

NEW INSURANCE AND PATIENT SAFETY PARTNERSHIP

Alison Thornberry (United Kingdom) Managing Director, Sure Insurance Service, Ltd.

February 1, 2011 marked the launch of ISAPS's Cosmetic Surgeons' Insurance Program. This product has been designed by experts in both the insurance industry and plastic surgery.

Members in these countries are already participating:

- Brazil
- Columbia
- Cyprus
- India
- Israel
- Italy
- Lebanon
- Mexico
- Qatar
- Singapore
- South Africa
- Spain
- Tunisia
- Turkey
- UAE
- UK
- USA

The insurance is underwritten by Lloyd's of London and sold by Sure Insurance Service Limited under their "Surgery Shield" umbrella. Sure Insurance already sells UK cosmetic surgeons' and providers' insurance. The ISAPS insurance is being launched through ISAPS's UK affiliated society, United Kingdom Association of Aesthetic Plastic Surgeons (UKAAPS). As the name suggests, the product is exclusively available to ISAPS members.

ISAPS member, Professor James Frame, approached Sure Insurance with a request to create an insurance policy for ISAPS surgeons. The policy was to be the final part of a safety program being created by his team. Monitoring complications and publishing results together with providing a re-training program for surgeons who are not meeting the required low complication rates are the other two parts of the program.

Membership in professional associations and the societies' regulation of their members is one of the most

useful advances in patient safety and public education, and ISAPS is no exception. ISAPS's reach is impressive with 2,013 members in 90 countries.

The insurance side is simple enough: an indemnity policy to cover

The close association between the insurers and professional associations is what makes this product so different.

an exhaustive list of complications that may require further remedial surgery. The surgeons decide their own level of indemnity per procedure. The insurance is for the surgeon, not the patient. However, the surgeon may choose to pass the cost on to their patient.

This international policy will also include a unique 'fix at home' benefit. ISAPS surgeons with the policy who are treating patients who have

travelled from their home country for their surgery can use the indemnity to have their patient's remedial or corrective surgery carried out by an ISAPS surgeon back in the patient's home country. These surgeons will be able to offer a specialised assurance to their patients, that complication and



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MESSAGE FROM THE EDITOR

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



Welcome to this issue of ISAPS News. As an ISAPS member, I consider myself an ambassador for the international community of aesthetic plastic surgeons. In that role, nothing is more important than the safety of my patients. Our first feature article highlights what happens when practitioners with dubious qualifications and an obvious disregard for the welfare of their patients perform aesthetic treatments. In this piece, Igor Niechajev, MD from Sweden, and James Frame, MD from the United Kingdom, relate a heartbreaking story of lives ruined by poor care in “medical tourism” clinics. This is followed by a compelling article by Mark Jewell, MD, from the United States, on the threat of non-core physicians engaging in the practice of minimally invasive procedures. Indeed, the threat is on many levels. Not only does it

pose a financial challenge to qualified aesthetic surgeons, but can lead non-core practitioners down the slippery slope of offering invasive surgical procedures.

Our ISAPS membership will be helped by the informative summary of the FDA Advisory Statement on Anaplastic Large Cell Lymphoma (ALCL) associated with breast surgery. Importantly, ISAPS members are provided with important discussion points that will assist in communicating this issue to their patients, colleagues, and local media.

Ivar van Heijningen, MD from Belgium, provides an update on the European Standards for Aesthetic Surgery Services (ESASS). This is a wonderful look at the successes and challenges of trying to establish guidelines that can be adopted across many nations.

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PRESIDENT’S MESSAGE

Jan Poëll, MD – Switzerland
ISAPS President



Dear ISAPS members,

It is now about half a year since I became your president and it has been a very interesting time loaded with work. A few things have changed substantially and functionally.

The 20th Congress in San Francisco was a great success, but unfortunately the financial outcome was not what we expected. It was worth it because the congress was unique and I think no one who attended will ever forget it. But it made us reconsider our goals and financial possibilities.

We have reconstructed our management. Fortunately, our Executive Director Catherine Foss has agreed to include the Public Relations activities of our society for the same fee. We all need to thank her for this loyalty towards our society. At the same time, I would like to thank our former PR manager Mr. Tony Staffieri for all the good he has done for our society in the last few years that has provided us with more recognition and made us known throughout the world as the leading player in the education in aesthetic plastic surgery and patient safety.

Our MPA program was launched on the first of February this year. It is a pilot study and the future will show us what it brings. It might show potential patients that there is a difference in the education of doctors and hopefully help them to find the right one.

It is not only an honor to be an ISAPS member; it also has its obligations. Each one of us is a part of the society. We all have to behave like the number one. It is our duty to provide our patients with the right information, to recommend what to do, and especially what not to do. This also means that we have to learn to say “NO” and not just provide whatever operation the patient requests.

Aesthetic plastic surgery is a demanding profession. All our members have spent many years to learn it. We have to prove to the world that this education is necessary to

perform safe and good aesthetic surgery. This cannot be learned in a crash course over a weekend. In Europe, we already have some countries where it is the law that aesthetic surgery can only be done by board certified plastic surgeons. This should be the case all over the world, but we have a long way to go. That doesn’t mean that other specialists shouldn’t do aesthetic operations as long as they stick to their fields. A breast augmentation is not in the field of an ENT surgeon.

For the congress in Geneva 2012, I plan to invite colleagues from other specialties to teach us about their experiences in their fields. We have to be open minded to learn as much as possible from each other.

The preparations for Geneva 2012 are on track and the meeting will be held from September the 4th until the 7th. We will have speakers from the World Health Organization (WHO) and Médecins Sans Frontières (MSF) in our forum on patient safety. Besides the perfect scientific program organized by our program chair Alain Fogli, our EC chair Nazim Cerkes, and their Scientific Program Committee with speakers from all around the world, we will have a social program that in itself is already worth the travel to the middle of Europe. You will hear more as we get closer.

I wish you all a beautiful springtime in the northern hemisphere and a peaceful autumn in the southern one.

Jan Poëll
ISAPS President

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AN APPEAL TO CONTROL MEDICAL TOURISM

Igor Niechajev, MD – Sweden and James Frame, MD – United Kingdom



The authors describe the tragic case of a 31-year-old Swedish woman, “Elin,” who responded to a website advertisement by a travel firm specialising in organizing medical treatments abroad. She went to Poland to have her breast augmentation operation which was performed in an old hospital that was quite different from the modern hospital depicted in the ad. Due to the grave mistakes in anaesthetic care and lack of the postoperative recovery routines, the patient sustained severe brain injury because of prolonged hypoxia. It took more than seven hours to have her transferred to an ICU unit across the street.

Now, six months following the operation, “Elin” is in a nursing home, decorticated and with only vegetative functions of her brain left. Probably there are no prospects for improvement and the life of her family is ruined as well.

The research done by investigative journalists from Swedish national television revealed that there are about ten such firms in Sweden advertising on the web. None of the managers has any medical education. Patients are enticed to believe that the doctors and the facilities abroad have the same technical and safety standards as at home. The general public is fairly knowledgeable about how to choose and check on the doctors at home, but surprisingly naïve about treatment in foreign countries. It is the travel agent who selects the available surgeon and the facility. Many of the patients seeking treatment abroad are either young, poorly informed, or simply very easily attracted by the promises of lower price and immediate surgery.

The authors question the gap in legislation that allows lay persons to screen candidates for surgery and make choices for them about who will operate and in what kind of environment. Trade in human organs is internationally banned, but the brokerage of operations on organs goes uncontrolled. The case of the young Swedish woman was

initially totally covered up in Poland, but after Swedish national television had broadcast two programs and the Swedish press followed up, it became widely known also in Poland, upsetting many people in both countries. It was discovered that medical records were falsified and the doses of anaesthetics and analgesic drugs were altered. It had been stated that “Elin” was awake just after the end of the operation, which was confirmed to be untrue. Several officials in the hospital management and the Regional Health Commissioner had to resign or were dismissed.

The travel firm went bankrupt in Sweden in 2005 and now has only a post-box in the country. The Polish Directory of Companies said that the company is not registered in Poland. According to Swedish television revelations, the title CEO used by the owner implied that he was the manager of a share-holding company, but the whole company was the website, the post-box and his pocket.

During the last two years, seventy-eight breast augmentation operations were performed at the same facility, ten of them after the fateful operation. “Elin” was not the only patient whose life and health were endangered during the commercial activities in this hospital. Nurses reported that another patient with Crohn’s disease was left in the ward for twenty-five hours before any doctor came to see her. It was routine that the external doctors working with foreign patients were leaving the hospital shortly after the operation and patients were only cared for by the nurses. Journalists were contacted by about twenty other patients operated abroad at different facilities, but all were telling the same story: lack of adequate post-operative care, unfriendly nursing staff, and the feeling of abandonment upon their return home.

