastiikkakirurgit ry. (SEP)
22. FRANCE – Société Française des Chirurgiens Esthétiques Plasticiens (SOFCEP)
23. GERMANY – Vereinigung der Deutschen Aesthetisch Plastischen Chirurgen (VDAPC)
24. GREECE – Hellenic Society of Plastic, Reconstructive and Aesthetic Surgery (HESPRAS)
25. INDIA – Indian Association of Aesthetic Plastic Surgeons (IAAPS)
26. INDONESIA – Indonesian Association of Plastic Reconstructive and Aesthetic Surgeons (InaPRAS)
27. IRAN – Iranian Society of Plastic and Aesthetic Surgeons (ISPAS)
28. IRELAND – Irish Association of Plastic Surgeons (IAPS)
29. ISAPS – International Society of Aesthetic Plastic Surgery (ISAPS)
30. ITALY – Associazione Italiana di Chirurgia Plastica Estetica (AICPE)
31. ITALY – Società Italiana di Chirurgia Plastica Ricostruttiva ed Estetica (SICPRE)
32. JAPAN – Japan Society of Aesthetic Plastic Surgery (JSAPS)
33. LEBANON – Lebanese Society of Plastic, Reconstructive, and Aesthetic Surgery (LSPRAS)
34. MALAYSIA – Malaysian Association of Plastic, Aesthetic and Craniomaxillofacial Surgeons (MAPACS)
35. MEXICO – Asociación Mexicana de Cirugía Plástica Estética y Reconstructiva (AMCPER)
36. NETHERLANDS – Nederlandse Vereniging voor Esthetische Plastische Chirurgie (NVEPC)
37. NORWAY – Norwegian Society of Aesthetic Plastic Surgery (NSAP)
38. OSAPS – Oriental Society of Aesthetic Plastic Surgery (OSAPS)
39. PAKISTAN – Pakistan Association of Plastic Surgeons (PAPS)
40. PANAMA – Asociación Panameña de Cirugía Plástica, Estética y Reconstructiva (APCPER)
41. PERU – Sociedad Peruana de Cirugía Plástica (SPCP)
42. PHILIPPINES – Philippine Association of Plastic, Reconstructive and Aesthetic Surgeons (PAPRAS)
43. PORTUGAL – Sociedade Portuguesa de Cirurgia Plástica Reconstructiva e Estética (SPCPRE)
44. ROMANIA – Romanian Aesthetic Surgery Society (RASS)
45. RUSSIA – Northeastern Society of Plastic and Reconstructive Surgeons (NESPRS)
46. SERBIA – Serbian Society of Aesthetic Plastic Surgeons (SRBSAPS)
47. SERBIA – Serbian Society of Plastic, Reconstructive, and Aesthetic Surgery (SRBPRAS)
48. SINGAPORE – Singapore Association of Plastic Surgeons (SAPS)
49. SOUTH AFRICA – Association of Plastic, Reconstructive and Aesthetic Surgeons of Southern Africa (APRASSA)
50. SOUTH KOREA – Korean Society of Aesthetic Plastic Surgery (KSAPS)
51. SPAIN – Asociación Española de Cirugía Estética Plástica (AECEP)
52. SPAIN – Sociedad Española de Cirugía Plástica Reparadora y Estética (SECPRE)
53. SWEDEN – Svensk Förening för Estetisk Plastikkirurgi (SFEP)
54. SWITZERLAND – Schweizerische Gesellschaft für Aesthetische Chirurgie (SGAC)
55. SWITZERLAND – Swiss Society of Plastic, Reconstructive and Aesthetic Surgery (SSPRAS)
56. THAILAND – Society of Aesthetic Plastic Surgeons of Thailand (THSAPS)
57. TURKEY – Turkish Society of Aesthetic Plastic Surgery (TSAPS)
58. UNITED KINGDOM – British Association of Aesthetic Plastic Surgeons (BAAPS)
59. UNITED KINGDOM – United Kingdom Association of Aesthetic Plastic Surgeons (UKAAPS)
60. UNITED STATES – American Society for Aesthetic Plastic Surgery, Inc. (ASAPS)
61. VENEZUELA – Sociedad Venezolana de Cirugía Plástica, Reconstructiva, Estética y Maxilofacial (SVCPREM)
62. VIETNAM – Vietnamese Society of Aesthetic and Plastic Surgery (VSAPS)

# GLOBAL ALLIANCE SPOTLIGHT – MAPACS



**YANG KWANG LIM, MD**  
Malaysia  
MAPACS President

The Malaysian Association of Plastic, Aesthetic and Craniomaxillofacial Surgeons (MAPACS) is the national bona fide body representing the plastic surgical community in Malaysia. It was founded in 1984 by the country's eight pioneer plastic surgeons who had received and completed their training abroad in the USA, UK, Japan and Australia and subsequently returned to Malaysia. Our founding members were instrumental in establishing plastic surgical services in both the public hospitals and private institutions in Malaysia and expanded the provision of these services to the rest of the nation. Over the past 34 years, MAPACS has grown in stature.



Today, it serves as the principal professional Association that plays key roles in its advisory capacity to the government's statutory bodies. It established the criteria for the recognition of qualifications for plastic surgeons to practice in this country as spelt out in the National Specialist Register. The Malaysian Board of Plastic Surgery, under the auspices of MAPACS, has contributed to the training, examination and certification of plastic surgeons in the country, with the support of senior colleagues from the UK, Australia, New Zealand, Singapore and Taiwan.

In the regulation of aesthetic medical practice, it has assisted the government in the structuring of the practice by introducing and implementing guidelines for the credentialing and privileging of aesthetic medical procedures by both plastic surgeons and non-plastic surgeons. Our Association has a long tradition of working closely with the College of Surgeons, Academy of Medicine, Malaysia and the Royal Colleges of Surgeons in the UK. One of the main objectives of our Association is to achieve liaisons with similar bodies internationally including affiliations with the ASEAN Federation of Plastic Surgery (AFPS), the Oriental Society of Plastic Surgery (OSAPS), Asian Pacific Craniofacial Association (APCA) and recently the International Confederation of Plastic Surgery Societies (ICOPLAST).

Following its inception in 1984, MAPACS has gained regional and international prestige due to the active participation of our members in scientific and academic activities. MAPACS was host to several regional and international plastic surgical conferences including the ASEAN Congress of Plastic Surgery in 1988, 1998 and 2010, the Oriental Society of Plastic Surgery Congress in 1994, the Asian Pacific Craniofacial Association Conference in 2010 and Asian Pacific Cleft Congress 2015. In addition, the Annual Scientific Congress held in conjunction with the Annual General Meeting is a yearly highlight featuring our international colleagues as keynote speakers.

We firmly adhere to our principles and ethics to maintain high professional and scientific standards in all aspects of plastic surgery. Our strength in education and emphasis on patient safety reinforce the Association's distinguished position in our community.

Aesthetic surgery is a prominent feature in the practice of a large number of our members and this led to the name change of our Association from MAPS (Malaysian Association of Plastic Surgeons) to MAPACS (Malaysian Association of Plastic, Aesthetic and Craniomaxillofacial Surgeons) in 1999. As we confront the changing landscape of the practice of aesthetic medicine and aesthetic surgery in Malaysia, MAPACS, being the forerunner with the longest history, continues to take an active role to shape and influence its path. The inclusion of MAPACS in the Global Alliance of ISAPS is a logical progression in the direction to foster international collaboration and cooperation in the field of aesthetic surgery. We are proud to be affiliated with this prestigious and renowned body and we look forward to a close and productive relationship.

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**POLYTECH**



# MESSAGE FROM THE EDUCATION COUNCIL



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

Following my 2016-2018 term as the Education Council Chairman being appointed by our past President Renato Saltz, it is my great honor to have been re-appointed to the same position by our new President, Dirk Richter for the next term, 2018-2020.

In my capacity as the EC Chairman for 2016-2018, together with my Vice-Chair, Dr. Ozan Sozer, we had the opportunity to organize many educational events in cooperation with the EC committee members, but also to bring the EC to new standards and achievements following the steady steps of our predecessors.

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

The EC guidelines were revised, approved and circulated to the EC regional representatives (EC committee members) around the globe for their information and implementation during ISAPS educational events. New unified certificates were created for participants, acknowledgement certificates for local organizers and residents participating in the Visiting Professor Program (VPP), invitation faculty letters were drafted, regulations were revised and formatted for more versatile procedures, and many more changes that you can find in our EC link in the website.

Every effort was made to have the EC Chair or Vice-Chair present at the majority of the educational events worldwide, while in their absence the regional representative(s) attended, representing the EC.

Our hard work in the EC provided the highest quality of education events and has immensely increased the demand for such events worldwide.

A new reimbursement policy was established for ISAPS and the travelling faculty, which honored their support to our mission Aesthetic Education Worldwide®. The income from the reimbursement policy was used for the organization of live webinars, a new video library that is free for members, the VPP, and will also support other educational “products” and policies which will soon follow.

A new Program called F.A.S.T. (Fundamental Aesthetic Surgery Training) – a comprehensive course with three basic modules: Face, Breast and Body – was also structured and is already in action. Very didactic, very well structured and with young, highly motivated professors mainly intended for younger Plastic Surgeons with up to 5 years in practice, but also available for every plastic surgeon interested to attend.

There are four programs that can be offered and organized by the Education Council:

## 1. ISAPS INSTRUCTIONAL COURSES

ISAPS Courses are fully organized by ISAPS. The EC is responsible for content and faculty selection. An ISAPS member, a National Secretary or a National

Society affiliated with ISAPS, can request a course to be held in their country. The EC will schedule an official Instructional Course on the ISAPS Calendar to avoid conflicts with other meetings. Local hosts will be asked to assist with arrangements for the course and a portion of the profit will be paid to ISAPS. Travel, hotel and all expenses for faculty are the responsibility of the hosting organization. The EC Guidelines offer comprehensive and detailed description of the organizational steps and are available on our website.

Updated information about our courses can be found on our website, in ISAPS News, and in our journal, Aesthetic Plastic Surgery. Optional donations to the Education Council to support our educational efforts in underserved countries can be made by contacting the Executive Office.

## 2. ISAPS SYMPOSIA

Symposia are free one-day education events organized by ISAPS members and/or National Secretaries and are usually scheduled the day before a National Society Meeting. Members are encouraged to contact ISAPS to arrange a Symposium and to help with faculty selection. Travel, hotel and all expenses are the responsibility of the hosting organization. ISAPS faculty are usually the guests of the society to attend the National Society meeting following the Symposium.

## 3. ISAPS ENDORSED PROGRAMS

These education activities are sponsored and produced entirely by ISAPS members, National Secretaries and National Societies. A completed application for endorsement will be promptly reviewed and once approved will provide your education program with the ISAPS logo, official endorsement statement, and worldwide marketing through our newsletter, journal and mass e-mails sent to our extensive global mailing list. There is a fee payable to ISAPS with the application for this program. The application form can be downloaded from our website or requested from the Executive Office.

## 4. ISAPS F.A.S.T. PROGRAM

This ISAPS “Educational Product” is intended mainly for younger qualified plastic surgeons, in training, with up to 5 years in practice but can also be attended by any plastic surgeon interested. It deals with the Fundamentals of Aesthetic Surgery on different anatomical regions and not with the very advanced topics presented in ISAPS Courses and Symposia. It consists of three modules, organized quarterly in a period of one year, each one focusing on a different anatomic region over a standardized scientific program designed by the EC (Face, Breast, Body).

## KONTOES CONTINUED

Every module will address in detail, mandatorily but not restrictively, the following:

- Basic surgical anatomy
- Step-by-step surgical techniques
- Pre-op and post-op care of patients
- Tips and tricks of each technique
- Common and uncommon complications; how to avoid and how to treat them
- Common patients' concerns
- Minimally and non-invasive techniques
- Patient Safety
- ISAPS Business School: How to build, market, protect, and organize an aesthetic surgery practice; how to introduce technology, energy-based devices and other technology; and cyber security.

Local organizers can propose specific topics to be presented in the modules that might not be included in the list above and the EC will consider these proposals for inclusion.

More information for any kind of educational events can be found in the following link:

<https://www.isaps.org/medical-professionals/education-council/>

The EC for the new term has a lot more plans and visions including monthly webinars, different course structures, an ISAPS book on aesthetic surgery techniques, yearly official ISAPS meetings in different formats from the biennial Congress, digitalization of the EC function and activities and rejuvenation of the educational procedures.

I would like to welcome you all to this new EC term and kindly ask for your support to our mission.

On behalf of my EC vice-chair, Dr. Ozan Sozer, and myself I would like to thank all the EC regional representatives for their support, to welcome the new ones who joined us and of course to express our gratitude to our Past President, Dr. Renato Saltz, for his enormous trust and support during the past term and for giving us the opportunity by appointing us in 2016 to realize our visions working hard for the EC.

