

ISAPS NEWS

Official Newsletter of the International Society of Aesthetic Plastic Surgery

21ST BIENNIAL CONGRESS OF ISAPS – GENEVA

Catherine Foss – United States

ISAPS Executive Director

ISAPS holds a major international congress every two years in the country of the current president. On September 4th, at the close of his presidential term, Dr. Jan Poëll of St. Gallen, Switzerland opened the five day 21st Congress of ISAPS in Geneva that included 15 sessions on all aspects of aesthetic plastic surgery presented by 154 invited faculty. Free papers, electronic papers and video presentations were presented by more than 200 additional speakers. The choice of Geneva was made after considering several other Swiss cities as potential host sites. The combination of its international flavor, connection to the United Nations where ISAPS was founded in 1970, the charm of Geneva itself, and the availability of a variety of hotel options and day tours for accompanying guests were all considered as important decision factors. The availability of an appropriate congress facility made the choice final.

In the end, the congress was attended by 1,258 plastic surgeons, 380 family members and more than 300 exhibiting company personnel from 83 countries. The 16 Master Classes scheduled over four days were attended by 1,185 people. Educational seminars were provided by nine exhibiting companies during lunch and two additional sessions provided information about clinic accreditation and the new ISAPS-LEAP Surgical Relief Teams[®] program. Exhibit space was sold out three months in advance. Social events included an entertaining opening ceremony and welcome reception at the congress center, a faculty dinner for over 200 people at the Château de Coppet preceded by a cocktail cruise on Lake Geneva, and an unforgettable private grand finale evening at Circus Knie for over 1,500 people – truly the social highlight of the congress.

No event of this magnitude can be realized without the hard work of many people behind the scenes. The staff at the congress center that supported ISAPS staff headquartered in the US included the very competent building managers, catering company, security team, first aid staff, outstanding audiovisual professionals, and the never seen cleaning crew who kept the building immaculate. The manager's recommendations for additional support from the exhibit, lead retrieval, and local staffing companies were invaluable. The Geneva tourism office helped us find a local company to manage housing and social event logistics and both were on-site during the congress to act as our official concierge as well.

Organization of an event like an ISAPS congress from a distance is challenging. The support of the entire team and importantly our local arrangements chairs, Dr. and Mrs. Kai-Uwe Schlaudraff, as well as Dr. and Mrs. Jan Poëll, made it possible to hold one of the most successful congresses in ISAPS history in Geneva. We thank all those involved in helping us make this congress so enjoyable for our many guests.



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MESSAGE FROM THE EDITOR

J. Peter Rubin, MD – United States

ISAPS News Editor



It is my pleasure to welcome you to this issue of *ISAPS News*. In September, our members and guests gathered in Geneva, Switzerland for the 21st Congress of ISAPS. This was such an amazing event for our international community, filled with exceptional educational experiences, wonderful social events, and camaraderie with our member surgeons across the globe. For this event, we were united. We were united in our interest to set global standards of excellence in aesthetic surgery. We were united in our interest to promote and benefit from the exceptional educational programs. We were united in our celebration of the wonderful international aesthetic plastic surgery community that to which we all belong. We were united in our shared experiences.

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At one of the social events, Dr. Thomas Biggs, a perennial leader in our international plastic surgery community, made a very salient comment about the “ties that bind us together.” He added vivid color to this concept of shared experiences that we, as highly trained plastic surgeons, can relate to regardless of where on the planet Earth we reside. Whether this be washing our hands before the morning case, leveraging our skill and training to execute well-planned operations, or counseling our patients thoughtfully and responsibly about the risks and benefits of their surgical options, these shared experiences give us a common ground even if we don’t speak a common language. My pride in our organization could not be higher.

Also in this issue of *ISAPS News*, we see global perspectives on stem cell regulations. There are few topics as bright on the radar screen as the use of adult stem cells for plastic surgery applications. In the special feature, we see comments from our member surgeons across the globe about how stem cells are regulated in their countries. It is fitting that this year’s Nobel Prize in Physiology or Medicine was awarded jointly to Sir John B. Gurdon and Shinya Yamanaka . . . *for the discovery that mature cells can be reprogrammed to become pluripotent.*

Also in this issue, we include obituaries and mourn in the loss of two great icons of plastic surgery, Daniel Marchac and Fernando Ortiz Monasterio. We will miss them immensely.

These features and other interesting, useful and informative pieces are presented to you in this month’s *ISAPS News*. We hope you enjoy this issue.

With warm regards,



J. Peter Rubin
ISAPS News Editor

PRESIDENTIAL EDITORIAL

Carlos Oscar Uebel, MD, PhD – Brazil

ISAPS President



Dear ISAPS Members,

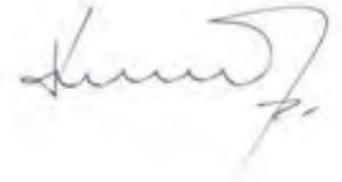
AESTHETIC EDUCATION WORLDWIDE

With this slogan I welcome you to our new world education program. As President for the next two years, I will focus on an intensive Aesthetic Plastic Surgery Education Program with more than 28 official courses, symposia and university fellowship program endorsements. My mission is to continue and to improve our ISAPS strategic plan to bring to our membership around the world new scientific opportunities giving credit and prestige to each member of our Society.

Our Education Council Chair, Dr. Nazim Cerkes, is preparing a wonderful program involving an outstanding faculty from all over the world and our new Traveling Faculty Task Force coordinated by Dr. Renato Saltz will organize a high level professor group to give lectures, seminars and instructional live surgeries. Instead of traveling to so many meetings around the world, you will have a unique opportunity to invite to your country the most important ISAPS member surgeons.

Our website includes our new Board of Directors and the list of our executive and other committee members who will be working with us during the next two years. This is a very nice group that will meet twice a year to discuss the most important issues and new strategic plans for our society. Supported by our National Secretaries from 73 countries and by the ISAPS Executive Office managed by our Executive Director Catherine Foss, we certainly will have a very dynamic and productive presidential term – and I am proud of this.

Our 2012 Congress in Geneva was excellent. The friendship we all shared among more than 2000 surgeons from 83 countries around the world has been unforgettable. We could not imagine such great attendance or so much happiness and overall Peace between Nations.



Carlos Oscar Uebel, MD, PhD
President of ISAPS

PERSPECTIVES ON THE USE OF STEM CELLS AND PLASTIC SURGERY

J. Peter Rubin, MD – United States

ISAPS News Editor



We welcome you to this issue's timely feature series discussing the use of stem cells in plastic surgery as we see numerous reports of the potential for their use in clinical practice from across the globe. In this feature, we get feedback from our member surgeons about how stem cells are regulated. We asked them to address questions such as: What is the official body that regulates the use of stem cells in your country? Can they be used in general clinical practice? Are devices for the automated extraction of stem cells from tissues such as fat approved for use in your country?

You will find this information very interesting as you see how the regulations in your country compare with other countries across the globe.

NORTH AMERICA

J. Peter Rubin, MD – United States

ISAPS News Editor

In the United States, the Food and Drug Administration (FDA) regulates stem cell use. Interestingly, there are no regulations specific to stem cells, but there is a range of broad regulations regarding the use of cells and tissues, as well as biologic agents, into which any stem cell therapy can be classified. For example, there are low risk categories into which one can classify cells extracted from the body that have been minimally manipulated and intended for use in similar tissues from which the cells were harvested. The regulations are less strict and directed toward preventing the spread of diseases through contamination. There are also higher risk categories in which the stem cells are deemed to be manipulated to a high degree and are regulated as "biologic drugs." In this category, the stem cells can only be used in official government regulated clinical trials and they must pass through phase I, phase II, and phase III clinical trials culminating in a biologic license for a specific application. This process is very similar to that used for drug regulation in United States. The position of the FDA has been getting increasingly strict about the use of adult stem cells, such as adipose stem cells, and has been pushing the classification of most therapies toward the higher risk category. No device to extract stem cells is currently approved for general clinical use in the United States, and the use of stem cells for plastic surgery procedures is not considered common practice. Clinical use should be under approved clinical trials with oversight by, at the very least, an institutional review Board. 

MIDDLE EAST

Sami Saad, MD – Lebanon

ISAPS National Secretary for Lebanon and Assistant Chair of National Secretaries



In Lebanon, unfortunately, the only authority that tries to regulate medical issues is the Ministry of Health and it is not very successful. Concerning stem cells, there was a warning issued by the Ministry of Health stating that any mention of stem cells should include that it is all still experimental and that there is no proof of benefit or safety of such use. Yet many physicians, most of them not properly trained plastic surgeons, are advertising that they are using a new technol-

ogy, namely "Adult Stem Cell Therapy" for cosmetic use by re-injection into the soft tissues, claiming that it is the most recent advancement to avoid aesthetic surgeries such as facelifts. It is undeniable that fat injection (lipostructure) has more benefits than simple volume replacement, some manipulation of the aspirated fat to increase the concentration of stem cells is beneficial, but not yet approved by the Lebanese Ministry of Health for widespread use. 

ASIA

Kotaro Yoshimura, MD – Japan



In general, it is not illegal in Japan for physicians to use a non-approved product or perform a non-approved treatment/trial under their own responsibility, though physicians should follow all guidelines. There are no laws with associated penal regulations. The Japanese government has been regulating clinical trials of cell therapies since 2006 with the Guideline for Clinical Trials with Human Stem Cells. Clinical trials, which are experimental, are defined differently from medical treatments, which are established. The definition of cell therapies is those using cells which are more than minimally manipulated. The definition of minimal manipulation is the same as that of the FDA in the United States. After the revision of 2011, the guideline is regulating only clinical trials for seeking repair,

reconstruction, or regeneration of a diseased (damaged or lost) organ (or tissue). For example, clinical trials of cosmetic cell therapies have to follow IRB decision and the Ethical Guideline for Clinical Studies, but not the Guideline for Clinical Trials with Human Stem Cells. However, breast reconstruction using stem cells must follow the Guideline for Clinical Trials with Human Stem Cells because its purpose is reconstruction of lost tissue. No automated machine for cell isolation from adipose tissue has been approved as a medical device for therapeutic use (Class IV such as an intravenous catheter) in Japan, though some of them are approved to sell for research or non-invasive use (Class I such as a centrifugation machine or a stethoscope). 

EUROPE

Natalia Manturova, MD and Roman Deev, MD – Russian Federation

Kirill Pshenisnov, MD – Russian Federation

ISAPS News Editorial Board Member

A unified registration system for services and products in the cellular technologies area is not adopted in the Russian Federation at the moment. In the meantime, the professional community and federal authorities (Minzdrav, Roszdravnadzor) have the intention to regulate activities in this area in order to balance quality, safety and consumers' benefit. The only document regulating activities of organizations in medical cellular technologies is The Order of Ministry of Healthcare of the Russian Federation of July 23, 2003 #325: On Development of Cellular Technologies in The Russian Federation. Unfortunately, this document is quite inconsistent because it relates only to procurement of placental and umbilical blood. Besides that, it does not provide a difference for donor and personal banks, umbilical blood procurement instruction is approved for research work only, immunophenotyping is stated as an obligatory stage, although it is unreasonable for personal storage. Until January 1, 2012 The Order of the Ministry of Health and Social Development of the Russian Federation of July 20, 2007 #488: On ratification of Administrative Regulations of Federal Service for Supervision in Healthcare and Social Development on performance of state function of issuing permits to application of new medical technologies was in force. Thus organizations had an opportunity to successfully implement new methods of treatment and diagnostics, including ones based on cellular technologies during four years. Now this order ceased to be in force, but permits issued by Roszdravnadzor remain valid. Two medical cellular technologies related to cosmetology, aesthetic medicine and plastic surgery were developed, registered and adopted into clinical practice through that procedure:

1. Collecting, transportation, separation, cultivation, cryo-conservation, storage and use of autologous fibroblasts for correction of age-dependent and cicatricial skin defects /FS #2009/398 as revised on 07/21/2010. The technol-



ogy was applied to over 120 patients with good and excellent results; data is regularly published in public scientific media.

2. Reconstructive and rehabilitation treatment of age-related changes, defects and effects of skin / FS #2011/002 as revised on 02/03/2011. There are several cellular technologies (5 to 7) approved for clinical practice, but not related to above mentioned medical specialties. Human adipose tissue treatment device Celution designed for intraoperative extraction of adult adipose-derived stem and regenerative cells and immediate use of it for plastic purposes, manufactured by American company Cytori Therapeutics (RU #FSZ 2012/12193).

At present, extensive work is carried out to incorporate rules and regulations for registration and clinical research in that area with adoption of national industry standards for quality of cellular products and services (GTP) as well as a document of supreme status to establish obligatory evidence-based clinical testing in that area and complying with Federal Law #61-FZ of 04/12/2010 On turnover of pharmaceuticals, presuming three-stage process, as well as harmonized with fundamental regulations of the European Union and the FDA; taking into account the delimitation of responsibility areas of authorities established by regulations already in force in the Russian Federation related to that sphere: GOST R 52249-2004 Rules of production and quality control of pharmaceuticals, which is harmonized with GMP (Good Manufacturing Practice for medicinal products), put into effect in 2004 by Provision of Gosstandart of Russia of March 10, 2004 # 160-st; GOST R 52379-2005 NATIONAL STANDARD OF THE RUSSIAN FEDERATION GOOD CLINICAL PRACTICE (GCP), approved by the Order of Federal Agency of Technical Regulation and Metrology of September 27, 2005 N 232-st. 

