ISAPS® NEWS

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SOCIETY OF AESTHETIC PLASTIC SURGERY

4

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BOARD OF DIRECTORS

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MESSAGE FROM
the Editor-in-Chief

ARTURO RAMIREZ MONTAÑANA – MEXICO
Editor-in-Chief, *ISAPS News*

DO WE BELONG TO THE GENERATION THAT SURVIVED THE PANDEMIC?

Statistically speaking, the answer is YES, even though it is not time yet to lower the guard and we still have to keep certain security measures. At the moment, the majority of the population in our communities are immunized, either by vaccine or by having recovered from the disease. To live closely together again is a reality that we can already start to feel.

Humans by nature are designed to live together and socialize. Without a doubt, during the pandemic we learned we can continue our medical education virtually, but personal contact is irreplaceable. There are few things in life as nice as being able to embrace a friend.

One of the most important advantages we have as part of the great ISAPS family is to be able to have friendships in many parts of the world. Having friends everywhere means more than just being able to exchange knowledge of surgical and non-surgical techniques in our specialty: interacting with dear friends is pure food for our soul. This pandemic showed us how valuable it is to have friends and that we must in turn value and make time for them.

This became clear to me at our most recent World Congress in the beautiful city of Vienna, where after more than a year and a half of being unable to hold in-person events, ISAPS gave us the opportunity to meet with close friends and enjoy time together again.

As the year comes to a close, ISAPS is scheduling several **scientific events** in different parts of the world, and I am sure the proportion of in-person attendees versus virtual attendees will gradually increase. And in September of next year, we will have our biennial congress in Istanbul. I encourage all of you to be there – I know that our President and our Education Council are working hard to create one of the best and most exciting meetings ever for us. Don't miss the opportunity to meet your friends from different parts of the globe in Turkey, one of the must beautiful countries in the world.

I hope that things continue to improve as we enter the holiday season so we may all celebrate with loved ones in person and experience many warm embraces.

Arturo Ramirez Montañana, MD
Editor-in-Chief, *ISAPS News*

MESSAGE FROM
the *ISAPS News* Co-Chair

FABIAN CORTIÑAS – ARGENTINA
Co-Chair, *ISAPS News*

Dear friends and colleagues,

We all made it.

This September, ISAPS did it once again: our society demonstrated its commitment to aesthetic education by making the 2021 ISAPS World Congress possible. One of the best meetings, if not the first, we've had in the last 18 months.

We have all gone through a lot: lockdowns, tests, vaccinations, governments going back and forth with sanitary measures, closing and opening borders, requiring travelers to quarantine, and so forth. Yet, in the meantime, some crazy guys kept working and making arrangements for a meeting. The organizing committee, in particular Dr. Dirk Richter and Dr. Nazim Cerkes, deserve a round of applause. They went the extra mile to bring us an outstanding scientific event, and a breath of fresh air, in the midst of a pandemic. Thank you!

Even though traveling wasn't easy, there were over 500 of us at the ACV in Vienna. Planning a trip in COVID times involves one rule and one rule only: change. Change of flights and change of safety rules. There is a continuous modification of regulations and restrictions. Additionally, in this complex environment even agencies and airline companies cannot always confirm a flights until a few days before departure. Therefore, flights for some were cancelled, or at best, rescheduled. Finally, a new document has become important alongside our passport and plane ticket: a COVID-19 test certificate, which is often required to get on a plane or travel. PCR requirements may vary from one country to another, so specific information is needed to do things right in each place you are visiting.

We dedicate this issue of *ISAPS News* to the brave who had the courage to travel and make the first post-pandemic ISAPS World Congress possible, and also to those who ignored their own time zones and joined Vienna virtually.

Now, we are looking forward to the next **World Congress** in Istanbul next September. Mre details will be announced shortly. In the meantime, I hope you enjoy the latest issue of *ISAPS News*, in which we look at stable tip projection in primary rhinoplasty.

Best regards,

Fabian Cortiñas, MD
Co-Chair, *ISAPS News*

MESSAGE FROM
the ISAPS President

Dear friends,

As we approach the end of 2021 the COVID-19 pandemic continues to affect all of us globally, but I remain hopeful as we go into the new year and I would like to wish you all a happy holiday season and send you and your loved ones my best wishes for a promising 2022.

The end of every year is a period of reflection, and while many of us have been affected adversely by the pandemic, I am proud to see how our society and members have continued to come together to support each other, no matter how far apart we all are. Despite travel restrictions, on-and-off lockdowns and business closures, 2021 was an eventful year for ISAPS with many firsts. In March, we held our first-ever virtual conference, ISAPS WORLD. Over a 48-hour period, we welcomed speakers from around the world who presented lectures around the clock to our worldwide audience. In April, Dr. Renato Saltz spearheaded the ISAPS Business School, a highly acclaimed event focusing on business initiatives for our practices. Just a few months ago in September, we were finally together in person again for ISAPS' first ever hybrid World Congress, which welcomed almost 1,000 virtual and on-site participants in Vienna. In the meantime, our journal, ***Aesthetic Plastic Surgery***, continues to receive more submissions and has reached its highest ever impact factor this year with exceptional satisfaction scores from our authors. As President, I am very grateful to the entire ISAPS team, our Board, our Committees, and most of all our members for continuing to contribute so actively to our community.

In that same spirit, we are continuing to move forward with top-notch educational activities for you all in 2022. As well as continuing our regular series of virtual webinar activities from January, our ISAPS Parliamentarian, Dr. Sanguan Kunaporn, is planning the first ISAPS Course Thailand which will take place on March 14-16, 2022 on the beautiful island of Phuket. I hope to see some of you there. Also in March, and following on from our first extremely popular program in 2021, Dr. Tunc Tiryaki is organizing the next ISAPS Regenerative Surgery Course to take place on March 27, 2022 in Istanbul, including special live surgery demonstrations. Finally, after our successful hybrid congress this year, I am incredibly excited to bring the next hybrid ISAPS World Congress to my beautiful hometown of Istanbul from September 20-24, 2022. We are already working hard to bring you an unforgettable event incorporating for the first time a two-day Non-Surgical Symposium and Business School. As always, we will have the best faculty attending from all around the world, so please save the date and join us there, registrations will go live early next year.

Lastly, as we turn the page to a new year, I would like to remind you to **renew your membership** if you have not done so already or invite you to **join as a new member**. Your membership is extremely important to us and we are honored to have you as part of our wonderful ISAPS family. Our diversity is our richness.

I hope you enjoy reading the final issue of the year of *ISAPS News* as much as I have. I am also pleased to share with you all that the data from our 2020 Global Survey will be released shortly, before the end of this year, so stay tuned for another exciting read coming soon! I send all of our ISAPS family my very best wishes for a happy new year.

Stay healthy and remember – ISAPS unites us!

Nazim Cerkes, MD, PhD
ISAPS President, 2020-2022

MESSAGE FROM
the Education Council Chair

OZAN SOZER – UNITED STATES
Chair, ISAPS Education Council

Dear ISAPS members,

After completing a successful meeting in Vienna this past September, ISAPS' Education Council has turned its focus to our biennial meeting next year in Istanbul. I am pleased to announce the dates have been decided for next year's World Congress: September 20-24, 2022.

Next year's meeting will have a bit of a different structure: for the first time, the event will include a surgical component, a non-surgical component, and a business component. The ISAPS Non-Surgical Symposium and Business School will take place on September 23-24 and feature renowned faculty which will include experts from other core specialties, leading practice management companies, and the aesthetic industry. Live demonstrations of non-surgical procedures will also be part of the program.

The Congress will have a hybrid structure so that all of our members and delegates will be able to attend, regardless of their location or circumstance. However, we expect to have an in-person faculty this year as far as possible.

As always, our ISAPS Surgical program will be a world-class event highlighting all areas of aesthetic plastic surgery. The surgical portion will also feature live surgeries, live markings, hot topic discussions and separate sessions on complications.

Meanwhile, we are continuing with other educational events while we plan for more live events in the early part of 2022. In the spring, we hope to organize another successful ISAPS Regenerative Medicine Course in Istanbul. There are also many ISAPS endorsed events in the first half of next year. You can browse all upcoming events on the **Calendar of Events** on our website.

Please mark your calendars for September 20-24, 2022 and stay tuned for more details to come shortly on the next ISAPS World Congress in Istanbul. We are working hard to make this meeting a unique and unforgettable one, and I hope you will join me.

Best regards,

Ozan Sozer, MD

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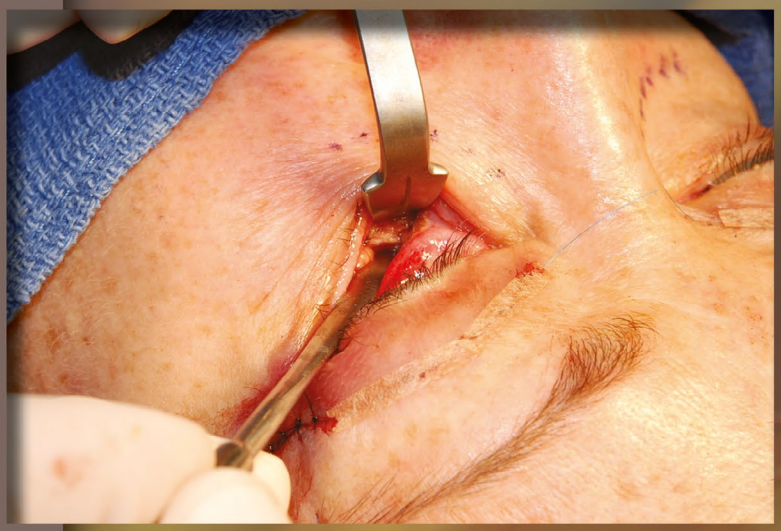

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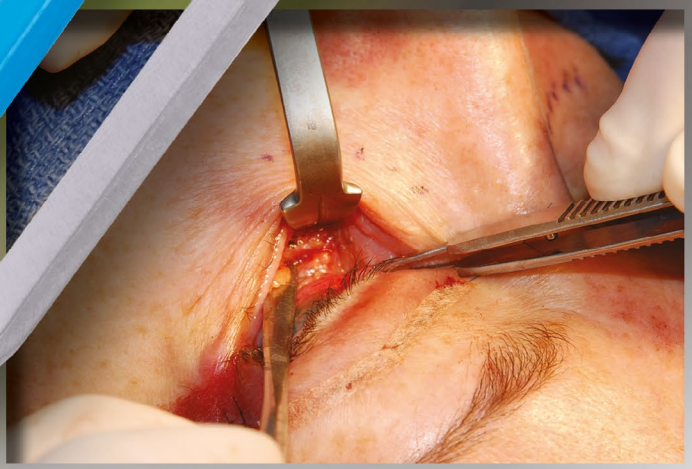

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COMMITTEE REPORT

ISAPS Governance Committee

IVAR VAN HEIJNINGEN – BELGIUM
Chair, ISAPS Governance Committee

BOARD OF DIRECTORS: WHAT DO THEY DO?