## CONGRESS PHOTOS



## GLOBAL ALLIANCE VISIT



*New Global Alliance Ad Hoc Committee Chair Dr. Mark Jewell with Dr. Terence Goh, President of the Singapore Association of Plastic Surgeons during their recent visit in Singapore.*

# 1ST ISAPS SYMPOSIUM ATHENS, GREECE



**APOSTOLOS MANDREKAS, MD, PHD**  
Greece  
National Secretary for Greece

The 1st ISAPS Symposium was held on November 24, 2018 in Athens, Greece and focused on “Non-Invasive Techniques for Facial Rejuvenation” and was organized by Dr. Paraskevas Kontoes (Chair, ISAPS Education Council) and me. The scientific program encompassed all aspects of non-invasive techniques for facial rejuvenation from fillers, threads, fat, PRP, peels to periorbital and facial anatomy and patient safety focusing on complications and their treatment.



Figure 1 - Symposium organizers Drs. Mandrekas and Kontoes

Invited speakers were Dr. Pierre Nicolau from Spain and Hussein Abulhassan and Aly Abulhassan from Egypt. Also, many Hellenic ISAPS members presented their experience.

More than 85 attendees participated with very interesting discussion and comments. At the end of the Symposium, a live demonstration took place on fillers and threads application by Dr. Nicolau and Dr. Kontoes.



Figure 2 - Overview of the participants



Figure 3 - From right to left, Dr. Pierre Nicolau, Dr. Evagelos Keramidis, Dr. Apostolos Mandrekas, Dr. Hussein Abulhassan, Dr. Vakis Kontoes, Dr. Michael Tarabe, Dr. Aly Abulhassan, Dr. John Liapakis.



Figure 4 - The social activities included dinner with the invited speakers and the organizers at the “Sense” restaurant facing the Acropolis. From right to left, Dr. Apostolos Mandrekas, Dr. Pierre Nicolau, Mrs. Rizopoulou, Dr. Aly Abulhassan, Dr. Hussein Abulhassan.

## GLOBAL PERSPECTIVES: FUTURE THEMES

**March 2019: Facial Rejuvenation**  
Deadline: January 15

**June 2019: Aesthetic Breast**  
Deadline: April 15

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

# ISAPS SYMPOSIUM 2ND AUGUST 2018: NEW ZEALAND AND AUSTRALIA



## MORRIS RITZ, MD

Australia  
ISAPS National Secretary for Australia



## MURRAY BEAGLEY, MD

New Zealand  
ISAPS National Secretary for New Zealand

Prior to the combined New Zealand Association of Plastic Surgeons (NZAPS) and Australasian Society for Aesthetic Plastic Surgeons (ASAPS) 2018 meeting, a single day boutique symposium dedicated to fat grafting and liposuction was held in Auckland, New Zealand on August 2nd 2018. The meeting was convened largely by Morris Ritz (ISAPS National Secretary for Australia) who did an exceptional job of gathering together many of the luminary surgeons who excel in this field. We were honoured to hear talks by Kotaro Yoshimura (Japan), Nimrod Friedman (Israel), Cheung Wing Yung (Singapore) and Emmanuel Delay (France). We also had the opportunity to hear Onelio Garcia (USA) present via video link from his practice in Miami, Florida.



The forty delegates at the meeting largely comprised local New Zealand plastic surgeons with some colleagues from across the Tasman Sea and a few from more distant countries.

The first session covered liposuction with tips and tricks from our invited speakers. Later in the morning, attention was turned to liposculpture of the male torso and then the numerous techniques used to restore volume to the female breast. This included lipotransfer with or without implants either as a cosmetic procedure for hypomastia or ptosis, or as a reconstructive procedure following oncological surgery.

The afternoon session concentrated on the very topical Brazilian Butt Lift technique that was presented by three of our local surgeons from Sydney and Auckland.

The meeting concluded with a presentation by Alison Thornberry outlining the ISAPS revisional surgery insurance program.



Figure 2 - The ISAPS Booth was well taken care of by Tim Martin, Stephanie Nielsen and Alison Thornberry.

We would like to thank both the speakers and the delegates for their attendance at this meeting. The papers were all well received and educational,

thereby promoting the ISAPS mantra of patient safety through surgical education.

Among the attendees were Dr. Richard Hamilton, Assistant National Secretary for Australia; Murray Beagley, National Secretary for New Zealand; Mark Magnusson, ASAPS President (Australasian Society of Aesthetic Plastic Surgery); Alison Thornberry, Director of ISAPS' Insurance Program; and Dr. Tim Papadopoulos, Australia.



Figure 1 - Among the attendees were Dr. Richard Hamilton, Assistant National Secretary for Australia; Murray Beagley, National Secretary for New Zealand; Mark Magnusson, ASAPS President (Australasian Society of Aesthetic Plastic Surgery); Alison Thornberry, Director of ISAPS' Insurance Program; and Dr. Tim Papadopoulos, Australia.



## Members, do you know that your website access has changed?

Your new website Members Area access Username is now your email. Your password remains your ISAPS Member ID number. Not sure which email to use? Send us an email to confirm. [Membership@ISAPS.org](mailto:Membership@ISAPS.org)

# 1ST ITALIAN BREAST AUGMENTATION WEBINAR



**GIANLUCA CAMPIGLIO, MD, PHD**  
Italy  
ISAPS 2nd Vice President

On Saturday, October 6, 2018, the 1st *Italian Breast Augmentation Course*, endorsed by ISAPS, took place in Rome, Italy. This event was streamed live from Quisisana Clinic and was followed by almost 100 participants, including 18 ISAPS members, from different countries including Italy, Greece, United States, United Kingdom and Brazil.



Figure 1 - Dr. Pozzi, Dr. Gasperoni, Dr. Salgarello, Dr. Campiglio.

Three operations were shown: the first a sub-pectoral breast augmentation performed by Dr. Carlo Gasperoni, former professor of Aesthetic Surgery at the Catholic University of Sacred Heart in Rome; the second, a breast augmentation with anatomic implant coated with polyurethane by Dr. Marzia Salgarello, Head of Post-Graduate School in Plastic Surgery at the Catholic University of Sacred Heart in Rome; and the third a breast enhancement with fat by Dr. Angelo Trivisonno. The Course, that lasted from 12.00 to 21.00 and was appreciated by all those who took part and by the colleagues who participated via the live stream.

Adriana Pozzi, ISAPS National Secretary for Italy, and I were present in the operating room and moderated the meeting. Considering that this was the first live streamed surgery course in Italy, it was a great success that will certainly be replicated next year.



Figure 2 - Dr. Gasperoni interviewed by Dr. Campiglio.



Figure 3 - Dr. Trevisonno with Dr. Gasperoni.

## CONGRESS PHOTOS



# VISITING PROFESSOR PROGRAM - SOUTH KOREA



**LEE L. Q. PU, MD, PHD, FACS**

United States

ISAPS Education Council Regional Chair for China

Associate Editor, *Aesthetic Plastic Surgery*

I landed in Seoul, South Korea on Friday night, November 9, and started my first visit there as an ISAPS Visiting Professor. After about a one and a half-hour car ride, I arrived at the Intercontinental Hotel located in the Financial District in Downtown Seoul. My first impression was that it is a huge city with many high rise and modern buildings. It is also quite safe and peaceful and there are many things you can enjoy.

Dr. J. P. Hong, a renowned plastic surgeon in the Department of Plastic Surgery, Asan Medical Center, University of Ulsan, in Seoul hosted my visit. On my first day, he organized a guided tour for me to visit the entire hospital. Asan Medical Center is the largest hospital in South Korea. (Figure 1) It was founded by the founder of Hyundai Motor Company, Mr. Ju-Yung Chung who wanted it to be called Asan. The hospital has about 2,500 beds with very modern buildings and first-class facilities. It's very impressive to see that as a relatively new hospital, it has a state-of-the art



Figure 1 - A view of Asan Medical Center in Seoul, South Korea.



Figure 2 - The author in one of the entrances in the medical center.

administrative system that ensures the hospital runs smoothly and provides the best possible medical or surgical care for their national and international patients. (Figure 2) For example, the hospital is well known for its liver transplant program both nationally and internationally. It appears to me that the hospital really has whatever one needs to conduct either routine or tertiary patient care.

The Department of Plastic Surgery has ten full time faculty surgeons. It is the largest Department of Plastic Surgery in South Korea primarily divided into 3 major sub-specialties: head and neck reconstruction and craniofacial surgery; breast reconstruction; and extremity reconstruction. They also run a plastic surgery residency program. All the plastic surgery residents are quite energetic and eager to learn. I was surprised that English is quite common and that the proficiency level of English among the residents and faculty is quite good. There is an incredible vision for international scientific exchange within Asan Medical Center. During my visit I met their new chairman of the department,



Figure 3 - The social event at night for a typical "Korean dinner" with Dr. H. P. Hong, other faculty members, residents, and international fellows.

Dr. J. W. Choi, a renowned craniofacial and head and neck reconstructive surgeon. He has served as the program chair of the scientific committee of the Korean Society of Plastic Reconstructive Surgeons' annual meeting which has become very international with English as the only instructional language. During my visit to Asan Medical Center, I also met many international fellows from the Netherlands, Australia, Canada, Saudi Arabia, Egypt, and Argentina.

These fellows will spend variable amounts of time in the medical center and receive state of the art plastic surgery training under the supervision of Korean plastic surgery faculty. My local host also organized a fantastic social event for me, and for other international visiting fellows, and we all enjoyed Korean Barbeque very much. (Figure 3)

During my second day, I delivered a lecture on "What Do You Know Now About Fat Grafting?" My lecture included a discussion on common techniques in fat grafting, current concepts of fat graft survival, the role of adipose-derived stem cells in fat grafting, and regenerative plastic surgery with fat grafting. My expertise in cryopreservation of fat grafts was also discussed at length. (Figure 4)



Figure 4 - A group photo with faculty members, residents, and international fellows after my lecture.



Figure 5 - Dr. J. W. Choi, the new chairman of the department, presented me with a gift from their department after my lecture.

My lecture was very well received by the residents, fellows, and their faculty members. Both Dr. Choi and Dr. Hong praised me highly for the quality and scientific content of my lecture. (Figure 5) They really appreciated the opportunity to host their first ever ISAPS Visiting Professor and invited me back to give more lectures on aesthetic plastic surgery.



Figure 6 - With Dr. J. P. Hong, my local host, in the operating room.

During my visit I also went to the operating room to see how various plastic surgical procedures were performed at Asan Medical Center. (Figure 6) They have incredible skills in lower extremity reconstructive microsurgery, breast reconstruction, and head and neck and craniofacial reconstruction. Therefore, almost all international fellows believe their time spent at the Asan Medical Center in a fellowship training or as a short-term visitor is worthwhile.

South Korea is also well known as the capitol of cosmetic surgery in Asia. I had the opportunity to visit an ISAPS faculty member, Dr. Man Koon Suh, at the J. W. Plastic Surgery Clinic in Seoul. Dr. Suh is one of the owners. (Figure 7) This clinic runs very well and even offers English, Chinese, Russian, and Vietnamese to their international patients. Dr. Suh's practice is exclusively in Asian rhinoplasty. He recently published a new book entitled, "Atlas

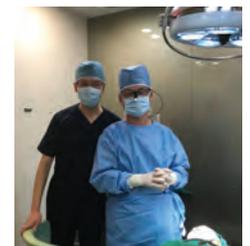


Figure 7 - With Dr. Man Koon Suh at the J. W. Plastic Surgery Clinic in Seoul.

Continued on page 15

# VISITING PROFESSOR PROGRAM - PITTSBURGH, PA – USA



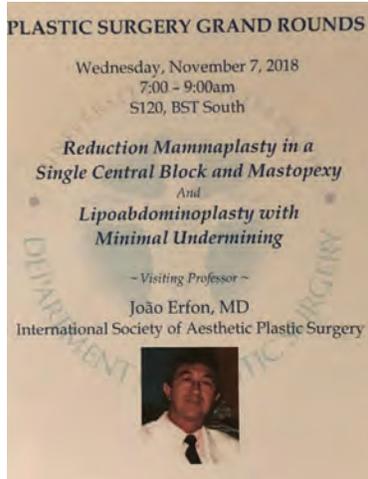
**JOÃO ERFON A. RAMOS, MD**  
Brazil

As an ISAPS Visiting Professor, I was invited to attend Professor Peter Rubin's Grand Rounds in the Plastic Surgery Service at the University of Pittsburgh, Pennsylvania, USA, by Dr. Flavia Davit.

When Dr. Davit was finishing her Residency in Plastic Surgery in Pittsburgh, she interned with me in Fortaleza, Brazil for three months in 2014.

During the two hours that I was given to talk about breast and abdomen surgeries, I presented the following six topics with plenty of illustrations and edited videos:

1. Breast reduction in a single central block
2. Mastopexy
3. Mastopexy with silicone implant
4. Full lipoabdominoplasty
5. Mid lipoabdominoplasty
6. Mini lipoabdominoplasty



After the presentation in the auditorium of the University, many questions were asked by approximately forty professors and resident physicians, followed by clarification of the main points of the presentation.