EUROPE

Igor Niechajev, MD, PhD – Sweden

ISAPS Chair, Government Relations Committee

The Scientific Council (SC) of Sweden is a governmental institution under the Ministry of Education and is responsible for the control and grant giving for all basic research. In December 2001, SC formulated medico-legal and ethical guidelines for the research and therapeutic applications of embryonic stem cells. Reproductive cloning is forbidden, but therapeutic cloning is allowed and SC authorized the creation of a stem cell bank. Sweden, along with the UK, Belgium, Netherlands and Greece has the most liberal laws and these countries are in the forefront of research on the embryonic stem cells. At the same session, SC confirmed that research on adult stem cells and on the stem cells from the blood extracted from the umbilical cord is already allowed according to the actual laws and regulations concerning research on biologic materials. Adult stem cells can be used in general practice and the automated devices for their extraction can be used providing

they have CE approval (Conformité Européenne) for the European Union. A comprehensive Lipomodeling Surgery Course, sponsored by Cytori, was held in Stockholm on April 20, 2012 and will be repeated at the end of November this year. Research on adult stem cells is conducted at the Departments of Plastic Surgery at several University Hospitals and it requires, like any other patient oriented research, an approval from the local Ethics Committee. The on-going research encompasses a large number of tissues: muscle, nerve, breast, bone and cartilage, which are on the way to being applied in clinical practice. All tissue transplantation must be recorded by filing the special form "Tissue for clinical use." Specifically, keratinocytes are cultured for application in burns, pigment cells are used to treat various forms of hypopigmentation, urethral cells are cultured to treat boys with hypospadiasis, and fat cells are cultured to fill soft tissue defects. 



EUROPE

Kai-Uwe Schlaudraff, MD – Switzerland

ISAPS Assistant Treasurer

In Switzerland, the preparation and use of embryonic stem cells is regulated by the Federal Stem Cell Research Act (2005), under which it is permissible in Switzerland, under certain conditions, to derive stem cells from surplus human embryos for exclusive use in research. In addition, embryonic stem cell lines may be imported from abroad for research purposes. The Federal ordinance SR 810 311 defines the very strict protocols and conditions for approval. Research on adult stem cells is permitted under current legislation and requires, like any other research, approval from the local Ethics

Committee. The use of adult stem cells is regulated by the Federal Department of Health (BAG) and the Swiss Agency for Therapeutic Products Swissmedic. Stem cell harvesting and extraction can either be done by automated devices bearing a CE mark that is recognized by Swissmedic (e.g. Cytori's Celution device) or in collaboration with an external tissue unit which has to be authorized by both the Department of Health and Swissmedic (e.g. Swiss Stem Cells Bank). Strict regulations apply for the processing of the tissue and their application must be "like for like." This means that for example

mesenchymal stem cells derived from adipose tissue can only be used for the treatment of skin and fat. In Switzerland, there are currently three fully authorized stem cell banks – two public and one private – that are primarily working with umbilical cord blood, bone marrow and recently also adipose derived stem cells. In 2011, the Court of Justice of the European Union ruled out any rights to obtain patents for embryonic or adult stem cells, limiting control by big companies and ensuring public access to the results of research in the field. 



EUROPE

Tunc Tiryaki, MD – Turkey



The Scientific Council on Stem Cell Transplantation, under the Ministry of Health, regulates the usage of stem cells in Turkey. To start with, there is no regulation by the ministry on embryonic stem cell (ESC) use since it is banned according to the Council of Europe Oviedo Convention on Human Rights and Biomedicine in 2009. The preparation and use of adult stem cells (ASC) is regulated by the Non-embryonic Stem Cell Research Act (2006) of the Ministry of Health under which it is permissible in Turkey, under certain conditions, to derive and transplant SC. Stem cell harvesting and extraction can either be done by automated devices bearing a CE mark or in collaboration with an external tissue unit, which must

be authorized by the Ministry. Still, this regulation is assuming that the stem cells are hematopoietic in origin only and the usage of ASC from different sources like fat is not regulated. It is also interesting that this act is regulating only the treatments for life-threatening diseases, which excludes aesthetic procedures. Today, adipose derived stem cell transplantation is considered as a minimal touch procedure, or a variety of fat transplantation, as long as the transplantation is done without cell expansion, on the same day at the same location. Stem cell banking is also regulated according to the same protocol and there are two GMP standard cell-banking facilities in Turkey.



SOUTH AMERICA

Fabio Nahas, MD – Brazil



ISAPS 3rd Vice President

In Brazil, the official agency Anvisa (a Division of the Ministry of Health) and similar to the FDA in the United States, regulates the use of stem cells. There is only one company in Brazil, so far, that is officially authorized by the Anvisa to commercialize stem cells to be used for cosmetic purposes. There are no devices to extract stem cells from fat tissues authorized by the agency.

SOUTH AMERICA

Lina Triana, MD – Colombia



In Colombia we do not have any clear regulation about it. Actually it is very popular to do in the office the PRP procedure for enhancing the collagen formation in the skin with no regulation. Even estheticians do it. As Colombian plastic surgery society a year ago we went to a meeting with the health ministry where they said they were going to regulate this procedure but is not clear today.



ASIA

Lokesh Kumar, MD – India



ISAPS National Secretary for India

There is no technology other than stem cells that has created such big hype in the medical field in the recent past. There are diverse opinions involving ethical issues in research and therapeutic applications. The ability to reprogram adult stem cells so that they behave like embryonic stem cells has opened up many possibilities in their use for treatment, but in the view of scientists and researchers, a lot still needs to be understood before stem cells can actually be used for potential therapies. That has not deterred many practitioners from bringing the technology into the clinical domain especially in countries where either there are no regulations or they are very lax even if they do exist. Most of the time, these practitioners are guided by monetary gains and the desire to be first to bring in new technology rather than an actual desire to benefit their patients. They are also giving in to the demand of patients suffering from chronic, incurable diseases who see this as a ray of hope and wish to give it a try even if scientific proof of efficacy is lacking. Many patients are willing to travel long distances to places like India, China and other Southeast Asian countries where the law makers are yet to look into regulating this sector. Lack of legislation in such countries has led to the mushrooming of clinics with dubious claims. In India, the field of biotechnology has seen tremendous growth and has tripled in the last five years. It is projected to grow to achieve a market size of 8 billion USD by the year 2015 according to one report. Stem cell therapy is an emerging sub-segment of the biotechnology industry. The regulatory authorities in India are blissfully unaware of the risks involved in uncontrolled stem cell therapies. The guidelines and recommendations issued by the Indian

Council of Medical Research are essentially an unenforced code of professional conduct and in the absence of supportive law lacks regulatory framework. Still, research in the field being conducted at large hospitals is largely regulated by guidelines set up by ICMR and is properly vetted by medical ethics committees. These hospitals are also using properly authorized stem cell therapies from bone marrow and peripheral blood for limited conditions. The big worry is about unregulated clinical applications being carried out by unauthorized clinics. At one end of the spectrum are the stem cell banks which are either subsidiaries of their overseas counterparts or run by big business houses. They lure gullible parents into preserving embryonic cord blood stem cells, giving them hope of a cure of unpredictable disease, the chances of which happening is still more unpredictable. On the other end are the clinics luring patients with fraudulent and exaggerated claims of curing chronic neurological ailments. One such doctor, a gynecologist by education, has turned herself into a self-taught stem cell practitioner and claims to have pioneered a technology of using embryonic stem cells for various incurable ailments. Even though her work has never been peer reviewed, because she never bothered to publish her work, she has supportive testimonials from many patients especially from the US who claim to have benefitted from her treatment. The use of adipose derived stem cells is another story. Since they are being harvested and used in the same person, they don't come under the purview of any law even if they require processing outside the body before being re-injected.



GLOBAL PERSPECTIVES: STEM CELLS

EUROPE

Norbert Pallua, MD – Germany

Contrary to embryonic stem cells, the use of adult stem cells, such as adipose derived stem cells (ADCs) or bone marrow derived stem cells (BMDSCs) for research purposes is legal and promoted by many national research programs in Germany. However, the respective research projects have to be approved by the local institutional review board or ethics committees.

For example, the clinical use of ADCs in Germany often requires an individual clarification of cost coverage by health insurance. The regulation of stem cell therapies, medical devices and indication are subject to the German Medicines Act. Especially the approval of procedures for ADCs-based therapies or related medical devices are demanding (clinical trials), expensive and complicated, so that only larger companies can afford marketing approval for their products. The approval requirements are regulated by the Paul-Ehrlich-Institut, an Agency of the German

Federal Ministry of Health, the Federal Institute for Drugs and Medical Devices (BfArM) and local ethics committees. Furthermore, an approval for stem cell products can be given by the European Medicines Agency (EMA). Here, after the scientific progress in stem cell research, tissue engineering and gene therapy over the last years, a new category of medicinal products, the Advanced Therapy Medicinal Products (ATMP), was established for the regulation of these new approaches in regenerative medicine. Currently, to the best of our knowledge, only the Celution®-System by Cytori for the isolation of adipose stem cells/regenerative has clinical approval in Europe and, therefore, can be used in general clinical practice. However, the additional costs have to be paid either by the patient or their health insurance after clarification of cost coverage.



EUROPE

Franco Bassetto, MD and Luca Lancerotto, MD – Italy

Clinica di Chirurgia Plastica, Università di Padova

Gianluca Campiglio, MD, PhD – Italy

ISAPS National Secretary for Italy and Chair of National Secretaries

The use for research as well as for clinical purposes of human embryonic stem cells is specifically prohibited; however, manipulation of embryonic cell lines created and derived from other countries is not (Norme in materia di procreazione medicalmente assistita. DL 19.02.2004, pubbl GF n. 45 del 24.02.2004). Italian legislation gives specific limitations to the use of hematopoietic stem cells, including umbilical cord stem cells (“Disposizioni in materia di conservazione di cellule staminali etc DM 18.11.2009), which can be processed and stored only in authorized public biobanks connected to public hospitals or otherwise approved. Storage is free of charge, but only dedicated to allogenic and not personal destination. Storage dedicated to the newborn or close relatives is allowed exclusively in cases of: (1) actual pathology diagnosed before donation for which benefit from umbilical blood stem cells can be expected or (2) families

with documented high risk of procreation of children affected by genetic disorders that can benefit from stem cells. Hematopoietic stem cells can be imported or exported (including for storage) under individual authorization released by the Ministry of Health or authorized local authorities.

The use of stem cells of origin other than embryonic or hematopoietic (i.e. adipose tissue stem cells) is regulated in unspecific ways as follows:

- (1) only autologous cells can be directly used in a patient by the surgeon, while homologous tissues must be processed by authorized cell banks (D.lgs. 191/2007);
- (2) cells must be used intra-operatively and can be manipulated in single surgical time without exiting the OR or surgical office. Otherwise, they must be processed by authorized cell banks (D.lgs. 191/2007);

continued on page 11



EDUCATION COUNCIL REPORT

Nazim Cerkes, MD – Turkey

Chair, Education Council



We had a very successful Biennial Congress in Geneva, Switzerland in September. The newest developments in all aspects of aesthetic plastic surgery were discussed in detail. The top experts in aesthetic surgery attended as faculty and gave outstanding presentations in video sessions and panel discussions. The scientific level of the congress was very high and there was great interest in all of the sessions. During five days of the congress, the meeting hall was always full. As a new educational activity in ISAPS congresses, sixteen master classes were presented by the experts in every main topic of aesthetic surgery. Since there was a high demand for these mini courses, we are planning to continue this activity in our future congresses.

The results of our evaluation survey showed us that the vast majority of attendees were very satisfied with the congress. I would like to extend my personal thanks to all the members of the scientific committee for their great energy and input in the preparation of the program.

Our Swiss colleagues prepared an outstanding social program. I thank Jan Poëll, Kai-Uwe Schlaudraff and their spouses

Christine and Anette for their perfect organization and great hospitality.

The ISAPS Executive Office did a great job and made an enormous effort to organize a perfect Congress with such a limited number of staff.

The slogan of ISAPS is: AESTHETIC EDUCATION WORLDWIDE. As the ISAPS Education Council, our goal is to improve the level of scientific quality in our forthcoming congresses and teach modern and safe aesthetic surgery all over the world with our teaching courses. In 2012, we had four very successful ISAPS Courses: Goa-India, Como-Italy, Lima-Peru, and Athens-Greece.

In 2013 and 2014 we have already scheduled 26 teaching courses and several ISAPS Symposia. There are continuous demands from many countries to host an ISAPS Course, so I think that the number of these courses will even increase. Although we would like to spread the ISAPS education mission all over the world with several courses and symposia, the scientific quality of the teaching activities is of primary importance to us. During this period, we are also planning focused courses which will cover only a specific topic. We have a very

active Education Council with two assistant chairs, Vakis Kontoes (Greece) and Ruth Graf (Brazil) who will help me in organizing these courses.

In 2013, we will organize courses in Cologne-GERMANY, Eilat-ISRAEL, Amman-JORDAN, St.Petersburg-RUSSIA, Isla Margarita-VENEZUELA, Istanbul-TURKEY, Fortaleza-BRAZIL, Cochabamba-BOLIVIA, Monte Carlo-FRANCE, Kazimerz Dolny-POLAND, Tunis-TUNISIA, Quito-ECUADOR, Bucharest-ROMANIA, Cartagena-COLOMBIA, Limasol-CYPRUS and Punta Del Este-URUGUAY.

In 2014, we are already planning teaching courses in Dubai, India, South Africa, Russia, Azarbaijan, Mexico, Indonesia, Iran, Pakistan and the Phillipines. I thank our National Secretaries in these countries who will host an ISAPS Course and carry out the local organization. The dates and programs of these future courses and symposia will be listed on the ISAPS website and will be announced through future issues of our Journal, Aesthetic Plastic Surgery, and ISAPS News.



Stem Cells, continued from page 10

- (3) cells can be minimally manipulated (i.e. centrifuged, filtered, separated), but not expanded, induced to proliferate, or genetically modified. Otherwise, they would fall under the category of “drug” and relative legislation (Europ. Reg. 1394/2007);
- (4) cells can be used “homofunctionally” only, with the same function for which they are naturally present in the body. Otherwise, they would fall under the category of “drug” and relative legisla-

tion (Europ. Reg. 1394/2007);

(4) cells can be obtained and used both in proper ORs or in outpatient clinics authorized for surgical interventions.