In my article in the September issue of *ISAPS News*, I explained that our purpose is to be "Global Leaders in Aesthetics" and described our mission and values. This time, I will focus on the Board of Directors (BoD). The BoD consists of the chosen leaders that should drive our society towards our purpose, as described in our bylaws and strategy documents.

Every organization wants to have the best, most capable individuals as leaders. But how do you select the best candidates for the job? What are their responsibilities?

Choosing the Board of Directors

A successful Board works as a team to accomplish the goals that have been outlined based on a society's purpose. Members also want to feel represented, especially in a global society such as ISAPS. To choose the best fit for this role, ISAPS has adopted certain criteria when selecting Board members.

Meritocracy is an important part of ISAPS' culture. Contribution to ISAPS is one of the most important criteria to select individuals for leadership functions. The ISAPS contribution levels are:

1. Membership: all current members of ISAPS
2. Faculty at ISAPS educational events
3. National Secretaries, committee members, educational event directors
4. Committee Chairs
5. Board members
6. Executive committee members and ISAPS president

When reviewing a candidate for nomination to the BoD, the minimum requirements are a contribution level of 3 or higher.

Additional criteria that are taken into consideration are:

- whether the nominee's skillset and qualifications complement the Board
- other directorial experience
- the nominee's experience as a thought leader and team player
- the nominee's standing in the ISAPS community
- the nominee's level of seniority as plastic surgeon (5+ years working as a registered plastic surgeon is required)
- conflicts of interest

We also consider whether the nominee represents an underrepresented continent. Ideally, at least one member of Europe, Australia/Asia, North America, South America, and the Middle East/Africa sits on the board. In addition, we strive for a good balance between young, experienced, and senior Board members:

- 1/3 young members: 1-2 terms
- 1/3 experienced: 3-5 terms
- 1/3 senior: 6-8 terms

What Does the Board of Directors Do?

The Board is responsible for making a strategy to realize the goals of the society. Once this strategy has been realized, the Board supports those executing this strategy and exercises control over what is being done to protect the society's assets and reputation. The *one-voice principle* is essential: the Board as a unit has authority to decide, not the individual board members. Once a motion has been passed, even those directors who voted against are expected to defend the Board's decision.

The work of the BoD consists of three primary, often legal, duties:

- Duty of Obedience: the Board must ensure that the society obeys applicable laws and regulations, that the society adheres to its stated purposes, and that it follows its own bylaws, vision, mission and strategy.
- Duty of Loyalty: the Board must ensure that all activities and transactions are, first and foremost, advancing the society's mission. Directors must recognize and disclose conflicts of interest and make decisions that are in the best interest of the society, not in the best interest of the individual board member (or any other individual or for-profit entity).
- Duty of Care: the Board is entrusted with the care of the society. This is the fiduciary responsibility a BoD has with respect to the exercise of authority over the explicit actions the organization takes. The Board shall take care of the society by ensuring prudent use of all assets, including finances, members, and reputation.

Serving on the BoD is not just another title to add to your resume. It includes many responsibilities. Transparency, trust, and accountability are all essential aspects of organizational viability so that our society can achieve its mission in a way that is respected by the members that it serves. In the next issue of *ISAPS News*, I will cover culture, integrity, ethics, and rules related to governance.

Ivar van Heijningen, MD

8TH CONGRESS OF WORLD ASSOCIATION FOR PLASTIC SURGEONS OF CHINESE DESCENT: A JOINT MEETING WITH THE FRENCH SOCIETY OF PLASTIC, RECONSTRUCTIVE, AND AESTHETIC SURGERY IN PARIS, FRANCE

LEE L.Q. PU – UNITED STATES
ISAPS Education Council

The 8th Congress of the World Association Plastic Surgeons of Chinese Descent (WAPSCD) was a joint meeting with the 65th annual meeting of the French Society of Plastic, Reconstructive, and Aesthetic Surgery (SOFCPRE) and was held on November 18-20, 2021 in Paris, France. Under the leadership of the current French society President, Professor Weiguo Hu, a plastic surgeon of Chinese descent and board member of WAPSCD, who worked closely with me, Triumvirate Presidium of WAPSCD, for at least two years, we were able to overcome the many difficulties and hardships due to the pandemic. We were very excited to let our international colleagues know that a joint meeting could become a reality. It was a great scientific forum for the exchange of the arts and science of plastic surgery between WAPSCD and SOFCPRE. A total of 46 plastic surgeons from Mainland China, Taiwan, Hong Kong, Singapore, the United Kingdom, and the United States participated in the meeting either in person or virtually. Dr. Ernest Chiu from New York University and Dr. Lifei Guo from Tufts University in Boston served as scientific co-chairs on behalf of WAPSCD. Professor Hu and I provided insights and guidelines to the scientific program throughout the meeting's preparation.

The meeting started with an opening ceremony as Professor Hu gave his welcome address ***(Figure 1)***. Dr. David Chiu, the chairman of the WAPSCD board, gave his statement lecture of the missions of WAPSCD. I gave a lecture introducing WAPSCD as an international society. Dr. Lifei Guo, a board member of WAPSCD, gave an impressive lecture on the contributions to plastic surgery made by plastic surgeons of Chinese descent.

There were six panels, each moderated by a member of WAPSCD and a member of SOFCPRE. The first panel was focused on microsurgery. Seven experts gave lectures on microsurgical reconstructions like DIEP flap breast reconstruction, ALT flap for head and neck reconstruction, voice reconstruction, and lymphatic

Figure 1. Program for the opening ceremony.

surgery. Many of these presenters are well known to the international plastic surgery community and have presented their innovations in one specific area of microsurgery. The second panel was focused on clinical investigations. A total of six WAPSCD experts presented their works from face transplants to total facial autologous reconstruction, tissue engineering, tracheal reconstruction, and scar management. Their remarkable clinical investigations showcased their contributions to plastic surgery. The third panel focused on pediatric and craniofacial surgery. Five lectures were held on ear reconstruction, management of gunshots to the face, endoscopic craniofacial surgery, and vascular malformations and hemangiomas.

The fourth panel was quite unique and focused on women in leadership. It started off with Dr. Lynn Jeffers, Past President of the American Society of Plastic Surgeons.

Figure 2. The group on day one.

She spoke about the role of women in leadership positions both in national societies and in academic medical centers. Afterwards, female plastic surgeons from the United States, Taiwan, and Mainland China lectured on the role of women in academic institutions from their respective countries/regions. The fifth panel continued with reconstructive surgery. Each of the seven lectures focused on a unique part of reconstruction such as supraclavicular flap, super-thin pre-expanded perforator flaps, and propeller flaps. There were also lectures on head and neck reconstruction, breast reconstruction, and reconstruction after complex facial trauma. The last panel focused on aesthetic surgery. There was a total of 13 lectures given by plastic surgeons of Chinese descent primarily from Asia. Each expert spoke about one unique aspect of aesthetic surgery in Asians, which is quite unique. Their expertise and lectures were well received by their French colleagues ***(Figure 2)***.

Although there was a tight schedule due to time restraints, unique discussions followed each presenter's lecture. At the end of the day, Professor Benoit Lengele of Belgium delivered an outstanding keynote lecture on 20 surgical behavioral lessons learned from the Waterloo Campaign. His lecture, accompanied by many original paintings by artists from those days, gave the audience a real sense of what the people learned from the battle of Waterloo about 200 years ago.

On the second day, two members from WAPSCD gave keynote lectures on extremity reconstruction during the Presidential Forum. During the lower extremity session, five French experts gave their lectures on various aspects of soft tissue reconstruction after lower extremity trauma. I delivered a lecture on "Contemporary approach to soft tissue reconstruction of the lower extremity." During the upper extremity session another five French experts gave lectures on upper extremity soft tissue reconstruction. Dr. James Chang, the Chief of Plastic Surgery from Stanford University, delivered a lecture on thumb reconstruction. There was a fair amount of discussion at the end of each session. This would highlight the value of scientific exchange between WAPSCD and SOFCPRE.

Figure 3. Dinner the day before the event with all WAPSCD members.

The social events were also incredible and memorable. The night before, Professor Hu and his wife, Letitia, invited all WAPSCD members and several distinguished guests from the French Society to a very lovely French dinner at a classic restaurant in Paris ***(Figure 3)***. People are starting to enjoy reunions after nearly two years' isolation in the pandemic. On the first night of the meeting, the French Society invited all WAPSCD guests with officers of SOFCPRE to a bus

Figure 4. The meeting party.

Figure 5. Sightseeing in Paris.

tour of Paris. We had a typical French dinner inside the bus and enjoyed beautiful night views of Paris. On the second night, SOFCPRE hosted a banquet for their members and WAPSCD at a high-class restaurant in Paris to celebrate the meeting's success ***(Figure 4)***. On the third day, Dr. Ernest Chiu organized a day tour for WAPSCD, covering Paris in the morning and the Château de Chantilly ***(Figure 5)***. We learned so much about French history and enjoyed another delicious French lunch. Dr. Kenneth Hui, ISAPS member and WAPSCD board member, and his wife, Anna, celebrated their 40-year anniversary in Paris and invited WAPSCD and several French colleagues to a private dinner. For most of us, this was our last event in Paris. We had a great time as we developed friendships not only among each other, but also with the French plastic surgeons ***(Figure 6)***.