My wife, Selma, and I arrived in Pittsburgh the day before and were greeted with great affection and attention by Dr. Davit and her husband Dr. Alex Davit. We were taken to dinner at a great Chinese restaurant, accompanied by their two beautiful daughters, Ana Sofia and Isabele (7 and 4 years old respectively). We had a very cozy evening. The next day, at 6:10 am, Dr. Davit picked us up at the hotel and we went to the University where we were welcomed by the professors and Chief Resident Dr. Vu Nguyen and Dr. Michael Bykowski.

After a light breakfast, we started the classes mentioned above, and everything went smoothly due to the perfect organization for which I congratulate the organizers. After the Grand Rounds, Dr. Davit took us for a visit to the Botanical Gardens and other sights in Pittsburgh, ending with a lovely lunch at an Italian restaurant. The following day we began our trip back to Brazil.



*Drs. Vu Nguyen, João Erfon and Flavia Davit.*

I would like to say how honored I was to participate in the Grand Rounds at the beautiful University of Pittsburgh, in the Service of Professor Peter Rubin, one of ISAPS' icons for whom I have admiration and respect. I would also like to thank the event's organizers, Drs. Michael Bykowski, Vu Nguyen and Flavia Davit, as well as Secretary Kimberly Elkins for arranging my trip.

## PU CONTINUED

of Asian Rhinoplasty." He obviously is an accomplished rhinoplasty surgeon with mature skills.

On my last day on the way to the Incheon international airport, I had the opportunity to visit Incheon Landing Operation Museum located in Incheon, South Korea. (Figure 8) As many of you know the history of the Korean war, "Incheon Landing Operation" had dramatically changed the fate of the Korean war and is a piece of history you should know about.



*Figure 8 - The outside of the Incheon Landing Operation Museum.*

It is my great honor to serve as an ISAPS ambassador to visit Asan Medical Center in South Korea. The extent of scientific exchange in plastic surgery was intense and I have also learned a lot from our South Korea colleagues in terms of their vision, drive, and surgical skills. They also try to be the best in plastic surgery. I'm so happy to share my expertise in aesthetic surgery with our Korean plastic surgery residents, the faculty members, and even the international trainees. Our Visiting Professor program will have an impact on the next generation of plastic surgeons in that country and I'm so thrilled to help accomplish the mission of ISAPS in worldwide aesthetic surgery education.

# REPORT OF THE NATIONAL SECRETARIES MEETING – MIAMI BEACH



**NINA NAIDU, MD**

United States

ISAPS National Secretary for the US

The 24th Congress of ISAPS was held this year in Miami, Florida, under the leadership of Dr. Renato Saltz. The National Secretaries Meeting was held the day prior to the Congress and I'd like to share with you some of the major items that were discussed:

- 1. Membership:** ISAPS is the largest aesthetic surgery society worldwide. There are currently 4180 members in 106 countries, indicating a 25% increase since the last Congress. There has been a recent focus on bringing in younger members.
- 2. New directions:** Our new President, Dr. Dirk Richter (Germany), spoke at length about his vision for ISAPS for the next two years. Some of his plans include an emphasis on digitalization to improve education; a loyalty program for continued membership in ISAPS; an option for long-term membership with an auto-renewal plan; a goal to increase membership to 5000+; additional membership benefits including membership cards, e-learning, referrals through PR and marketing; course fee reductions, and a new app (ISApps) which allows member surgeons to communicate about difficult cases.
- 3. Aesthetic Plastic Surgery:** Dr. Bahman Guyuron is the current Editor-in-Chief of the ISAPS journal. He has been working to decrease turn-around time from submission to acceptance and publication and has increased the number of invited discussions. The Impact Factor is currently 1.484, which is the highest in the journal's history.
- 4. ISAPS Insurance:** Many new insurance programs are being formalized for members, including insurance for surgery revisions, coverage for cyber-attacks, disability insurance, medical negligence and risk management insurance, and travel insurance for members and their families. Some of these plans will only be available in specific countries depending on local laws.
- 5. Women Plastic Surgeons:** The inaugural Symposium was held during the Congress with over 200 attendees. I have handed over the Chair position to Dr. Teresa De la Cerda (Chile) who will be organizing the next Symposium in 2020. Women currently represent 16% of the membership – a number we would like to see increase before the next Congress.
- 6. Residents/Fellows:** Membership is free for current residents and fellows in accredited programs. Dr. Maria Wiedner (Germany) is the current Chair of the Residents/Fellows Committee, and can be reached at [residentsandfellows@isaps.org](mailto:residentsandfellows@isaps.org). The Residents & Fellows Symposium at the Congress was very well attended.

- 7. Global Survey:** ISAPS is the only organization that collects aesthetic case data on a global scale, and your participation is critical. Please complete this survey each year. The 2017 survey results were released during the Congress, and showed a 4% increase in aesthetic surgery worldwide. The highest volume recorded was in the United States followed by Brazil. Non-surgical procedures were down, indicating that aesthetic surgeons appear to be focusing more on surgery.
- 8. New Educational Courses:** Several new educational programs are planned, including an ISAPS Fundamental Aesthetic Surgery Training Program for younger surgeons and Teach the Teachers Program to improve the teaching capacity of the faculty. Current programs which will continue include the ISAPS Business School, ISAPS Skin, and the ISAPS video library which is currently being populated on the website.
- 9. Patient Safety:** As this is one of the core missions of ISAPS, we are working to obtain a global standard for patient safety. While minimum requirements are in place in the US and are mandated by ASPS and ASAPS, these standards are not required in many other countries. Working in an accredited facility may also become mandatory for membership in ISAPS in the future.
- 10. Next Congress:** The 25th Biennial Congress will be held on September 2-5, 2020 in Vienna, Austria. Dr. Richter is planning an outstanding and dynamic meeting which will coincide with the 50th anniversary of ISAPS. In addition to the scientific lectures and free paper presentations, cadaver labs will again be offered in addition to marking courses for younger surgeons.
- 11. Member Benefits:** Check the Member Area for new benefits available only to ISAPS members.
- 12. ISAPS Archive:** Did you know that you can view many of the lectures from the recent Congress online? The Congress lectures were live streamed and can be accessed at [ISAPSArchive.com](http://ISAPSArchive.com). There is a fee of \$199 which provides you with access to all of the Breast & Body lectures, Business School lectures, and the Cadaver labs. Although I attended the Congress, I purchased the livestream to catch up on everything I missed. We have many amazing international colleagues and I promise that you will learn something new. The archive is available for 90 days following the Congress.

This is a very exciting time to be a part of ISAPS, and I hope that you will be able to take advantage of the many benefits that distinguish it from your primary society affiliation.

# TWELVE YEAR-EXPERIENCE IN REGENERATIVE TREATMENT AND AESTHETIC IMPROVEMENT OF FIBROUS TISSUES



**MARCO KLINGER, MD**  
Italy  
ISAPS Member



**GIANLUCA CAMPIGLIO, MD, PHD**  
Italy  
ISAPS 2nd Vice President

Additional Authors: Marco Klinger<sup>1</sup>, Silvia Giannasi<sup>1</sup>, Alessandra Veronesi<sup>1</sup>, Valeria Bandi<sup>1</sup>, Luca Maione<sup>3</sup>, Valeriano Vinci<sup>1</sup>, Andrea Lisa<sup>1</sup>, Francesco Klinger<sup>2</sup>, Gianluca Campiglio<sup>4</sup>

1. Plastic Surgery Unit, Humanitas Clinical and Research Hospital, University of Milan (Italy)
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Tissue regeneration is a dream that humans have been chasing since ancient times. Currently, regenerative medicine is an emerging and rapidly evolving field of research and therapeutics, thanks to the new discoveries on stem cells, first studied by Becker in 1963.

Adipose tissue is a type of connective tissue that contains stored cellular fat and a reservoir of mesenchymal stem cells able to divide indefinitely and to produce different cellular lines (ADSC).

Clinical improvement in trophic characteristics of teguments after autologous fat grafting (AFG) is well described in the literature.

Our group started adopting autologous fat grafting for the treatment of scar tissue twelve years ago, in 2006, when we published our first work.

We started adopting autologous fat grafting according to the Coleman technique to treat retractile and painful post-burn scars compromising the normal daily activity/mobility of the joint involved.

Our extremely positive experience led us to widen the indication for scars of different origin, such as post-traumatic, post-surgical, radiotherapy outcomes and ulcers.

Histologically, we observed an improvement in the quality of scars, with new collagen deposition and neo-angiogenesis. In all treated scars, a qualitative improvement was shown both from the aesthetic and functional points of view. From the aesthetic point, scar treatment with AFG resulted in amelioration of pigmentation, thickness, and elasticity: treated areas regained characteristics similar to those of normal skin, becoming softer and more elastic.

In addition to its regenerative potential, AFG has been used to obtain adequate volume filling of atrophic scars, lines and wrinkles. Such an effect can be adopted in aesthetic medicine for example for nasal dorsum contouring, with volume filling being stable over time.

During our experience in the treatment of fibrotic tissue, we observed that AFG is a unique scar therapy able to control the process of scar-associated neuropathic pain. Indeed, patients with a diagnosis of post-mastectomy pain syndrome (PMPS), a very frequent condition after both lumpectomy and mastectomy, and Arnold neuralgia who underwent AFG showed a significant decrease of pain as assessed by the visual analog scale (VAS).

Fibrotic tissue can be related to scar tissue but also determined by autoimmune disease and we observed and treated different sclerotic conditions, including

localized scleroderma, with such a procedure. Patients with advanced systemic sclerosis (SSc)-related perioral thickening and mouth opening limitation are candidates for this therapeutic approach. AFG of the lips can be performed to improve mouth opening and function, induce a neovascularization, and partially restore the skin structure.

In our experience, the best manipulation technique is centrifugation since we performed a comparison evaluation comparing centrifuged and non-centrifuged fat, showing that centrifugation is safe and feasible and does not impair cell viability. Such a procedure can augment the content in ADSC and the frequency of CFU-F, reducing the number of pro-inflammatory blood cells.

In recent years, our group has largely adopted autologous fat grafting AFG to correct contour deformity of stenotic breast which is an increasing condition in female breasts since in a recent study we observed that such a condition is particularly prevalent in the general population, especially in women seeking breast augmentation or breast reduction (about 50%).

Fat grafting can be used to address both scar tissue and stenotic fibrotic tissue, typical of stenotic breasts, obtaining tissue release and lower pole filling.

In our patients we observed that the treated areas regain clinically assessable characteristics similar to normal skin, with not only aesthetic but also functional results. The treated skin becomes more elastic and softer, allowing for a gradual recovery of mime even in cases of facial scars.

To date, it is possible to only make a qualitative assessment of the results obtained. Future studies are needed to quantify the exact amount of scar improvement and pain relief.

In conclusion, autologous fat grafting represents an innovative treatment, based on the potential of mesenchymal stem cells, to improve fibrotic tissue in different sites which is actually a fundamental procedure both in aesthetic and reconstructive surgery.



Figure 1- Preoperative view 5 years after burn injuries showing hypertrophic scars and keloids.



Figure 2- Postoperative view 3 months after the second treatment with fat injection. Note the improvement of skin texture and elasticity with correct repositioning of the alar nose due to antifibrotic effect of mesenchymal stem cells.



Figure 3- Postoperative view at the same time as Fig. 2 showing improvement in skin softness.

# THE ERAS PROTOCOL FOR IMPROVING PATIENT SAFETY



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

ERAS stands for Enhanced Recovery After Surgery. It is a multimodal plan encompassing all four elements of the peri-operative experience which includes the preadmission, pre-operative, intra-operative and post-operative care. The idea of ERAS started in 1990 by Professor Henrik Kehlet at the University of Copenhagen in Denmark. In 2001, the ERAS Society was formed in Europe. Today the care protocols are evidence based. ERAS expedites recovery and improves patient outcomes. In a recent study applied to plastic surgery there was a reduction in post-operative pain, less nausea and vomiting, less fatigue and drowsiness, less constipation, earlier ambulation and decreased opioid use. (1) Opioid use is associated with uncontrolled pain, nausea, and delirium. Decreasing opioid use is one of the main components of ERAS. In 2015, The University of Pittsburgh department of anesthesia launched ERAS and demonstrated an 80% reduction in opiate use after complex abdominal surgery. (2)

The pre-admission and pre-operative interventions include optimizing existing organ function, improving nutrition, improving physical fitness, patient education and prevention of dehydration before surgery by promoting minimal starvation with no mechanical bowel preparation. (3) Smoking cessation 6 weeks before surgery is critical along with prevention of bleeding by patient education and alcohol cessation 2 weeks before surgery. Stopping medications which can cause bleeding such as aspirin and ibuprofen 2 weeks before surgery is very important to limit bleeding, bruising and subsequent pain. The use of a “bleed sheet” is useful in the pre-operative checklist. (4) Consumption of an oral carbohydrate drink 2 hours before surgery reduces insulin resistance. Any pre-operative oral medications can be taken at this time. The oral carbohydrate drink is usually consumed the night before surgery (600-800ml) and 2-3 hours the morning of surgery (300-400ml). Table 1 shows the typical ingredients of a 355ml (12oz) carbohydrate drink.