Devices to extract stem cells from fat are allowed as long as they are limited to minimal manipulation as outlined above. The Ministry of Health and the Italian Parliament officially regulate the use of stem cells.



REPORT ON ISAPS COURSE – ATHENS

Another successful event for the ISAPS Education Council was held in Athens, Greece from 1st of November, with a half-day video session, until Saturday the 3rd of November, with full day lectures on both Friday and Saturday.

The success can only be attributed to the enthusiasm of the audience, eager participation by the world class faculty, and the organizers consisting of the Education Council Chair, Dr. Nazim Cerkes, the Course Director Dr. Vakis Kontoes, ISAPS National Secretary for Greece and Education Council Assistant Chair, and the Course Co-Director, Dr. Apostolos Mandrekas, President of the Hellenic Society of Plastic Surgery.

The scientific lectures and video presentations were of high quality as confirmed by an auditorium packed to capacity even during the late sessions. More than 160 participants registered for this Course from 25 countries. ISAPS generated 16 new membership applications during the three days which can only help in the future growth of the society.

Athens displayed all her charms with unseasonably hot weather which allowed the participants to visit many historic sites and enjoy the social events and night life. Interestingly, many visited the Parthenon and the Acropolis Museum for the first time which seems fitting given the Course title: *Light of Beauty over the Parthenon.* 



Vakis Kontoes, Apostolos Mandrekas, Nazim Cerkes – Gift awards to faculty members



Members of the faculty

LIMA-MACHU PICCHU COURSE

Carlos Oscar Uebel, MD, PhD – Brazil

ISAPS President



The first ISAPS Course organized in my Presidential term was held in Lima, Peru in September and was an outstanding meeting promoted jointly by our ISAPS National Secretary for Peru, Julio Daniel Kirschbaum, and Wieslawa de Pawlikowsky, President of the Peruvian Plastic Surgery Society. An intensive scientific program was prepared involving more than 250 attendees from Peru and several foreign countries.



Starting with a surgical day, five patients previously selected from the Lima community were operated on by an extraordinary surgical team: Ruth Graf, from Brazil, demonstrated a sub fascial mammary inclusion; Nazim Cerkes, from Turkey, a rhinoplasty; Oscar Ramirez, from USA, an endoscopic approach for mid facelift; Raul Gonzalez, from Brazil, a silicone buttock augmentation; and Enzo Citarella, from Colombia, a neck lift approach. These five surgeries were edited and presented to the audience by the surgeons the next day. It was a unique opportunity to share the difficulties and technical details with all participants. This is an idea to be introduced by our Education Council Chair, Nazim Cerkes, in many courses around the world giving opportunity for local patients of lesser financial means to be operated on by renowned plastic surgeons.

Along with this surgical program, more than 20 lectures and

conferences were presented by high level faculty from around the world who agreed to come to this wonderful region of South America. During the meeting, Renato Saltz, our First Vice President, showed a power point presentation about the activities of our Society. More than 28 new applications for ISAPS membership resulted from this promotion.

In addition to the Scientific Program, an intensive Social Activity was developed by Wieslawa in Lima and an unforgettable trip to Machu Picchu was organized by Julio Kirschbaum. This was really a wonderful meeting to start with our slogan for 2012-2014 – Aesthetic Education Worldwide. In forthcoming editorials, I will bring you more information about our various committees' activities and I am sure you will be proud to be a member of ISAPS. 



Renato Saltz encourages attendees in Lima to join ISAPS.

49TH BRAZILIAN SOCIETY OF PLASTIC SURGERY ANNUAL MEETING AND ISAPS SYMPOSIUM

Carlos Uebel, MD, PhD

ISAPS President



The 49th Annual Meeting of the *Sociedade Brasileira de Cirurgia Plástica (SBCP)* was held in Porto Alegre, in the south of Brazil, on November 15-18 and included an official one-day ISAPS Symposium in conjunction with SBCP on the first day.

The Annual Meeting had 2,345 plastic surgeons registered and the Symposium had 958 in attendance. Considering accompanying persons and exhibit staff, the society welcomed more than 3,350 participants. The success of both meetings certainly can be attributed to a high quality Scientific Program organized by Niveo Steffen and by the superb local arrangements organized by Paulo Amaral. The Brazilian Society President, Jose Horacio Aboudib, encouraged all Brazilian plastic surgeons to come down to Porto Alegre and to spend five days with an excellent ISAPS faculty including Foad Nahai, Daniel Baker, Ivo Pitanguy, Ricardo Baroudi, Antonio Fuente del Campo, Renato Saltz, Nazim Cerkes, Ronaldo Pontes and so many others from abroad. Our Executive Director, Catherine Foss, attended the meeting together with Alison Thornberry who provided instructions to many Brazilian plastic surgeons who want to apply for ISAPS membership – 71 applications were collected. We are proud to have contributed to the success of the meeting and for our proposal to enhance Aesthetic Education Worldwide. 



Opening Ceremony 49th Annual Meeting of the Brazilian Society of Plastic Surgery and ISAPS International Symposium. Speaking at the podium is ISAPS President Carlos Uebel.



"The 50,000 Facelifts ISAPS Group" - attending a barbeque at Carlos Uebel's home, from left to right: Ricardo Baroudi, Prado Neto, Ewaldo Bolivar, Ivo Pitanguy, Jose Horacio Aboudib, Carlos Uebel, Daniel Baker, Antonio Fuente del Campo and Oswaldo Saldanha.



Alison Thornberry, Nazim Cerkes and Catherine Foss at the ISAPS booth in Porto Alegre.

CONGRESS REPORT FROM THE PROGRAM CHAIRMAN

Alain Fogli, MD – France



The development of the scientific program of a congress whose participants come from 83 countries is always an adventure. This requires a great deal of enthusiasm, a competent team that needs to make each decision, sometimes difficult, bearing in mind the pursuit of educational excellence. ISAPS is on the rise and its infrastructure and methodology allow this. First of all, I would like to express my thanks to Jan Poëll to have given me the opportunity and the honor to be the Congress Chairman. Then I would like to thank the entire team of the Scientific Committee representing the five continents and particularly Nazim Cerkes and Catherine Foss.

The scientific program we developed was very ambitious. The competence and professionalism of the 156 invited fac-

ulty and over 120 presenters helped us achieve our objectives. The organization of sessions as initiated by Renato Saltz around a theme treated first by interactive videos, then panels, and including the six best papers in that topic area permits in depth treatment of many aspects of the same subject.

The 21st Congress seems to have kept all its promises, judging by the many comments and testimony received. Just as important, the Congress was a great time. The social program prepared by Kai and Anette Schlaudraff beautifully completed the evenings after very studious days.

I wish good luck to the new team in charge of the Congress in 2014 in Rio de Janeiro with Carlos Uebel as President and Jorge Herrera as Chair of the Scientific Program Committee. I have no

doubt that we can expect a high scientific level as the main concern of our new President is aesthetic surgery education.

Congress Scientific Program Committee

Alain Fogli, France – *Chair*
Nazim Cerkes, Turkey – *Vice Chair*
Renato Saltz, US
Carlos Uebel, Brazil
Susumu Takayanagi, Japan
Daniel Knutti, Switzerland
Dirk Richter, Germany
Luiz Toledo, Dubai
Raul Gonzalez, Brazil
Sami Saad, Lebanon
Pierre Quinodoz, Switzerland
Catherine Foss, *Executive Office*

Congress Local Arrangements

Congress Exhibits
Kai-Uwe Schlaudraff, Switzerland – *Chair*
Grant Stevens, US – *Chair* 

ISAPS ANNUAL BOARD MEETING – LONDON

Carlos Uebel, MD, PhD – Brazil

ISAPS President

Our last 2012 meeting of the Board of Directors was held in London on November 30th and December 1st at the Westbury Hotel. During two days an intensive agenda was discussed by nineteen members of the Board and invited Committee Chairs from around the world. Many new guidelines and motions were approved that certainly will bring new perspectives to our society. I am very proud to announce a new Traveling Faculty Task Force, a new Educational Program with more than 24 courses, a new Fellowship Endorsement Program, a new Global Survey Project, a new amnesty protocol to encourage former members to return, and a very exciting high quality new member recruitment project. You will see more details about these new issues in a few days on our website: www.isaps.org



Members of the Board: Back row – Sami Saad (Lebanon), Gianluca Campiglio (Italy), Miodrag Colic (Serbia), Fabio Nahas (Brazil), Kai Schlaudraff (Switzerland), Hank Spinelli (USA), Daniel Knutti (Switzerland), Renato Saltz (USA). Front row – Foad Nahai (USA), Jan Poell (Switzerland), Catherine Foss (USA), Carlos Uebel (Brazil), Susumu Takayanagi (Japan).

A MESSAGE FROM THE JOURNAL EDITOR

Henry M. Spinelli, MD – United States

Editor-in-Chief, Aesthetic Plastic Surgery



Greetings from the ISAPS journal editorial office here in New York City. As most of you know, the New York area recently suffered a devastating natural calamity – namely Hurricane Sandy. Many New Yorkers remain without electricity, water and other basics. Many lives have been lost, many more have been irrevocably affected. This storm and its sequelae reminded me of our vulnerabilities and of the human compassion and commonalities we all share as members of this society.

Personally, the storm forced me to be grounded when I was supposed to be speaking at the ASPS meeting in another storm damaged city, New Orleans. My airline cancelled all flights out of New York precluding me from attending and speaking at the 34th National Congress of the Turkish Society of Plastic Reconstructive and Aesthetic Surgery in Antalya, Turkey. I had prepared what I thought were titillating presentations for New Orleans and Antalya, yet I was powerless, frustrated and even annoyed.

But all these feelings were mitigated and even some degree of guilt emerged as I gained intimate knowledge of what my colleagues, friends and family members were enduring. Soon after Sandy left New York, New Jersey and the rest of the north-eastern United States to wreak havoc in more northwestern locations, I had an epiphany; one which admittedly is egocentric. I realized that it took this national disaster to make all of the world's other natural disasters and occurrences tangible to me. I could read the newspapers and see death and destruction from around the world, but it wasn't quite as visceral until now.

One sees earthquakes, floods and famine in faraway places; even Hurricane Katrina in New Orleans was always a distant tragic event: moving, but removed from my daily life. Now I really get it. My own parents, who are in their mid-80s, strug-

gled to stay warm and dry and had to be rescued from water and impending hypothermia as the temperatures plummeted in Sandy's aftermath.

Now you may be asking yourself what is the editor-in-chief of *Aesthetic Plastic Surgery*, our official scientific journal, writing about? In order for me to answer my own rhetorical questions, I need only tell you that before, during and after Hurricane Sandy struck my home and affected my loved ones, I received countless telephone calls, emails, and correspondence from all over the world. These were from my friends and colleagues in ISAPS: men and women whom I have come to know and in some instances even love.

A storm as big as this paled in comparison to other natural disasters which have struck our member countries in my own lifetime. Yet we received an outpouring of love and concern from around the world. In my own beloved America, volunteers from Texas, California, Oklahoma and Wisconsin (to name a few) came to my region of the country to assist and to provide water, electricity and other necessities to people they had never met. Even now volunteers from around the country and in NYC are providing food, comfort, support and assistance in the rebuilding process. People of little or no financial means giving of themselves in any meaningful way they can. This is truly inspirational and comforting.

I for one have a new perspective. Serving as editor at APS has allowed me to meet so many warm, loving, thoughtful and caring individuals from throughout the world. These people are what makes our society so unique, important and potentially unlimited in what can be achieved. So I urge all of you to support our society, ISAPS, our official journal, APS (The Blue Journal) and future sponsored meetings and symposia. In the end, we are interdependent in ways I never thought imaginable.



ISAPS-LEAP HUMANITARIAN PROGRAM OVERVIEW AND NEXT STEPS

Craig Hobar, MD – United States

LEAP Founder and Surgical Relief Teams Co-Founder



The launch of the ISAPS-LEAP Surgical Relief Teams® program at the 21st Biennial Congress of the International Society of Aesthetic Plastic Surgery (ISAPS) in Geneva was received with great enthusiasm. Over 70 plastic surgeons from 15 nations registered to receive more information as the program develops. During a general information session held during the Congress, discussion of the scope and importance of this new initiative led to a change in the proposed name from ISAPS-LEAP Surgical Strike Force to ISAPS-LEAP Surgical Relief Teams® (SRT).

Over the past year, since ISAPS and LEAP agreed to collaborate to prepare ISAPS member volunteers for global rapid response, we have sought to develop strong partnerships to strengthen the platform for shared logistical preparedness.

Co-founder, Dr. Tunc Tiryaki (Turkey) and I briefed the national secretaries and responded to their questions during their day-long meeting held prior to the Congress. Our first open session in Geneva brought together surgeons from Turkey, Georgia, Switzerland and the US as well as representatives from Relief International, Médecins Sans Frontières and the World Health Organization. All of these large humanitarian and medically-focused organizations continued to express what we experienced in Haiti: autonomous plastic surgical teams are crucial in the first week following a major casualty incident. As we move the program forward, we are putting in place the resources to connect, train, equip and



deploy ISAPS plastic surgeons throughout the world in times of crisis.

Connect – Our goal is to provide an interactive and informative on-line resource for the surgical teams. This phase has already begun with several pages on the LEAP website www.leap-foundation.org/disaster-relief. A secure, password-protected page, rich with resources, is available for registered SRT surgeons. In early October, we were an invited participant in a global conference to learn about and help develop collaborative software for NGOs to share information. Our goal is for the SRT to connect surgical teams to the areas and organizations that need them most, and we believe being on the forefront of software and online resources will enable that connection.