The first day of the 20th Biennial Congress of the International Society of Aesthetic Plastic Surgery (ISAPS) in August of 2010 in San Francisco was devoted to the Global Summit on Patient Safety. The overall theme was

the ISAPS principle of putting patient safety ahead of financial gain. The four facets of the ISAPS Patient Safety Diamond: the patient, the procedure, the facility and the surgeon were introduced and discussed in depth. ISAPS decided to support an insurance program that will make it safer for patients traveling abroad for surgery, but only if certain criteria are met. These criteria include pre-screening of the prospective patient, travel and medical insurance for the patient, and that an approved ISAPS surgeon must perform the surgery. The complication rates of surgeons on the ISAPS list will inform the underwriters whether a surgeon should be kept on the approved list.

The ISAPS/Surgery Shield insurance has now been launched and is described on pages 1 and 13 of this newsletter. It reflects many of the commitments made at the Global Summit,

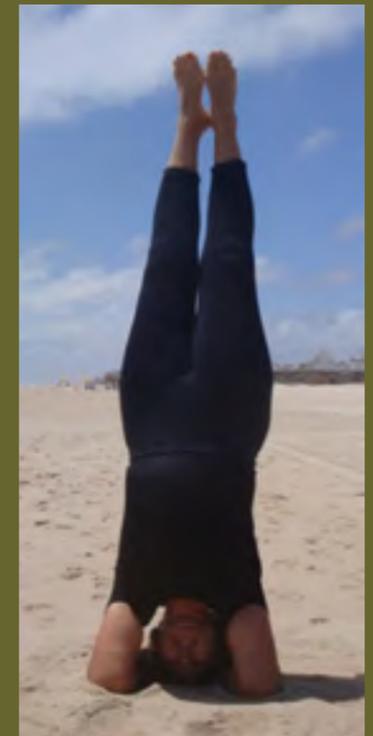
including a benefit that a surgeon’s indemnity can be used to pay for surgery by another ISAPS surgeon who may be required to make revisions in a patient’s home country. It will also provide the public with a directory of surgeons who have this insurance. Further, information generated by insurance claims will be used in a research study in the UK that will provide evidence-based data to determine continued eligibility for surgeons to remain in the program.

There are many stories similar to that of “Elin.” Many plastic surgeons have seen or heard of various tragedies or disasters following medical treatments of patients in foreign countries. The consensus among the profession is to raise a plea for the introduction of legislation forbidding lay persons to act as intermediaries or brokers in patients’ medical treatments to be carried out abroad. 



Professor James Frame (UK) speaking at the Global Summit on Patient Safety, San Francisco

Can you guess which ISAPS member is pictured here?



Find the answer on page 23.

THE LOOMING THREAT OF NON-CORE-TRAINED PHYSICIANS IN THE NON-INVASIVE MARKETPLACE

Mark Jewell, MD – United States
ISAPS National Secretary



The practice of cosmetic medicine that centers around non-invasive procedures such as injectables appears to be quite inviting to general physicians, gynecologists, and spa operators who rely upon a proxy physician as their “medical director”. A friend who lives in South Florida was recently solicited by her child’s pediatrician for a neurotoxin treatment when she was in the office for well baby care. The pediatrician was attempting to leverage the doctor-patient relationship to sell a cosmetic injectable to the patient’s mother, while the clinic’s nurse practitioner was performing the examination.

While many ISAPS members have embraced the concept of cosmetic medicine as an integral part of their practice, others prefer to have a surgically-oriented practice and delegate injectables, medical skin care and energy-based treatments to referral physicians or not to incorporate these into their practices. Some surgeons believe that non-surgical treatments are trivial and not worth their time. Other surgeons appear fixated on a fight with medical tourism in order to prevent loss of market share. Unfortunately, both groups are missing a very important point in not addressing the risk of disruption by non-core-trained physicians and the non-invasive marketplace.

While we find comfort and control in the performance of aesthetic surgery, we must acknowledge the potential disruption by non-core-trained physicians seeking to enhance their practices through cosmetic medicine and non-invasive treatments. Our success and survival depends on our understanding of these trends and our developing new ways to prevent erosion of market share. While most patients would prefer a plastic surgeon to perform their non-invasive treatments, studies have shown that a favorable interaction with a non-core-trained cosmetic medicine physician will generally keep those patients out of the plastic surgeon’s office as they receive these treatments elsewhere.

The administration of cosmetic injectables and non-invasive treatments will only continue to expand, as these treatments have little downtime, cost less, and deliver good outcomes. This area is growing with the advent of non-invasive ultrasonic lipoplasty devices and similar treatments. Yet, if we as ISAPS members choose not to address this trend, other opportunistic physicians will do so and most likely will vanquish a surgeon-only aesthetic practice. This is no different from numerous case studies where industries have been disrupted by upstarts. (Example: mini-mills disrupt integrated steel plants).

Colleagues have asked me, “What are strategies to prevent disruption?” One idea is to understand the importance of cosmetic medicine, injectables, and non-invasive treatments as a core part of your practice. Forget about the negative effect of medical tourism. This trend is certainly more important than a few patients going off-shore for surgery than those going elsewhere in their own city for cosmetic medicine by a general physician. Moreover, when that general physician moves up market to non-invasive lipoplasty, your market share will only continue to shrink.

Other strategies relate to the marketing of non-invasive treatments and cosmetic medicine to individuals whom you have already treated. These individuals will most likely return to you, based on a previous favorable interaction. Your most promising source of cosmetic medicine patients is in your own chart room. This “gold mine” of contacts can be used for marketing communications and promotional efforts in cosmetic medicine. The concept of beauty as a continuum, with a blend of aesthetic surgery and cosmetic medicine appeals to most patients, with the plastic surgeon at the center as a trusted advisor. This certainly appears to be a better proposition for patients than being sold a neurotoxin or filler while they are having a gynecological examination!

Other strategies include having trained professional staff such as aestheticians and nurses who understand

how cosmetic medicine complements aesthetic surgery and will actively promote this to your patients. The combination of the two, as Renato Saltz, MD says, “Promotes the Wow-factor.” Your advertising and web pages must clearly explain to prospective patients your expertise and interest in cosmetic medicine and non-invasive treatments rather than implying that such treatments are a small side show to surgery.

It is difficult to estimate the number of non-core-trained physicians who are already involved in cosmetic medicine and non-invasive treatments. For them, this is a very attractive business, with little capital investment required, especially for injectables. I recommend a healthy dose of paranoia in this area. This risk cannot be underes-

timated, nor can strategies to combat the risk be delayed. Furthermore, the non-core-trained cosmetic medicine physicians will attempt to organize, to form trade associations that give them credibility with patients, and to enhance their web sites to compete for those patients.

In summary, the matter of erosion of the marketplace by non-core-trained physicians who offer cosmetic medicine, injectable and other non-invasive treatments is a far more serious matter than the loss of patients traveling abroad for medical tourism. It is important to have countermeasures developed to keep existing patients close, and to attract new ones, based upon your qualifications as an ISAPS member surgeon.

ISAPS is an affiliate member of

the Physicians Coalition for Injectable Safety (PCIS), a multi-specialty organization of core-trained specialists (plastic surgery, dermatology, oculoplastic and facial plastic). The PCIS mission is to promote the unique qualifications of core-trained practitioners to achieve the best and safest outcomes with cosmetic injectables. All ISAPS members can download the “Safety With Injectables Workbook”, a comprehensive resource to the development of a process within clinics for the safe use of injectables. This book covers a variety of topics that allow for ISAPS members to develop within their own clinics a way to achieve safe, reproducible outcomes with injectables and to manage the business of injectables. This is available as a download from the ISAPS members-only web site. 

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In Formation

URGENT MEMBER NOTICE

Dear ISAPS Member,

On Wednesday, January 26th, the FDA released an Advisory Statement on Anaplastic Large Cell Lymphoma (ALCL) in women with breast implants. It is important that all plastic surgeons worldwide understand the current state of knowledge surrounding this condition and are prepared to discuss this with their patients.

The FDA Statement is available for you to review in the Members Area of our website, www.isaps.org.

This condition is incredibly rare. In the past 25 years, only 34 cases have been reported worldwide among an estimated 10 million+ implanted devices. In addition, as opposed to the systemic, nodal pattern of ALCL, in published reports, ALCL seen in the presence of breast implants has demonstrated an indolent course: both with women experiencing aggressive systemic therapy as well as those treated with simple explantation and capsulectomy - the condition was resolved. While this condition does fulfill the current WHO classification for ALCL, a form of Non-Hodgkins Lymphoma, this condition potentially represents a distinct clinical entity. This condition is clearly NOT breast cancer.