The 8th Congress for WAPSCD was indeed another great success. This was the first time plastic surgeons of Chinese descent could showcase their contributions to the arts and science of plastic surgery as a group on an international stage. Their accomplishments were greatly appreciated by 1,000 participants from France, other parts of Europe, and even Africa. We also witnessed many innovations from French plastic surgeons. We SOFCPRE. We are grateful for the warm hospitality from the French Society, especially President Weiguo Hu. We look forward to future meetings with our worldwide colleagues again in 2022.

Figure 6. Dinner on the last evening.

LOOKING BACK AT THIS YEAR'S WORLD CONGRESS – SEE YOU NEXT YEAR IN ISTANBUL!


CERTIFICATE

ALREADY A SPECIALIST – WHAT SHOULD YOU DO NOW?

JUAN ESTEBAN SIERRA – COLOMBIA
ISAPS National Secretary, Colombia

Once we become specialists, we can choose to dedicate ourselves to reconstructive surgery, aesthetic surgery, or both. Each option involves a large amount of procedures to perform, so how are we supposed to decide what to do?

One option is to leave it to chance and let fate decide. Another option is to build your professional career in a methodical way, based on your own tastes, desires and expectations so you can create the future you want for yourself.

The first step in doing so is to be aware that you are the creator of your destiny. You are the only one who defines your future, and you cannot delegate that task to others. You must start with a clear goal and make your own decisions.

Identify how you imagine your life to be in the future: what would you like to achieve, where would you like to go? Then go slowly and take your time: going very fast does not mean that you are going the right way.

Identify your ideal patient, with whom you identify. Think and focus more on their characteristics than on your desire. Paying attention to them is a sign that you will succeed, as having an audience you appreciate will make it more satisfying for both you and your patients in the long term.

Look at your past and remember those moments of your professional life in which you have felt happiest. Think about the characteristics of that moment: what made it special, what did you like so much, why would you want to repeat it, and why have you not forgotten it?

Take into consideration your skills. We are not always good at everything, so identify what you are good at, what is easy for you, and what you do without difficulty.

Think about what motivated you to choose plastic surgery in the first place. Perhaps there is the essence of what you should do the rest of your life.

Stay away from the superfluous because it passes quickly. Instead, seek true happiness that will help you live a full life in every sense of the word.

Consider the opinion of those around you. Maybe your loved ones once told you that you had a special quality, and remember your teachers, your classmates, your friends and colleagues. If you don't remember, go and ask them now. This will bring you closer and closer to your goals.

Discover yourself through self-analysis: identify your strengths, your weaknesses, your opportunities, and your failures. A detailed evaluation will allow you to know where you should concentrate all your energy.

These suggestions that I make today will be the starting point to create a winning strategy that guides your professional practice with your personal dreams. Don't forget that life is made up of several elements that must be in balance: health, personal development, career, finances, relationships, fun – therefore, your projects must align with them.

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Sociedad Argentina de Cirugia Plastica Estetica y Reparadora (SACPER)
3. ARMENIA
Armenian Association of Plastic Surgeons (AAPS)
4. AUSTRALIA / NEW ZEALAND
Australasian Society of Aesthetic Plastic Surgeons (ASAPS)
5. AUSTRIA
Österreichische Gesellschaft für Plastische, Ästhetische und Rekonstruktive Chirurgie (ÖGPÄRC)
6. AZERBAIJAN
Society of Plastic Surgery Azerbaijan (SPSA)
7. BANGLADESH
Bangladesh Society of Aesthetic Plastic Surgeons (BSAPS)
8. BELGIUM
Royal Belgian Society for Plastic Surgery (RBSPS)
9. BOLIVIA
Sociedad Boliviana de Cirugia Plastica Estetica y Reparadora (SBCPER)
10. BRAZIL
Sociedade Brasileira de Cirurgia Plástica (SBCP)
11. BULGARIA
Bulgarian Association of Plastic, Reconstructive and Aesthetic Surgery (BULAPRAS)
12. CANADA
Canadian Society for Aesthetic Plastic Surgery (CSAPS)
13. CHILE
Sociedad Chilena de Cirugía Plástica, Reconstructiva y Estética (SCCPRE)
14. CHINA
Chinese Society of Plastic Surgery (CSPS)
15. COLOMBIA
Sociedad Colombiana de Cirugía Plástica, Estética y Reconstructiva (SCCP)
16. CYPRUS
Cyprus Society of Plastic, Reconstructive and Aesthetic Surgery (CySPRAS)
17. CZECH REPUBLIC
Czech Society of Aesthetic Surgery (CSAS)
18. CZECH REPUBLIC
Czech Society of Plastic Surgery (CSPS)
19. DENMARK
Dansk Selskab for Kosmetisk Plastikkirurgi (DSKP)
20. DOMINICAN REPUBLIC
Sociedad Dominicana de Cirugía Plastica Reconstructiva y Estética (SODOCIPRE)
21. EASAPS
European Association of Societies of Aesthetic Plastic Surgery (EASAPS)
22. ECUADOR
Sociedad Ecuadoriana de Cirugía Plástica, Reconstructiva y Estética (SECPRE)
23. EGYPT
Egyptian Society of Plastic and Reconstructive Surgeons (ESPRS)
24. ESAPS
European Society of Aesthetic Plastic Surgery (ESAPS)
25. ESPRAS
European Society of Plastic, Reconstructive and Aesthetic Surgery (ESPRAS)
26. FINLAND
Suomen Esteettiset Plastiikkakirurgit r.y. (SEP)
27. FRANCE
Societé Française des Chirurgiens Esthétiques Plasticiens (SOFCEP)
28. GEORGIA
Georgian Society of Plastic Reconstructive and Aesthetic Surgery (GEOPRAS)
29. GERMANY
Deutsche Gesellschaft der Plastischen, Rekonstruktiven und Ästhetischen Chirurgen e.V. (DGPRÄC)
30. GERMANY
Vereinigung der Deutschen Aesthetisch Plastischen Chirurgen (VDAPC)
31. GREECE
Hellenic Society of Plastic, Reconstructive and Aesthetic Surgery (HESPRAS)
32. GUATEMALA
Asociación Guatemalteca de Cirugía Plástica Estética y Reconstructiva (AGCPER)
33. HUNGARY
Hungarian Society for Plastic, Reconstructive and Aesthetic Surgery (HSPRAS)
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Indian Association of Aesthetic Plastic Surgeons (IAAPS)
35. INDONESIA
Indonesian Association of Plastic Reconstructive and Aesthetic Surgeons (InaPRAS)
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37. IRELAND
Irish Association of Plastic Surgeons (IAPS)
38. ISAPS
International Society of Aesthetic Plastic Surgery (ISAPS)
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Associazione Italiana di Chirurgia Plastica Estetica (AICPE)
40. ITALY
Società Italiana di Chirurgia Plastica Ricostruttiva ed Estetica (SICPRE)
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Japan Society of Aesthetic Plastic Surgery (JSAPS)
42. JORDAN
Jordanian Society for Plastic and Reconstructive Surgeons (JSPRS)
43. KAZAKHSTAN
Kazakhstan Society of Aesthetic and Plastic Surgery (NSAPS)
44. KOREA
Korean Society of Aesthetic Plastic Surgery (KSAPS)
45. KUWAIT
Kuwait Society of Plastic Surgeons (KSPS)
46. LATVIA
The Latvia Society of Plastic Surgery
47. LEBANON
Lebanese Society of Plastic, Reconstructive, and Aesthetic Surgery (LSPRAS)
48. MALAYSIA
Malaysian Association of Plastic, Aesthetic and Craniomaxillofacial Surgeons (MAPACS)
49. MEXICO
Asociación Mexicana de Cirugía Plástica Estética y Reconstructiva (AMCPER)
50. MOROCCO
Société Marocaine des Chirurgiens Esthétiques Plasticiens (SOMCEP)
51. NETHERLANDS
Nederlandse Vereniging voor Esthetische Plastische Chirurgie (NVEPC)
52. NICARAGUA
Asociación Nicaragüense de Cirugía Plastica (ANCP)
53. NORWAY
Norwegian Society of Aesthetic Plastic Surgery (NSAP)
54. OMAN
Omani Society of Plastic, Reconstructive and Aesthetic Surgery (OSPRAS)
55. OSAPS
Oriental Society of Aesthetic Plastic Surgery (OSAPS)
56. PAKISTAN
Pakistan Association of Plastic Surgeons (PAPS)
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59. PERU
Sociedad Peruana de Cirugía Plástica (SPCP)
60. PHILIPPINES
Philippine Association of Plastic, Reconstructive and Aesthetic Surgeons (PAPRAS)
61. POLAND
Polish Society of Plastic, Reconstructive and Aesthetic Surgery (PSPRAS)
62. PORTUGAL
Sociedade Portuguesa de Cirurgia Plástica Reconstrutiva e Estética (SPCPRE)
63. QATAR
Qatar Society of Plastic Surgery
64. ROMANIA
Romanian Aesthetic Surgery Society (RASS)
65. RUSSIA
Northeastern Society of Plastic and Reconstructive Surgeons (NESPRS)
66. RUSSIA
Russian Society of Plastic, Reconstructive and Aesthetic Surgery (RSPRAS)
67. SAUDI ARABIA
Saudi Plastic Surgery Care Society (SPSCS)
68. SERBIA
Serbian Society of Aesthetic Plastic Surgeons (SRBSAPS)
69. SERBIA
Serbian Society of Plastic, Reconstructive, and Aesthetic Surgery (SRBPRAS)
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Singapore Association of Plastic Surgeons (SAPS)
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Taiwan Society of Plastic Surgery (TSPS)
79. THAILAND
Society of Aesthetic Plastic Surgeons of Thailand (THSAPS)
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Ukrainian Association of Plastic, Reconstructive and Aesthetic Surgeons (UAPRAS)
82. UKRAINE
Ukrainian Society of Aesthetic Plastic Surgeons (USAPS)
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Emirates Plastic Surgery Society (EPSS)
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85. UNITED KINGDOM
United Kingdom Association of Aesthetic Plastic Surgeons (UKAAPS)
86. UNITED STATES
American Society for Aesthetic Plastic Surgery, Inc. (ASAPS)
87. VENEZUELA
Sociedad Venezolana de Cirugía Plástica, Reconstructiva, Estética y Maxilofacial (SVCPREM)
88. VIETNAM
Vietnamese Society of Aesthetic and Plastic Surgery (VSAPS)

ISAPS JOURNAL

MESSAGE FROM THE EDITOR-IN-CHIEF

BAHMAN GUYURON – UNITED STATES
Editor-in-Chief, *Aesthetic Plastic Surgery*

Dear ISAPS Members,

We have been enjoying a drastic increase in subscriptions to *Aesthetic Plastic Surgery* consistently since I took over the journal. Although this adds to the number of articles published and the dissemination of more information generated through the studies done by our colleagues, it also requires more help from all of you, due to the required review process. This rise in subscriptions sometimes creates a challenge for me in finding experienced reviewers in certain areas of plastic surgery because of my reluctance in asking for the service of each reviewer more than once a month. Currently, the areas where we have a fewer than optimal number of reviewers include genital/gender and oculoplastic surgery.