Train – Our partnership with Relief International opens the opportunity for the SRT to customize and organize training sessions throughout the world. We are also pursuing opportunities with other training organizations. Our first ISAPS member-volunteers attended a training course in Portland, Oregon in the Pacific Northwest of the United States in mid-October and we hope to

have a mobile training course at several ISAPS meetings throughout the year.

Equip – A unique opportunity presented itself at the Congress for vendors and suppliers to become founding sponsors of this sought-after initiative. Within the next year we hope to have several "Surgical Go Kits" throughout the world ready for the teams when they need them. As we experienced in Haiti, a surgeon without equipment cannot be fully effective.

Deploy – As we develop the network of ISAPS member volunteers and other supporting organizations, we can develop a clear avenue for deployment. The equipment, training, and connection pieces are key to smooth activation in times of crisis.

We have made great strides, but need continued support from ISAPS members, sponsors, and suppliers as we develop this global program. Progress reports will be a regular feature in *ISAPS News*. Members who wish to be considered for team involvement can contact the ISAPS Executive Office for more information. 

BODY CONTOURING RESEARCH FOUNDATION AWARDS

Gregory Hetter, MD – United States

BCRF/ISAPS Awards Committee Chairman



It was a great pleasure to be present in Geneva this past September and to be part of the committee that judged free papers for the Body Contouring Research Foundation funded award for best clinical and best research free paper by a plastic surgeon forty-five years of age or younger.

There were two surprises for me after being away from the ISAPS Congress over the past several years. Firstly, there were so many very good clinical papers that the difference between first, second and third place made judging difficult. Secondly, the research papers were at such a high level that the awards committee asked for help by an expert in the field of cell biology. And, once again, the difference between first, second and third made judging difficult. This is a very strong sign for the future of our specialty. Congratulations to all six young plastic surgeons who have achieved recognition.

Some history is in order. The Body Contouring Research Foundation biennial awards given by ISAPS are funded by monies that were originally acquired through annual dues and teaching courses sponsored by the Lipoplasty Society of North America (LSNA) founded in 1982. LSNA was funded by Yves Gerard Illouz, myself and Frank Herhahn following our return from Paris after watching Dr. Yllouz perform “Lipoplasty” or closed suction lipectomy.

Shortly thereafter, in 1983, Richard Mladick and Carson Lewis became driving forces at LSNA. It is thanks mainly to these plastic surgeons that LSNA held over 20 hands-on teaching sessions both in North American and in many places around the world and taught over 2,000 plastic surgeons the new procedure. Plastic surgery, at least in North America, would have been left far behind other non-specialists who sought, without credentials, to make this new procedure their own.

When it was decided that LSNA had fulfilled its mission, funds were transferred to the Body Contouring Research Foundation (BCRF) with the charge to fund awards in clinical and basic research in the field. LSNA had worked closely with ISAPS over many years. When the decision was made to dissolve BCRF, it was natural that the BCRF Board of Directors decided to donate the existing capital, amounting to about US\$250,000, to ISAPS. The income from this capital funds the two biennial awards. There were, of course, pressures from other North American based plastic surgery organizations that

lobbied for the capital. However, LSNA had always been open globally as knowledge should transcend all boundaries.

The awards committee this year was composed of Luiz Toledo (UAE), Renato Saltz (US), and me. We had assistance from Gunnar Kvalheim (Norway) in judging the cell biology papers.

Listed below are the outstanding winners for the BCRF/ISAPS, Geneva 2012, awards. They come from three continents and speak four native languages: two speak Portuguese, two English and one each Italian and German.

Awards for Clinical Papers:

- First Place, \$5,000 award and Certificate: Antonio Costa Ferreira (Portugal), 1969, “Scarpa Fascia Preservation during Abdominoplasty: Randomized Clinical Study of Results and Complications”
- Second Place, Certificate: Yves Harder (Germany), 1968, “Treatment of Asymmetries and Contour Deformities after Breast Conserving Therapy and Microvascular Breast Reconstruction using Autologous Fat Grafting”
- Third Place, Certificate: Natale Gontijo de Amorim (Brazil), 1969, “Facial Surgery and the Use of Fat and Adipose-Derived Stem Cells”

Awards for Research Papers:

- First Place, \$10,000 award and Certificate: Gabrielle Davis (USA), 1979, “Adipose Derived Stem Cell Therapy Rescues Delayed Wound Healing in Radiation Wounds”
- Second Place, Certificate: Angelo Leto Barone (Italy), 1982, “Non- Adherent Precursors from Adipose Derived Stem Cells (NAPADSCS): Seeing ADSCS from a Different Angle?”
- Third Place, Certificate: Alexandra Conde-Green (USA), 1974, “Fat Grafting vs. Adipose Extracellular Matrix as a Potential Filler for Soft Tissue Defects”

It was a pleasure for the committee judges and especially for me as former treasurer of BCRF to see such fine work being done by our plastic surgeons under forty-five years of age in both clinical and basic research and to see the BCRF funds come to such good use for our specialty. We hope the recognition that surrounds these awards will encourage many more young surgeons to seek out these awards in 2014. 

REVISIONS IN THE ISAPS INSURANCE PROGRAM

Alison Thornberry – UK

Managing Director, Sure Insurance



Only ISAPS members are entitled to enroll in and benefit from the exclusive new ISAPS Insurance Program 100% supported by underwriters at Lloyd’s of London.

Of course no surgeon or patient likes to think that a correction will be necessary or a complication will occur, but it does happen on occasion through no fault of the surgeon. It is reassuring that ‘No Blame’ insurance cover is available allowing the patient to have remedial treatment as soon as possible. Such immediate action decreases the number of patient complaints.

At the 21st Congress of ISAPS held in Geneva in September, the ISAPS Insurance Program announced improvements to the policy benefits together with a simpler pricing structure. In addition to the existing benefits, ISAPS surgeons are now able to offer all of their patients this personal guarantee: **Should a revision procedure be necessary due to a needed correction or a complication, the patient will receive remedial treatment or surgery.**

A patient guarantee provided by an ISAPS surgeon to their patient is valid for one year from the date of the procedure. The guarantee can be provided in a language of the surgeon’s choice and will also confirm to the patient that the surgeon has been accepted for ISAPS Insurance. This highlights ISAPS’ strict membership requirements and ensures that surgeons accepted into the insurance program adhere to the highest standards of training, experience and professional ethics.

The surgeon may do up to three procedures per patient and the premium for the cover is 6% of the surgery costs.

When a claim is submitted, the reimbursement can be up to the original surgery costs. For example, if the original surgery costs were 5,000 and a premium of 300 (6% of total) was paid, the maximum payout will be 5,000. The cover and premium can be in dollars, euros or sterling.

Surgeons participating in the insurance program are included in a public on-line directory that informs patients if a revision or complication guarantee is available for their surgeon. See www.isapsinsurance.com/directory

Procedures covered and the diagnosed conditions included are:

- **Abdominoplasty:** Haematoma, Seroma, Dog Ears, Wound Dehiscence, Infection, Necrosis Umbilicus.
- **Brachioplasty/Thigh Reduction:** Haematoma Infection, Skin Necrosis, Dog Ears, Seroma, Scar Problems.
- **Blepharoplasty:** *Uppers* - Dry Eyes, Red Eyes, Excess Fat Removal, Incomplete Skin Removal, Milial Cysts, Infection. *Lowers* - Ectropion, Entropion, Wet Eyes, Dry Eyes, Excess Fat Removal, Excess Skin Removal, Incomplete Fat Removal, infection.
- **Breast Augmentation:** Haematoma, Infection, Necrosis, Misshape, Malposition, Encapsulation (Baker Class III/IV) Protrusion Implant, rash.
- **Breast Reduction/Mastopexy:** Haematoma, Infection, Skin Necrosis, Misshape, Dehiscence, Nipple Malposition, Fat Necrosis.
- **Facelift:** Bleeding, Haematoma, Infection, Wound Necrosis, Nerve Injury,

Seroma, Parotid Fistula, Ear Lobe Malposition, Hair Loss.

- **Fat Grafting:** Donor Site Dimpling, Infection, Necrosis.
- **Liposuction:** Inadequate Fat Removal, Excessive Fat Removal, Redundant Skin, Dimpling, Fat Displacement, Infection.
- **Otoplasty:** Bleeding, Haematoma, Cartilage Necrosis, Recurrence, Infection, Misshape.
- **Rhinoplasty:** Bleeding, Infection, Excess Bone/Cartilage Removal, Incomplete Infracture, Bulky Tip, Supra Tip Depression, Airway Obstruction, Valving, CSF Leak, Orbital Cellulitis.

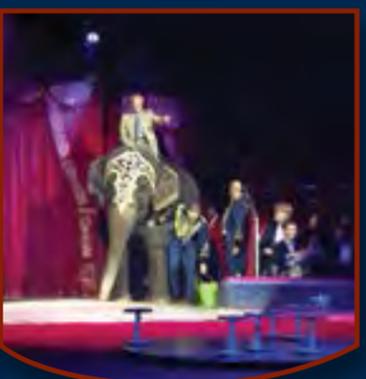
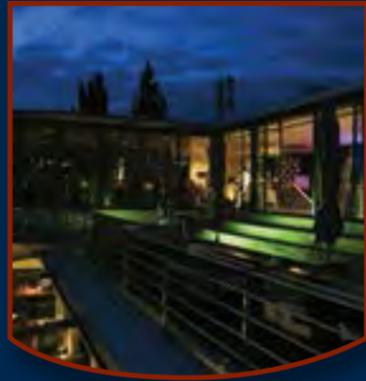
The policy wording together with terms and conditions are available at www.isapsinsurance.com

For queries or personal quotes please email team@isapsinsurance.com or **telephone number:** 00 44 (0) 207 374 4022

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ETHICS FOCUS GROUP HELD DURING NATIONAL SECRETARIES MEETING IN GENEVA

Lokesh Kumar, MD – India

ISAPS National Secretary for India



This year's National Secretaries' meeting in Geneva witnessed something unprecedented in the form of focus group discussions. In all, five focus groups pondered problems that were pre-determined by a survey among the National Secretaries with resulting very useful suggestions. The topic of one such focus group was *Ethics: Guidelines for member advertising, control and prohibition of videos and photos in ISAPS meetings, commercial involvement by members/applicants*. I was part of this group by design rather than by accident as one of the agenda items, advertising, caught my eye.

The group had a fruitful discussion under the coordination of Dana Jianu, our National Secretary for Romania. I was pleasantly surprised to see many members in the same boat as me on the issue of advertising by doctors. Even though many countries have taken steps to change the rules governing advertising, there are many more who have not woken up to the issue. They have failed to take notice of how medicine in general

and aesthetic surgery in particular is practiced in today's world of internet and smart phone accessibility. In some countries, we are still governed by laws written about a century ago when perhaps word of mouth was sufficient to spread information about good work done by a particular doctor. The need to have a very clear ISAPS policy on the issue was suggested, which policy can then be used to convince officials to bring about a change in these laws in respective countries.

The other important point of discussion was the use of the cameras and other recording devices by delegates during meetings. A very welcome suggestion was to keep presentations (excluding clinical photographs) on the ISAPS website for a period of one month, available only to the registered delegates of the particular meeting. If approved, this will go a long way in preventing the delegates from making good use of their cameras during ISAPS courses.



INTERNATIONAL STUDY ON AESTHETIC/ COSMETIC PROCEDURES PERFORMED IN 2011

Scott A. Hackworth, CPA

Senior Vice President, Industry Insights, Inc.



At the time of publication of *ISAPS News*, results are in the analysis phase for *ISAPS' 3rd Annual Procedural Statistics Survey*. Complete findings will be available on ISAPS' website by mid-December.

The survey committee is excited to relay to readers that this year's dataset has far surpassed the response levels of prior surveys. This is attributable to the study's increasing popularity and the generous support of the American Society for Aesthetic Plastic Surgery (ASAPS) and the Brazilian Society, *Sociedade Brasileira de Cirurgia Plástica*, both of whom contributed their collected data to be integrated into the ISAPS report.

This annual study's results provides detailed findings about the estimated number of cosmetic procedures worldwide, which countries are performing the most procedures overall, which countries

perform the largest number of certain procedures, which procedures are most frequently performed overall, and which countries employ the most plastic surgeons. In addition, the findings relay the average surgeon fees charged for various procedures overall and by country. To our knowledge, ISAPS is the only reputable source for this type of information.

The 2012 study of procedures performed in 2011 will undoubtedly provide the most reliable worldwide statistics ever produced. Our responding sample includes more than 1,000 plastic surgeons from around the world, and the study's methodology has been further refined to improve the overall accuracy of the results.

In addition to these single-year statistics being more accurate, the year-to-year comparisons and trends should also be more reliable. Based on the success of

the initial survey that was fielded in 2010, a large number of the National Societies updated the study's estimated plastic surgeon counts for their country, prior to the 2011 study (of 2010 procedures). Consequently, the changes to this year's surgeon counts have been minimal, which is expected to result in more comparable year-to-year statistics.

Though this year's results will be the most reliable information ever produced on the topic, the study would not be possible without the generous participation of worldwide plastic surgeons and additional support from some of the most recognizable national societies. To that end, we extend our sincere gratitude to the 1,000+ participating surgeons and also to ASAPS and the Brazilian Society for their generous contributions.