The FDA has not changed the status or availability of breast implants and has reaffirmed that the devices are safe and effective. The FDA has entered into an agreement with ASPS to create a registry for ALCL cases in the presence of breast implants.

Because of the extreme rarity of this condition, the vast majority of plastic surgeons will never see a single case in a lifetime of practice. However, if you have a patient who presents with symptoms such as a delayed seroma after implant placement or a mass involving a capsule you should be aware of this rare differential diagnosis. The FDA White Paper contains suggestions for evaluation, if ALCL is suspected. Because of the extreme rarity of this condition, at this point no standard treatment has been determined.

If you are contacted by the media, ISAPS can assist you by providing additional information and guidelines to help you answer questions. A list of "Talking Points" is included on the next page to help you. If you need more information, please contact Catherine Foss our Executive Director at isaps@conmx.net

As additional information becomes available, ISAPS will be working with ASAPS and ASPS to bring this information to you and your patients.

We thank ASAPS for allowing us to share their talking points with ISAPS members.

Most Sincerely,

Jan Poëll – *President*

Foad Nahai – *Immediate Past- President*

Renato Saltz – *2nd Vice-President*

João Carlos Sampaio Goes – *Past President & Chair ISAPS Communications Committee*

ALCL BREAST IMPLANT TALKING POINTS

Based on available information, it is not possible to confirm with statistical certainty that breast implants cause ALCL. — *FDA Statement, January 26, 2011*

Breast Implant Concerns

- Of the estimated 10 million implants worldwide, only 34 cases of ALCL have been identified since 1989.
- ALCL associated with breast implants is extremely rare.
- The true incidence of this condition is unknown, but ASPS, ASAPS and ISAPS agree with the FDA that this extremely rare condition is not breast cancer.
- Even though breast implants are the most studied devices in history we support the collection of additional information in a scientific fashion.

FDA Communication

- ISAPS shares the FDA's commitment to patient safety, and through its sister society (ASAPS) looks forward to collaborating with the FDA to ensure that science forms the basis for our decision making.
- Breast implants are the most studied device in the history of medicine.
- ISAPS and the FDA are confident that breast implants are safe and effective.

Plastic Surgery Action

- The safety and satisfaction of our patients is our primary focus and we are going to emphasize the science, and continue to get the facts for them.
- We support ASAPS and ASPS as they work with the FDA to establish a national registry to document reported cases of a very rare condition, Anaplastic Large Cell Lymphoma (ALCL), in the presence of breast implants.
- ISAPS strongly supports post market surveillance, ongoing monitoring, and research of breast implants.

What Patients Should Do

- Women considering implants deserve choices and need the best information we can give them to see if it's right for them.
- Women with implants should continue their normal routine of self exam, and mammography when appropriate. If they detect changes they should contact their plastic surgeon.

EUROPEAN STANDARDS FOR AESTHETIC SURGERY SERVICES (ESASS): AN UPDATE

Ivar van Heijningen, MD – Belgium

ISAPS National Secretary

Since the last newsletter a lot of work has been done. The first draft of ESASS was written based on the input provided by all countries at the CEN meeting in Bratislava. This draft was evaluated by all participating countries on a national level.

CEN system

The CEN system is the European equivalent of ISO. It is a voluntary process where standard institutes of the participating countries provide so-called mirror committees where all stakeholders on a particular topic discuss the standard at hand. This means that in addition to plastic surgeons, stakeholders also include representatives of other specialties, clinic owners, healthcare inspectors, companies, accrediting agencies, and consumer organizations. One or two members are chosen to represent their country at the European level. International organizations can obtain observer status. ISAPS, represented by our president Jan Poëll, is one of them, as are IPRAS, ESPRAS, EASAPS, IQUAM, UEMS-PRAS and ANEC, the European consumer organization.

Draft ESASS

The draft includes definitions and chapters on Competencies, Management and Communication, Facilities, Procedures, and Quality Assurance and Improvement. Every country's mirror-committee evaluated the draft and specified comments made by the members of the national committees. These comments were collected by the Secretary of this CEN standard committee.

Vienna

On January 21 and 22, we met in Vienna and tried to reach consensus with regard to all the comments submitted. The European Academy of Facial Plastic Surgery presented itself. They consist mainly of ENT and maxillofacial surgeons, but they have 9% plastic surgery members. This organization was granted observer status as well.

Given the long list of amendments to the first draft, it became clear that not everything could be covered in that meeting. The longest discussion related to the competency

of the practitioner performing aesthetic surgery procedures. Everybody agreed that this shall be a medical doctor. Also it was agreed that a verifiable form of education is mandatory. Although this may seem very obvious to the reader, the reality is that we cannot exclude properly trained colleagues from other disciplines. Yet we still want to look at the future and make it impossible for doctors with little training after medical school to start an aesthetic practice, which is possible in many countries right now and poses a great risk for patient safety.

The management and communication clause showed the differences among the European countries, but consensus was found on all comments. Since there were many comments on the Facility clause, it was decided to rewrite this based on the AAAASF/SFR guidelines. There is no need to reinvent the wheel, and hopefully we can agree on that during the next meeting. A very controversial clause is Procedures. Inevitably, this needs to be linked to the competencies of the practitioner and to the facilities. Since these were not available to me at the time when I wrote the draft (I was responsible for this Clause) I had to improvise. Nevertheless some thought-provoking remarks were taken literally, with a lot of comments as a result. Some other specialists felt offended since they were left out of certain procedures. We agreed to rewrite this clause based on the UEMS-syllabus of all the specialists, and to include the SFR guidelines for facilities. The Quality Assurance and Improvement clause will be rewritten by the Secretary, and will be discussed in May in Belgium where we hope to have a final draft.

Conclusion

What became very apparent throughout these consensus talks is that other specialties are working hard to catch up with us. They have well set up training programs, they demand fellowships, and they evaluate knowledge and skill before allowing colleagues to practice aesthetic procedures. We must raise the bar for ourselves, and look at our respective training programs in all countries to make sure that we train our residents as well or preferably better in the



continued on page 11

STAFFIERI COMPLETES TENURE AS ISAPS COMMUNICATIONS DIRECTOR

Joao C. Sampaio Goes, MD – Brazil

Chair, Communications Committee and Past President



Approximately six years ago, ISAPS retained Tony Staffieri as its marketing and communications director. We brought Tony on board as a result of his tremendous success with Fashion Targets Breast Cancer – a project he lead and which has raised nearly \$200 million in 13 countries from licensing a T-shirt designed by Ralph Lauren.

Staffieri's contract with ISAPS ended on December 31. For financial reasons, the Board decided it was time for ISAPS to take communications and marketing services in-house to be handled by the Executive Director, Catherine Foss. As he told me, "I have accomplished much of what I set out to do. It is time for new blood."

I worked closely with Tony, first while I was President, then as Chair of the Communications Committee. He was the most influential member of the committee that created the new newsletter which has the largest circulation of any publication in plastic surgery. And, it was his strategy that the Journal Committee followed that helped ISAPS gain a 50% ownership stake in the Journal without any investment.

His public relations promotions around the last three ISAPS Congresses were all tremendous successes. The

Communications Committee's most recent project with which Tony was involved, and which took years to build and execute, was the first scientifically conducted and statistically significant survey of global plastic surgery procedures by country. This landmark survey in the industry is now quoted by media and businesses all over the world, adding prestige to the Society and an invaluable benefit to being an ISAPS member. A follow-up survey is being planned for 2011.

Dr. Foad Nahai, the immediate past president of ISAPS, said at a recent Board meeting that the Global Survey was "the most successful media campaign in ISAPS history."

At each of the last two Congresses, Tony presented seminars on Marketing and Public Relations for plastic surgery practices. Both in Melbourne and in San Francisco, his seminars had over 150 attendees at each.

Tony created innovative marketing campaigns to attract sponsors and raised more sponsorship funding for the San Francisco Congress than any previous Congress in ISAPS's 40-year history.

The last major project Tony worked on was the Medical Procedures Abroad campaign. While the end result was

not quite what we had all anticipated, the resulting new insurance programs will benefit members and patients alike and help provide important statistical data.

On behalf of the Board of Directors, and the ISAPS membership, our thanks to Tony Staffieri for his contribution in branding and helping to make ISAPS a global reference in Plastic Surgery.



Can you guess which ISAPS member is pictured here?