This enormous increase in subscriptions has prompted us to consider a monthly publication of our journal. While the reviewers and I end up accepting 33% of the submitted articles, the volume of the journal is more than what I would like to see. On the other hand, when you consider that other similar journals are published monthly and we must publish twice as many articles to match the number of the articles that they include, the number is not that excessive. However, it would be more desirable to have fewer articles so that the journal would not be as bulky.

The other option is to reject more articles, but we do not want to disappoint colleagues who have important information to share with their peers and we do not want the necessary reduction in volume to prevent you from receiving meritorious articles. Each article that we publish goes through the peer review process, and you decide whether it should be published or not.

I am deeply grateful to you for the time that you are spending in reviewing the articles. Having the luxury of so many submissions makes us more selective and enables us to focus on the articles that are more meaningful to you. If you are interested in helping us review articles for *Aesthetic Plastic Surgery*, please reach out to me or my team. We appreciate your support.

Sincerely,

Bahman Guyuron, MD

RICCARDO F. MAZZOLA – ITALY

JULIEN BOURGUET: A PIONEER IN AESTHETIC FACIAL SURGERY

Julien Bourguet (1876-1952) ranks among the founders of modern face and neck lifting. He was an Associate Professor of Anatomy, and due to his great anatomical knowledge, he significantly contributed to the development of aesthetic facial surgery with innovative, never-before-attempted, operations in the field of facial rejuvenation and blepharoplasty. He was the first to propose fat removal from the lower eyelid using the transconjunctival approach.

LIFE

Born in 1876 in Albi, France, Julien Bourguet studied medicine at Toulouse, graduating in 1905. A pupil of the renowned anatomist Adrien Charpy (1848–1911), Bourguet became a prosector in 1904 and the Associate Professor of Anatomy in 1912. In the meantime, he was an assistant at the Ophthalmologic Clinic at Toulouse, and later an ENT and head and neck surgeon. At the end of World War I, he moved to Paris, where he worked at the Rothschild Foundation as well as at a private Parisian clinic.

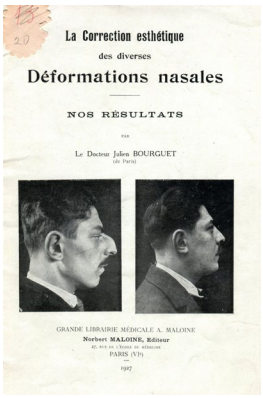

Figure 1. Cover of La Correction Esthétique des diverses Déformations Nasales with pre- and post-operative results.

"Interne des Hôpitaux," anatomist, ENT, ophthalmologist, but also neurosurgeon, Bourguet was a very prolific writer, publishing more than 140 scientific papers. In the interwar period, he provided innovative techniques for the progress of all that is related to facial surgery, mainly reconstructive and aesthetic, but also to neuroanatomy. He practiced the retro-gasserian neurotomy and the surgery of the pituitary gland. He was a member of the Société Scientifique Française de Chirurgie Réparatrice Plastique et Esthétique, established in 1930, and of the ORL and ophthalmology societies. He contributed to the first scientific journal of plastic surgery, the *Revue de Chirurgie Plastique*, founded in 1931. Bourguet died in 1952.

WORKS AND LEGACY

Julien Bourguet published pieces on rhinoplasty in 1909 and later in 1913[1]. In 1914, to improve his nasal surgery knowledge, he visited Jacques Joseph in Berlin. Upon his return to France, due to his otolaryngological expertise, he largely practiced rhinoplasty, combining aesthetics and function. In 1927, he issued *The Aesthetic Correction of the Various Nasal Deformities*, a 36-page essay where he showed pre- and post-operative photographs of patients[2] ***(Figure 1)***. Before explaining the different treatment modalities, he made an overview of the anatomy of the nose. Then, he described how to remove the hump with dorsal undermining and an endonasal approach; the medialization of the nasal pyramid in case of deviation; the correction of septal deviation; and the alar base narrowing in case of nostril width. He illustrated how to manage the tip using an L-shaped graft for tip support; the trimming of the cephalic margin of the lower lateral cartilage in case of an over-projected tip; the correction of wide domes with endonasal narrowing by interdomal suture, and how to increase the tip projection by adding a conchal cartilage graft ***(Figure 2)***. Bourguet's account is one of the firsts published on Rhinoplasty. However, Bourguet is best known for his original contributions to facelifting and blepharoplasty, for which he can be considered a real pioneer.

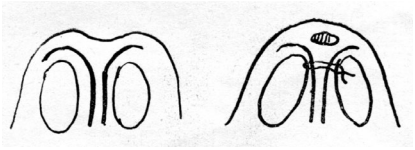

Figure 2. Endonasal interdome approximation for wide tip correction and placement of a cartilage graft from La Correction Esthétique des diverses Déformations Nasales.

EYELIDS

In 1924, Bourguet described two fat compartments in the upper eyelid and three in the lower[3], anticipating by 27 years Castañares' anatomical account[4]. He advocated for skin trimming for the correction of excess upper and lower eyelid skin, emphasizing the risk of ectropion. He was probably the first to propose correction of baggy eyelids by fat excision in 1924, using the cutaneous approach. Later, in 1929, at the International Congress of Ophthalmology in Amsterdam, he recommended the transconjuctival route to avoid a cutaneous scar[6] ***(Figure 3)***. He was the first to illustrate numerous cases of baggy eyelid correction, with excellent pre- and post-operative outcomes.

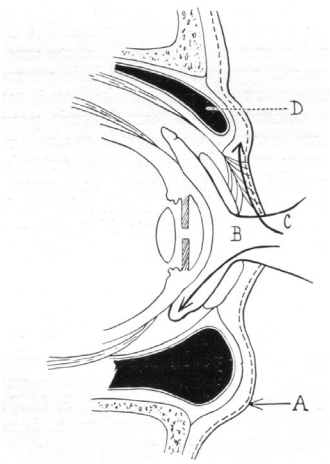

Figure 3. Scheme of fat excision for baggy eyelids correction. A shows the transcutaneous approach, B the tranconjunctival route.

FACIAL REJUVENATION

Bourguet advocated for the dissection of the cheek until the naso-labial fold, using an incision which goes from the temporal region, behind the hairline, continuing in front of the auricle, behind the tragus, then around the earlobe, curving upward in the retroauricular sulcus, and ending at the level of the mastoid. The skin was elevated in a postero-cranial direction, and the excess excised ***(Figure 4)***. The wide dissection of the face and neck, extending the incision behind the ear, in the retroauricular sulcus, for which Bourguet strongly insisted, was a complete novel concept for the period, when the technique for facial rejuvenation to correct face and neck laxity and tissue ptosis was usually performed with shy segmentary incisions and limited skin resections. Thanks to his profound anatomical knowledge, he dared to make this extensive dissection without the risk of injuring the delicate facial structures, such as the facial and the great auricular nerve, or the Stensen duct. He presented this method to the members of the Paris Academy of Medicine in 1919[4].

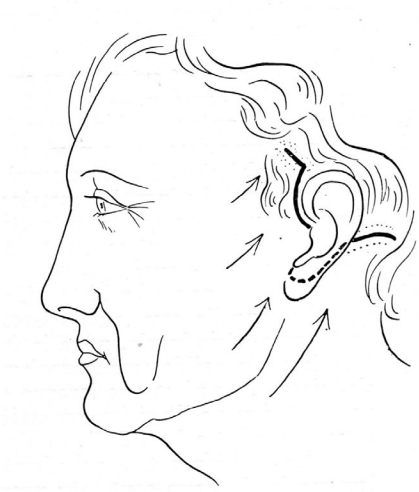

Figure 4. Scheme of face lifting incision, described by Bourguet in 1919.

For forehead wrinkles he suggested the alcoholization of the facial nerve, something similar to what we are doing nowadays with botulinum toxin, followed by skin resection of the ptotic eyebrow, behind the hairline.

NECK AND PLATYSMA MUSCLE

Bourguet described three anatomico-clinical situations of the platysma muscle: separated, giving rise to the formation of the platysma bands, with a midline depression ***(Figure 5)***; interdigitated at the larynx level, with a less extended midline depression; and completely fused, along the midline. Surgery was based on correcting the different clinical conditions. When the existing platysma bands were divided with a hollow midline, he advocated for a submental incision with complete transection of the platysma bands, and the introduction of fat graft *en bloc*, harvested from the abdomen or buttocks, to fill-in the depression. In case of a heavy neck, he performed a lipectomy through a submental crease incision, with a final intradermal suture for all the exposed areas. He recommended extensive undermining for the cervical lifting with correction of platysma bands, emphasizing that recurrence of the bands was possible. In 1919 and in 1928, he set the fundamentals of the current approach to aesthetic neck surgery[5,6]. To the best of our knowledge, this was the first surgical management of the platysma muscle for aesthetic purposes.

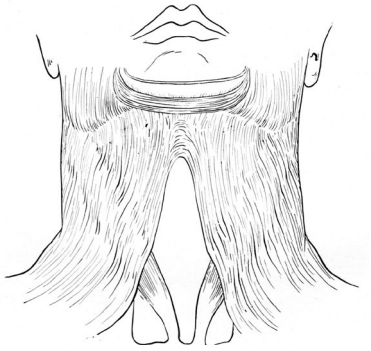

Figure 5. The two platysma muscles are separated from each other, with platysma bands formation.