Nutrition Facts	Valeur Nutritive	
Serving Size	Portion	<b>355ml/12 fl oz</b>
<b>Servings Per Containers</b>	<b>Portion Per Contenant</b>	<b>1</b>
Amount Per Serving	Quantite Per Portion	
Calories	Calories	<b>200</b>
Fat	Lipides	<b>0g</b>
Sodium	Sodium	<b>188mg</b>
Potassium	Potassium	<b>45mg</b>
Carbohydrates	Glucides	<b>50g</b>
Sugars	Sucres	<b>5g</b>
Proteins	Proteines	<b>0g</b>
L-Citrulline	L-Citrulline	<b>3g</b>
Vitamin A	Vitamine A	<b>50% Daily Value</b>
Selenium	Selenium	<b>10% Daily Value</b>
Zinc	Zinc	<b>35% Daily Value</b>

Table 1

Prophylaxis against thrombosis with compression stockings and mechanical compression devices is essential. Avoid infection with intravenous antibiotic given within 60 minutes of incision. Avoid nausea and vomiting with Ondansetron (Zofran) oral or intravenous. Suppress acid to avoid complications of aspiration by either using oral Omeprazole (Prilosec) or intravenous Famotidine (Pepcid). Most importantly, block the pain receptors before the patient reaches the operating room by administering either oral or intravenous acetaminophen, oral Celecoxib (Celebrex) or Intravenous ibuprofen (Caldolor), and oral Gabapentin (Neurontin).

Intra-operative interventions include thoracic epidural analgesia when possible and avoiding long-acting opiates. Avoid inhalation agents and substitute combinations of propofol (Diprivan), dexmedetomidine (Precedex), ketamine and midazolam (Versed). Also, avoid depolarizing agents and if they have to be used perform qualitative monitoring with neuromuscular blockade stimulation devices. Elective use of nasogastric decompression and removal of nasogastric tubes before reversal of anesthesia. The elective use of urinary catheters in longer cases to avoid patient discomfort and avoiding hypertension is important. Equally important is early removal of the aforementioned catheters the day after surgery for major body contour cases. It is important to maintain fluid balance to avoid overhydration and to avoid under hydration. Vasopressors can be administered to support blood pressure control. Maintaining normothermia using warm airflow blankets and warmed intravenous infusions and warmed tumescent fluid. When appropriate, restrict the use of surgical site drains to enhance mobilization and reduce pain and discomfort. Use TAP blocks during abdominoplasty with either bupivacaine (Marcaine) or long acting liposomal bupivacaine (Exparel). Minimize invasive surgical techniques with minimal access surgery if indicated. Furthermore, minimize tissue handling and operative time. The principles of ERAS promote faster recovery and reduce pain.

Immediate post-operative interventions include adequate analgesia with agents such as intravenous Acetaminophen (Ofirmev), ketorolac (Toradol) or Ibuprofen (Caldolor). Control of post-operative nausea and vomiting can be accomplished with intravenous Ondansetron (Zofran). Limiting opioid use will enhance early ambulation. Early mobilization should begin either the day of surgery or the day after surgery for major body contour cases. For patients staying overnight, early removal of urinary catheters and intravenous fluids should begin the morning after surgery. At this time early intake of oral fluids and solids should begin. For the long-term post-operative period intake of protein and energy rich nutritional supplements should be encouraged.

The following is a summary of the anesthesiologist and general surgeon perspective of the ERAS protocol from Vanderbilt University. (5) Please note the common theme of pain control and avoidance of opiates. (Figure 1)



Continued on page 19

**Anesthesia Components of a VUMC ERP**

- Maximum use of multimodal management with minimal adverse effects
  - Pain
  - PONV
- Multimodal, opioid-sparing peri-operative techniques
  - Pre-operative gabapentin and APAP
  - TAP, 4-quadrant block, or thoracic epidural catheter
  - No intra-operative opioids
- Goal-directed fluid therapy
- Standardized approach to prevent surgical site infections
- NO BUGS
  - Normothermia
  - Oxygenation
  - Antibacterial
  - Underventilation
  - Glucose monitoring
  - Surgical site prep

Figure 1

The following is a pharmacologic summary of many of the agents used in plastic surgery. Please note intravenous Ibuprofen (Caldolor) has the safest profile among the nonsteroidal anti-inflammatory agents and has not shown to cause bleeding given pre-operative and/or post-operative. (Figure 2)

**Pre-Operative**

- Acetaminophen (Tylenol) 1000 mg oral or Acetaminophen (Ofirmev) 1000 intravenous
- Celecoxib (Celebrex) 400 mg oral or Ibuprofen (Caldolor) either 400 mg or 600 mg or 800 mg intravenous (note: the initial does of Caldolor depends upon the anticipated length of the operative case)
- Omeprazole (Prilosec) 40 mg oral or Famotidine (Pepcid) 20 mg intravenous
- Gabapentin (Neurontin) 300 mg oral

**Intra-Operative**

The following are dosed and given according to the anesthesiologist with an awareness to avoid inhalation agents and depolarizing agents:

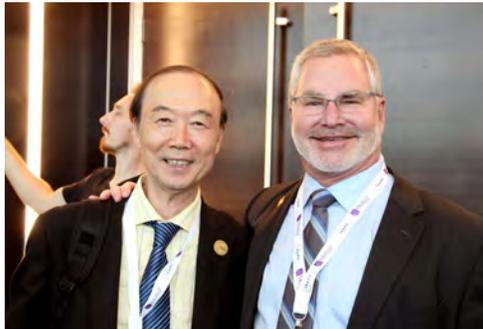
- Propofol (Diprivan) intravenously
- Dexmedetomidine (Precedex) intravenous
- Midazolam (Versed) intramuscular or intravenous
- Ketamine intramuscular or intravenous
- Dexamethasone (Decadron) 8 mg intravenous alleviates post-operative nausea/vomiting and decreases swelling in facial surgery

**Post-Operative**

- Acetaminophen (Ofirmev) 1000 mg intravenous
- Ketorolac (Toradol) 30 mg intravenous and/or intramuscular or Ibuprofen (Caldolor) 800 mg intravenous
- Ondansetron (Zofran) 8 mg intravenous for nausea/vomiting

Figure 2

**CONGRESS PHOTOS**



**WE APPLAUD ALL ISAPS MEMBERS WHO PARTICIPATE IN HUMANITARIAN MISSIONS**

We are expanding our efforts to match interested members with existing missions. If you are interested in joining a surgical mission, please contact Dr. Adam Hamawy at [drhamawy@gmail.com](mailto:drhamawy@gmail.com)

Kindly provide copies of your medical license and Board certification, a list of languages you speak fluently, and the first page of your passport. We will begin to coordinate between organizations who are sending surgical missions and ISAPS members.

# ISAPS FELLOWSHIP EL PASO, TEXAS



**TASLIMA SULTANA, MS**  
Bangladesh  
*Our first member from Bangladesh*

I am Dr. Taslima Sultana, MS in Plastic Surgery from Bangladesh. I was the first to participate in an ISAPS fellowship from my country. When I was trying to get an ISAPS fellowship I wasn't even able to fill out the online application form because there was no "Bangladesh" in the country option list! I wrote to ISAPS to request that they add my country name to the list.

Then I faced another problem of recommendations. There was no ISAPS Active or Associate member in my country. Who will recommend me? I don't know anybody in ISAPS. I got the email address from the ISAPS website and wrote to Dr. Ozan Sozer about my problem, even though I never met him before. Dr. Sozer replied very positively and became my recommendation by himself!



Figure 1

I became the first ISAPS member in my country. He also offered me an ISAPS Fellowship at his centre, El Paso Cosmetic Surgery Centre, El Paso, Texas with financial assistance of \$1,000. I went to his centre and stayed there for 3 months. His centre's patient turnover is very high. Everyday

there are 5-7 surgeries. I had a very good opportunity to observe such a high number of cases. There were lots of variations of surgeries like breast procedures, liposuction, abdominoplasty, BBL, scarless neck lift, gliding brow lift, rhinoplasty, and hair transplant. I also had the chance to see non-invasive procedures at his Med Spa.

He usually gave a brief about the plan before every surgery and mentioned technically difficult surgical details during the procedure. Those things became very helpful in practice in my country now. He showed some presentations for better understanding of difficult procedures. There is another board-certified plastic surgeon, Dr. Paul Phillip, at his centre. He is the master of breast asymmetry management. I learned many things from him as well. Dr. Sozer's whole team was extremely cooperative. It was a lifetime experience. I want to go there again to update myself. On the last day at his centre, surprisingly I was not sad at all because I knew I am not the same person anymore. Dr. Sozer's lessons gave me such strength that if I can apply that knowledge in my country properly, I hope I can satisfy my patients and I don't have to look back.

Thanks, Dr. Sozer. You are a good soul. You changed my life.

Thanks, ISAPS for giving me the fellowship opportunity that helped me get close to my dream!

## CONGRESS PHOTOS



# HOW I MARK: ABDOMINOPLASTY WITH SYNCHRONOUS LIPOSUCTION



**CHARALAMBOS (BABIS) RAMMOS, MD**  
United States



**SARA M. TAEGE, BA**  
United States

A thorough physical examination is necessary to evaluate the skin, subcutaneous tissue, underlying recti diastasis and the presence of a hernia.

## MARKINGS

The patients are asked to wear their swimwear or undergarment on the day of surgery so that the final incision can be marked in a manner that it is easily concealed. The patient is marked in the upright standing position.

- Patient is asked to pull upwards on the lower skin excess and the lower incision is marked, at the level of the symphysis pubis, approximately 1/3 inferior to the level of the hairline (Figure 1).
- A vertical line is drawn from the xiphoid to the commissure. Incision length is determined by the laterality of the patient's skin laxity. The upper incision line marking for the skin resection pattern is only an estimation (Figure 2). Markings for liposuction of the flanks, abdominal skin outside of the proposed skin resection area, and mons are also placed.
- Intraoperative, after tumescence infiltration, power assisted liposuction is performed first. The lower abdominal incision is then made sharply. Dissection is carried down to the fascia with cautery. The periumbilical skin is incised sharply, and the stalk is freed sharply to the fascia. Dissection of the abdominoplasty flap is carried superiorly until the xiphoid process



Figure 1 - The patient is marked in the upright standing position, and the lower incision is marked.



Figure 2 - The proposed upper incision is then marked.

and costal margins are reached. A looped O Ethilon is run from the xiphoid to the pubis for a tight muscle plication. The patient is then placed in the semi-Fowler position. The superior incision site is marked with a demarcator. The tissue is divided and passed off the field. The abdomen is temporarily stapled to simulate closure. The midline is confirmed, a vertically oriented skin ellipse is resected, and the umbilicus exteriorized. A JP drain is brought through the right groin and secured. The abdomen is closed in layers and the umbilicus is inset. An early clinical result of an abdominoplasty with drains and synchronous liposuction is shown in Figure 3.



Figure 3 - Preoperative frontal and lateral views of a 60-year-old female with abdominal lipodystrophy (above). Image obtained at the initial follow up after abdominoplasty with drains and synchronous liposuction (below).



**Do you have a short article like this one to contribute about how YOU mark your patients?**

Please send to [ISAPS@isaps.org](mailto:ISAPS@isaps.org) for the March issue of *ISAPS News*.

# UPDATE FROM THE RESIDENTS & FELLOWS COMMITTEE



**MARIA WIEDNER, MD**  
Germany

Great Success: **Second Residents & Fellows Forum** held at the 24th ISAPS Congress in South Beach Miami on the 31st of October.

Seven of the most renowned experts in their fields gave lectures in Basics of Aesthetic Surgery to many interested young colleagues to help them in starting their practice. The forum was opened by a warm welcome from our president, Dr. Saltz, followed by great lectures from Dr. Glenn Jelks (US) on Periorbital Rejuvenation, Dr. Barbara Machado (Brazil) on Facelift and Dr. Bahman Guyuron (US) on Rhinoplasty. The face lectures were completed by Dr. Thomas Rapp (Austria) teaching Minimally Invasives. Dr. Al Aly (UAE) imparted his knowledge on Body Contouring while Dr. Luis Perin (Brazil) and Dr. Birgit Stark (Sweden) completed the Forum with lectures on Breast Augmentation and Mastopexy. It was a great pleasure for me to moderate the forum together with Dr. Fabian Cortinas (Argentina) and Dr. Bianca Ohana (Brazil). I want to thank all speakers and participants for their contributions.



Figure 1 - Faculty Members Drs. Thomas Rapp, Bahman Guyuron, Barbara Machado, Luis Perin, Birgit Stark, Glenn Jelks, Fabian Cortinas, Bianca Ohana and Maria Wiedner.



Figure 2 - A large and attentive audience at the Residents & Fellows Forum.

**Superb News for new Resident/Fellowship Membership Applicants - \$0 Fees and Dues!**

To help young plastic surgeons gain knowledge in Aesthetic Plastic Surgery affordably, the ISAPS Board of Directors decided to eliminate the application and dues fees for this category. Tell your young colleagues and friends in training about this great news and encourage them to join ISAPS! Follow this link to apply for membership: <https://www.isaps.org/how-to-join-isaps/>

In a rare change in the ISAPS By-Laws, our Residents and Fellow Committee was elevated from Ad Hoc to **Standing Committee** status - a great honor that shows the importance of our young surgeons to the missions of ISAPS.