Find the answer on page 26.

ESASS Update, continued from page 10

aesthetic aspect of plastic surgery.

At the same time, we must continue to strive for a high quality standard to protect our patients from incompetent doctors and to do this in cooperation with competent colleagues from other specialties.



REPORT OF THE EDUCATION COUNCIL CHAIR

Nazim Cerkes, MD – Turkey



The ISAPS Education Council has planned many new Courses and Symposia in new and diverse parts of the world in 2011.

The first ISAPS Course will be held in **Timisoara, Romania on 26-27 April 2011**. The course is jointly organized by ISAPS, the Romanian Society of Plastic Surgery, and the Hungarian Society of Plastic Surgery. The scientific program will cover all aspects of aesthetic surgery and two live surgery demonstrations will be performed during the course.

On **4-6 June 2011 in St. Petersburg, Russia**, an ISAPS Course is organized by ISAPS and will be hosted by Russian Society. This course will be the first ISAPS activity in Russia. The course will be held in the best season for St. Petersburg – during “White Nights.” Well known experts from around the world will enrich the scientific program with their lectures.

The next ISAPS Course will be held in **Prague, Czech Republic 1-4 October 2011**. The program will cover all aspects of aesthetic surgery. On the last day of the course a Cadaver Workshop will be offered in Brno.

On **27-29 October 2011** an ISAPS Course is planned in **Sharm El Sheikh, Egypt**. The course will be held in a beautiful resort on the Red Sea and will include optional diving trips and safaris for participants.

On **30 April in Cali, Colombia** a one-day ISAPS Symposium is scheduled. The main topics of the symposium will be periorbital rejuvenation and lipomodeling.

On the **1st of April 2011** a one-day ISAPS Symposium will be held in **Poover Kerala, India**, hosted by the Indian Association of Plastic Surgery and will be held just before the Aesurg Meeting.

Another ISAPS Symposium will be held in **Almaty-Kazakhstan on 21 April 2011**. This symposium is planned during the annual Aesthetic Meeting of Kazakhstan.

On **17 August 2011** an ISAPS Symposium is planned in **Urumci-China**. This will be the third ISAPS activity in China following two successful ISAPS Courses in 2009 and 2010.

The ISAPS Education Council has been planning an aesthetic session as a Chinese-European Meeting on **27-30 October 2011 in Beijing**.

The first **live surgery webinar** is scheduled on **24 June 2011**. The live surgery can be viewed by internet and will be free for ISAPS Members.

Course Directors

Timisoara: Nazim Cerkes, Nicolae Antohi
(Local hosts: Tiberiu Bratu, Toma Mugea)

St. Petersburg: Nazim Cerkes, Renato Saltz
(Local hosts: Irina Khrustaleva, Kirill Pshenisnov)

Prague: Nazim Cerkes, Renato Saltz
(Local host: Bohumil Zalesak)

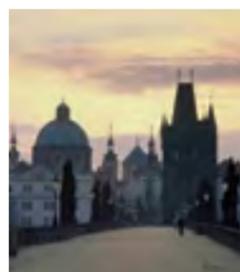
Sharm El Sheikh: Nazim Cerkes
(Local hosts: Alaa Gheita, Aly Moftah)

Symposium Directors

Poover Kerala: Vakis Kontoes
Almaty: Miodrag Colic
Cali-Colombia: Lina Triana
Urumci-China: Susumu Takayanagi
Beijing: Susumu Takayanagi



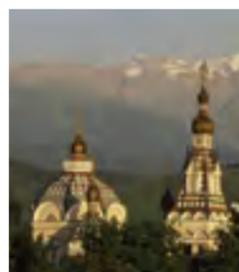
St. Petersburg



Prague



Sharm El Sheikh



Almaty



Poover Kerala

MESSAGE FROM THE JOURNAL EDITOR

Henry Spinelli, MD – United States



My first year as Editor-in-Chief of *Aesthetic Plastic Surgery* has been nothing short of an exciting and rewarding adventure. In the editorial office, we have instituted many changes to the journal, which we think have been greatly beneficial.

In this time, the journal has moved to a three person, double-blinded review system resulting in more diverse manuscript submissions along with a quicker review time and shorter time to final decision, which benefits both the authors and readers alike. The number of reviewers participating has increased many-fold over the last year.

Among the changes we have instituted is a system of topic directed manuscript reviews.

We welcome you to contact the Editorial Office at our e-mail, HMS@conmx.net, if you would be willing to review one or two papers each year on a topic of greatest interest to you, especially one in which you have extensive experience from a clinical and/or academic standpoint.

Cover story, continued from page 1

remedial work will be covered at home (to the value of the indemnity) and carried out by a surgeon with the credentials that are inherent in ISAPS membership.

Once there are 50 surgeons on board, Sure Insurance will compile a public register of members who have the new insurance plan. Their marketing campaign will be advising patients to look at the directory to see which surgeons are covered with complication and revision insurance. Surgeons can also use the directory in their own publicity. The directory will also show that by choosing an ISAPS surgeon with the ‘fix at home’ benefit they can be reassured that should a revision be necessary, it will be paid for and carried out by another ISAPS surgeon in their country of residence.

Sure Insurance will be providing Anglia Ruskin University, UK with the data generated from complications and claims under the policy. This research project monitors standards in order to improve surgery and patient safety.

A surgeon’s complication rate is an important consideration for all parties. Many surgeons with low complication rates may think that this insurance is not for them,

Submissions have been significant in number and diversity, both from a content standpoint as well as a geographic aspect. The quality of manuscripts we have been receiving has also been rapidly increasing as seen by our important increase in advertising, and the rise of our impact factor to over 1.0.

Additionally, we have instituted a mandatory financial disclosure process which will be published both online and in print with each manuscript. This is an effort to increase the transparency and integrity of our journal and its published material. Currently, we are expanding this effort by implementing a system of evidenced-based medicine.

I have enjoyed meeting many of our society members at meetings across the world, and hope to meet many more of you in the future.

I look forward to growing our journal together in what has been thus far a very gratifying journey. 

but the surgeons behind ISAPS insurance say that’s exactly who it’s for. Inclusion in the register will be recognized by patients as a commitment to patient safety and will demonstrate that the surgeons acknowledge the inherent risks of complications and will employ their best efforts to reduce the risk and minimize inconvenience, cost and worry for a patient should remedial surgery be necessary. If a surgeon with ISAPS insurance has high complication rates, they won’t simply be refused continuing coverage, but it will be conditional on appropriate re-training. So, surgeons with the insurance coverage know that they are associated with surgeons with the lowest complication rates. Obviously, keeping complication rates low will mean that premiums are not going to be distorted by rogue surgeons.

It’s an ambitious project, but with the support of expert surgeons, professional associations and insurers, all parties are confident that there will be a positive response.

For more information please go to:
www.isapsinsurance.com 

ANOTHER SUCCESSFUL WORLD CONGRESS FOR PLASTIC SURGEONS OF CHINESE DESCENT

Lee L. Q. Pu, MD, PhD – United States



After nearly two years of preparation, the Second World Congress for Plastic Surgeons of Chinese Descent was recently held in Taipei, Taiwan on October 29-31, 2010. The Congress was hosted primarily by the Department of Plastic Surgery at Chang Gung Memorial Hospital (CGMH), a well-known plastic surgery center in the world. Under the leadership of Professor Fu-Chan Wei, who served as the Conference Chairman, and Professor David C. C. Chuang, who served as the Secretary General, the Department of Plastic Surgery at CGMH indeed ensured another successful meeting with exciting scientific and social programs. Professor Yilin Cao from China and Professor David T. W. Chiu from the USA served as Co-Chairmen of the Congress which consisted of a one day pre-Congress live surgery day and two and a half days of the scientific program.