In 1936, Bourguet published *The Real Aesthetic Surgery of the Face*, probably his most important work, in which he summarized the striking results obtained for the improvement of nose, auricles, eyelids, lips, chin and facial rejuvenation. Drawings and schemes illustrate the used technique, whereas detailed self explanatory pre- and post-operavive photographs show the obtained outcomes[6]. Curiously, in his book there is no further mention of fat grafting for filling the midline hollow. Probably, the results obtained by this

procedure were less favorable than expected. For platysma bands transection he introduced a sort of optical scalpel, through a minimal unnoticeable incision along the neck. At completion of the neck work, Bourguet suggested that face lifting should be added, with wide undermining and incisions made through the temporal region, hidden behind the hairline, and along the tragus. A comprehensive article on the contributions of Julien Bourguet in aesthetic surgery of the face and to his innovative ideas and techniques in face lifting operations and blepharoplasties, was published by J. Vrébos[7]. Bourguet can also be considered a real pioneer in aesthetic surgery of the neck[8].

CONCLUSION

An excellent anatomist, Julien Bourguet dedicated himself to aesthetic surgery of the face in the interwar period, competing with other Parisian surgeons, such as Raymond Passot (1886-1933), Maurice Virenque (1888-1946), Suzanne Noel (1878-1954) and Charles Claoué (1897-1957). Although he was a prolific scientific writer who made important contributions in the fields of face and neck lifting and eyelid surgery, he is rarely mentioned. However, he was the first to excise herniated intraorbital fat for baggy eyelid correction, the first to describe the lower eyelid fat compartments, and finally the first to recommend the transconjuctival approach.

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HUMANITARIAN MISSION IN BANGLADESH: FLOATING BOATS AND THE NEED FOR PLASTIC, RECONSTRUCTIVE SURGEONS

GERTRAUD EYLERT – SWITZERLAND

Shortly before the COVID-19 pandemic led to a worldwide shutdown, a group of female plastic and reconstructive surgeons from Reconstructing Women International (RWI) visited Bangladesh in February 2020 for a surgical mission in urban areas.

Bangladesh is the eighth largest populated country worldwide but features widespread poverty and restricted access to sanitation. An estimated 55% of the urban population are slum dwellers[1], a group that is often associated with major health problems[2]. A group of female surgeon volunteers from RWI visit medical camps in Bangladesh (alongside other countries such as India, Pakistan, Kenya and Tanzania) twice a year to provide medical aid; specifically, pro bono expertise in plastic reconstructive surgery. These medical camps are held on board three different boat clinics and are organized in cooperation with local established partner organizations Friendship NGO Bangladesh and the Acid Survivor Foundation in Dhaka. The collaboration between RWI and Friendship has existed for over 13 years.

With the boat clinics it is possible to travel to various urban locations along the riverbank, like the Gaibandha and Kurigram Districts, by applying the "4A Model in Healthcare," which stands for affordability, availability, awareness, and acceptability[3]. This concept enables pa-tients living near the riverbank to consult medical teams on a boat that is equipped with nurses, doctors, and operation rooms for surgeries.

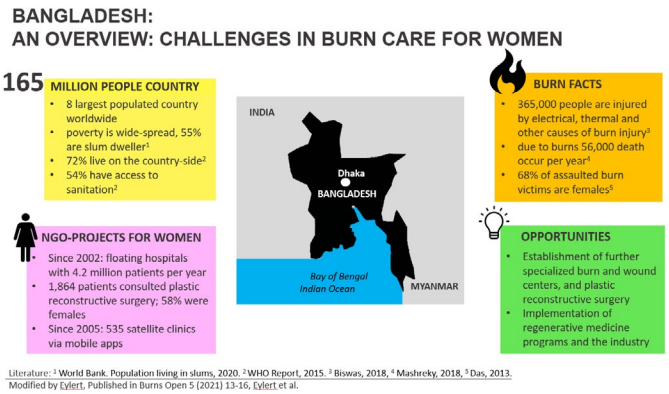

Figure 1. Challenges that female burn victims face in Bangladesh.

One of the biggest challenges for patients in rural and remote areas is often seeking medical aid, because they live hundreds of kilometers away from the closest health care center[4]. In addition, most medical facilities do not have the capacity to provide a comprehensive service for every specific disease. Furthermore, there is a lack of knowledge, especially in acute and intensive burn care5. These floating boats allow specialists to visit patients who have otherwise limited access to these treatments[6].

So far, 4.2 million patients have received access to the services, with 700,000 people being served per year[7]. To date 1,864 patients, of which 58% were female, have had a plastic reconstructive surgery consultation, and

in 2019 alone 104 surgeries were performed. With RWI approximately 100 patients are treated per mission. The surgeons focus on treating women and children who suffer from burns, scarring and contractures, and perform various plastic and reconstructive surgical procedures to alleviate disease.

During operative procedures, local doctors receive training. Contact is continued following the mission, and local doctors are instructed on further management. A few sites have been visited on multiple occasions, and some patients have had serial surgeries performed.

These treatment camps are associated with positive social impacts and beneficial long-term effects for patients. However, there is a need to establish further wound and specialized centers to provide proper infrastructure for the high number of female burn patients ***(Figure 1)***. There is great potential to implement regenerative approaches, even in remote and rural areas[5]. In case of further questions or suggestions, please **click here** to reach out.

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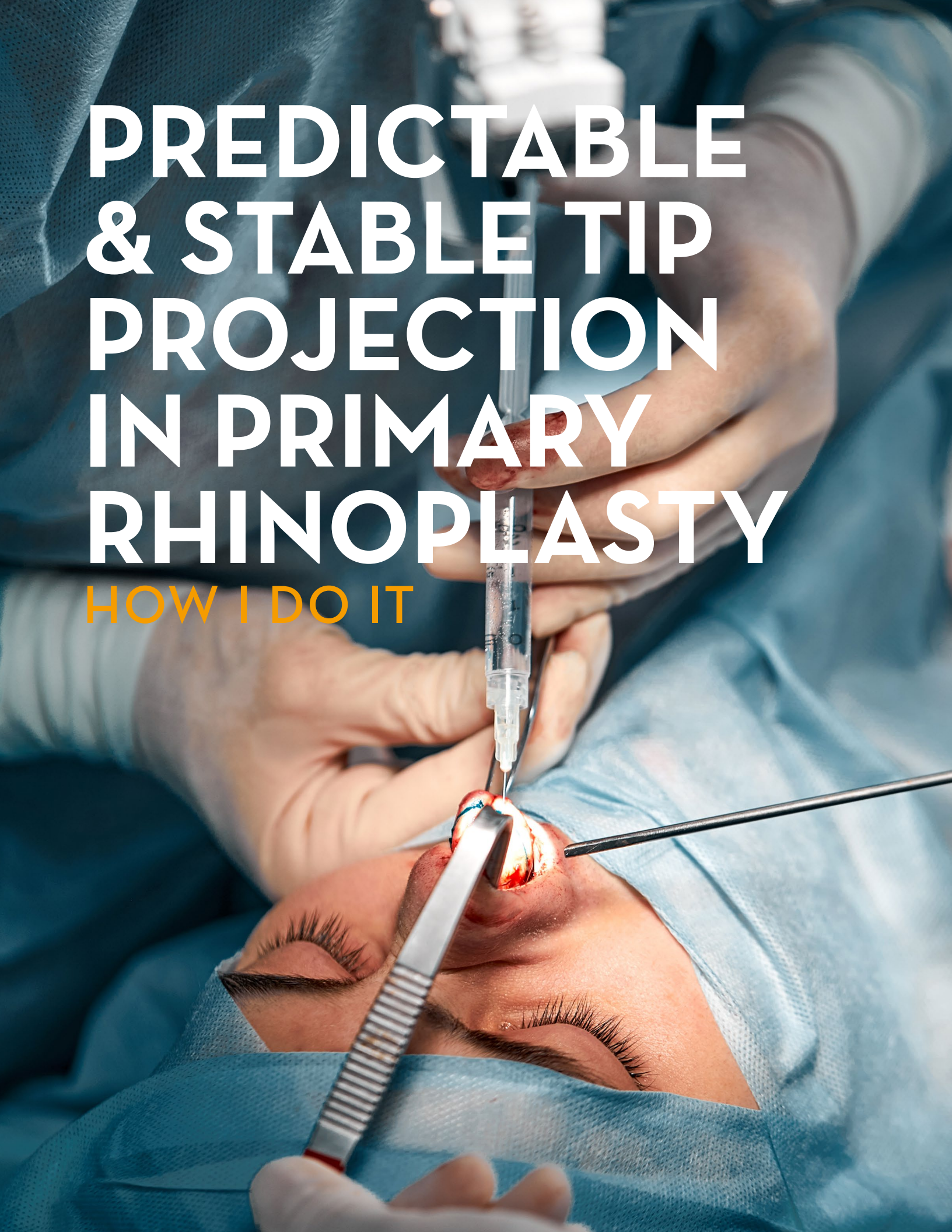
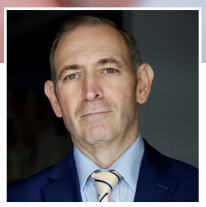


PREDICTABLE & STABLE TIP PROJECTION IN PRIMARY RHINOPLASTY

HOW I DO IT



GEORGE ARAVANIS - GREECE

PREDICTABLE & STABLE TIP PROJECTION IN PRIMARY RHINOPLASTY: HOW I DO IT

The tip projection is defined as the height of the nasal tip pyramid from the base of the nasal spine to the tip of the lobule. The two domes of the lower lateral cartilages externally create the tip defining points that are the most essential reference points of the nasal tip. In the perfect nose we must acknowledge another important point: the supratip point. The supratip breakpoint defines the cephalic limit of the nasal tip and is created by the difference between the projection of the domal segments and the height of the anterior septal angle.