If you have any questions or comments on our activities you are welcome to send me an email at: [residentsandfellows@isaps.org](mailto:residentsandfellows@isaps.org)

## Residents and Fellows Committee

**Maria Wiedner, Germany - Chair**

Vakis Kontoes, Greece

Bertha Torres Gomez, Mexico

Beryl Hui Hui Tan, Australia

Mehmet Bayramicli, Turkey

Bianca Ohana, Brazil

Georgios Kolios, Germany

Peter Scott, South Africa

Gianluca Campiglio, Italy



## Residents and Fellows Forum

Wednesday, October 31, 2018

1:00 pm - 5:00 pm

Ocean Drive Ballroom C

# CONGRESS PHOTOS





**THE 24<sup>TH</sup> CONGRESS:**  
**THE GREATEST AESTHETIC**  
**EDUCATION ON EARTH!**



# MIAMI CONGRESS REPORT



**RENATO SALTZ, MD, FACS**  
United States  
ISAPS President 2016 - 2018

Dear Colleagues and Friends,

It is with great pleasure that I write my final message to you about the 24th Biennial Global Congress held in beautiful Miami Beach, Florida just over a month ago. While it is hard to believe, the Congress is now behind us!

Among the most memorable aspects of the Congress were great science, amazing friendships, and the largest gathering of plastic surgeons in ISAPS history - truly "the Greatest Aesthetic Education on Earth."



This Congress set a number of new records for ISAPS including attendance, number of faculty, number of free papers, number of exhibitors, countries represented, master classes,

cadaver dissections, and especially revenue to help us fund ISAPS' future educational activities and new member benefits.

To summarize some of the achievements that made this a record-breaking success, I would like to begin by thanking all of you who came from 98 countries to attend, participate in and support the 24th ISAPS Biennial Congress.

My sincere thanks to those who worked hard for the past four years to make this Congress a reality: ISAPS Executive Director Catherine Foss and the Executive Office team; Erin Corrales, Lindsay Hart, and the Leadingstar Team from South Florida who handled local operations from beginning to end; Julie Guest (ISAPS CMO) and Patricia Sorrentino and their amazing marketing teams who spread the news and attracted the world to South Florida; Dennis Richardson, Justin Pearson, and the entire AV team who did a terrific job managing seven simultaneous ballrooms, 64 master classes, a full day of cadaver dissection classes, the Opening Ceremonies, the ISAPS Business Meeting, and many other smaller meetings and satellite industry events. They delivered outstanding service, despite minor glitches not uncommon to a new, enormous building; Marco Parrotto and Complete Show Services for the modern attractive signage and for putting together a state-of-the-art and busy exhibit hall in record time; to the many subcontractors who provided translation, registration, transportation, security and additional staffing; the Miami



Beach Convention Center staff who worked around the clock to implement so many final touches to the newly renovated Miami Beach Convention Center and ultimately made the Congress possible in a city where the fusion of beauty,



aesthetics, and international culture is like nowhere else in the world; and finally to the entire Loews Miami Beach Hotel organization at our



headquarter hotel for hosting many of the smaller meetings and the spectacular Faculty Gala Dinner on Friday night. Their customer service was excellent and made everyone feel at home.

Thank you to all our industry friends for their incredible support.

Our sold-out exhibit hall set new records for ISAPS, with 160 exhibitors many of whom hosted satellite events. My sincerest thanks especially to our sponsors: Polytech Health & Aesthetics, MERZ, Allergan, Mentor, Motiva, and NeoGraft. This enormous event could not happen without their generous support.

Thank you to 400 of the absolute best-of-the-best faculty who paid their own registration, travel, and accommodations to deliver amazing lectures. Our innovative, exciting scientific program was cutting-edge, diverse, and covered all aspects of aesthetic surgery and cosmetic medicine for surgeons as well as their office staff. I am also grateful to the more than 400 free paper presenters, including many residents and young colleagues participating at an ISAPS event for the first time in their lives.



Thank you to the 73 National Societies that endorsed the 24th Congress and to ASAPS, our sister society, for their Joint Providership that made up to 41.5 CME credit hours available to our attendees.

Personally, I am sincerely grateful to my children and my wife, Flavia, for their unconditional love and support during the past two years and for surviving yet another Presidency, and to my amazing office staff for keeping my practice alive despite my being away for 72 business days on 33 international trips, 15 domestic trips, and visiting 31 countries in two years - all related to ISAPS.



## SALTZ CONTINUED

Lastly, my deepest thanks to my hard-working Board of Directors, our amazing 106 National Secretaries, and the tireless Committee Chairs and their members who worked very hard during the past two years to achieve so many great things for our International Society. We grew the membership by 25% to 4200 members in 106 countries. The Global Alliance expanded to 62 National Societies making it the largest aesthetic society alliance in the world. We offered over 70 symposia and courses worldwide. We rebranded ISAPS which has resulted in massive global media exposure. Most importantly, we doubled our savings setting new financial records for ISAPS and the opportunity to expand many of our activities in education and patient safety, our two most critical missions!

For two years, I have promised you the 24th ISAPS Congress was going to be the best, most comprehensive, and world-class Congress you have ever attended. I hope you learned from the amazing faculty, enjoyed the social events, made new friends and had fun in South Beach!

Thank you so much for attending the Greatest Aesthetic Education on Earth!

Renato Saltz, MD, FACS  
ISAPS President 2016-2018



The Serbian delegation at the Congress in Miami Beach represented one third of all plastic surgeons in their country according to National Secretary, Dr. Violeta Skorobac Asanin.

## THANK YOU FOR YOUR INVALUABLE SUPPORT WITH THE CADAVER LABS

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# MESSAGE FROM THE EDITOR-IN-CHIEF



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

My deepest gratitude goes to so many of the Editorial Board members who attended the meeting that was held during the ISAPS Biennial Congress in Miami Beach. The discussion was highly dynamic and very productive. It started with the introduction of the Board members followed by my report on the progress that we have made as well as that of the publisher. According to their standard measures, we have made significant positive strides in every aspect of the journal. More relevant to the author, every phase of the review and the decision process has been shortened, in some cases by more than 50%. This means that your articles will be decided upon and published faster, when accepted.

During the Board meeting, several ideas were introduced to improve the quality of the articles, to recognize pertinent articles on social media, and to find more objective means of selecting the annual “best article.” The first best article of 2017 was titled “Preventing the Complications Associated with the Use of Dermal Fillers in Facial Aesthetic Procedures: An Expert Group Consensus Report” By Fernando Urdiales-Gálvez, et al. This article was downloaded 2,066 times in 2017. My congratulations to the authors.

The Editorial Board also approved my proposed new members, many of whom were selected based on their service to the journal as reviewers for decades.

It is important to realize that the ISAPS membership has increased to over 4,100. This means that the articles published in our journal are likely to be read by this number of colleagues intentionally. This does not include non-member views through the online portal and libraries, which account for up to 12,000 exposures. This puts the journal in second place among the plastic surgery journals that are sent directly to members and first among aesthetic plastic surgery journals in terms of circulation numbers.

Finally, those of you who presented your work during the recent ISAPS Congress may recall that, based on the established rules, you need to submit your manuscript to *Aesthetic Plastic Surgery*. I thank you for your support of our journal.



**We invite you to submit a paper to our journal.**

For information go to:

<https://www.isaps.org/medical-professionals/isaps-journal/>

# Welcome to the home of ISAPS Member Insurance



## Our Products



### Revision

New improved version of the classic ISAPS Insurance. Two year policy covering potential revision surgery.



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Policy covering surgeons for permanent or temporary disability resulting in an inability to work causing income loss and an impact on business.

# ISAPS INSURANCE



**NIGEL MERCER, MB CHB CHM FRCS FRCPC FFFMLM**  
United Kingdom  
Chair, ISAPS Insurance Committee

One of the major developments championed by the ISAPS Board has been ISAPS Insurance. Our Treasurer, Dr. Kai Schlaudraff, has been pivotal in the scheme being developed and that the Insurance Committee now reports directly to the ISAPS Board. ISAPS insurance aims to give you peace of mind in illness or injury.

Cosmetic surgery can be stressful, especially if patients develop complications, which leave them unhappy with their outcome. We can now offer a suite of insurances developed with specialist insurers to cover all aspects of your cosmetic practice, including complications insurance, which means patients do not have to pay the full cost of any revision if they suffer a defined complication. In addition, we also offer insurance products including; Cyber, Travel, Medical Malpractice and Disability. Each insurance has been specially created for plastic surgeons. For example, our travel policy covers you for loss of a finger or thumb, a devastating injury for a plastic surgeon, which is

not usually covered by other insurances. We also have policies to cover both your personal expenses and the costs of running your clinic if you are disabled from working.

**Insurance Committee:**

- Nigel Mercer, UK – Chair
- Michel Rouif, France
- Tim Papadopoulos, Australia
- Jose Parreira, Portugal
- Alison Thornberry, UK – Ex Officio

*The new insurance website will be easy to navigate by just clicking on your Country and then choosing the insurance policy you want to look at.*

## NEWSLETTER CORRECTION

We regret the error in identifying the authors of the article, [Neck Lift: An Isolated Procedure for Facial Rejuvenation](#) in the last issue of *ISAPS News*.

The correct version is:

Sammy Sinno, MD, Khaled O. Alameddine BS, Alan Matarasso MD



# ALLOTRANSPLANTATION, FROM DREAM TO REALTY



**DENYS MONTANDON, MD**  
Switzerland

In the vegetal world, grafting can be defined as the natural or deliberate fusion of plant parts so that vascular continuity is established between them, and thus the resulting genetically composite organism functions as a single plant. Vegetal grafts have been performed since antiquity, particularly around the Mediterranean Basin. No wonder, the idea of grafting a portion of tissue, an organ or a limb from one individual to another has been a conscious or an unconscious dream for centuries. We are speaking here not only of implanting a foreign body in a living creature, but to graft living material which will be re-vascularized so as to become an integral part of the recipient host.

## MYTHS AND MIRACLES



Figure 1 - The centaur Chiron, teaching to the young Achilles (Naples archeological museum)

Hybrid monsters made of different animal or human parts are not rare in the myths of several civilizations. One of the best known in Greek mythology is the Centaur Chiron who had the head and torso of a man and the body of a horse (Fig. 1). Among other qualities, Chiron was celebrated for skillfully applying soothing herbs to wounds and bruises. He was the teacher of Aesculapius, the god of medicine, and is sometimes called the father of surgery.

In the Christian religion, limb transplantation or replantation was considered as miraculous. For example, during the 4th century, in Syria, the twin Greek brothers, Kosmas and Damian, were reputed for their surgical skills, doing operations like amputation of the breast, cure of abdominal fistulas. They were called the *anargyroi* (without money) because they were operating without requesting any fees but required great Christian faith from their patients. Their most known and hallucinating operation was the transplantation of the leg from a recently deceased Moor to replace an amputated limb of a faithful Christian who had a gangrenous infection (Fig. 2). This surgical exploit did not save the two brother surgeons from decapitation by the Roman governor. Later on, they became the patron saints of surgery and since the Middle Ages several associations of surgeons have been called by their name.



Figure 2 - Kosmas and Damian transplanting the leg of a dead Moor, by painter Fernando del Ricon (Prado museum, Madrid)

Other miracles of limb replantation have marked the history of the orthodox and catholic church. St. John of Damascus was a fervid defender of holy icons. Suspecting him of treason, the caliph of Damask ordered as a punishment, to cut off his hand and to put it in the city square.

Later, St. John obtained by praying his cut hand, touched it to his wrist and kneeled in front of the icon of the Virgin Mary. After a long prayer, he felt asleep and dreamed of the Virgin Mary who told him "Your hand is healed because you wrote in defense of God." When St. John awoke, he saw his cured hand and to express his gratitude to the Virgin Mary he ordered to put on the icon a silver copy of the cut hand. That's why the icon is called the Three Handed Virgin. (Fig. 3)



Figure 3 - Three Hands Icon of Virgin Mary

## ANECDOTES

During the Renaissance, the possibility of reconstructing a nose with the person's own flesh, as initiated by the Branca family in Catania (Sicily), and later described and illustrated in detail by Gaspare Tagliacozzi (1597), had a large impact in Italy. Moreover, the rumors (fake news of the time!) of transplanted noses from other individuals were frequent and even published by serious doctors. The possibility of re-implanting a nose was even so widespread that the organ was sometimes destroyed so as to be certain that it would not serve as a graft.

Girolamo Sbaraglia (1641-1710), a professor at the University of Bologna, claimed that a patient received the nose of a porter and "that the story finished badly in that the nose fell off when the donor died." This report led famous writers and poets like Samuel Butler<sup>1</sup> or Voltaire to mock and propagate these strange stories. Even in the 19th century, a thriller written by the French author Edmond About "The notary's nose" had immense success. It relates the story of a notary who had lost his nose in a fight and paid a prisoner in order to harvest the skin of his arm to make the reconstruction. The notary's nose fell off, when the donor had his arm amputated after an accident.