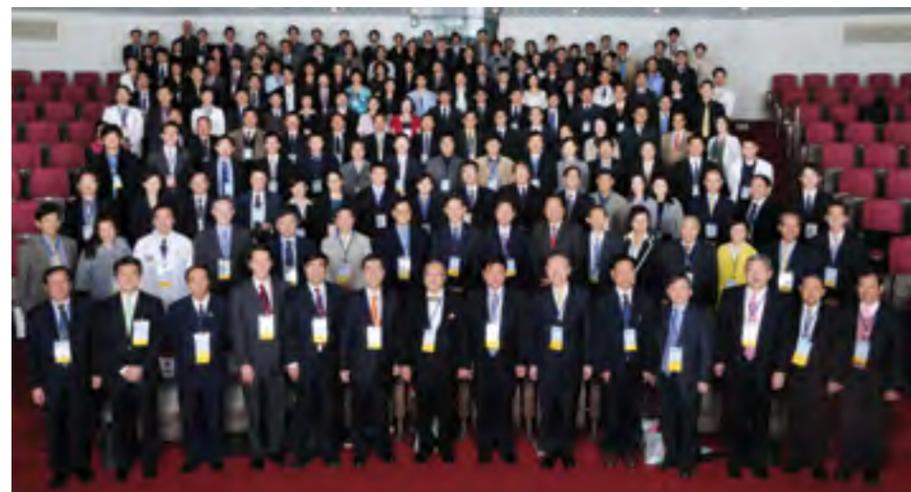


Figure 1. A group photo of the Second World Congress for Plastic Surgeons of Chinese Descent in Taiwan

During the pre-Congress live surgery conducted on October 28, 2010, four operating rooms were broadcasting simultaneously from CGMH in Linkou, Taipei and all surgeries were performed by experienced faculty members at Chang Gung Memorial Hospital. The operations included cleft lip repair, endoscopic-assisted orbital fracture repair, DIEP

flap breast reconstruction, free anterolateral thigh flap for head and neck reconstruction, and intraslesional laser photocoagulation therapy for vascular malformation. The pre-Congress live surgery was chaired by Professor Chih-Hung Lin and Dr. David W. T. Chiu from the United States, Dr. Kevin C. Chung from the United States, Dr. Walter W. K. King from

Hong Kong, and Dr. Lee L. Q. Pu from the United States who served as invited commentators. The operating surgeons and their teams have shown to the audience their incredible surgical skills and many thoughtful discussions and comments were made among the operating surgeons, commentators, and audience.

The formal Congress was held in four different conference rooms at CGMH in Linkou, Taipei. About 280 delegates, primarily from China, the United States, Hong Kong, Australia, and Taiwan, attended this historic meeting. (Figure 1) Thirty keynote lectures were delivered by plastic surgeons of Chinese descent from China, the United States, Hong Kong, and Taiwan. These lectures covered the history of plastic surgeons of Chinese descent in Mainland China, Taiwan, and the United States, the plastic surgery training in different regions of the world, and how to publish a good article in a scientific journal. The rest of the keynote lectures covered the entire spectrum of plastic surgery, including head and neck reconstruction, breast reconstruction, lower extremity reconstruction, composite tissue allotransplantation, craniofacial surgery, pediatric plastic surgery, and Asian cosmetic surgeries. Many of these lectures were world-class and indeed stimulated incredibly constructive discussions. As many as 260 abstracts were presented in 29 sections throughout the Congress. These oral presentations also covered the entire spectrum of plastic surgery as well as translational research. In addition to



Figure 2. Several plastic surgeons from USA were getting together during the banquet of the Congress. From left to right, James J. Chao, MD, Paul Y. Liu, MD, Michael S. Wong, MD, Lee L.Q. Pu, MD, John S. Eng, MD, David S. Kung, MD, and Ernest S. Chiu, MD



Figure 4. Eight members of the organization committee attended a meeting before the congress to discuss the future of World Association for Plastic Surgeons of Chinese Descent. In the front row, from left to right, Yilin Cao, MD (Mainland China), Yu-Ray Chen, MD (Taiwan), David T.W. Chiu, MD (USA), Fu-Chan Wei, MD (Taiwan). In the back row, from left to right, David C.C. Chuang, MD (Taiwan), Lee L.Q. Pu, MD (USA), James J. Chao, MD (USA), and Wei Liu, MD (Mainland China)

the oral presentations, a total of 17 posters were exhibited during the Congress.

The social activities during the Congress included a welcome reception following the pre-Congress live surgery program before the formal Congress. Meeting participants were able to enjoy old and new friendships in a relaxed environment while partaking of delicious local food. On the first night of the Congress, during a Taipei night tour allowed first time visitors to Taiwan experience the night life of Taipei, local culture, and some special Taiwanese



Figure 3. The author, Lee L.Q. Pu, MD, with the Congress Chairman, Fu-Chan Wei, MD and his wife Nancy during the banquet of the Congress.

cuisine. The faculty dinner was held at the Chang Gung University Golf Club. Many faculty members were able to attend this special event for a wonderful dinner in an exclusive setting in Taipei. The formal banquet was on the second night of the Congress. This luxurious banquet was held in the historic Grand Hotel of Taipei, surrounded by incredible Chinese-style decoration. The atmosphere of the banquet was cheerful and many memorable photos were taken. (Figures 2, 3)

Prior to the Congress, the Organization Committee of the future World Association for Plastic Surgeons of Chinese Descent (WAPSCD) met at a formal gathering. (Figure 4) This meeting was hosted by Professor Fu-Chan Wei and organized by Professor David T. W. Chiu. Provisional by-laws were passed by the committee that decided that the Third Congress for Plastic Surgeons of Chinese Descent will be held in Xian, China, hosted by Xijing Hospital of the Fourth Military Medical University, and chaired by Professor Shuzhong Guo.

The Second World Congress for Plastic Surgeons of Chinese Descent was another great success. For the second time, it was the largest gathering for plastic surgeons of Chinese. The Congress served as a forum to exchange advanced scientific knowledge in plastic surgery and to possibly contribute more to plastic surgery through global collaboration. We all look forward to the Third World Congress for Plastic Surgeons of Chinese Descent in Xian, China, 2012 and welcome all plastic surgeons of Chinese descent and others to attend another magnificent world congress in plastic surgery. 

PROCEDURAL STATISTICS SURVEY, 2011

Scott A. Hackworth, CPA

Senior Vice President - Industry Insights, Inc.



Last year, the International Society of Aesthetic Plastic Surgery (ISAPS) retained the services of Industry Insights to conduct the Society's first *Procedural Statistics Survey* with the goal of estimating the number and range of aesthetic procedures performed worldwide by country. To our knowledge, no other international study of this type had ever been conducted on such a broad scale.

Analysis, Raw Data, and Methodology as well as the initial press release in many languages are all available on the ISAPS website under Patient Safety/ISAPS Statistics. The study's results provided interesting findings about:

- the range of procedures performed across the globe
- the countries where the most procedures were performed overall
- which countries performed the largest number of specific procedures
- which procedures were most frequently performed
- which countries employ the most plastic surgeons, and
- numerous other global estimates extrapolated by population density of plastic surgeons.

As soon as we published the findings, it became instantly obvious that this is information many people want to know. Hundreds of journalists posted articles about the results, and we received numerous media inquiries. Some people questioned certain findings. All of this attention clearly signaled that people care about this information, and it needs to be as accurate as possible.

In order to build on the success of last year's study, ISAPS has again employed Industry Insights to revise and perform its survey for 2010 data. The new survey will be distributed to as many plastic surgeons as possible this spring. Results should be available in August.

The statistical reliability of any survey largely depends on the participation level of the survey sample. This is especially true with this study, given the number of countries for which the data are extrapolated. We need a significant number of plastic surgeons to participate so the public can have confidence in the findings. This is the only study in the world that is generating this type of data. Plastic surgeons

should want the results to be accurate, and to be sure that their information is included, they must participate.

Our invitation to take part in this year's study will be issued to approximately 20,000 plastic surgeons worldwide. In order to maximize the response, we will request that many of the world's National Societies of Plastic Surgery distribute the questionnaire to their members, and provide us with their own data in those countries where such information is available.

The questionnaire is straight-forward and typically does not require much time to complete. The form allows the user to save their data and return to it later. Based on feedback we received, this year's questionnaire will be shorter and it will be made even more user-friendly. Several fee-related questions will be added as cost of surgery is so variable around the world and is always a question for the public.

By building on the momentum gained from last year's effort, and by making strategic improvements, this year's study should prove to be even more insightful than last year's. We encourage you to submit your data to insure that our statistics become increasingly accurate and reliable.



REPORT OF THE NATIONAL SECRETARIES CHAIR

Lina Triana, MD – Colombia



The well-being of our patients is the reason we aesthetic plastic surgeons work so hard every day. It is also the reason why ISAPS has to be strong and grow. Because ISAPS promotes education among aesthetic plastic surgeons as well as the general public, better education, training and information means better safety standards and better final results. ISAPS goals are being achieved thanks to the hard work of the National Secretaries, the quiet pillars of ISAPS. Their hard work often goes unnoticed.

Allow me to share the words of a colleague of ours, Dr. Mark Jewell (United States):

"Much of the success of ISAPS relates to the membership strategy of the National Secretaries who help identify individuals who can be recruited for membership. The role of the National Secretary is essential in their knowledge of local talent and their qualifications. If we are to uphold the laudable quality of ISAPS, it comes down to the work of the National Secretaries, not the President or the ISAPS Central Office."