For the correction of the under-projected tip I routinely use sutures, grafts,or a combination of these, as follows:

- The transdomal suture of 5-0 PDS is perhaps the single most important suture for increasing tip projection ***(Figure 1)***.
- The interdomal suture is also used for further increasing tip projection. Sometimes instead of using an interdomal suture, I use joined transdomal sutures.
- The intercrural (or medial crural) suture is used to stabilize the columellar strut graft between the medial crura. This suture can be used alone without a strut graft, but in this case, the gain in tip projection is minimal.
- The intercrural-septal suture is placed between the medial crura and the caudal septum and is tied incrementally until

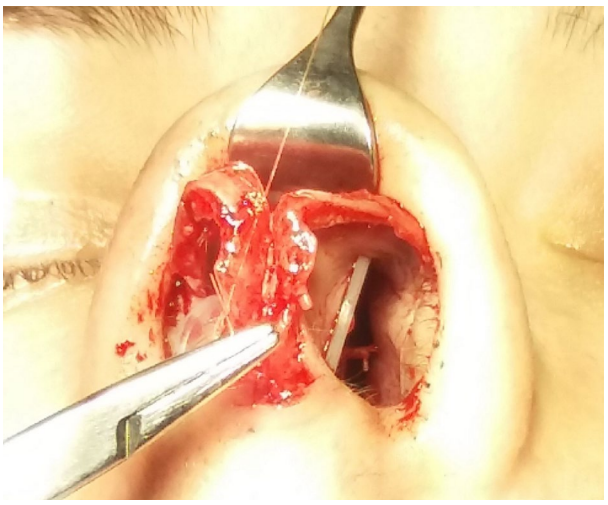


Figure 1. Immediate increase in dome projection on the right side after placement of the transdomal suture compared with the lack of projection on the non-sutured left side.

Figure 2. Tip augmentation (and rotation) has been achieved by the use of an intercrural-septal suture as well as bilateral transdomal sutures and an interdomal suture.

an optimal projection is achieved. Another effect of this suture is the cephalic rotation of the nasal tip ***(Figure 2)***.

My strategy in primary rhinoplasty is to use some kind of graft only when adequate tip projection and definition cannot be obtained by use of the suture techniques. A graduated approach for nasal tip augmentation (from the less to the most spectacular) involves the use of an onlay tip graft, columellar strut graft and umbrella graft:

- The onlay tip graft produces a little increment in tip projection, but at the same time produces better tip definition.
- The columellar strut graft provides the most predictable and stable means of increase in tip projection. This graft is placed between the medial crura and pushed toward the premaxilla. Then the medial crura are advanced on the strut and fixed in position with two mattress sutures. In my hands the columellar strut is the most useful graft in tip augmentation and it can be used fearlessly in primary rhinoplasty because it is a hidden graft ***(Figure 3)***.
- The umbrella graft is a composite "T" graft for the correction of severe plunging tip, thick-skin tip and amorphous tip ***(Figure 4)***.

At the end of the operation before suturing the columellar incision, I look at the new positions of the domes and the dorsum. I can be confident of an optimal rhinoplasty only when the domes stay higher than dorsum by at least 6 mm. This is my golden rule to ensure adequate tip projection postoperatively!

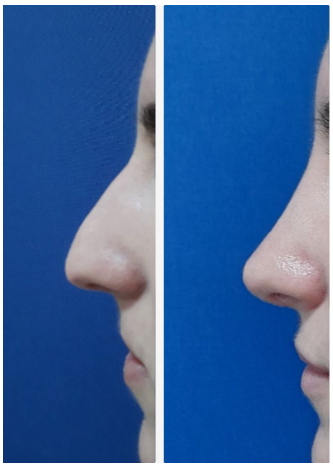


Figure 3. Correction of the under-projected tip with a columellar strut graft.

Figure 4. Correction of severely plunging tip with an umbrella graft.

PREDICTABLE MANNER TO CONTROL THE NASAL TIP PROJECTION

CLAUDIA ZUÑIGA TEPPA – ARGENTINA

One of the main challenges in performing rhinoplasties is choosing the correct technique to achieve an adequate nasal tip projection in a predictable and lasting way.

To prevent an unwanted droopy tip, the support system of the tip must be reinforced. The main support system is composed by:

1. the union of the superior lateral cartilages and lower lateral cartilages (LLC),
2. the length, size, strength, and direction of the lateral crura,
3. the membranous attachment of medial crura to the caudal septum, and
4. suspensory ligament and fibrous junctions between the anterior septal angle and the dome of LLC.

Moreover, during surgical dissection (i.e. transfixion approach, full open approach, extensive dissections of the LLC and anterior septal angle) the support systems of the tip are also affected.

In order to avoid the contractile forces that lower the nasal tip and restore the support systems, certain methods were proven to strengthen the middle crura and to stabilize the projection of the tip with different percentages of long-term efficacy. These methods, used in open approach rhinoplasty patients, are the strut columellar fixed method, the TIG (tongue-in-groove) method, the SEG (septal extension graft) in-line method, and the SEG side-to-side method.

The fixed columellar strut was indicated for unifying the nasal tip in cases of weak and short medial crura and asymmetric LLC. The strut is fixed to the middle crura as a stake to achieve tip projection but not enough compared to the other methods.

The tongue-in-groove technique provided more durable tip support than the columellar strut and was especially indicated in cases of hanging columella.

Finally, the SEG technique was the most reliable method in long-term nasal tip projection. It had functional and aesthetic benefits and was particularly useful in patients with weak tip support, thick skin, mispositioned lower lateral crura and short noses. However, this method produced an excessive tip stiffness.

The SEG can be designed in a rectangular or triangular shape ***(Figure 1)***. The SEG is fixed with three overlapping non-absorbable sutures to avoid its rotation (SEG side-to-

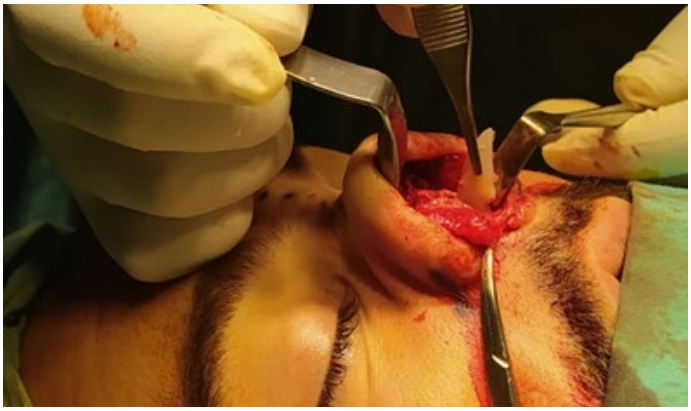


Figure 1. SEG technique.

side) or it may be placed in a soft tissue pocket between the medial crura of the lower lateral cartilages and sutured to membranous caudal septum (SEG in-line).

The SEG extends beyond the dorsal septum depending on the thickness of the overlying skin. In thin-skinned noses, the septal extension graft should elevate the tip 6 mm above the plane of the dorsum, while in thick-skinned noses this distance should be 10 mm, to create an appropriate supratip break point ***(Figure 2)***.

Figure 2. The SEG extends beyond the dorsal septum depending on the thickness of the overlying skin.

In conclusion, after considering patient's skin type, retraction or columellar exposure, and the droopy tip forces, the Septal Extension Graft has provided excellent aesthetic benefits with predictable and stable tip projections without compromising nasal functionality ***(Figures 3, 4)***.

Figures 3, 4. Pre- and post-operative photos of patient who received an open rhinoplasty with SEG to support the tip.

THE EAR CARTILAGE GRAFT FOR NOSTRIL RECONSTRUCTION IN CHEILO-RHINOPLASTY

ARGENTINA VIDRASCU - ROMANIA
ISAPS National Secretary, Romania

INTRODUCTION

The most frequent residual nasal deformities in unilateral and bilateral cleft lip adult patients are a deviated caudal septum, lower alar insertion, or short medial crura. These are all on the cleft side ***(Figure 1)***. The biggest challenge in cheilo-rhinoplasty is to obtain the tip defining points and symmetrical nostrils. Specifically in cleft patients, the upper lateral and lower lateral cartilages on the cleft side have failed to separate ***(Figure 2)***.

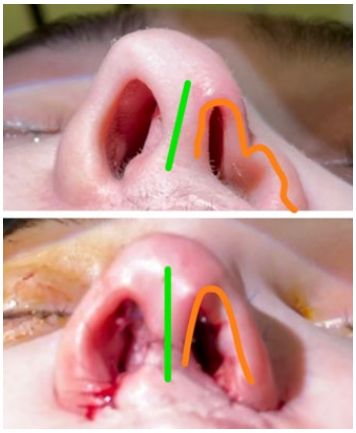


Figure 1. Areas of interest to evaluate for surgical intervention using liposuction.

INDICATION

Adult cleft patients with residual nasal aesthetic deformities. The nasal tip asymmetry is corrected during an open septorhinoplasty.

PLANNING

The dorsal aesthetic lines are rebuilt and the internal nasal valve is opened on the cleft side with a unilateral spreader graft and swinging door caudal septoplasty. For tip support, I use a columella graft. The most important task is deciding how to restore the malformed alae curvature and how to obtain a nice diamond shaped tip with a good projection. The best tool in this case is the ear cartilage graft ***(Figure 3)***.

SURGICAL TECHNIQUE

After the subpericondrium and subperiosteum dissection, I perform the caudal septum swinging door septoplasty, followed by a unilateral spreader graft on the cleft side for internal nasal valve opening.

The tip surgery is much more complex due to the upper (ULC) and lower lateral cartilages (LLC) malformation on the cleft side. First, I separate the ULC from the LLC on the cleft side, followed by cefalic trimming on both sides. Columela strut will support the tip. To elongate the short medial crura on the cleft side, I then perform the lateral crura steal (LCS). The cleft alae transposition, at the same level where the contralateral alae is inserted, and the lateral crura overlay will approximate the length of both lateral cruras.

The most difficult task is to restore the soft triangle and the curved alar rim. For this purpose I use the curved ear graft cartilage. The width of the graft should be about 3-5 mm and the length should be adjusted according to the

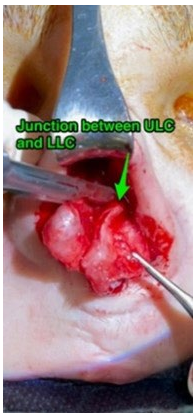


Figure 2. Cartilage junction.