SOME REFLECTIONS ABOUT ISAPS' FUTURE

Miodrag Colic, MD – Serbia

ISAPS Second Vice-President



The future of our precious Society is obviously in our hands only. We are those responsible for what is happening and what will happen. The increasing number of other aesthetic societies is the reality which cannot be denied, cannot be fought against, but on the other hand, growing demands for aesthetic knowledge worldwide gives us the advantage that we have to use right now. We have knowledge and power that we proved during the last Congress in

Geneva, we are those who make the rules and do not take them from the others, as recently stated by ISAPS Past President Jan Poëll. Using this authority we should unite those relevant core specialists from which we can learn some specific operative techniques, but who can also benefit a lot from our knowledge. Oculoplastic, craniofacial, ENT and dermatologic surgeons can improve our approach in aesthetic facial surgery and we can certainly invite them to participate in our meet-

ings, as they will keep on inviting our experts. Aestheticians and beauticians and very often gynecologists and general practitioners are excluded from that group. In fact all those seeking fast courses during which they can take home some of our knowledge, but insufficient for quality work, are those to whom we should refuse to transfer our knowledge, acquired hardly through years of tough learning process. So, before accepting invitation, we should inquire who is our

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A LOOK AT THE CORRESPONDENCE BETWEEN DR. COELST AND HIS FRIEND DR. ESSER: TWO RESOLUTE SUPPORTERS OF RECONSTRUCTIVE SURGERY

Paul Wylock, MD — Belgium

Former Head of the Department of Plastic, Reconstructive and Aesthetic Surgery University Hospital – Brussels

For a long time, Maurice Coelst (Fig. 1) was the only plastic surgeon in Belgium. He was born in Brussels on 6th June 1894. His father, Jules Coelst (born in Tienen in 1870, died in Brussels in 1946), was a pharmacist and perfectly bilingual. He was initially an alderman of public works, later becoming finance alderman for the city of Brussels. He was mayor during the Occupation, fell out with the German authorities and was transported to a concentration camp in Germany on 1st September 1944. He returned, a sick man after the war and died in 1946.

Maurice Coelst graduated as an ENT surgeon in 1922 from the Université Libre de Bruxelles. In 1925, he worked as an assistant to Prof. P. Sébileau (1860-1953) at the Hôpital Lariboisière in Paris. He also visited Prof. J. Joseph (1865-1935) in Berlin in 1926. According to his son, Philippe, he also visited Dr. Charles Claoué and Dr. Léon Dufourmentel in Paris and Dr. Harold Gillies in the UK.

He mainly operated at home, where he had built a private clinic. He realised that the efforts and accomplishments of so many pioneers in plastic surgery would be lost unless they could be collected into a scientific journal intended solely for plastic surgeons. This led him, on his own initiative, to publish an international periodical for our specialist field featuring a series of outstanding articles.

The first issue of the *Revue de Chirurgie Plastique* appeared in 1931. Maurice Coelst, who had no university or hospital connections, edited it. This was because, in general, those circles believed that there was no need for this type of surgery.

Dr. Johannes Esser was a colourful individualist between the two world wars. He was a Dutchman, but had operated as a volunteer during WWI in Brno, Vienna and Budapest on assignment of the Austrian army. He wrote many articles and became famous for the rotation flap used to repair facial defects and the arterial island flap, which he called the “biological flap.” He also made a major contribution to the “epithelial inlay technique.”



Fig. 1 – Maurice Coelst on his sailboat

His magnum opus is his book *Biological or Artery flaps of the Face with 420 plates and a List of the Author's Publications*, which appeared in 1935.

After WWI, Esser travelled a great deal. He lived originally in Berlin, from 1925 in Strasbourg, later in Paris and finally in Monaco. He put together the idea of founding an international Institute of Structive Surgery for plastic surgery on a neutral island in the Mediterranean.

This period can be reconstructed clearly from the correspondence between Esser and Coelst, who had become friends. These letters are preserved in the archives of the Dutch Association for Plastic Surgery. The correspondence began in 1933 and ended in 1937.

The letters clearly show the various steps that Esser took to develop his Institute, complete with his visits to various government ministries in Rome, Paris, Madrid, and Athens. He became known as the Apostle of Plastic Surgery and travelled throughout Europe to garner support for his project. He went first to Holland, his native country, where he visited the various universities, giving lectures documented by photographs of patients who had been operated on. Almost everyone signed his “Membership List,” with just a few exceptions, such as Prof. Laméris, head of the department of surgery in Utrecht, who had had a hard-line Prussian upbringing and who refused to co-operate.

He also visited Belgium, where he received the full support of Maurice Coelst. On 9th January 1934, Esser wrote to Coelst:

I also wish you a good 1934 and hope that our friendship, which has now begun, will develop further in the coming year, and that co-operation for the Institute and your journal will bring us together more and more . . .

As promised, I will let you have regularly articles in the future, even for every issue if we can agree on converting your journal as the official organ of our Institute. I have no doubt that this will be the case and bring with it benefits for both parties.



Fig. 2 – First European Congress of Plastic Surgery in Brussels, October 2-3, 1936, from left to right: Gilles, Esser, Colst, Kilner, Sanymero-Rosselli

In 1935, the title *Revue de chirurgie plastique* was changed to *Revue de chirurgie structive* at the prompting of J. Esser who was of the opinion that the term “plastic” was incorrect and did not define the specialty clearly enough, while the term “structive,” from the Latin “structo” (I build), was a better name for the publication. The articles were published in French, English and German, as well as being summarised in those languages.

It is of interest to note that the *American Journal of Plastic and Reconstructive Surgery* and the *British Journal of Plastic Surgery* did not appear until after WWII, being first published in 1950 and 1947 respectively.

In a letter dated 14th June 1935, Coelst wrote,

. . . I am monitoring your efforts with great interest and favour the creation of your Institute, which I wish every success . . . You will note that I have changed the title of the Journal, which is now called the *Revue de Chirurgie Structive*.

On 26th July 1935, Coelst wrote to Esser “I have founded a small centre for structive surgery in Brussels.”

The first European Congress of Structive Surgery

Their correspondence in 1936 dealt mainly with preparations for the first European Congress of Plastic Surgery, which was to be held on 2nd and 3rd October in Brussels.

The officers of this Congress were: F.S. Esser (President), H. Gillies (Vice-President), M. Coelst, T.P. Kilner and G. Sanymero-Rosselli (Fig. 2).

This meeting met with a very sympathetic reception and could count on international participation, 44 papers being delivered. At this Congress were laid down the principles

of a tribune for common investigations and for a stronger confraternity among those who were pursuing the same ideal. Also finding a venue for this historical congress was not straightforward, with the choice finally being The Marble Hall at the Palace of the Academies in Brussels, near the Royal Palace (Fig. 3).

In his letter of 10th February 1936, Coelst asked Esser whether he would accept to become honorary president of the congress. Esser replied that Coelst himself would be better suited because he did not have such a good command of French as Coelst.

I would gladly accept this Presidency provided I do not have to speak at the opening because I do not speak French as well as you to be able to direct the discussions and handle the administrative part . . .

On 17th September 1936, Coelst wrote: “Mayor Max has agreed to a reception at the Town Hall on Sunday at 12 noon. He will give a little welcome speech to which you should reply.”

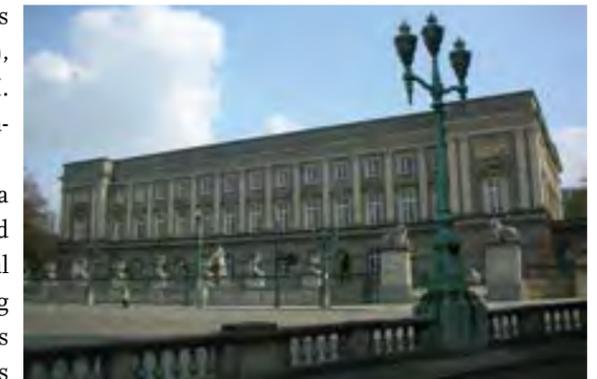


Fig. 3 –The Academy Palace, Brussels

Esser obtained support for his projects everywhere, even in the press, yet he was never able to achieve an institute for plastic surgery on an island in the Mediterranean. All of his negotiations founded on the status of neutrality that Esser demanded.

In September 1939, WWII broke out.

He wanted to offer his services to the French military government, but as he had worked in the German-Austrian camp during WWI, he was not welcome. Esser left for the United States with his son and never returned to Europe. He died in Chicago in 1946 and was buried in a pauper’s grave.

In 1955, Maurice Coelst became a co-founder of the *Belgian Society of Plastic Surgery*, in conjunction with André Fardeau, Jacques Polus, Albert de Coninck and Charles Steenebruggen. The society was entirely French speaking. He was the

society's first president from 1955 to 1961, subsequently becoming Honorary President.

Maurice Coelst died on 2nd April 1963. The history of our profession in Belgium during the years between the wars is unshakably associated with the name of Maurice Coelst.

CONCLUSION

The saying "History always repeats itself" can be applied very well to this historical study of the beginnings of plastic surgery in Belgium. Our profession has, from the very beginning, had to contend with negative influences stemming from the attitude of the major department heads who have always found it difficult to acknowledge this specialist field as a fully-fledged profession. There has also been the term "cosmetic surgery," which even in the nineteen thirties sullied the art of plastic surgery in many eyes.

Even the work of Coelst was looked upon with some disdain by many of his general surgery colleagues at the time; in particular, he never managed to gain a foothold in a university hospital.

Maurice Coelst published the first periodical to be devoted entirely to plastic surgery using his own funds. All of the well-known plastic surgeons of the period, from both Europe and the United States, worked with him. He changed the title of his *Revue de Chirurgie Plastique* to *Revue de Chirurgie Structrice* at the prompting of Esser, but ultimately the word "plastic" has remained, while "structrice" has evolved to "reconstructive."

In this study, I have delved more deeply into the friendship between Coelst and Esser, and from their correspondence I have been able to filter out the growing problems in relation to the concept of an international institute for plastic surgery that was so dear to Esser's heart. When the Institute was established in Paris in November 1934, Esser was well on his way, yet he wanted more. He wanted to develop and expand his institute on a neutral island in the Mediterranean. But given the extremely tense political situation of the 1930s, this ambition was utopian in the extreme. Nonetheless, he still managed to make giant strides with the "great and the good" of the time.

He was always on the road, albeit in vain.

The organisation of the first European congress in 1936 (19 years before the actual first European congress in Uppsala, Sweden in 1955) was also taken in hand entirely by Coelst. It must have been a very difficult task, judging from the letters between Coelst and Esser. Where to hold the congress? When? Whom to invite? Whom not to invite? taking into account personal and political sensitivities!

ACKNOWLEDGEMENTS

I would like to thank Barend Haeseker for allowing me to peruse the original correspondence between Coelst and Esser. It is a unique set of documents. I must also thank Philippe Coelst, Dr. Maurice Coelst's youngest son, for his enthusiastic co-operation on this historical study and for providing me with a number of unique documents. Also, a word of thanks for Riccardo Mazzola, who provided me with yet more unique documents from his world-famous library.

BIBLIOGRAPHY

- Esser Johannes F. S. *Artery Flaps*, facsimile of the original book, introduced by Prof. dr. J. C. van der Meulen, Erasmus Publishing, Rotterdam, 2003.
- Haeseker B: Dr J.F.S. Esser and his contributions to Plastic and Reconstructive Surgery, Proefschrift, Rotterdam 1983.
- Neelissen Ton, *Het tomeloze leven van Johannes Esser*. Grondlegger van de plastische chirurgie. Uitgeverij Balans, 2002.
- Vrebos J: Scientific Contributions of U.S. Plastic Surgeons to the *Revue de Chirurgie Plastique* and the *Revue de Chirurgie Structrice*, Brussels (1931-1938), *Aesth. Plast. Surg.*, Vol 23, 1999, 61-69.
- Vrebos J: The scientific contributions of British Plastic Surgeons to the *Revue de Chirurgie Plastique* and the *Revue de Chirurgie Structrice*, Brussels (1931-1938). *Aesth. Plast. Surg.*, Vol 35, 2001, 207-212.
- Vrebos J: The Scientific Contributions of the United States Plastic Surgeons to the *Revue de Chirurgie Plastique* and the *Revue de Chirurgie Structrice* Brussels (1931-1938) *Plast. Rec. Surg.* Vol 102, 1998, 2268-2269.
- Wylock P.: Dr Maurice Coelst: the struggle of a Belgian plastic surgeon "before the term existed," monograph published on the occasion of the 50th anniversary (1955-2005) of the Belgian Society of plastic surgery in May 2005.



HISTORY OF LIPOSUCTION

Theo Voukidis, MD – Greece

Perhaps in the entire history of plastic surgery, there has never been another example of a technique that from the first years of its entrance into common practice has become so popular that it has become the number one technique, far ahead of the second, in the scale of performed operations.

Today, according to global ISAPS statistics, in every corner of the world, seven out of ten plastic surgery procedures are or have as a basic element, liposuction. But let's see how this idea started and evolved.

We see the first attempt by the French surgeon, Charles Dujarier, to remove fat by suction using at the beginning a fine tube made of natural bamboo. The first liposuction was performed in 1921 and for the next few years, several patients willing to remove localized fat underwent this type of operation. In time, Dr. Dujarier replaced the fine bamboo tubes with gynecologic curettage cannulas thus evolving his technique. One problem he faced was the weak vacuum he was able to achieve with technology available at that time making the procedure very traumatic.

Unfortunately, in 1924 a famous model working in Paris underwent this operation, but due to a lack of proper sterile protocol, trauma at the femoral artery, excess bleeding, infection, and local gangrene, finally amputation of the lady's leg resulted. The patient died several weeks after the operation. As a result, the technique was abandoned as Dr. Dujarier was convicted and his license suspended because he "was performing an experimental operation on human beings, without the proper and necessary knowledge and experience." We have no evidence of what happened in the years following,

but the incident and the technique were all but forgotten.

In the mid '60s, gynecologists in Europe, including Josef Schröder in Cologne, Germany, using abortion cannulas, started to curette fat and to extract it away by applying external pressure and some suction through the insertion hole. Many complications, very discouraging results, and extremely long recovery periods were the usual outcome of these procedures.