Leadership is essential at all levels in this organization including the Executive as well as the National Secretary level. We are all servants of our members through our volunteer work to maintain and advance ISAPS as the premier international organization for aesthetic plastic surgery. It is through our efforts that we create value for our members. Let's focus on the tasks at hand as outlined by our President, Dr. Jan Poëll. There's a lot of work to be done and our competitors are close behind us. I trust we can all agree on this.

Most National Secretaries have positions of leadership within their own countries' plastic surgery societies and from that platform they promote ISAPS among their colleagues highlighting ISAPS goals and objectives. Many in our family of National Secretaries are bringing to ISAPS the work and ideas that they are developing in their countries so that we can all learn from them and incorporate these ideas into ISAPS's strategies, too, for the benefit of all our members worldwide. Some National Secretaries are very active with the media and help us build strategies to that end. It is clear that most favor an open organization

and efforts are being made to include more languages on the ISAPS website. In other instances, National Secretaries promote ISAPS educational courses, symposia, and ISAPS endorsement of National Meetings in their countries. These meetings encourage updated education for plastic surgeons and many National Secretaries actively participate in the development of ISAPS's worldwide strategy, which includes strongly promoting patient safety and education of the general public. In many countries, National Secretaries are leading this work through their local societies and governments in pursuit of legislation which enforces the right training and credentials for aesthetic plastic surgery. I encourage all ISAPS members to share experiences which you think may, in any way, contribute to the goals and objectives of ISAPS.

I thank all ISAPS members for believing in our organization and I encourage you all to live up to the ISAPS's standards thereby ensuring a place of the highest respect for our profession. 

Editor's letter, continued from page 2

Also in this issue, Lee L. Q. Pu, MD, PhD, from the United States, reports on another successful World Congress for Plastic Surgeons of Chinese Descent. Françoise Firmin, MD and Alexandre Marchac, MD, both from France, present an outstanding historical piece demonstrating elements of modern surgical technique in antique medical drawings. The authors challenge us to look to these illustrations as inspiration for innovating new solutions to old problems.

These are just a few of the interesting and informative pieces that you will find in ISAPS News. We hope that you will enjoy this issue.

J. Peter Rubin
ISAPS News Editor

IMAGES OF THE PAST: A SOURCE OF INSPIRATION FOR THE PRESENT IN PLASTIC SURGERY

Françoise FIRMIN, MD and Alexandre MARCHAC, MD – France

It is my pleasure to introduce Drs. Françoise Firmin and Alexandre Marchac from Paris. They prepared an amazing paper for our newsletter, which demonstrates how the images from the past represent a source of inspiration for contemporary ideas and innovations.

—Riccardo MAZZOLA, MD – ISAPS Historian



When training to become a plastic surgeon, we assist experienced surgeons, read and write papers in plastic surgery journals, and dedicate time to observe masters in their art. But, as far as we know, it is seldom part of a training program to study the work of our elders.

When computers, 3-D virtual surgery, video, slides and photographs did not exist, the teaching of anatomy, peculiar cases and surgical techniques relied on engravings, usually done by a skillful artist who would draw under the direction of a master barber surgeon.

If one has access to a large library of medical books, such as one of the *Bibliothèque de L'Ecole de Médecine*, in Paris – one of the largest collections of historical medical books – it is of great interest to spend time scrolling around these ancient volumes. If most treatments depicted in these books are outdated and only spark a benevolent smile, one might also discover with amazement that some recent techniques were already depicted in detail several hundred years ago.

We would like to demonstrate through selected images of the past that their observations could have inspired some contemporary innovations much earlier than they actually occurred, if a keen eye had taken the time to look at the work of our elders.



Figure 1

Latissimus Dorsi flap

This illustration is one of the very famous series of anatomical studies done by Casserius in *Tabulae Anatomica* and drawn by Odoardo Fialetti, a pupil of Tintoretto. Julius Casserius (1552-1616) obtained his degree in medicine and philosophy in Padua where he gave private lectures on anatomy. He was the first one to represent correctly the muscles of the trunk. Many of his high-quality illustrations were republished after his death. This sectional view is clearly showing us that this muscle could be used and rotated to cover a large area in the trunk. (Figure 1) In the same book, other illustrations are showing the TRAM, the trapezius

flap, the greater omentum flap and many others. Perhaps Iginio Tansini was aware of the work of Casserius when he used the latissimus dorsi muscle to reconstruct mastectomy wounds in 1906.¹ Unfortunately, it quickly fell out of favour in the emerging plastic surgery world, until it was rediscovered in the late 1970s.

Skin expansion

This illustration was found in a work published by the German Imperial Academy in 1689 reporting a case of



Figure 2

far as the inside of the skull. *In an extraordinary way, Mother Nature arranged for the damaged skull to be covered everywhere, with a thick layer of skin.*

Here is not only the illustration showing how the scalp can be expanded even if here it is by the tumor, but also the text which emphasizes that the skull was fully covered by the expanded skin. (Figure 2) This could have inspired a clever observer long before the work of Radovan in 1984.²

Upper blepharoplasty

Goerg Bartisch (1535-1607), a barber and the founder of modern ophthalmology, was a skilful operator and the first to practise the extirpation of the bulbus in cancer of the eye. In 1583, he published a monumental book, the *Ophthalmodouleia*, which represents a spectacular and comprehensive picture-book of Renaissance eye-surgery.³ The ninety-one remarkable woodcuts that illustrate this book, were executed by Hans Hewamaul, after Bartisch's own drawings. In a chapter dedicated to the aging eyelids of his male patients, Bartisch describes how surgeons dealt with excess upper eyelid skin in the late 16th century.

John Michael Satorius, a famous surgeon of Halle, in the German state of Saxony-Anhalt.

A 35-year-old woman of average stature and phlegmatic temperament had lived until then in good health. She was the mother of eight children. At Christmas time, in very cold weather, she caught a cough. Happening to touch the top of her head, she felt a tumor about the size of a pea. It was not painful. A few months later, however, the tumor was the size of a hen's egg, and she consulted a doctor. The doctor prescribed plasters and poultices. But all in vain, because the tumor continued to enlarge from day to day, hardened and became painful. When it had reached the size shown in the illustration, the patient consulted several surgeons in Halle. Her family who had considerable confidence in Satorius, asked him to perform the operation with God's aid. Satorius had recourse to his customary corrosive and internal and external remedies with a view to necrosing the skin and in a short time, he had eliminated the tumor, as

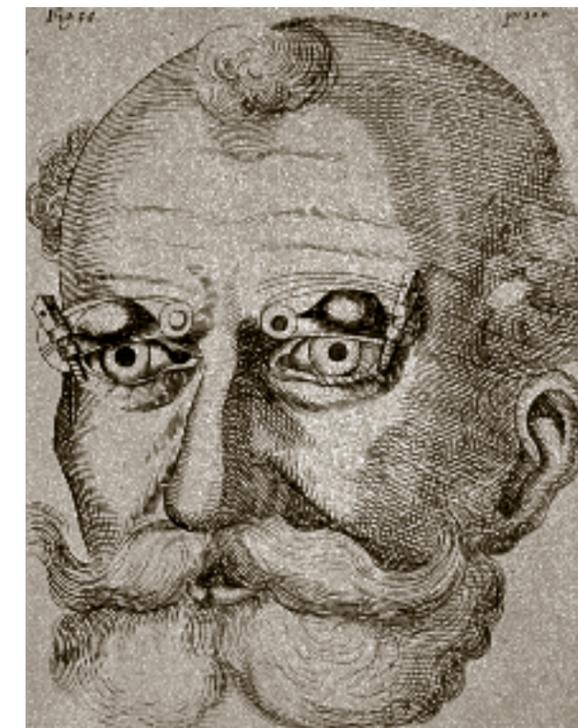


Figure 3

(Figure 3) A metallic clipper was applied to the upper eyelid, strangling the excess skin and fat. It was retained as such until the skin and fat died. He did not invent those devices, which were already described in the *Tadhkirat* (“the Reminder”), a book written by Ali Ibn-Isa of Baghdad (circa 940-1010 AD).³ Interestingly, this shows the influence of sophisticated Arabic medicine over European doctors during the Middle Ages. When we are looking at Bartisch’s illustration, it is obvious that this device is removing skin, but also herniating fat. Nevertheless, we took over 450 years to incorporate the concept of removal of the fatty hernias into blepharoplasty (Sichel and Bourguet, 1930s).