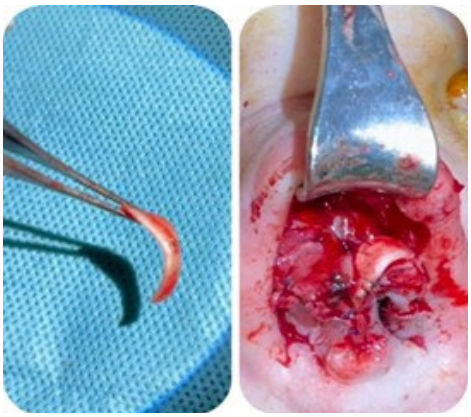


Figure 3. Curved ear graft.

contralateral LLC. First, fix the curved edge of the graft in between the two medial crura along with the columela strut. Fix it with two matrasse sutures to the underling LLC. After fixing the ear graft, the intradomal and interdomal sutures are performed and the new dome is designed.

CONCLUSION

The curved ear cartilage graft along with the lateral crura steal technique offers an efficient solution to increasing the nasal tip projection and nasolabial angle with a nice alar symmetry ***(Figures 4, 5)***.

Figure 4. Post-op dome symmetry.

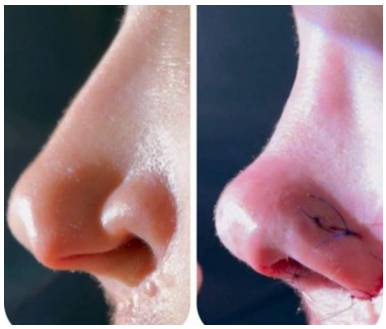


Figure 5. Cleft alae reconstructed.

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GUEST ARTICLE FROM ISAPS GLOBAL SPONSOR

Bio | SCIENCE

HA BODY FILLERS FOR BUTTOCKS AUGMENTATION: A TREND SPREADING IN FRANCE

RICHARD ABS – FRANCE

According to a Harris Interactive survey, 38% of women would like to change their buttocks. The demand for a round and opulent posterior is now well established in France, and Marseille is one of the cities where we practice this procedure the most.

In my clinical practice, I can clearly distinguish two groups who particularly demand this procedure: 25-30-year-olds who want to accentuate their sexuality and are influenced by American series, social networks, and the Beyoncé or Kardashian phenomenon, and 45-55-year-old women who have lost their curves due to age and pregnancy.

HA filler is a fast-growing alternative, suitable for moderate augmentations, filling hip dips, and improving curves. Buttocks augmentation using fillers is the only alternative to provide immediate results for patients seeking to look perfect for the holidays or for a shooting. It is also the perfect solution for those who don't have enough fat to collect. The procedure is non-surgical, minimally invasive, and has the shortest downtime and minimal adverse reactions.

Product price might be a disadvantage, but I solve this by designing an ad-hoc strategy for each patient, which considers their budget. The product's resorbable nature, in reality, is more of an advantage as it avoids the long-term catastrophic complications that permanent fillers have shown in the past.

EXAMINATION AND INJECTION TECHNIQUE

Firstly, an accurate clinical examination of the anatomic areas to be treated (the intergluteal cleft, the small of the back, the lateral trochanteric hollow, the gluteal fold, the ischial support zone, and the fatty zone which protects the intimate area) with the patient in front of the mirror is essential to locate the patient's needs and mark our injection strategy ***(Figure 1)***.

Before injection, I apply a local anesthetic at the entry points made with a trocar or blade 11. I usually inject with a retrograde cross-hatching technique using two entry points per area to obtain

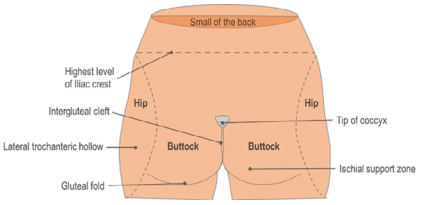

Figure 1. Anatomy of the buttocks.

homogenous results. Anesthesia for the concerned area is injected with a mixture of saline solution with epinephrine, xylocaine, and bupivacaine, ~60 ml per buttock. It is important to inject the product above the muscle with an 18 g, 15 cm long single-use cannula. Touching the muscle could cause pain and inflammation in the area.

The result is immediately visible, although reliable results will be seen 2-3 days after the procedure and last up to 24 months ***(Figure 2)***.

I use a three-factor method to determine the volume. In contrast to a general approach, I first face the main limitation: the patient's budget. The surface area to be corrected and the desired projection are important but secondary factors to estimate the number of syringes. On average, I use 20 to 100 ml per buttock.

I currently use Genefill Contour as it is a product with an affordable price and designed explicitly for this kind of application. Moreover, the German manufacturing company, BioScience, has a long reputation in the market.

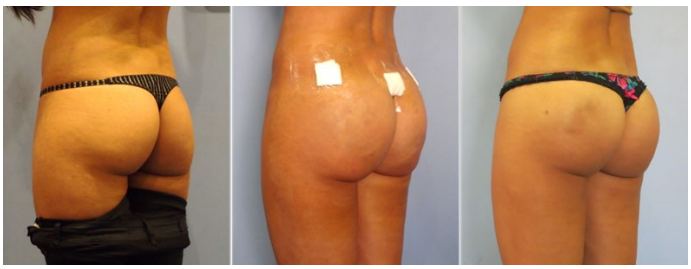

Figure 2. Buttocks augmentation with Hyaluronic acid filler. From left to right, pictures of before, immediately after, and two months after the injection of 100mL of HA per buttock.

POST-OPERATIVE RECOMMENDATIONS AND ADVERSE EFFECTS

During the first two days following the procedure, I ask patients to sit on their thighs, to stand or lie on their stomach/side to relieve pressure, and to wash with a flannel and avoid showers and baths.

The patient might experience aches and pains that on average last 1-2 days. In this case, I advise painkillers, such as paracetamol (never aspirin), and applying cold gel packs to reduce pain or slight fever.

In 10-15% of cases, when the resorption process of HA is uneven, lumps may appear. They are only perceived by the patient, but if the patient is really concerned about them, we can conduct a touch-up or use an antidote: the Hyaluronidase.

Redness may appear, especially associated with other infections, such as the flu, COVID, or a bladder infection. It is often an inflammatory reaction that disappears by applying a cool pad to the area. In these cases, we must keep in touch with patients every 1-2 days to check if any infection signs appear, such as slight fever, to assess the adequate antibiotic treatment promptly.

CONCLUSION

HA is a great option for those who wish to improve their buttocks without undergoing surgery or are interested in immediate results as opposed to a permanent effect.

Since HA opens new possibilities, today it's a significant clinical option as the reign of the callipygian woman is here to stay!

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1. Mentor Worldwide LLC. Mentor Worldwide Expander and Share Sales Data through Q2 2020.
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ISAPS CULTURE

RICARDO VENTURA – BRAZIL

THE ARTISTIC PHOTOGRAPHY IN PLASTIC SURGERY

We could say photography as we know it in the science realm has taken on significant importance during the last years. For me as a plastic surgeon, photography is a backup in my medical practice, since we work with the aesthetic side of medicine. Plastic surgery is a completely visual science; hence photography is an incredibly valuable asset when it comes down to it. Having visual evidence of the patient's evolution, their physical changes after procedures and their results after post-op care takes our practice to another level.

Personally, I take a slightly different approach when it comes to my photos. Photography and art are great passions of mine, which is why I fuse them together to give life to the images of my "works of art," as I call them. My artistic photographs are not only the expression of my artistic side, but also they serve as a way to elevate my patient's self-esteem and give them a way to appreciate their beautiful results and see the very best version of themselves. At the same time, they give me a way to appreciate and learn from my results, giving me a different point of view thanks to the different lighting, shadows and angles that only photography has to offer.

For the making of these photos we use a space specifically designed for photography, using the following professional equipment: a Sony A7 III camera, a Sony FE 24-240mm f/3.5-6.3 oss lense, professional flashes, and props such as masks, blankets, mirrors, oils, or a smoke machine, among others. These photographs would also not be possible without our creative director at Sculptor, Josue Espinal, who manages the art of lighting and scenery to perfection.

My patient's artistic photographs are truly a source of inspiration for myself, my actual patients, my future patients, my students, and everyone else that has the chance to appreciate them.

ISAPS GOURMET

LIZ MACIEL – PARAGUAY

SOPA PARAGUAYA

Traveling and touring countries and cultures is undoubtedly one of the most enriching human experiences. When we visit a new country, we ask our hosts about local customs and traditional dishes. Likewise, when colleagues and friends visit us, we love to offer the best local traditions we have.

That's why, when someone from another country asks me what typical Paraguayan food they should eat, I don't hesitate to recommend the *Sopa Paraguaya*. This dish could be considered a cake by definition, as it consists of a similar structure. It is made from corn flour, onion, eggs, oil or animal fat, cheese, salt, and, eventually, a dash of milk, preferably curdled ***(Figure 1)***.

As for its origin, it is said that the cook of President Carlos Antonio López, who governed Paraguay between 1844 and 1862, prepared a soup that the president liked very much. This soup was based on milk, cheese, corn flour, and egg. But on this one occasion, the cooking took longer than expected, and what should have been a liquid soup turned into a kind of semi-thick dough. Not having enough time to repair their mistake, our good cook decided to take the dough to a *tatakua*, a homemade oven made of bricks or stones, until consolidating what in principle could have been a simple corn cake. When Don Carlos tasted it, he was delighted with its flavor and called this gastronomic discovery sopa paraguaya.

So, my foreign friends, when you have the pleasure of visiting my country, do not hesitate to order a portion of this Paraguayan dish to accompany your lunch or dinner – it is especially recommended as a side dish for a juicy asado.

Take my word for it, and then let me know if I was right or wrong. Enjoy your meal.

Figure 1. Ingredients for sopa paraguaya.

ISAPS TRAVEL

GUSTAVO ABRILE - ARGENTINA
ISAPS National Secretary, Argentina

ARGENTINA'S JESUIT MISSIONS

San Ignacio Miní is one of the many missions founded by the Jesuits in the area known as the Province of Paraguay during the Spanish Colonial Period. The mission's ruins are located near present-day San Ignacio Valley, some 60 kilometers north of Posadas ***(Figure 1)***.