Arpad Fisher, a well-known Italian gynecologist who believed in the value and future of this technique, tried to improve and introduce it to the rest of the gynecology community, claiming that this was a purely gynecological procedure and no other specialty should be using it: "The operation is addressed to women and we are using gynecological instruments and our experience in sucking away useless tissues." He was teaching his method to his son Giorgio Fisher, also a gynecologist, and gave him the honor and privilege of being the first to publish in an Italian gynecological journal in 1976. That year he also presented his "modern technique of fat removal by curettage and suction" at an Italian congress, thus putting himself in the Doctors Hall of Fame as the most famous liposuction pioneer.

Aesthetic surgery was then in its infancy as plastic surgery was considered mainly reconstructive.

The first plastic surgeon to modify and start using this method was Yves Gerard Illouz (Fig. 1) in France. From the beginning, this genius understood that a blunt tipped cannula and higher suction force would be more atraumatic, giving better cosmetic results.

At this time, Brazilian plastic sur-



Fig. 1 – Yves Gerard Illouz in action on 1980.

geon Ivo Pitanguy was also introducing his method of dermolipectomy and controlled open fat removal with excellent results and started spreading this modern technique of body reshaping worldwide.

Other plastic surgeons were still using uterine curettes to remove fat with many complications, cosmetic deformities and some unfortunate fatalities, a fate that followed liposuction for many years as doctors and patients could not distinguish among the various techniques.

Illouz was the first to introduce the "Wet Technique" and calling, but most importantly, the first to study the medical background and theory of fat removal and biological behavior of adipose tissue. His work began to be known in 1978; hence, he is considered as the plastic surgeon father of liposuction.

Another French plastic surgeon, a co-worker of Illouz, was Pierre Fournier who developed the first mass produced





Fig. 2 – Y.G. Illouz with his famous "pinch test" if you "pinch more than one inch you must continue"



Fig. 3 – Bryan Mayou and Theo Voukidis 1981 in England.

blunt tipped liposuction cannulas that were used by all, including Illouz.

Fournier promoted the "Dry Technique" for many years worldwide. (Fournier: *PRS* Vol. 72, No 5. 1983.) We see the first publication on "Adiposuction" (liposuction) by Illouz in a non-medical journal, *Nouvelle Esthetique*, under the title: "une nouvelle technique par les lipodistrophies localisees" in 1979, while his first medical publication, under the same title, appeared in April 1980 in *La revue de Chirurgie Esthetique de la langue Francaise*, No. 19, Tome VI.

Ironically, Illouz was called by his colleagues a "pied noir" (black foot) as are all French who were born in Algeria and at the beginning, his method was met with skepticism; so much so that in one of his first official medical presentations, when the "pied noir" went on the podium, many in the audience, signaling their protest to the new Algerian "witchcraft" method, left the room.

In 1985, Illouz was again pioneering as he performed the first liporecycle, taking the fat from a lipoma on the shoulder of a patient and re-injecting it into her nasolabial folds, instead of using collagen which was popular at the time.

The liposuction business had started blooming, so naturally other specialties got involved. Dermatologists, gynecologists and even anesthesiologists were visiting Illouz and Fournier in Paris, bringing back to their countries the modern technique of body remodeling. Nevertheless, from the beginning it was obvious that this technique was not as easy as they thought and a plastic surgery background was essential for good results.

All the non-plastic surgeons would spread the word about the existence of this technique, but because of their incompetence many had complications, unpleasant results, and even fatalities that denigrated liposuction.

One of the first American plastic surgeons to visit Illouz and apply his technique back home was Peter Pacik of New Hampshire in 1979–1980. The resulting controversy focused on liposuction equipment not being FDA approved as a medical device.



Fig. 4 – Peter Pacik with his wife 1980 in Paris at Illouz' office.

The first English practitioner was Bryan Mayou who started using the technique in 1980, applying this technique privately after long training with Illouz. Together with the author of this article, they were presented in 1983 at a BAAPS instructional course as a super "Wet Technique" using a solution, quite the same by composition and volume as the one used by the California dermatologist Jeffrey Klein who introduced it as a tumescent (expansion) technique in 1985. Maybe Jeffrey Klein was the last non-plastic surgeon to produce an evolution in the method. Since then, many plastic surgeons around the world have adapted this technique and put it in their armory to produce excellent results.

In 1987, the Italian plastic surgeon, Michele Zocchi, introduced Ultrasonic-Assisted Liposuction, a method that is still used by many.

Power-Assisted Liposuction (PAL) is another technique that uses a high-speed linear reciprocating suction cannula, so the plastic surgeon uses his surgical art and the machinery does the physical effort.

Credit is also given to the Colombian plastic surgeon, Rodrigo Neira, for introducing Laser Assisted Liposuction. Liposuction has been the initiative to promote knowledge of lipotransfer, of fat derived stem cells, of plastic surgery bioengineering and of regeneration as well as the use of biological factors.

After a 50-year lifespan, this unique plastic surgery technique is now the most performed worldwide and all the plastic surgeons who invented and perfected it are still alive and eager to contribute to its further evolution. 

REPORT OF THE CHAIR OF NATIONAL SECRETARIES

Gianluca Campiglio, MD, PhD – Italy

Chair, ISAPS National Secretaries, ISAPS National Secretary for Italy



During the last ISAPS Congress in Geneva, I was elected Chair of the 73 ISAPS National Secretaries (NSs) for the two year period 2012-2014.

First of all, I want to thank all the NSs who trusted me with their vote and reassure them that I will do my best to meet their expectations. Secondly, I want to thank Dr. Lina Triana, past Chair of the NSs, who did outstanding work for the growth of ISAPS worldwide. It will be a great challenge for me to accomplish my mandate at the same standards of quality.

For those who do not know me personally, I am 48 years old and have been affiliated with ISAPS since 2004. In 2010, I was elected National Secretary for Italy and in the following 24 months I almost doubled the number of Italian members (from 48 to 85). I have been involved as a faculty member in various ISAPS Courses, have personally co-chaired the one recently held on Lake Como, and will co-chair the Roman Course in December, where all of you are invited. I am also an advisory board member and section editor of the ISAPS Journal, *Aesthetic Plastic Surgery*.

The key points of my program are in part *reactive* and in part *proactive*. Reactive because I will commit myself to the defense of our specialty from non-physicians (such as dentists and nurses) and non-board certified surgeons. At the same time, I believe we must increase scientific exchanges with closely related specialists such as dermatologists, oculoplastic and ENT surgeons. Proactive strategy includes encouraging new memberships and maintaining the old ones through a solid collaboration with the Education Council and a greater involvement of all NSs in our educational events. I believe that each national society should host a one day ISAPS symposium at its beginning or conclusion of their annual meeting, and I shall work hard to pursue this goal.

To be the Chair of the NSs is like being captain of a soccer team: it does not matter how well you play if the rest of the team does not support you. The success of my mandate will largely depend on the support and cooperation of all NSs, just as my recent election. I will constantly rely on your help to achieve my propositions! 

REPORT FROM THE GOVERNMENT RELATIONS COMMITTEE

Igor Niechajev, MD, PhD – Sweden

Committee Chair



At the 21st Congress of ISAPS in Geneva, I was entrusted to lead the Government Relations Committee. The principal function of this committee is to monitor, collect and preserve data concerning regulations related to the practice of the aesthetic plastic surgery in our member countries. The second goal is to assist ISAPS representatives in their respective countries with such information to use during their contacts with the healthcare authorities, journalists, lobbyists, legislators and politicians.

Before the start of my term, this

committee was run by our German member Constance Neuhaan-Lorenz and she was diligent in gathering information from the national secretaries and compiling the report on the news and changes in the state of plastic and aesthetic surgery regulations in August 2012. The cohort of twenty countries from four continents could be polled. Plastic surgery encounters similar, but also varying problems around the world.

In only a few countries the legislation says clearly that plastic surgery should be performed by plastic surgeons, or at least

by surgeons with training in the specific regions, like ear, nose and throat and ophthalmology. At this time, only France, Denmark,¹ Austria and soon also Sweden belong in this category. Some of the news is heart-warming. Swedish legislators propose a six month jail penalty for performing aesthetic surgery without authorisation by the Ministry of Health.

Another worry is the trend among some fiscal authorities to introduce the practice of charging Value Added Tax (VAT) on aesthetic surgery and to require surgeons to charge the patients,

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FERNANDO ORTIZ-MONASTERIO, MD

1923-2012

Arturo Ramirez-Montañana and Alejandro Duarte y Sanchez, MD – Mexico

ISAPS National Secretary for Mexico



When someone very special leaves us, someone who has had such a profound influence on so many students and colleagues around the world, one thinks of words and phrases that describe the impact of this special personality.

Mexican – Pioneer – Elegant – Seductive – Passionate – Tireless – Outstanding – Relentless – Exceptional

Orator – Explorer – Starving for knowledge – Generous Teacher – Cultivated – Unbreakable – Proud – Mortal as a man – Immortal as an artist – World class personality: Without a Doubt, the Greatest Plastic Surgeon in Mexico.

Dr. Fernando Ortiz Monasterio was one of the super nova stars of universal plastic and reconstructive surgery. He was very restless because he was always trying to change well established paradigms. Following general surgery training at the Hospital General de Mexico, he studied with Dr. Thrumann Blocker in Austin, Texas, and was subsequently Chief and Founder of the plastic surgery unit at the Hospital General de Mexico from 1957 to 1977.

He was an excellent professor known well around the world, tirelessly traveling across the five continents to share his knowledge. Dr. Burt Brent included him in his book with the painting of the best plastic surgeons because of his commitment, his capacity to analyze and his ability to intelligently discuss the facts, not just surgical facts, but in matters of life, sports, culture, and a way of living with passion. He made very interesting new contributions in the care of burn patients, in hand surgery, in cleft lip and palate surgery, and congenital malformations. Because of him, the old concepts changed forever. In craniofacial surgery, he was a pioneer. Together with Dr. Paul Tessier, they are the fathers of this field. The last contribution changed completely the philosophy of reconstruction, with distraction of the facial

bones and the soft tissues.

He was a great motivator and inspirational for many teachers. Indeed, he is considered the Professor of Professors. He was one of the most famous and brightest plastic surgeons in ISAPS. He received many honors from universities around the world. His legacy includes hundreds of scientific articles, seven books, and 51 book chapters. He was named the Plastic Surgeon of the 20th Century by the Health Department of Mexico and was one of the first Honorary Members of the International Society of Aesthetic Plastic Surgery (ISAPS). His presidencies included the Mexican Association of Plastic Aesthetic and Reconstructive Surgery, the Mexican Board of Plastic Surgeons, the American Association of Plastic Surgeons, and the International Society of Craniofacial Surgery.

One of his many reflections is included here:

“Once we start the path seeking the truth, in which we have experimented the pleasure of learning, communicating and teaching, makes it hard or even impossible to try to go back. I’m saying this, with the unbreakable conviction that the marvelous intellectual adventure of life should be lived as a whole, that both, challenges and responsibility should be taken as one. That’s why . . . this task should be kept till the end, we are forced to stay on this path. Cross it proudly, not to satisfy the selfish desire of change, nor to cross from one way to another as an imperious need, it is to keep the spirit alive and with a constant creativity manner.”

Truly, together with his very good friend Dr. Daniel Marchac, plastic surgery worldwide has lost two excellent plastic surgeons. Knowing him was a turning point for many. He will live eternally in the hearts of his family, friends, patients and colleagues.

Rest in peace, Don Fernando Ortiz-Monasterio. 

PIERRE BANZET, MD 1929-2012

Eric Auclair, MD – France



The son of Paul Banzet and Marie-Hélène Peugeot, the fourth and last child in the family, Pierre Banzet was born on July 18, 1929 in Paris. His father Paul and paternal grandfather Samuel were both surgeons, which strongly influenced his professional vocation. He spent his childhood and adolescence in Paris.

As a medical student, he studied in the prestigious units of Louis Pasteur, Vallery-Radot, Louis Justin-Besançon, and Lucien de Gennes and became Resident in Paris Hospitals in 1954. In 1956 and 1957, he did his military service in Algeria.

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DANIEL MARCHAC

Eric Auclair, MD – France and Bryant A. Toth, MD – United States



The world of plastic surgery lost one of its giants and mankind a true humanitarian and a great man with the death of Daniel Marchac on October 15th following a brief illness. Daniel was a major figure on the international stage of plastic surgery whose contributions are legendary in both the aesthetic as well as the craniofacial world.

Daniel Marchac was born in Paris shortly before World War II to a family of Russian ancestry. His maternal great-grandfather was a nobleman in Russia and was an ENT doctor to the Czar. His paternal great-grandfather, a prominent jeweler, emigrated from Kiev at the time of the Bolshevik revolution. One of his paternal uncles became a renowned general surgeon in Paris, as did his son after him. Daniel studied medicine in Paris and passed his board examination, *Internat des Hôpitaux de Paris*, followed by military service in the navy. He was then a resident in general surgery and plastic surgery in the units of *Professeurs* Claude Dufourmentel and Daniel Morel-Fatio. In 1968, he spent an entire year in the United States as the first Millard Fellow with Dr. Ralph Millard in Miami and then in New York with John Converse and in Houston with Tom Cronin. Upon returning to Paris, he was the chief resident at Hôpital St-Louis for two years.

In 1962, Daniel met Paul Tessier while at Hôpital Foch and this exposure forever changed his professional life. In 1976, with craniofacial surgery in its infancy, he founded the first unit of pediatric craniofacial surgery at Hôpital Necker Enfants Malade with Dominique Renier, a neurosurgeon. They pioneered the subspecialty of Infant Craniofacial Surgery and together they began operating on children with craniosynostosis within the first six months of life. As head of the unit for over 25 years, Daniel was a prolific surgeon and scientific contributor. During this time Daniel was also building a private practice that focused on facial aesthetic, breast, and skin cancer surgery. His aesthetic practice became one of the busiest and most widely respected in Paris. Daniel published more than 160 scientific articles focusing on refinements in facelift surgery, rhinoplasty, surgery of the breast (short scar mammoplasty), as well as craniofacial surgery. He edited or wrote five books and 23 book chapters.