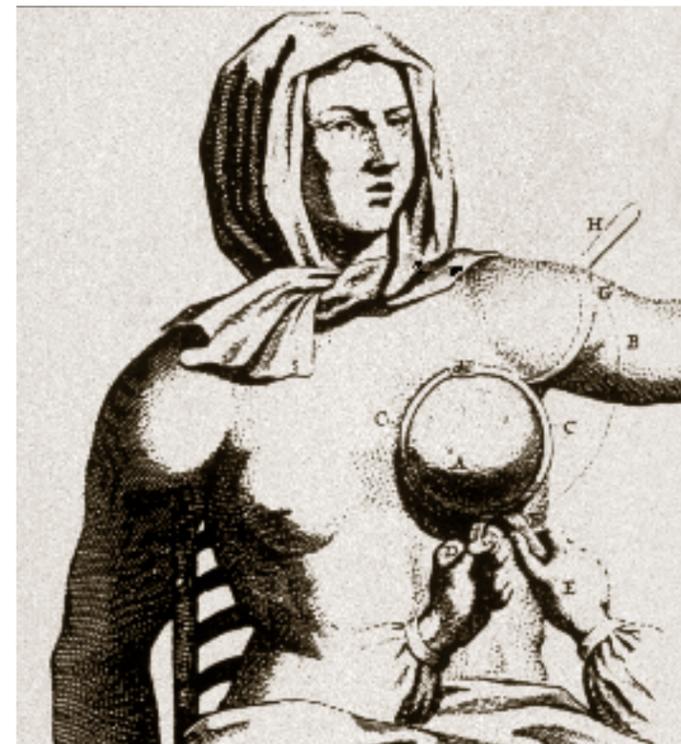


Figure 4

The “mammostat,” a useful device when performing a reduction mammoplasty

This illustration demonstrates a mastectomy as it was performed in the 18th century (Figure 4). It is hard to imagine that the patient could endure this procedure without anesthesia, seated upright on a chair. This drawing comes from the *Disputationes Chirurgicae Selectae, Tome II* published in 1755. “. . . following a preparation including bleed, laxatives and emetics, the patient is placed on the operative seat in a way that her pectoralis muscle contracts, thus causing the tumor to protrude. The tumor is then removed

with the forceps advocated by Helvetius and designed by Heister. . . . Following surgery, avoid fat food, salt and alcohol. Avoid emotional stress and bleed the dorsalis pedis vein twice a year around the time of Equinoxe.” A similar instrument was designed by Michel Costagliola in 1987 and serves beautifully in reduction mammoplasties, during the de-epithelialization around the areola.⁴

Conclusion

Of course, one can say that it is easy to identify a posteriori in these old books the things that we do commonly today, and that the real challenge is to think about something truly new. But because plastic surgery is a problem-solving specialty, a young surgeon must realize that the problem he or she is facing is certainly not entirely new to the world, and that his or her elders have already attempted to solve it. Because science and technology evolve, their answers may strike us as incomplete and send us on the track to a better solution. Dedicating time to read the old texts can be invaluablely precious, a source of inspiration for the present.

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Designed by:
Amiram Borenstein, M.D.
Tel-Aviv, Israel



Borenstein Breast Augmentation Mastopexy Protector

- Better protection of the breast prosthesis, prevents unintended puncture
- Easier mobilization of the prosthesis within the surgical pocket during breast augmentation
 - Ergonomic design for more natural hand movement
 - Shorter operation time due to easier and safer suturing

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- Better protection of the breast prosthesis, prevents unintended puncture
- More precise tissue alignment allows better healing of the surgical wound
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 - Shorter operation time due to easier and safer suturing



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

Meetings: American-Brazilian Aesthetic Meeting
Location: Park City, Utah
Venue: Park City Marriott
Contact: Tracee Lolofie
Tel: 1-801-274-9500
Fax: 1-801-274-9515
e-mail: americanbrazilianaestheticmtg@gmail.com
HomePage: http://www.usabrazilmeeting.med.br

**Dates: 04 March 2011 - 06 March 2011**

Meetings: 28th Dallas Rhinoplasty Symposium
Location: Dallas, Texas
Venue: Westin Galleria Hotel
Contact: John Harrington
Tel: 214-648-3138 or 1-800-688-8678
Fax: 214-648-2317
HomePage: http://www.utsouthwestern.edu/cme

**Dates: 18 March 2011 - 20 March 2011**

Meetings: 12th International Symposium on Plastic Surgery
Location: Sao Paulo, Brazil
Venue: Sheraton WTC Hotel
Contact: Hanna Stutz
e-mail: assistente@relations.com.br
HomePage: http://www.simposiointernacional.com.br/index.php

**Dates: 19 March 2011 - 21 March 2011**

Meetings: ISAPS Local Meeting
Location: Cape Town, South Africa
Venue: Lord Charles Hotel
Contact: Dr Peter Scott
Tel: Dr Peter Scott
Fax: +27-118832336
e-mail: Dr Peter Scott,

Dates: 23 March 2011 - 26 March 2011

Meetings: Plastic Surgery at the Red Sea
Location: Eilat, Israel
Venue: Isrotel Royal Beach Hotel
Contact: Yehuda Ullmann, MD
Tel: 97248542794
Fax: 97248542149
e-mail: y_ullmann@rambam.health.gov.il
HomePage: http://www.plasticsurgeryredsea2011.com

Dates: 25 March 2011 - 27 March 2011

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

Dates: 31 March 2011 - 03 April 2011

Meetings: AESURG 2011
Location: Kerala, India
Venue: Isola Di Cocco Resorts
Contact: Krishnamurthy Ramachandran
Tel: 91-44-2491-4132
e-mail: rammaha@gmail.com
HomePage: http://www.iaaps.net



Can you guess which ISAPS member is pictured here?

Answer:

Yhelda Felicio, MD

SIRSASANA, is an inverted Yoga position. The benefits: to enhance the circulation of the blood in the brain, improving memory and concentration, and relief of mental and physical fatigue.

General precautions: it is not good for high blood pressure, heart problems and glaucoma.

SIRSASANA, or teaching one to see life from another angle and change one's point of view, can be a release experience. To learn to calm down when everything is inverted is a precious ability.

SIRSASANA teaches one to adapt enough to be comfortable in any place or in any situation. I am 61 years old and have practiced yoga almost every day on the beach for the past six years thanks to my daughter who is a yoga teacher.



April 2011

Dates: 26 April 2011 - 27 April 2011

Meetings: ISAPS Course Timisoara-Romania
Location: Timisoara, Romania
Venue: Continental Hotel
Contact: Nazim Cerkes, Nicolae Antohi
e-mail: ncerkes@hotmail.com, nantohi@hotmail.com
HomePage: http://www.isaps-timisoara.org

Dates: 28 April 2011 - 30 April 2011

Meetings: 56th Annual Meeting of the Plastic Surgery Research Council
Location: Louisville, KY
Venue: Seelbach Hilton
Contact: Catherine Foss
Tel: 1-603-643-2325
Fax: 1-603-643-1444
e-mail: psrc@conmx.net
HomePage: http://www.ps-rc.org

May 2011

Dates: 06 May 2011 - 11 May 2011

Meetings: The Aesthetic Meeting 2011: Affirming the Science of Aesthetic Surgery
Location: Boston, Massachusetts
Venue: Boston Convention & Exhibition Center
Contact: ASAPS Executive Office
Tel: 1-562-799-2356
Fax: 562-799-1098
e-mail: asaps@surgery.org
HomePage: http://www.surgery.org/meeting2011

Dates: 22 May 2011 - 27 May 2011

Meetings: 16th International Congress of IPRAS
Location: Vancouver, Canada
Venue: Vancouver Convention Center
Contact: Donald Lalonde, MD / Karyn Wagner
e-mail: csps_sccp@bellnet.ca
HomePage: http://www.ipras2011vancouver.ca

June 2011

Dates: 04 June 2011 - 06 June 2011

Meetings: ISAPS Course
Location: St. Petersburg, Russia
Venue: Holiday Inn
Contact: Nazim Cerkes, MD
Tel: +90-5424243859
Fax: +90 2122832445
e-mail: ncerkes@hotmail.com
HomePage: http://www.isaps-stpetersburg.org

Dates: 09 June 2011 - 11 June 2011

Meetings: Beauty Through Science 2011
Location: Stockholm, Sweden
Venue: Grand Hotel
Contact: Anna Eliasson
e-mail: bts@ak.se
HomePage: http://www.beautythroughscience.com/June 2011

Dates: 10 June 2011 - 12 June 2011

Meetings: Aesthetic Plastic Surgery/ Anti-Aging Medicine: The Next Generation Symposium
Location: New York, New York
Venue: The Waldorf Astoria Hotel, New York City
Contact: Francine Leinhardt
e-mail: fleinhardt@earthlink.net
HomePage: http://www.APSSNY.org