## FIRST EXPERIMENTS

Abraham Trembley of Geneva (1710 - 1784) is best known for being the first to study freshwater polyps or hydrae and to develop experimental zoology.



Figure 4 - Drawings of Trembley's experiment on hydrae

Trembley's findings were published in a groundbreaking book in 1744, *Mémoires pour servir à l'histoire d'un genre de polypes d'eau douce*. In his experiment, he was not only able to observe the possibility of regeneration of an amputated part of the animals, but also to achieve the fusion of fragments of two different animals, producing for example polyps with 16 limbs instead of 8. (Fig. 4) This was the first allotransplantation in animals duly recorded. (1)

<sup>1</sup>So learned Tagliacotius, from The brawny part of porter's bum cut supplemental noses which would last as long as parent breech; but when the date of the nock was out, off dropped the sympathetic snout.

In 1804, the Milanese physiologist, Giuseppe Baronio, published his three experiments of skin autografts in a ram, one of them considered as successful (Fig. 5). In a following experiment, he harvested a piece of skin from the neck of a gravid mare and an equal piece on a cow's neck and cross-grafted the two animals. As we can expect, it was a failure that he attributed to either the motions of the animal's necks or to the "heterogeneous" material. (2)



Figure 5 - Skin grafts on a ram by Baronio

In 1822, the famous Berliner surgeon Dieffenbach wrote his PhD thesis on the subject of grafting but was forced to admit that his attempt to transplant skin ended in total failure. He wrote however: "It would be an interesting and well deserving work to unite, in a small treatise on the transplantation of animal parts, all the observations disseminated in essays on physiology and surgery. We may still hope that at length, correct and repeated observations would probably enable us to penetrate this grand mystery of nature". Paul Bert (1833-1886), a French physiologist, encouraged by Dieffenbach, spent a substantial part of his career studying animal grafts, making a clear distinction between grafts carried out on the same animal, between two animals of the same species, or in animals of two different species, coining the words *autografts*, *homografts* and *heterografts*. In Bert's experience, autografts were the most successful, but he did not rule out the feasibility of other types of grafts, even in humans. He also tried to repeat the experiment of Trembley, by grafting half a body of a soft water hydra to another, but did not succeed. (3)

### THE DISCOVERY OF JAUQUES LOUIS REVERDIN (1869)

The communication of the young Swiss doctor at the Imperial Academy of Surgeons in Paris on the 8th of December 1869 has become a landmark in the history of grafting. (4) The purpose of skin grafting for Reverdin (like for Thiersch later on) was to accelerate and enhance wound healing following trauma. But in the years following 1870, several articles reported the development of full thickness skin grafts to correct eyelid ectropions or replace skin defects surgically created on the face. Already in 1884, Emil Bock, an ophthalmologist, had collected more than 200 published articles describing various skin and mucosal grafts. (5)

### WHAT ABOUT ALLOGRAFTS AND XENOGRAFTS?

What may seem to us today an imposture is the fact that about half of these reports deal with skin allografts and even xenografts. Reverdin himself stated: "I often took the skin fragments on myself, to graft them on patients who would refuse the operation, thinking that it was painful. In our first grafts, I had taken the tegument on the subject himself, but I soon became assured that the result was the same when transplanting grafts from one subject to another; this fact has been abundantly demonstrated". Even more surprising is the fact that many surgeons, particularly ophthalmologists, claimed to practice successful xenografts, using frog skin for eyelid repairs.

In fact, for decades, most surgeons believed that a skin transplant could be harvested on another person or even on animals. The use of cadavers or amputated limbs as donor sites was common and was almost never questioned. Even during the early 20th century, Alexis Carrel, Nobel Prize winner in 1912 for his research on organ transplantation, claimed that he had grafted successfully skin from a black dog to a white one. How can we explain that most of these researchers never realized that on the long-term all these allografts would fail? Of course, there were some discordant views. In the 16th century, Gaspare Tagliacozzi was already doubtful in this matter and questioned: "Is it possible to take skin from another person, and if this is possible, will it be more successful and advantageous? No: the single character

of each individual speaks against the harvesting on another one. For such is the force and power of individuality." Louis Ollier (1830-1900), the father of bone and periosteal grafts, was against skin allografts but in favor of allografts only for the bones: "one does not fear to inject in the veins of a sick person the blood of another individual. We don't see why a wounded man could not profit from an amputated limb that the amputee would be glad to abandon". Ollier was however totally opposed to bone xenografts. (6)

We are indebted to Erich Lexer who in 1914 put serious doubts on the permanent viability of skin allografts and xenografts. In his publication, he starts by making the difference between the healing of transplanted tissue with revascularization of the cells, the disintegration of the transplanted tissue, with coincident regeneration of the homologous tissue of the recipient, and the healing with complete encapsulation. All types of tissue, such as connective tissue, fascia, tendons, fat, vessels, peritoneum, cartilage, and bone can be made viable in the homologous tissue of the recipient, he wrote; but for skin transplantation, "I am compelled to say that homoplasty does not yield good results. The fortunate healings of transplanted skin by homoplasty reported in the literature are the result of erroneous observations." (7)

From this time on, we see the development of allotransplantation research of a more sophisticated nature with the formulation of several hypotheses on the causes of the failures. The *immune concept* was advanced by several workers like Georg Schöne in 1914, (8) or the *individuality differential* hypothesis by Leo Loeb in 1921. (9) But it was not until 1946 that Medawar reported his experimental work on rabbits, as the result of which the immune theory was clearly established. He postulated that homograft rejection was the end product of an interaction between antigen present in the donor cells and antibody produced by the recipient. (10)

### THE MORAL ISSUE OF ALLOTRANSPLANTATION

The fear against allo- or xenotransplantation is that a tissue or an organ of an animal or another individual might modify not only the body of the recipient, but also his identity or even his soul. Around 1670, a certain doctor von Meeckren reported that he repaired the skull of a Russian soldier, killing a dog and using its calvarium to replace the missing part. The patient healed perfectly, but the Church condemned the operation, and the implant had to be removed under the threat of excommunication. Doctor François Rabelais, the famous French writer of the burlesque book *Pantagruel* (1532), even imagined once that a cut off head could be re-implanted and did not hesitate to relate it with several technical details. Epistemon, the patient, regained all his spirits after the operation.



Figure 6 - Portrait of John Locke

A century later, more seriously, the philosopher John Locke (1632-1704) (Fig. 6) in his most comprehensive analysis of *Identity and Diversity* in animals and humans, raises several fundamental questions. After defining what is the Identity of a person, linked to his body and to his soul throughout the elapse of time, Locke brings up the question of what will happen if the brain of a prince is transplanted into a cobbler: "For should the soul of a prince, carrying with it the consciousness of the prince's past life,

enter and inform the body of a cobbler, as soon as deserted by his own soul, every one sees he would be the same person with the prince, accountable only for the prince's actions: but who would say it was the same man? The body too goes to the making of the man, and would, I guess, to everybody determine the man in this case, wherein the soul, with all its princely thoughts about it, would not make another man: but he would be the same cobbler to everyone besides himself."

Continued on page 31

## MONTANDON CONTINUED

Another issue of moral implication of grafting was raised by the experiment of Trembley in creating a new living body (animal) by joining the two halves of two animals. Creationism was widely held at this time and many people were shocked, because only God could create a new animal. In 1896, HC Wells, famous for his science fiction books, and a strong believer in homo- and hetero-transplantation, seriously frightened the readers of "The Island of Doctor Moreau", by imagining the possibility of "superseding old inherent instincts by new suggestions, grafting upon or replacing the inherited fixed ideas," and creating hybrid monsters.

Since that time, the question of identity and uniqueness of a person in relation to foreign grafts has been much debated by ethicists, psychologists, and immunologists. The French philosopher Jean-Luc Nancy, who underwent himself a cardiac transplant, interviewed a series of patients who had their life saved by liver, kidney, pancreas, lung and heart transplants. His writings explore the subject of "being oneself and another: the paradoxical identity of the receiver. The grafted person must survive, being one and multiple at the same time, and wear in himself a dead living." Multiple philosophical questions are raised: the relation of the biological and the subjective identity, the relation of the subject to his body, the ontological and juridical status of the human body in our society. (11) Facial graft makes no exception to this debate and has already been initiated after the first facial transplant in France. The world's first human head transplant is set to take place soon according to the Italian neurosurgeon Dr. Sergio Canavero. When it does, it will be urgent to answer the interrogation raised by Rabelais, Locke and Nancy.

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*This article was first published in the Journal of Craniofacial Surgery Vol .29, Issue, 4 June 2018. Permission is granted to Dr. Denys Montandon to reproduce the article on allotransplantation in ISAPS News providing JCS is recognized as the original publication by the same author. Mutaz Habal, Editor*

## CONGRESS PHOTOS



# IN MEMORIAM



## PROFESSOR NEVEN OLIVARI - 1932 - 2018

Germany

With great sadness and dismay, I inform you that our beloved colleague and friend, Professor Neven Olivari, died on November 25th as a result of a severe stroke at the age of 86. He fell asleep peacefully in his home in the presence of his wife, Anna Maria.

His death affects the whole plastic-surgical world in which he found many friends and which he shaped significantly starting in his early years. It is very painful for me and will be for many of you as well. He was not only my boss, but also a faithful companion who became a close friend.

Neven Olivari was born on 28 October 1932 in a small fishing village in Croatia. After general surgical training, his firm will brought him to Cologne, to the first university department of plastic surgery in Germany under the leadership of Professor Schrudde, where he began his residency in May of 1964.

The great skill, his innovative scientific thinking and his human leadership qualities were quickly recognized, and he became the senior physician of the clinic.

At that time, as he and other senior physicians in Germany were dissatisfied with the scientific development of the field, they founded the Society of German Plastic Surgeons, VDPC in 1968 – which celebrated its 50th Anniversary in Bochum (DGPRÄC) in September of this year.

He discovered the latissimus dorsi muscle and its undreamt-of potential for serious radiation damage of that time and already gave lectures on it in 1972. Later, Neven Olivari learned that the Italian anatomist, Tansini, had already described this muscle in 1906. Nevertheless, it will always remain the “Olivari muscle,” which has now saved many lives worldwide and improved the quality of life for thousands of patients.

In 1977, he defended his thesis on the early surgical treatment of burns. More than 200 top-class scientific publications followed as well as several books and book articles.

A short time later, he was appointed Professor at the University of Cologne and became the Chief and Director of the newly founded Department for Plastic Surgery at the Dreifaltigkeits-Krankenhaus in Wesseling where he shaped the fate of the hospital and the entire plastic surgery community in Germany until 1998.

He developed the transpalpebral orbita decompression by fat removal in endocrine ophthalmopathy in 1984 and was awarded the prize for the best scientific publication by the American Society for Plastic Surgery (ASPS) in 1992.

The department became a Mecca under his leadership and many colleagues from all over the world came to learn his many little tricks. He always passed on his knowledge unfiltered and reported on his own complications honestly.

Professor Olivari was a true servant to the German Society of Plastic Surgery, VDPC, nowadays DGPRÄC, and served as its President from 1991-1993. This was later followed by the Dieffenbach Medal and the Höhler Needle, both the highest awards of the two German societies for plastic and aesthetic surgery.

His scientific work and his high commitment in honorary office was observed globally and so he was awarded the Federal Cross of Merit of the First Class by then Federal President Roman Herzog in 1999.

At the age of 65, he retired at the height of his surgical career and never touched a scalpel again despite his steady hand. “My colleagues should keep me in good memory and not as a trembling old man who can’t stop.” A role model to all of us!

From then on, he wrote several text books with his own illustrations, devoted himself to art and music, and enjoyed his large circle of friends. He spent summers in his hometown on the Croatian coast and winters in his adopted home near Cologne.

Professor Olivari was infected by the virus of plastic surgery. He quickly spread this virus to all those who experienced his aura. The passion for plastic surgery with its unbelievable variety spread quickly and boundlessly under his influence and Neven Olivari can definitely be recognized as one of the great doers for our specialty at that time.

For many of us, he was a mentor and a faithful friend. His humor and zest for life were indescribable and incomparable. As a father of two sons, he once called me his third son and himself my second father. He gave me his very personal inheritance already during his lifetime by entrusting me with his department as his successor in 2001. He shaped my life like no other person. Being down-to-earth and humble was as important to him as enjoying life at its full value.

Plastic surgery lost a great pioneer. I lost my second father.

In great sorrow

Dirk F. Richter, MD, PhD  
ISAPS President

## IN MEMORIAM

We pause to remember the following members who passed away in the last two years.