History

The original mission was first erected around 1610 by the Jesuit priests Jose Cataldino and Simon Maceta in present-day Parana State, Brazil. It was named San Ignacio Miní (miní meaning minor in the native Guarani language) to distinguish it from the larger mission, San Ignacio Guazu (meaning great in Guarani). Due to frequent attacks by Portuguese bandeirantes, the mission moved in 1632. It did not settle in its current location until 1696.

In the 18th century, the mission had a population of around 3,000 people, most of which were indigenous peoples. They produced rich cultural and handcrafted products which the Spanish commercialized by trade using the nearby Parana River.

After the suppression of the Jesuits in 1767, which saw the removal of Jesuits from most of Europe and its colonies, the Jesuits left the mission a year later. Luso-Brazilian forces later destroyed the mission, as well as others in the area, in the 1817 war against the Banda Oriental's independence movement.

San Ignacio Miní Today

Today, the mission's ruins are one of the best preserved among the several missions that were built in the Province of Paraguay, which today is divided among Argentina, Brazil, and Paraguay ***(Figures 2-4)***. Due to its accessibility, it is also one of the most visited.

Figure 1. Map of Jesuit missions in the territory known as the Province as Par


Figures 2, 3. The entrance and inside view of the church at San Ignacio Miní.

Built in the Guarani Baroque style, the mission was overgrown with dense vegetation until being rediscovered in 1897. It attracted greater popular interest after the poet Leopoldo Lugones' expedition to the site in 1903. However, the Argentinian government did not undertake any formal exploration or restoration until 1940. Originally the main square was bounded by the church, a council building, a cemetery, a monastery, and some houses ***(Figure 5)***. The magnificent church, measuring 74 meters in length and 24 meters in width, was designed by the Italian priest Juan Brasanelli and built using the local red sandstone. The walls are around two meters thick, which has allowed the construction to remain standing in spite of its fragility for over two centuries.

Figure 4. Jesuit priests' houses at San Ignacio Miní.

In 1984, the ruins were declared a World Heritage Site by UNESCO. The site is now the location of the Museo Jesuítico de San Ignacio Miní museum. Other Jesuit mission sites in the Misiones Province that were designated as World Heritage Sites in the same year include Reduccion de Santa Ana, Santa Maria la Mayor, and Nuestra Señora de Loreto.

Figure 5. The design of the entire complex.

DOUGLAS NARVAEZ RIERA - VENEZUELA
ISAPS National Secretary, Venezuela

CANAIMA NATIONAL PARK: A VENEZUELAN TREASURE

As a Venezuelan who loves his country and its nature, I would like to invite all of you to visit what is considered to be our national treasure: Canaima National Park. This 1,000,000-acre national park is located in the southeast region of the country, past the Orinoco River, in the state of Bolivar. It can be reached by plane from the capital, Caracas, by an hour-long flight or from Ciudad Guayana by a 30-minute-long flight ***(Figure 1)***.

Figure 1. Location of Canaima National Park.

Once you arrive, there are great lodges with state-of-the-art service, from where excursions can be taken. One of the highlights of this national park are the natural scenery and its diversity. The *tepuyes* or flat-topped rock plateus present some of the most biodiverse flora and fauna in the world. The park is also home to the world's largest uninterrupted waterfall, named Kerepakupai Vena the in indigenous Pemon language, or Angel Falls, which falls from 979 meters above sea level ***(Figure 2)***.

Figure 2. Angel Falls.

There is a wonderful opportunity to enjoy a curiara (local canoe) through the majestic jungle and view the many waterfalls such as Salto El Sapo, Salto Kama, and many others ***(Figure 3)***. You can also reach a base camp at the bottom of Angel Falls. Another amazing opportunity is to visit the national park via helicopter ***(Figure 4)***, and get in touch with the local indigenous communities of Kavak. For those interested in climbing, hiking, fishing and experiencing these natural rock formations in a remote place, Canaima is a wonderful chance to do so. I believe that Canaima is a place that we all must respect and preserve. Don't miss it on your next trip to Venezuela, it is a once-in-a-lifetime experience.

Figure 3. Canoeing in Canaima.

Figure 4. Canaima National Park from above.

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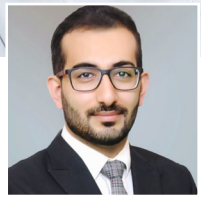

SAMARTH GUPTA – INDIA

A RESIDENT AND HIS EXPECTATIONS FROM A PLASTIC SURGERY PROGRAM

In one of his Stanford addresses, Steve Jobs rightly said that "you can't connect the dots forward; you can only connect them looking backwards." As I have just recently completed my three-year plastic surgery residency in one of my country's mega-hospitals, I can surely say that training in the ever-dynamic field of plastic surgery has nothing less than a picturesque frame of timeless appeal.

Honestly, no one understands better the true essence of the purity of the *"guru shishya parampara,"* or teacher-disciple tradition. In today's rat race where the goal is to climb the summit as fast as possible, a student in a plastic surgery training program needs an able and righteous mentor. This mentor must guide the student in this mammoth branch and enable them to inculcate the true values of the specialty in terms of correct surgical ethics, an emphasis on the very basics of this branch, and a focus on holistic patient approach in today's era of complex surgical nexus. A specialty surgical trainee should have their rotations on a quarterly basis with **multiple mentors** ***(Figure 1)*** within their respective units, as it is only then that one can get exposed to various surgical hands and mindsets, which enable a surgeon to foster the spirit of excellence in the long run.

A training in any domain of surgical speciality requires a step ladder approach. For one to develop skills the correct way, it is important to spend a good amount of time in **anatomy cadaveric dissection halls** and **training labs enforced with simulation models.** This is not only a great way to get more acquainted to various intricacies of the human body, but also an outstanding way to practice challenging surgical steps in one's initial stages of training. Various multi-dimensional

Figure 1. My mentors at the Department of Plastic Surgery, SMS Hospital Jaipur.

workshops and seminars should be organized regularly in order to develop finer motor skills, which are essential as a plastic surgeon ***(Figure 2)***. I propose **art, sculpture, and photography workshops** as they help the trainee surgeon to become more conscious of body contouring. Photography can play a pivotal role in developing an eagle's eye, but very few residents who come into training are well versed with professional camera systems.

Figure 2. Hosting the Brachial Plexus Live operative workshop at SMS Hospital, Jaipur.

In our self-conscious society that prevails today, aesthetic surgery is in high demand. Trainees should get used to various aspects of the fine art of aesthetic surgery. Respective departments should encourage their trainees to get exposure to an aesthetic surgeons' private practice, at least for a month, so that they can assess this type of practice and get a hang for the craftsmanship. Moreover, they should attend regular **CME's and conferences** with travel grants from their parent institutions in order to keep up with the pace of this everchanging niche.

As we are currently observing a subtle paradigm shift towards evidence-based medicine, it is important to develop a pro-research attitude. Not only does it boosts your self-confidence, but it keeps you up-to-date in this exciting field. Furthermore, I urge the current lot of plastic surgery residents to actively volunteer in various **plastic surgery ambassador programs** offered by international journals of great repute. It can aid in developing an aptitude for research and enforcing the goals of evidence-based medicine.

When I first began my residency, I had a set of expectations which really helped me decide on the right program. Today, based on my experience I believe a graduate coming into a program should look for the following attributes:

1. Strong and able mentorship
2. Dedicated training labs with simulation models
3. Structured cadaveric dissection program
4. Exposure to aesthetic surgeries and procedures
5. Strengthening sensory enhancement
6. Promoting research and publication
7. Active participation in CME's and conferences with due travel grants
8. Established resident ambassador programs

To conclude, I would like to quote the timeless Bhagvad Gita, verse 9.2: "This knowledge is the king of education, the most secret of all secrets. It is the purest knowledge, and because it gives direct perception of the self by realization, it is the perfection of religion, it is everlasting, and it is joyfully performed."

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ISAPS COURSE FRESH CADAVER AESTHETIC SURGERY DISSECTION COURSE ON FACIAL ANATOMY AND RHINOPLASTY

Dates: January 20 – 22, 2022
Location: Belgium
Venue: University Hospital of Liège – Sart-Tilman
Tel: +32 (0) 4 242 52 61
Mail: **info@isapscourse.be**
Website: **www.isapscourse.be**

2ND ANNUAL SESPRS/ISAPS PERIORBITAL AND FACIAL SYMPOSIUM

Date: January 27, 2022
Location: The Whitley Hotel, Atlanta, GA
Website: **www.sesprs.org**

IMCAS LIVE AESTHETIC SURGERY COURSE

Date: January 27 – 28, 2022
Location: Paris, France
Venue: Palais des Congrès
Email: **contact@imcas.com**
Telephone: +33 1 40 73 82 82
Website: **www.imcasurgery.com/en**

ISAPS ENDORSED – 56TH BAKER GORDON EDUCATIONAL SYMPOSIUM

Dates: February 10 – 12, 2022
Location: Miami, FL, USA
Venue: Hyatt Regency Hotel
Contact: Mary Felpeto
Tel: 1-305-854-8828
Fax: 1-305-854-3425
Email: **maryfelpeto@bellsouth.net**
Website: **www.bakergordonsymposium.com**

ISAPS ENDORSED – SOAP MEETING 2022

Date: February 17 – 19 2022
Location: Bremen, Germany
Venue: Dorint Park Hotel
Contact: Jens Kramer
Email: **jens_kramer@logi-vent.de**
Telephone: 0049-4241-933260
Website: **www.soap-meeting-bremen.de**

5TH INTERNATIONAL PLASTIC SURGERY SUMMER SCHOOL IN MARBELLA!

Dates: June 16th – 18th 2022
Location: Marbella, SPAIN
Venue: Hotel Barcelo Marbella
Contact: Ms Vanessa Garcia
Tel: +34 951 775 518
Email: **info@mipss.eu**
Website: **MIPSS 2022 – Marbella International Plastic Surgery Summer School in Málaga Spain | 16-18 June 2022**

ISAPS

WORLD CONGRESS

Istanbul | September 20 - 24, 2022

SAVE THE DATE

For the first time ever, the ISAPS World Congress will include a two-day nonsurgical symposium alongside the surgical program! Stay tuned for more details, coming soon.

www.isapsistanbul2022.com