In addition to being a great pioneer, Daniel served in leadership positions in the specialty of plastic surgery including: Founder, International Society of Craniofacial Surgery (ISCFS),

President (1993-1995) International Society of Craniofacial Surgery (ISCFS), President (1997-1998) French Society of Plastic Surgery, Co-founder (1973) Alpine Workshop – that brought together European plastic surgeons and set the foundation for EURAPS, Founder, European Association of Plastic Surgery (EURAPS), General Secretary, European Association of Plastic Surgery (EURAPS), President (1998-1999) European Association of Plastic Surgery (EURAPS), Member, International Society of Aesthetic Plastic Surgery (ISAPS), Traveling Professor (2006) International Society of Aesthetic Plastic Surgery (ISAPS), Scientific Board Chairman, International Society of Plastic, Reconstructive, and Aesthetic Surgery, (IPRAS).

In addition, Daniel had important teaching activities within France and was appointed Professeur au Collègue de Médecine des Hôpitaux de Paris in 1991. In 2001, he was made a member of the French Légion d’Honneur, the highest award given by the French Government. He received his honor from the Minister of Health, Bernard Kouchner, MD.

For over 30 years, Daniel received many international plastic surgeons as fellows who were thus exposed to surgery, Daniel, and France as a whole. We both had the great privilege to be fellows of Daniel Marchac, which led to becoming long lasting, trusted friends. A fellowship with Daniel was a life changing experience – not only were we exposed to pioneering craniofacial surgery and innovative aesthetic surgery, we were exposed both culturally and gastronomically to the best that Paris had to offer. Daniel felt that it was important that we became well-rounded surgeons. It was not uncommon to start the day with an intracranial procedure followed by lunch in a Michelin 2-star restaurant and ending the workday with a facelift lasting into the early evening. If there was a break in the surgical schedule, Daniel would often pick us up and whisk us off to the newest cultural event or museum exhibit that had recently arrived in Paris. The farewell dinner at the end of the fellowship was always at *Taillevent*, a Michelin 3-star restaurant of long standing and owned by his school classmate, Jean Claude Vrinat. Daniel was not only an adept and skillful surgeon, but a great person in the tradition of *honnête homme* as describe by Montaigne during the 16th century. He represented that rare combination of professional quality, humanity, culture and intellectual curiosity. He was a true mentor to many of us and we fashioned our life to the best of our ability in his image.

Daniel Marchac will be sorely missed not only by those of us who knew him well and loved him, but by the entire plastic surgery world. 

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sometimes even retroactively as in Germany. In many European countries, VAT is 20-25% and the corresponding increase in price of the procedure may significantly diminish the number of patients who can afford it.

The general impression is that many countries are slowly tightening their regulations determining who should do plastic surgery and the standards of the facilities where such surgery is done. This process is accelerated by an increasing number of severe, sometimes fatal incidents.^{2,3} Their number shows parallel increase with the growing public demand for aesthetic procedures and treatments, and the growing number of unauthorized performers of aesthetic surgery.

Plastic surgery societies in many countries, for example in the USA, Argentina, Brazil, Mexico, Italy and others encour-

ter serious problems with a rise of the bogus societies formed by doctors from other specialties who now sail under a false flag. By adopting names like Aesthetic Medicine Society, Cosmetic Academy and others, the goal is to mislead the public and authorities by making them believe that they are dealing with highly skilled professionals. Our committee will monitor these pseudo-professional societies, so we can keep track of them and have a more global overview for this phenomenon. ISAPS members are urged to notify this committee about the presence of such organisations in their countries.

Our plan is to bring up the aforementioned name problems for discussion and to establish a prompt action together with the national societies against this incredible dissemination of societies that are competing with our proper plastic and aesthetic surgery societies. Many col-

leagues from around the world are seeking such support.

Health care legislation which keeps pace with the changes in our societies is important for patient safety and for the future of plastic surgery. It was therefore felt to be appropriate to enlarge this committee by adding members from different geographic regions who will work with our committee towards these goals.

References

- 1 Dons A M, Murphy A (2011) Regulations toward patient safety – a Danish perspective. *ISAPS News* Vol. 5, No.3, p.15
- 2 Niechajev, I, Frame J (2011) An appeal to control medical tourism. *ISAPS News*, Vol. 5, No.1. p.4-5
- 3 Niechajev I, Frame J (2012) A plea to control medical tourism. *Aesth Plast Surg* 36: 202-206





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STAFF SPOTLIGHT

Catherine Foss

ISAPS Executive Director



**National Secretaries in 73 countries • An education program that spans the globe
Members numbering more than 2300 in 93 countries and growing steadily • Two regularly scheduled publications
Patient and member advocacy • An expanding internet presence • A unique humanitarian program in development
An innovative new insurance product • A 15-member board and 16 committees with 91 members**

The ISAPS Executive Office in Hanover, New Hampshire, in the northeast corner of the US, in a rural college town in the mountains, is modest – three rooms, a closet and a small kitchen. The work that originates at ISAPS headquarters reflects the dedication and loyalty of a six member team who keep this multinational corporation on track – at the direction of its equally dedicated Board of Directors.



Printed matter including letterhead, dues invoices, membership certificates, patient safety brochures and more complicated products such as Congress exhibitor and publicity materials, the Congress program book, exhibit booth design elements, and anything else that needs to be accurate, stylish and enhancing ISAPS' image and brand is in the hands of **Jodie Ambrose**. Management of our Congress abstract submission program, an on-line system that facilitates collection, scoring, and formatting of the published abstracts you see in our Congress program and iPhone App is also Jodie's responsibility.



Management of our complex membership application process takes sincere attention to detail and a great deal of patience. **Jordan Carney** is a natural in this area and works closely with our National Secretaries, applicants, and members of the board charged with controlling admission of new ISAPS members.



Assisting our Education Council with elements of our many diverse programs, including a new website design for each course, development and collection of course evaluations, and data tracking, not to mention familiarity with our multi-faceted dues and registration software is **Michele Nilsson**. Her years of experience in the continuing medical education field are a true asset to our main purpose – aesthetic education worldwide.



Controlling and monitoring up to six accounts in two countries at any given time is our Accounting Manager, **Ed Tracey**. Relatively new to the staff, he has taken over and streamlined various financial systems to manage this critical aspect of our work on a new level.



Working in what we affectionately call "our London office" is **Alison Thornberry**, Managing Director of Sure Insurance, who is developing the ISAPS insurance product to offer correction and complication cover for patients. Alison often travels to European and other ISAPS course destinations representing the organization, encouraging membership, and explaining in person the details of this new member benefit.



We recently said goodbye to long-time staff member **Gael Debeaumont** who served as registrar, making sure for example that each of the more than 1200 registrations we received for the Congress in Geneva was accurate and correctly recorded. She assisted Ed Tracey in certain bookkeeping responsibilities and managed shipments going out to our National Secretaries and various international conferences where we often display information about ISAPS.

As we interview applicants to take over and expand her position, we all wish Gael well in California, her new home.

If you attended the Congress in Geneva, you met most of our staff at the registration desk. If you have contacted us about your journal delivery or membership application in the past, you no doubt interacted with Jordan. If you responded to one of our course or Congress evaluations, it was Michele who was collecting the data and forwarding it to the Education Council. If you had a question about your hotel reservation, needed a letter of invitation to attach to your visa application, or needed a certificate of attendance or details of your registration or exhibit, chances are your question was answered by Gael or Jodie.

In short, everyone in the Executive Office is here to help our many members and to keep ISAPS moving in the right direction. As their supervisor, I can tell you that ISAPS could not be in more loyal, dedicated, capable, creative or hard-working hands than we have with this team.



Whitney Foss, ISAPS filing clerk

December 2012

DATE: 07 DECEMBER 2012 - 08 DECEMBER 2012
Meeting: 6th International Live Surgery and Congress on Aesthetic Plastic Surgery **ISAPS-ENDORSED PROGRAM**
Location: Amsterdam, The Netherlands
Venue: St. Lucas Andreas Hospital & Hilton Hotel
Contact: Ren Nio
Email: r.nio1@yahoo.com
Tel: 31-20-5108670
Fax: 31-20-5108704
Website: http://NVEPC-livesurgerycongress.nl

DATE: 13 DECEMBER 2012 - 13 DECEMBER 2012
Meeting: Aesthetic Surgery: Not Only the Knife **ISAPS SYMPOSIUM**
Location: Rome, Italy
Venue: Eurostars Roma Aeterna Hotel
Contact: Gianluca Campiglio
Email: info@gianlucacampiglio.it
Tel: 39-33-58363504
Website: http://www.regenerativesurgery.it

January 2013

DATE: 10 JANUARY 2013
Meeting: 6th Annual Oculoplastic Symposium **ISAPS-ENDORSED PROGRAM**
Location: Atlanta, Georgia, USA
Venue: Intercontinental Hotel
Contact: Susan Russell
Email: srussell@gunnerlive.com
Tel: 1-703-234-4067
Fax: 1-703-435-4390
Website: http://www.sesprs.org/

DATE: 11 JANUARY 2013 - 13 JANUARY 2013
Meeting: 29th Annual Atlanta Breast Surgery Symposium **ISAPS-ENDORSED PROGRAM**
Location: Atlanta, Georgia, USA
Venue: Intercontinental Hotel
Contact: Susan Russell
Email: srussell@gunnerlive.com
Tel: 1-703-234-4067
Fax: 1-703-435-4390
Website: http://www.sesprs.org/

February 2013

DATE: 14 FEBRUARY 2013 - 16 FEBRUARY 2013
Meeting: Baker Gordon Educational Symposium **ISAPS-ENDORSED PROGRAM**
Location: Miami, Florida, USA
Venue: Hyatt Regency Hotel
Contact: Mary Felpeto
Email: maryfelpeto@bellsouth.net
Tel: 1-305-854-8828
Fax: 1-305-854-3423
Website: http://www.bakergordonsymposium.com/home.php

DATE: 15 FEBRUARY 2013 - 18 FEBRUARY 2013
Meeting: 5th American-Brazilian Aesthetic Meeting **ISAPS-ENDORSED PROGRAM**
Location: Park City, Utah, USA
Venue: Park City Marriott
Contact: Susan Russell
Email: srussell@gunnerlive.com
Tel: 1-801-274-9500
Website: http://www.americanbrazilianaestheticmeeting.com

DATE: 22 FEBRUARY 2013 - 23 FEBRUARY 2013
Meeting: ISAPS Course - SOS (Secondary Optimizing Surgery) **ISAPS-OFFICIAL COURSE**
Location: Cologne, Germany
Venue: Pullman Cologne Hotel
Email: congress@bb-mc.com

March 2013

DATE: 15 MARCH 2013 - 16 MARCH 2013
Meeting: ISAPS Course - Israel **ISAPS-OFFICIAL COURSE**
Location: Eilat, Israel
Venue: Royal Beach Eilat Hotel
Contact: Marcos Harel
Email: marcosclinic@gmail.com
Tel: 972-53-802-506
Fax: 972-3-643-8098
Website: http://www.redseaplastics2013.com

DATE: 15 MARCH 2013 - 17 MARCH 2013
Meeting: XIV Simposio Internacional de Cirurgia Plastica **ISAPS-ENDORSED PROGRAM**
Location: São Paulo, Brazil
Venue: Sheraton WTC Hotel
Contact: Medical Relations
Email: contato@simposiointernacional.com.br
Tel: 55-11-5543-4142

DATE: 22 MARCH 2013 - 24 MARCH 2013
Meeting: Indian Association of Aesthetic Plastic Surgeons Annual Conference 2013 **ISAPS SYMPOSIUM**
Location: Chennai, South India
Contact: Dr. R. Murugesan
Email: drmurugesan@yahoo.com
Tel: 91-944-402-4839
Fax: 91-44-2829-4429
Website: http://iaaps.org

April 2013

DATE: 11 APRIL 2013 - 16 APRIL 2013

Meeting: The Aesthetic Meeting 2013
 Location: New York, NY, USA
 Venue: Javits Convention Center
 Contact: ASAPS
 Email: asaps@surgery.org
 Tel: 1-562-799-2356

May 2013

DATE: 02 MAY 2013 - 04 MAY 2013

Meeting: 58th Annual Meeting of the Plastic Surgery Research Council
 Location: Santa Monica, California, USA
 Contact: Catherine Foss
 Email: psrc@conmx.net
 Tel: 1-603-643-2325
 Fax: 1-603-643-1444
 Website: http://www.ps-rc.org

DATE: 03 MAY 2013 - 05 MAY 2013

Meeting: ISAPS Course - Jordan 
 Location: Amman, Jordan
 Contact: Mutaz Alkarmi
 Email: drmutaz@orange.jo
 Tel: 962-06-566-0317
 Fax: 962-06-566-2507

June 2013

DATE: 07 JUNE 2013 - 09 JUNE 2013

Meeting: CATFAS IV 
 Location: Gent, Belgium
 Venue: Handelsbeurs
 Contact: Elie Van Loocke
 Email: elien@coupurecentrum.be
 Tel: 32-9-269-9494
 Fax: 32-9-269-9495
 Website: http://www.coupureseminars.com/p_159.htm

DATE: 07 JUNE 2013 - 09 JUNE 2013

Meeting: ISAPS Course - Russia 
 Location: St. Petersburg, Russia
 Contact: Irina Khrestaleva
 Email: doctor@irinakhrestaleva.com
 Tel: 7-812-335-0909
 Fax: 7-812-335-0909

DATE: 13 JUNE 2013 - 15 JUNE 2013

Meeting: ISAPS/FILACP Course - Venezuela 
 Location: Isla Margarita, Venezuela
 Contact: Betty Parraga de Zoghbi
 Email: betty_zoghbi@hotmail.com
 Tel: 58-2-261-3768
 Fax: 58-2-978-2327