### 2017

Srdjan D. CVETANOVIC, MS, MD	SERBIA
Enrique O. ETXEBERRIA, MBBS, MCPS, FICS, FACS (Plast), PhD	SPAIN/SAUDI ARABIA
Emil I. GEORGIEV, MD, PhD	BULGARIA
Jose GUERREROSANTOS, MD	MEXICO
E. Anthony MUSARRA, MD	UNITED STATES
Giovanni PONZIELLI, MD	ITALY
Michel RUBEIZ, MD	LEBANON
Joshafat SHULMAN, MD	ISRAEL

### 2018

Ricardo BAROUDI, MD	BRAZIL
Giorgio BRONZ, MD	SWITZERLAND
Felipe COIFFMAN, MD	COLOMBIA
William JERVIS, MD	UNITED STATES
Marianne MEDOT, MD	BELGIUM
Bijoy METHIL, MS, MCh, DNB	INDIA
Christos MICHAELIDES, MD	CYPRUS
Ghaith F. SHUBAILAT, MD, FRCS, FACS, ABPS	JORDAN

# ISAPS WELCOMES NEW MEMBERS

## SEPTEMBER THROUGH DECEMBER 2018

### ARGENTINA

Marina BRARDA, MD\*  
Ignacio CASAL, MD\*\*  
Esteban ELENA SCARAFONI, MD\*\*  
Federico ERCA, MD\*\*  
Mariano ETCHEVERRY, MD\*\*  
Leslie FLOR, MD\*\*  
Walter FUMEKETTER, MD\*\*  
Ileana GILLI, MD\*\*  
Mariano LEZCANO IGLESIAS, MD\*\*  
María del Pilar PALÁU PAUTT, MD\*\*  
Maria RODRIGUEZ, MD\*\*  
Maria TERRE, MD\*

### AUSTRALIA

Naveen SOMIA, MBBS, PhD, FRACS

### AUSTRIA

Andrea REJZEK, MD

### AZERBAIJAN

Khayal JAFAROV, MD\*\*

### BRAZIL

Gnana ARAUJO, MD  
Adriana BARÓN PINILLA, MD\*\*  
Rawad BAROUD, MD\*\*  
Luan BARROS, MD\*  
Flavia BONATO, MD\*  
Rafaela CAVACA, MD\*  
Luis CONTIN, MD\*  
Newton Thomaz CORREA FILHO, MD\*  
Jackline DA SILVA, MD\*\*  
Leonardo DAHER, MD\*  
Bernardo E. MELLO, MD\*\*  
Bruno HERKENHOFF, MD  
Ricardo KAM, MD\*\*  
Mariana LEMOS, MD\*  
Massimiliano LEPORATI, MD\*\*  
Eduardo LIMA, MD  
Rafael LOPES, MD\*\*  
Silvio MARTINEZ, MD\*  
Mariana MIQUELOTI, MD\*\*  
Angelo NETO, MD  
Denise NEVES, MD\*  
Thiago OLIVEIRA, MD\*  
Samuel ORIGE, MD\*  
Linda PARADA ROBERTS MUNIZ, MD\*\*  
Fernando PAZOTTI, MD\*\*  
Manuel PERALTA, MD\*\*  
Joao PONTELLO, MD\*  
Andre RAMOS, MD\*  
Paulo Ricardo ROCHA, MD\*\*  
Saulo SANTOS, MD\*\*  
Estevo ULIANO, MD\*\*

### CANDA

Antoine LESSARD, MD\*\*

### COLOMBIA

Diego ALARCON, MD\*\*  
Claudia AMADOR, MD\*\*  
Diego BUITRAGO MESA, MD\*\*

Andres DAVALOS, MD\*\*  
Cesar FERNANDEZ, MD\*\*  
Diana JARAMILLO, MD\*\*  
Juan MARTINEZ, MD\*\*  
Audrey MIRANDA DIAZ, MD\*\*  
Diana NAVARRO LEÓN, MD\*\*  
Carlos OSPINO, MD\*\*  
Silvia ROMERO, MD\*\*  
Jorge RUEDA, MD\*\*  
Carlos TELLEZ, MD  
David YANGUAS BODENSIEK, MD  
James ZAPATA-COPETE, MD\*\*

### COSTA RICA

May Ling ACHIO, MD  
Jorge BADILLA, MD  
Andrés CASTRILLÓN, MD  
Madelein CENTENO, MD  
Christian RIVERA PANIAGUA, MD  
Henry SEQUEIRA ULATE, MD  
Pablo SOLIS, MD  
Andres TAPIA, MD  
Victor URZOLA HERRERA, MD  
Alfredo VARGAS, MD  
Francisco VARGAS VILLALOBOS, MD

### CUBA

Uriel Daniel GONZÁLEZ, MD\*\*  
Franco H. NOGUERA, MD\*\*  
Franco A. NOGUERA, MD\*\*

### DOMINICAN REPUBLIC

Manuel ESPAILLAT, MD  
Aramis VEGA, MD

### EGYPT

Ayman Tag EBEAD, MRCSI, MS\*\*  
Salah ELDIN, MBCh\*\*  
Mohamed ZAGHLOUL, MBCh\*\*

### EL SALVADOR

Joaquin CERNA, MD  
Carlos MONTENEGRO, MD

### FRANCE

Abdulaziz ASIRY, MD\*\*  
Alexandre CAPON, MD, PhD

### GERMANY

Donia AGHAJANZADEH, MD\*\*  
Ali BAHSOUN, MD\*  
Mona BOOS-BOATENG, MD\*\*  
Marcus FRITZSCH, MD  
Natalie HERMANN, MD\*\*  
Freidrich KNAM, MD  
Martin SCHREIBER, MD\*

### GREECE

Elias MOUSTAKIS, MD\*\*

### INDIA

Bibilash BABU SUSEELA, MBBS, MCh\*  
Anmol CHUGH, MS, MBBS\*\*  
Suvashis DASH, MS, MBBS\*\*  
Rajat GUPTA, MBBS, DNB

Rani MULLA, MBBS, MCh  
Prashant MURUGKAR, MBBS, MCh, DNB, MRCS, MS  
Vishal PAWAR, MBBS, MCh\*\*  
Shivangi SAHA, MBBS, MS, MCh\*\*  
Viraj TAMBWEKAR, MBBS, DNB

### INDONESIA

Yuri PUTRA, MD\*\*  
Vania SARI, MD\*\*  
Tri WIBOWO, MD\*\*

### IRAQ

Kardan ABDULLAH, MBChB\*  
Sarmad AHMAD, MD\*\*  
Husam ALAAMER, MBChB, FICMS  
Hussein ALHASSANY, MBChB\*  
Ismael FAQE, MD\*  
Alan FERHADI, MD\*  
Osamah KADHIM, MD\*\*  
Alaa SHERIFI, MD, FICS  
Blend TOUFIK, MD

### ISRAEL

Lior HELLER, MD  
Eitam WEISS, MD\*\*

### ITALY

Gian Paolo AZZENA, MD\*\*  
Alberto BOLLETTA, MD\*\*  
Luca BORRA, MD  
Massimiliano BRAMBILLA, MD  
Francesca BRIGANTI, MD\*\*  
Cesare CAPPELLINA, MD\*\*  
Evelina CAPRARELLA, MD\*  
Francesco CIANCIO, MD\*\*  
Gianluca CLEMENTE, MD\*\*  
Alfredo COLAPIETRA, MD\*\*  
Alberto CREMA, MD\*\*  
Marco D'ETTORRE, MD\*  
Eleonora DE ANTONI, MD\*\*  
Verdiana DI PIETRO, MD\*\*  
Diego FACCIO, MD\*\*  
Luca FIOROT, MD\*\*  
Gerardo GASPARINI, MD  
Fadi HAIDAR, MD  
Maria INTRAVALIA, MD  
Stefano Andrea KAROSCHITZ, MD  
Francesco KLINGER, MD  
Gianluigi LAGO, MD\*\*  
Valerio LICCIADDELLO, MD\*\*  
Elena LUCATELLI, MD\*\*  
Aldo MAJANI, MD\*\*  
Paolo MARANNINO, MD\*\*  
Paolo MARCHICA, MD\*\*  
Pietro MICIELI, MD\*\*  
Andrea MONTICELLI, MD\*\*  
Marcello NITTI, MD\*\*  
Elena PESCARINI, MD\*\*  
Luca PIOMBINO, MD  
Sandro RIZZATO, MD\*\*  
Leonardo ROSSATI, MD\*  
Matteo SANTOLI, MD  
Regina SONDA, MD\*\*

## NEW MEMBERS CONTINUED

Andrea SPANO, MD  
Juri TASSINARI, MD\*  
Paolo TONINELLO, MD\*\*  
Claudio TORRISI, MD\*\*

### JAPAN

Daekwan CHII, MD\*\*  
Kento HOMMA, MD\*\*  
Izumi YASUTAKE, MD\*\*

### KAZAKHSTAN

Ilias BEISKENOV, MD

### LEBANON

Fadi EL JIZ, MD

### LITHUANIA

Karolis BAUZYS, MD\*\*

### MEXICO

Carlos ALTAMIRANO, MD\*\*  
Arline ARROYO, MD  
Victor AVALOS, MD\*\*  
Luis BARTLEY, MD\*\*  
Sergio BURCIAGA SOTO, MD  
Patricio CANEPA FERNANDEZ, MD\*\*  
Jose CANSECO CAVAZOS, MD\*\*  
Rigoberto CASTELLANOS, MD\*\*  
Diana CASTELLANOS RAMIREZ, MD\*\*  
Ruben CUETO RAMOS, MD\*\*  
Lenin ENRIQUEZ DOMINGUEZ, MD\*\*  
América ESPINOZA MARIAN, MD\*\*  
Luis FLORES SALAZAR, MD\*\*  
Daniel GARCIA BALLESTEROS, MD\*\*  
Cynthia GONZALEZ CANTU, MD\*\*  
Luisa HURTADO DIAZ, MD\*\*  
Jose LEMUS TISCAREÑO, MD\*\*  
Kenji MAQUITA ESQUIVEL, MD\*\*  
Rossella MAZZOCCA MATTIOLI, MD\*\*  
Ana MEDINA LIRA, MD\*\*  
Gerardo MENDEZ MORENTE, MD\*\*  
Jose OCHOA, MD  
Jorge PALACIOS ZERTUCHE, MD\*\*  
Silvia PRADO RICO, MD\*\*  
Lenin REYES, MD  
Jesus RICHER PEÑA, MD\*\*  
Andrei RIOS CANTU, MD\*\*  
Moises RODRIGUEZ SALAZAR, MD\*\*  
Jorge ROMERO RUIZ, MD\*\*  
Abel SALAZAR LOZANO, MD\*\*  
Gabriel SANDOVAL MACIAS, MD\*\*  
Hiroshi SASHIDA MENDEZ, MD\*\*  
Daniel SUAUZA SUAREZ, MD\*\*  
Juan SUERO DE LA CRUZ, MD\*\*  
Isaias UGALDE VERA, MD\*\*

Fernando URRUTIA GONZALEZ, MD  
Everardo VALDES FLORES, MD\*\*  
Alann VALDIVIESO SANCHEZ, MD\*\*  
Mario VARGAS VERDUGO, MD\*\*  
Victor VILLACIS BASANTE, MD\*\*  
Israel VILLALOBOS BLASQUEZ, MD\*\*  
Rogelio VILLANUEVA, MD\*\*

### MONGOLIA

Oyunsaikhan SURMAAJAV, MD\*

### NETHERLANDS

Daan GEERARDS, MD\*\*  
Isabelle KAPPEN, MD, PhD\*\*  
Theo VAN DE KAR, MD

### PERU

Claudia MERCEDES, MD\*  
Wilson QUISPE MAYTA, MD\*\*

### PORTUGAL

Ana HENRIQUES, MD

### ROMANIA

Frantz-Joschka DECKER, MD\*\*

### SERBIA

Mihaila JAKSIC, MD\*\*

### SOUTH AFRICA

Jonel BREYTENBACH, MBChB\*\*  
Ernst MÖLLER, MBChB\*\*  
Gloria TSHUKUDU, MBChB, Mmed

### SOUTH KOREA

Junwook LEE, MD  
Sik NAMGOONG, MD\*\*

### SPAIN

Esther DELEYTO, MD\*\*  
Jesus MENAYO, MD\*\*  
Adrian SANCHEZ BALADO, MD\*\*

### TUNISIA

Salma BEN CHEIKH KOTTI, MD\*\*

### TURKEY

Isil AKGUN DEMIR, MD\*\*  
Ufuk ASKEROGLU, MD  
Nilufer BAHADIRLI, MD\*\*  
Sinan BOZ, MD\*\*  
Süleyman ÇEÇEN, MD\*\*  
Ali MEMIS, MD\*\*

### UNITED KINGDOM

Benjamin KHODA, MBChB, MRCS, FRCS(Plast)\*  
Tiew TEO, MD, FRCS(Plast)  
Tomas TICKUNAS, MD\*\*  
Fulvio URSO-BAIARDA, BM BCh, FRCS(Plast)