Dates: 22 June 2011 - 24 June 2011

Meetings: Istanbul International Rhinoplasty Course
Location: Istanbul, Turkey
Venue: Hilton Convention Center
Contact: Gurhan Ozcan, MD
Tel: 90-212 2911906
Fax: 90-212 2190588
e-mail: drgozcan@gmail.com
HomePage: http://www.rhinoplasty-urasian.org

Dates: 24 June 2011 - 26 June 2011

Meetings: 3rd International Eurasian Aesthetic Surgery Course
Location: Istanbul, Turkey
Venue: Hilton Convention Center,
Contact: Nazim Cerkes, MD
Tel: 90-212-283-9181
Fax: 90-212-219-0588
e-mail: ncerkes@hotmail.com
HomePage: http://www.eurasian2011.org

July 2011

Dates: 06 July 2011 - 10 July 2011

Meetings: 2011 Plastic Surgery Congress
Location: Queensland, Australia
Venue: The Gold Coast Convention Centre
Contact: Christopher Edwards
Tel: +61 2 9437 9200
Fax: +61 2 9437 9210
e-mail: caedwards@plasticsurgery.org.au
HomePage: http://www.plasticsurgery.org.au

August 2011

Dates: 25 August 2011 - 28 August 2011

Meetings: 3rd European Plastic Surgery Research Council
Location: Hamburg Harbor, Germany
Venue: Freighter MS Cap San Diego
Contact: Isabelle Laerz
Tel: +49 3641 311 63 20
Fax: +49 234 325 20 80
e-mail: info@epsrc.eu
HomePage: http://www.epsrc.eu

October 2011

Dates: 01 October 2011 - 04 October 2011

Meetings: ISAPS Course Prague-Czech Republic
Location: Prague, Czech Republic
Contact: Nazim Cerkes, Bohumil Zalesak
e-mail: ncerkes@hotmail.com, zalesak@iexpo.cz

Dates: 27 October 2011 - 30 October 2011

Meetings: ISAPS Course Sharm El Sheikh-Egypt
Location: Sharm El Sheikh, Egypt
Contact: Nazim Cerkes
e-mail: ncerkes@hotmail.com

November 2011

Dates: 04 November 2011 - 06 November 2011

Meetings: 9th Annual IFATS Meeting
Location: Miami Beach, Florida
Venue: Eden Roc Renaissance Hotel
Contact: Catherine Foss
Tel: 1-603-643-2325
Fax: 1-603-643-1444
e-mail: ifats@conmx.net
HomePage: http://ifats.org/

Dates: 26 November 2011 - 27 November 2011

Meetings: CATFAS Asia 2011
Location: Phuket, Thailand
Venue: Movenpick Hotel and Resort
Contact: Elien Van Loocke
e-mail: elien@coupurecentrum.be
HomePage: http://doctorseminar.com/catfas2011/catfas.php

Dates: 27 November 2011 - 28 November 2011

Meetings: World Congress of 19th International Society of Laser in Surgery and Medicine & Asian Pacific Aesthetic Plastic Surgery Symposium 2011
Location: Seoul, Korea
Venue: Baek Beom Musium and KOFST Building.
Contact: Prof. Jin Wang Kim
Tel: 82-2-511-3713
Fax: 82-2-511-3713
e-mail: khgo00@unitel.co.kr

December 2011

Dates: 01 December 2011 - 03 December 2011

Meetings: The Cutting Edge Aesthetic Surgery Symposium 2011. Advanced Body Sculpting Head-To-Foot: Needle, Laser, Cannula, Knife
Location: New York
Venue: Waldorf Astoria Hotel
Contact: Lauren Fishman
Tel: 212-355-5702
Fax: 212-308-5980
e-mail: registration@astonbakersymposium.com
HomePage: http://www.aestheticsurgeryny.com

April 2012

Dates: 12 April 2012 - 14 April 2012

Meetings: ISAPS Course Amman-Jordan
Location: Amman, Jordan
Contact: Gaith Shubailath, Nazim Cerkes
e-mail: gaith@shubailat.com, ncerkes@hotmail.com

June 2012

Dates: 01 June 2012 - 03 June 2012 
Meetings: ISAPS Course Como-Italy
Location: Como, Italy
Contact: Enrico Robotti, Gianluca Campiglio
e-mail: erobotti@ospedaliriuniti.bergamo.it, info@gianlu-
 cacampiglio.it

Dates: 06 June 2012 - 08 June 2012
Meetings: Rome Breast Surgery 2012, Reconstruction and
 Aesthetic: Excellence as the common challenge
Location: Rome, Italy
Contact: Organizing Secretariat
Tel: 0039 (0)6 32282204
Fax: 0039 (0)6 3222038
e-mail: breastsymposium2012@alfa-international.it

Dates: 13 June 2012 - 17 June 2012
Meetings: 57th Plastic Surgery Research Council
Location: Ann Arbor, MI
Venue: University of Michigan
Contact: Catherine Foss
Tel: 1-603-643-2325
Fax: 1-603-643-1444
e-mail: psrc@conmx.net
HomePage: http://www.ps-rc.org

August 2012

Dates: 23 August 2012 - 26 August 2012
Meetings: 4th European Plastic Surgery Research Council
Location: Hamburg Harbor, Germany
Venue: Freighter MS Cap San Diego
Contact: Isabelle Laerz
Tel: +49 3641 311 63 20
Fax: +49 234 325 20 80
e-mail: info@epsrc.eu

September 2012

Dates: 03 September 2012 - 07 September 2012
Congress: 21st Congress of ISAPS 
Location: Geneva, Switzerland
Venue: Centre International de Conférences Geneve
Contact: Catherine Foss
Tel: 1-603-643-2325
Fax: 1-603-643-1444
e-mail: isaps@conmx.net
HomePage: http://www.isapscongress2012.org

Can you guess which ISAPS member is pictured here?



Answer: Jan Poëll

About ten years ago, I decided together with two friends to start to climb the seven summits – although I never planned to climb Mount Everest. The first one was Mount McKinley, also named Denali, in Canada. The main problem of this mountain is the weather. When we arrived in Talkitna, the weather was good and supposed to stay so for about ten days. This is very short to climb this mountain, but we thought it would be enough. A guide was supposed to meet us, but he was delayed so we decided to go alone.

We started on skis with about 60 kilos per person in backpacks and on a sledge. Several parts had to be done several times to bring all the baggage up. We reached the top on the seventh day at 11 pm and were rewarded with a wonderful view in the midnight sun.

This was a fantastic experience that I never will forget. It was the toughest tour I have ever made and I lost 8 kilos in ten days.

Jan Poëll, MD - Switzerland

Admitted in January 2011

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Austria:
JUNGWIRTH, Walther | France:
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| Belgium:
VICO, Pierre | India:
DIXIT, Varun | United Kingdom:
AHMAD, Ahmad
ALVI, Rizwan
BELLITY, Philippe
COOPER, Mark
DAVISON, John
DZIEWULSKI, Peter
FAHMY, Fahmy
GEORGEU, Garrick
GITTO, Mark
GRAHAM, Kenneth
HENLEY, Mark
HO-ASJOE, Mark
HUMZAH, M.
INGLEFIELD, Christopher
IWUAGWU, Fortune
LEVICK, Paul
LIEW, Se Hwang
MALATA, Charles
MCLEAN, Neil
MOSAHEBI, Ash
MYERS, Simon
NIRANJAN, Niri
PAPINI, Remo
PATERSON, Peter
SHOIB, Taimer
SIROTAKOVA, Maria
SMITH, Roger
STAIANO, Jonathan
TITLEY, Garth
VARMA, Sanjay
WHITWORTH, IAN
YII, NGI |
| Brazil:
DEMOURA MENEZES, Joao Carlos*
DEPAULA, Paulo Renato | Iran:
KHORVASH, Behzad | United States:
BECKER, Hilton
GROVER, Sanjay
NIKOLOV, Nicholas
PFEIFER, Tracy |
| Chile:
FONTBONA, Montserrat | Italy:
CECCHINI, Giammatteo
CONTREAS, Vito
D'CUNHA, Alphonsa
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FASANO, Daniele | Switzerland:
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BECERRA TORRES, Edgar Alonso
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BOTERO, Luis
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MOLINA VASQUEZ, Jaime Andres
PEREZ MEDINA, Gildardo
RECIO GONZALEZ, Carlos Augusto*
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| Czech Republic:
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| Mexico:
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DUNST, Sascha
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*Candidate

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