DATE: 19 JUNE 2013 - 21 JUNE 2013

Meeting: ISAPS Course - 5th Eurasian International Aesthetic Surgery Course 
 Location: Istanbul, Turkey
 Contact: Nazim Cerkes
 Email: ncerkes@hotmail.com
 Tel: 90-212-283-9181
 Fax: 90-212-283-2445
 Website: http://www.eurasian2013.org

August 2013

DATE: 16 AUGUST 2013 - 17 AUGUST 2013

Meeting: ISAPS Course - Brazil 
 Location: Fortaleza, Brazil
 Contact: Joao Erfon A. Ramos
 Email: erfon@artclinic.com.br
 Tel: 55-85-3216-3333
 Fax: 55-85-3216-3333

DATE: 22 AUGUST 2013 - 25 AUGUST 2013

Meeting: 5th European Plastic Surgery Research Council
 Location: Hamburg, Germany
 Venue: MS Cap San Diego
 Contact: Isabelle Laerz
 Email: isabelle.laerz@conventus.de
 Tel: 49-3641-311-6320
 Fax: 49-3641-311-6243
 Website: http://www.epsrsc.eu

September 2013

DATE: 10 SEPTEMBER 2013 - 14 SEPTEMBER 2013

Meeting: 15th International Society of Craniofacial Surgery Biennial Congress
 Location: Jackson Hole, Wyoming, USA
 Venue: Teton Village
 Contact: Catherine Foss
 Email: ISCFs2013@conmx.net
 Tel: 1-603-643-2325
 Fax: 1-603-643-1444
 Website: http://www.iscfs2013.org

DATE: 13 SEPTEMBER 2013 - 15 SEPTEMBER 2013

Meeting: ISAPS Course - Bolivia 
 Location: Cochabamba, Bolivia
 Contact: Ma Teresa Zambrana Rojas
 Email: tezamr@hotmail.com
 Tel: 591-4-458-0616
 Fax: 591-4-422-5873

DATE: 21 SEPTEMBER 2013 - 22 SEPTEMBER 2013

Meeting: ISAPS Course - Poland 
 Location: Kazimierz Dolny, Poland
 Contact: Maciej Kuczynski
 Email: kuczynski@tlen.pl
 Tel: 48-81-718-4479
 Fax: 48-81-718-4535

October 2013

DATE: 11 OCTOBER 2013 - 13 OCTOBER 2013

Meeting: ISAPS Course - Tunisia 
 Location: Tunis, Tunisia
 Contact: Bouraoui Kotti
 Email: bouraouikotti@yahoo.com
 Tel: 21-69-854-9858
 Fax: 21-67-486-0942

DATE: 17 OCTOBER 2013 - 18 OCTOBER 2013

Meeting: ISAPS Course - Ecuador 
 Location: Quito, Ecuador
 Contact: Aldo Murriagu
 Email: draldo56@gmail.com
 Tel: 593-3-980-196
 Fax: 593-3-980-196

DATE: 19 OCTOBER 2013

Meeting: ISAPS Symposium - Japan 
 Location: Tokyo, Japan
 Contact: Susumu Takayanagi
 Email: info@mega-clinic.com
 Tel: 81-6-6370-0112
 Fax: 81-6-6327-0584

DATE: 24 OCTOBER 2013 - 25 OCTOBER 2013

Meeting: ISAPS Course - Argentina 
 Location: Buenos Aires, Argentina
 Contact: Maria Cristina Picon
 Email: mariacristinapicon@hotmail.com
 Tel: 54-11-4803-2823
 Fax: 54-11-4807-4883

November 2013

DATE: 07 NOVEMBER 2013 - 09 NOVEMBER 2013

Meeting: ISAPS Course - Cyprus 
 Location: Limassol, Cyprus
 Contact: Christos Merezas
 Email: merezas@spidernet.com.cy
 Tel: 357-25-73-8500
 Fax: 357-25-33-6964

December 2013

DATE: 13 DECEMBER 2013 - 14 DECEMBER 2013

Meeting: ISAPS Course - Uruguay 
 Location: Punta del Este, Uruguay
 Contact: Gonzalo Bosch
 Email: gbosch@netgate.com.uy
 Tel: 598-2-711-7308
 Fax: 598-2-711-7133

Editorial, continued from page 23

audience and therefore decide whether to take part of that meeting or not.

Aesthetic Education Worldwide is the motto of our Education Council organized in a superb way by our EC Chair Nazim Cerkes. There have never been so many quality Courses and Symposia, so many ISAPS endorsed meetings as in last couple of years and under his leadership. We are always here to support such activities which are the basis of our existence. These activities are the main reasons of permanent increase of our membership leading to 3,000 members, as a new goal of our President Carlos Uebel up to the next Con-

gress in Rio 2014. To those countries with growing demand for such knowledge like India, China and Russia a special attention must be paid as to the new potential aesthetic superpowers like they are now Brazil, USA or Turkey. What is bothering us at the moment are the levels of basic plastic and aesthetic education in Russia, China and many other countries, knowledge that has to be systemized and summarized into a true Board examination. Efforts have been made from our side with proposals from different parties like University of London, the Netherlands and Russia to prepare adequate program

for postgraduate studies in aesthetic plastic surgery. Our Courses are very helpful without any doubt, but are obviously not enough for true and systematic aesthetic knowledge and proper certification. Regulations and Board certifications are on the good way in Russia, although plenty of excellent plastic surgeons are already long time in practice there as well as in many former Soviet republics, now independent countries, but still dependent on Russian regulations in medicine. Our Education Council is intensively working on that with our distinguished Russian colleagues. 

Admitted in October 2012

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VENEZUELA

Attilio Javier VILLARMOSA LEON, MD

*Associate Member (Candidate)

Pierre Banzet remembered, continued from page 30

Upon his return from Algeria, he began his surgical training in fellowship of the Paris hospitals. At this time, surgical specialties did not exist, and the training was in general surgery. He had previously spent four years of internship in various services: his father Prof. Paul Banzet, Prof. Roger Couvelaire the surgeon of Charles de Gaulle, Prof. François de Gaudart D'Allaines, a pioneer in cardiac surgery, Dr. Robert Merle D'Aubigne, a famous orthopedic surgeon.

In 1961, he became the first assistant of Prof. Claude Dufourmental with Roger Mouly to create the first plastic surgery department in France at Saint-Louis Hospital. As Assistant Professor, he created in 1972 the microsurgical laboratory and the first unit to

support transsexualism surgery. He was head of the department for 15 years at the Hospital St. Louis, and trained more than 150 residents and 21 chief residents. In addition to his surgical activity he took over an important part of the French Society of Plastic, Reconstructive and Aesthetic Surgery (SoFCPRE) development where he was the General Secretary from 1977 to 1988 and the President in 1999.

The life of Pierre Banzet merges largely with the history of the plastic surgery unit at Hospital Saint-Louis, with that of the SOFCPRE and ultimately with the whole of the specialty to be recognized by the French Official University Authorities.

continued on page 39

MEMBERSHIP COMMITTEE GOALS



Ivar van Heijningen, MD – Belgium

ISAPS National Secretary for Belgium

Chair, Membership Committee

The goal of the membership committee historically was to determine if anybody was eligible for membership in ISAPS. These rules are in the By-Laws, nevertheless some situations were difficult and the membership committee needed to sort out whether someone could be a member or not.

This board has added a new goal: to have an ISAPS membership of 3,000 quality plastic surgeons by 2014.

In order to achieve this, we have analyzed the current situation. Some countries have a high percentage of ISAPS members among the plastic surgeons in their country. Sometimes even so high that one could wonder whether all have a high interest in aesthetic surgery. ISAPS membership in such countries provides no discriminatory factor to distinguish the good surgeons from those of lesser training or ethical standards. Focus should be on quality in these countries, even being more selective in the future.

Other countries have a very low percentage of plastic surgeons as ISAPS members; these countries are the ones to focus on. We will analyze the needs of these countries continent by continent and seek actions that will make ISAPS membership attractive to them. First of all by providing good training courses in these regions. We are looking into accreditation points for courses and congresses. We will promote accreditation support of clinics in all countries. If you have any suggestions, do not hesitate to contact us.

The National Secretaries play an important role in deciding who can become a member and who cannot; however, it is the responsibility of every member to check the list of candidates for people who do not support ISAPS' ethical standards written in our Code of Ethics. We rely on your help as a last filter prior to admission.

ISAPS is a big family and we have a lot to offer: above all friendship among plastic surgeons from all nations and excellent educational opportunities. We have a superb journal, *Aesthetic Plastic Surgery*, we defend our specialty with all possible options, we support accreditation of your clinics, we publish this *ISAPS News*, we hold a fantastic biennial congress, we have a unique insurance program, we have a website that lists all our members. In all, we have many excellent reasons for new colleagues to join us.

We will work hard to find the best in the world to join us, don't hesitate to help us!



I personally had the privilege of having been one of Monsieur Banzet's residents and can testify to the high degree of humanity, of decency, of surgical knowledge which he provided, as well as the courtesy and kindness he always extended to his élèves. The French and the international plastic surgery community have lost one of its most noble representatives.

I would like to thank Professor Marc Revol, one of the closest collaborators of Mr Banzet who is now the Head Professor of Saint-Louis unit, and Julien Glicenstein for their valuable information.



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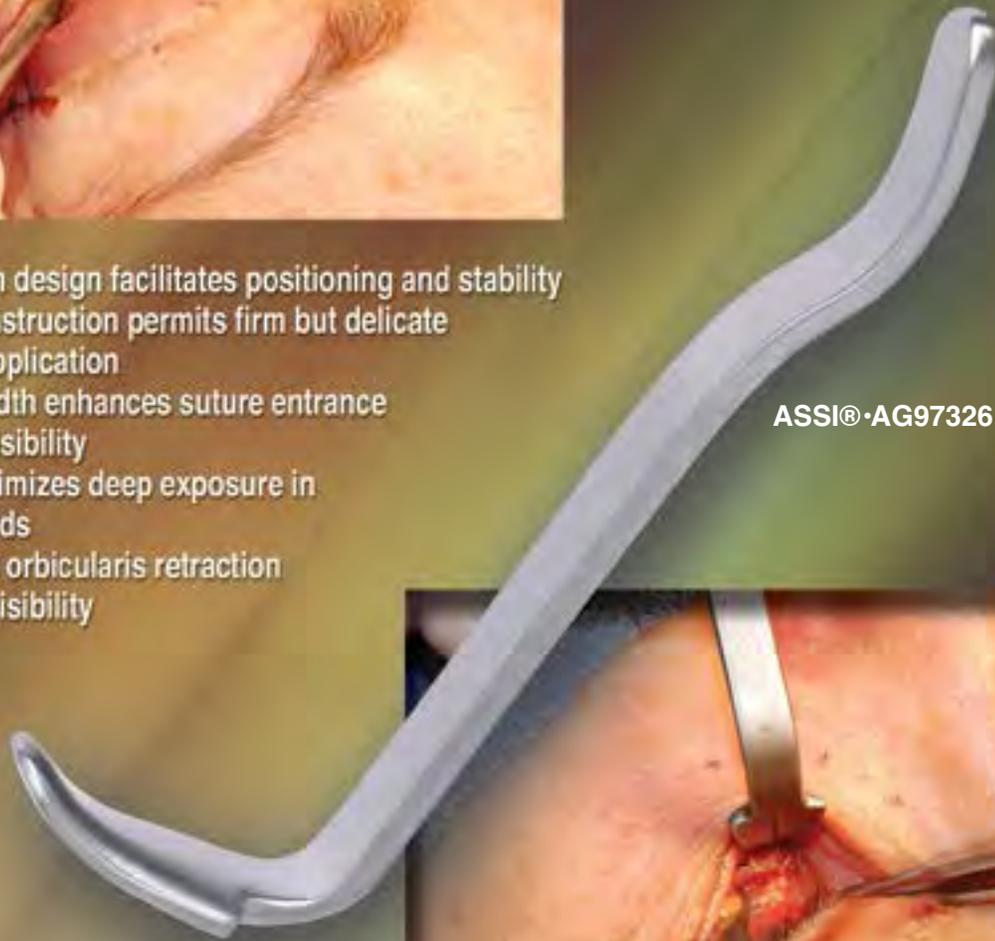
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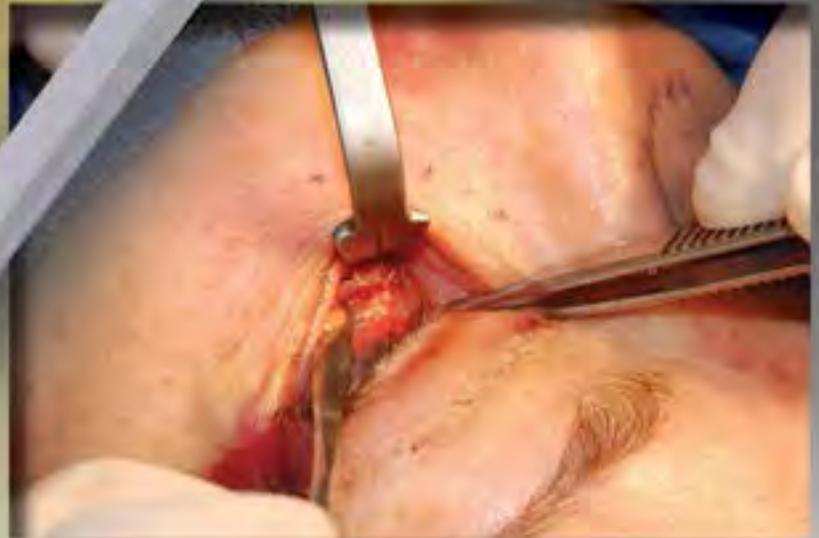
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