### UNITED STATES

Gregory ALBERT, MD  
Mokhtar ASAADI, MD  
Darryl BLINSKI, MD  
Loren CLAYMAN, MD  
Mark CLAYMAN, MD  
Joshua COX, MD\*  
Urmen DESAI, MD, MPH, FACS, FICS  
Kenneth FRANCIS, MD  
Daniel GOULD, MD, PhD\*\*  
Joohee HAN, MD\*\*  
Adam HAUCH, MD, MBA\*\*  
Samer JABBOUR, MD\*\*  
Arjun KANURI, MD, MBA\*\*  
Andre MARSHALL, MD, MPH\*\*  
David MATTOS, MD\*\*  
Marcela MOLINA, MD  
Florence MUSSAT, MD  
Sacha OBAID, MD  
Michelle PALAZZO, MD  
Justin PEREZ, MD\*\*  
Bharat SHAH, MD, FACS  
Fatma TUNCER, MD, FEBOPRAS\*\*  
David TURER, MS, MD\*\*  
Melody VAN BOERUM, MD\*\*  
Stelios WILSON, MD\*\*

### VENEZUELA

Ilitch NIETO, MD

### VIETNAM

Minh Hoang PHAN, MD, PhD  
Kim Son VU, MBBS, MD, FACCS

\* indicates Associate Member

\*\* indicates Associate Resident/Fellow Member

# MEETINGS CALENDAR



## ISAPS Course – BELGIUM Cadaver Dissection Course

Dates: 17 January – 19 January 2019  
Location: Liege, BELGIUM  
Contact: Mrs. Anne-Marie Gillain  
Email: [info@dissectioncourse.com](mailto:info@dissectioncourse.com)  
Tel: 32 (0)4 242-5261  
Fax: 32 (0)4 366-7061  
Website: [www.isapscourse.be](http://www.isapscourse.be)



## High Definition Liposculpting Using the PAL MicroAire System Master's Course

Date: 18 January - 19 January 2019  
Location: Barcelona, SPAIN  
Contact: Dr. Ahmad Saad  
Email: [drsaad@institutodebenito.com](mailto:drsaad@institutodebenito.com)  
Tel: 34-932-530282  
Website: <https://www.institutodebenito.com/pal-high-definition-masters-course/>



## ISAPS Course – India

Dates: 24 January - 27 January 2019  
Location: Kolkata, INDIA  
Contact: Dr. Manoj KHANNA  
Email: [drmkhanna@hotmail.com](mailto:drmkhanna@hotmail.com)  
Tel: 91-332-282-9126  
Fax: 91-332-282-8500  
Website: [www.isapscourseindia.com](http://www.isapscourseindia.com)



## IMCAS Live Aesthetic Surgery Course

Date: 01 February 2019  
Location: Paris, FRANCE  
Contact: Mrs. Olympe Barone  
Email: [imcas3@imcas.com](mailto:imcas3@imcas.com)  
Tel: 33-1-40738282  
Website: <https://www.imcasurgery.com/>



## Baker Gordon 2019

Dates: 06 February - 08 February 2019  
Location: Miami, FL, UNITED STATES  
Contact: Mary Felpeto  
Email: [maryfelpeto@bellsouth.net](mailto:maryfelpeto@bellsouth.net)  
Tel: 1-305-859-8250  
Fax: 1-305-854-3423  
Website: <https://www.bakergordonsymposium.com/>



## ISAPS F.A.S.T. Program – Moscow

Dates: 08 February - 09 February 2019  
Location: Moscow, RUSSIAN FEDERATION  
TOPIC: Facial Aesthetic Surgery & Rhinoplasty – Part 1 of 3  
Contact: Anna Pimenova  
Email: [orgcom@isapsfast.ru](mailto:orgcom@isapsfast.ru)  
Website: [www.isapsfast.ru](http://www.isapsfast.ru)



## 11th American-Brazilian Aesthetic Meeting

Dates: 14 February - 18 February 2019  
Location: Park City, Utah, UNITED STATES  
Contact: Susan Russell  
Email: [srussel@hdplanit.com](mailto:srussel@hdplanit.com)  
Tel: 1-435-602-1329  
Fax: 1-435-487-2011  
Website: <https://www.americanbrazilianaestheticmeeting.com/>



## ISAPS Symposium – Pakistan

Dates: 24 February 2019  
Location: Karachi, PAKISTAN  
Contact: Dr. Moazzam Tatar  
Email: [mntatar@gmail.com](mailto:mntatar@gmail.com)



## ISAPS Course – Egypt

Dates: 28 February – 01 March 2019  
Location: Cairo, EGYPT  
Additional details pending



## Full Circle Rhinoplasty Live Surgery Meeting

Dates: 07 March - 09 March 2019  
Location: Istanbul, TURKEY  
Contact: Seven Event Company  
Email: [hello@seveneventcompany.com](mailto:hello@seveneventcompany.com)  
Tel: 90-212-216-0013  
Website: <https://www.fullcirclerhinoplasty.org>



## Highlights of Plastic Surgery 2019

Dates: 14 March - 16 March 2019  
Location: Panama City, PANAMA  
Contact: Dr. Luis Picard-Ami  
Email: [lpicardami@gmail.com](mailto:lpicardami@gmail.com)  
Tel: 507-6747911  
Website: <https://highlightsofplasticsurgery.com/>



## Indian Association of Aesthetic Plastic Surgery

Dates: 14 March - 17 March 2019  
Additional details pending



### Facial Masterclass

Dates: 16 March - 17 March 2019  
Location: London, UNITED KINGDOM  
Contact: Gary Monaghan  
Email: [facialmasterclass@gmail.com](mailto:facialmasterclass@gmail.com)  
Tel: 44-07525-850679  
Website: <http://facialmasterclass.co.uk/>



### High Definition Liposculpting Using the PAL MicroAire System Master's Course

Dates: 21 March - 22 March 2019  
Location: Barcelona, SPAIN  
Contact: Dr. Ahmad Saad  
Email: [drsaad@institutodebenito.com](mailto:drsaad@institutodebenito.com)  
Tel: 34-932-530282  
Website: <https://www.institutodebenito.com/pal-high-definition-masters-course/>



### Modern Trends in Facial Rejuvenation, Nose Correction and Management of Complications

Dates: 22 March - 23 March 2019  
Location: Kiev, UKRAINE  
Contact: Dr. Pavlo Denyshchuk  
Email: [den@anacosmo.com](mailto:den@anacosmo.com)  
Tel: 38-0-44-483-2178  
Website: <http://www.icamps.com.ua>



### 4th Annual UKKAPS Conference

Dates: 23 March 2019  
Location: Olympia, London, UK  
Contact: Vicky Eldridge  
Email: [vicky@aestheticmed.co.uk](mailto:vicky@aestheticmed.co.uk)  
Website: [www.aestheticmed.co.uk](http://www.aestheticmed.co.uk)



### SOFCEP 2019 Congress

Dates: 24 April - 27 April 2019  
Location: Val d'Isère, FRANCE  
Contact: SOFCEP  
Email: [sofcep@vous-et-nous.com](mailto:sofcep@vous-et-nous.com)  
Website: <http://www.chirurgiens-esthetiques-plasticiens.com/congres-sofcep-2/?lang=en>



### Barcelona Rhinoplasty Course 2019

Dates: 01 May - 04 May 2019  
Location: Barcelona, SPAIN  
Contact: Silvia Vila  
Email: [svila@vilarovira.com](mailto:svila@vilarovira.com)  
Tel: 34-696-937471  
Website: <https://barcelonarhinoplasty.com/#>



### 3rd Buttock Surgery Course

Dates: 02 May - 04 May 2019  
Location: Paris, FRANCE  
Contact: International Plastic Surgery Advanced Course (IPSAC)  
Email: [charles@ipsac.eu](mailto:charles@ipsac.eu)  
Tel: 33-04-72837769  
Website: <http://www.ipsac.eu/>



### ISAPS F.A.S.T. Program - Moscow

Dates: 24 May - 25 May 2019  
Location: Moscow, RUSSIAN FEDERATION  
TOPIC: Aesthetic Breast Surgery - Part 2 of 3  
Contact: Anna Pimenova  
Email: [orgcom@isapsfast.ru](mailto:orgcom@isapsfast.ru)  
Website: [www.isapsfast.ru](http://www.isapsfast.ru)



### 1st Abdominoplasties, Brachioplasty and Other Body Contouring Techniques Course

Dates: 29 May - 31 May 2019  
Location: Lyon, FRANCE  
Contact: International Plastic Surgery Advanced Course (IPSAC)  
Email: [charles@ipsac.eu](mailto:charles@ipsac.eu)  
Tel: 33-04-72837769  
Website: <http://www.ipsac.eu/>



### ISAPS Course - Russia

Dates: 13 June - 16 June 2019  
Location: St. Petersburg, RUSSIA  
Contact: Igor Bogoroditskiy  
Email: [i\\_bogoroditski@yahoo.com](mailto:i_bogoroditski@yahoo.com)  
Additional details pending



### BEAULI 2019

Dates: 14 June - 15 June 2019  
Location: Birkenwerder, GERMANY  
Contact: Wibke Bodensiek  
Email: [info@pk-bw.de](mailto:info@pk-bw.de)  
Tel: 49-3303501340000  
Website: <https://www.beauli.de/>



### Facelift and Oculoplastic Surgery

Dates: 15 June - 16 June 2019  
Location: Vienna, AUSTRIA  
Contact: Prof. Dr. Hannes Traxler  
Email: [hannes.traxler@meduniwien.ac.at](mailto:hannes.traxler@meduniwien.ac.at)  
Tel: 43-699-10535714  
Website: [www.anatomical-surgical-training.com/facelift-and-oculoplastic-surgery.html](http://www.anatomical-surgical-training.com/facelift-and-oculoplastic-surgery.html)



### MIPSS 2019

Dates: 20 June - 22 June 2019

Location: Marbella, SPAIN

Contact: Vanessa Garcia

Email: [info@mipss.eu](mailto:info@mipss.eu)

Tel: 34-951-775518

Website: <https://www.mipss.eu/>



### ISAPS Course - Turkey

Dates: 20 June - 23 June 2019

Location: Istanbul, TURKEY

Email: [yagiz@seveneventcompany.com](mailto:yagiz@seveneventcompany.com)

Website: <http://www.eurasian2019.org/>



### The Aesthetic Cruise 2019

Dates: 23 June - 04 July 2019

Location: Italy, Malta, Greece, Montenegro, Croatia, Slovenia

ASAPS Contact: Debi Toombs

Email: [debi@surgery.org](mailto:debi@surgery.org)

Tel: 1-562-799-2356

Cruise Contact: Bob Newman

Email: [bnewman.mail@cruisebrothers.com](mailto:bnewman.mail@cruisebrothers.com)

Website: [www.surgery.org/cruise2019](http://www.surgery.org/cruise2019)



### 13th Body Lift Course

Dates: 04 July - 06 July 2019

Location: Geneva, SWITZERLAND

Contact: International Plastic Surgery Advanced Course (IPSAC)

Email: [charles@ipsac.eu](mailto:charles@ipsac.eu)

Tel: 33-04-72837769

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



### ISAPS Course - Greece

Dates: 11 July - 13 July 2019

Location: Athens, GREECE

Contact: Vicky Delidimitriou

Email: [vdelidimitriou@noufio.gr](mailto:vdelidimitriou@noufio.gr)

Tel: +30 210 - 2775219

Fax: +30 210 - 2714437

Website: [www.isapscourseathens2019.gr](http://www.isapscourseathens2019.gr)

Organizing Secretariat: NOUFIO [www.noufio.gr](http://www.noufio.gr)



### ISAPS Symposium for Residents and Fellows

Dates: 17 October 2019 @ 8:00 am - 5:00 pm

Location: Bruges, BELGIUM

Venue: Oud St Jan Convention Center

Email: [easaps@mzcongressi.com](mailto:easaps@mzcongressi.com)

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



### EASAPS Biennial Congress on Facial Rejuvenation

Dates: 18 October - 19 October 2019

Location: Bruges - BELGIUM

Email: [easaps@mzcongressi.com](mailto:easaps@mzcongressi.com)

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



### ISAPS Course - Monaco - Live Plastic Surgery (Focus: Face)

Dates: 07 November - 09 November 2019

Location: MONACO

Contact: Dr. Henry Delmar & Catherine Decuyper

Email: [henry@henry-delmar.com](mailto:henry@henry-delmar.com)

[catherine@euromedicom.com](mailto:catherine@euromedicom.com)

Website: <https://www.euromedicom.com/lps/en/participants/about-surgery.html>



### ISAPS F.A.S.T. Program - Moscow

Dates: 15 November - 16 November 2019

Location: Moscow, RUSSIAN FEDERATION

TOPIC: Aesthetic Body Surgery - Part 3 of 3

Contact: Anna Pimenova

Email: [orgcom@isapsfast.ru](mailto:orgcom@isapsfast.ru)

Website: [www.isapsfast.ru](http://www.isapsfast.ru)



### Secondary Optimizing Aesthetic Surgery Symposium (SOS) 2020

Dates: 31 August - 01 September 2020

Location: Vienna, AUSTRIA

Contact: Barbara Boeld

Email: [Congress@bb-mc.com](mailto:Congress@bb-mc.com)

Tel: +49-89-18-90460

Website: <http://www.sos2020.eu>

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